

# Report to the Meeting of the

**CoG 32/2018**

(Agenda item: 9)

# Oxford Health NHS Foundation Trust

# Council of Governors

**22 November 2018**

**Update Report on Key Issues from Chief Executive**

**For: Information**

**Overview**

NHS wide planning is anticipating that the coming winter could be even tougher than the last for trusts, staff and patients, with challenges likely to be even more severe than the last, when the problems were compounded by cold weather and the worst flu strain in seven years. The plan is to break what has been described by commentators as “the recurring cycle of winter crises.” The context in which the local system enters this winter is increasingly difficult following significant operational challenges during the heatwave over the summer, growing pressures on the health and care workforce and the period of sustained, financial constraint. I reported last month on the detailed winter planning for our system.

Work is currently underway to design the long-term NHS plan which will address the future direction for the provider sector around planning, efficiencies, performance targets, and service transformation.

Since my last update to the Council of Governors, the FY19 contract with Buckinghamshire CCG has been signed but it remains the case that other major contracts have not, with the latest position on our three main contracts as follows:

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 is now being finalised and will take into account the steps necessary to address the outcomes of the review into the level of investment in mental health services in Oxfordshire, completed by Trevor Shipman. This review has been formally presented to the CEOs of OHFT and OCCG on 18 September and to the subsequent NHS England and Improvement at the Oxfordshire quarterly assurance meeting. Once the next steps are established and agreed the contract can be amended accordingly and signed.

In the meanwhile, there have been discussions with Oxfordshire CCG, Oxfordshire County Council, Oxford University Hospitals NHS FT and the BOB STP, about the direction of travel for the Oxfordshire system in the light of current national guidance on the development of integrated care. An important aspect of this will be the basis on which contracts are concluded for the forthcoming financial year, the extent to which Payment by Results (PbR) still plays any part, and the relationship between cost, demand, capacity and financial risk sharing across the system as a whole. This is clearly of particular significance for the way in which the issues relating to mental health funding in Oxfordshire are addressed. Additionally we are awaiting further guidance on how provider deficits will be handled nationally, but the only information available to date relates to the way in which acute provider deficits will be addressed through the tariff; there is no detail on how, or indeed whether, mental health and community provider deficits will be the recipient of any relief as yet.

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 a 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.

1. **Never Events**

OH has reported two Never Events to Commissioners since the last Council of Governors’ meeting. 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 Serious Incident 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 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 September 2018 is an Income & Expenditure deficit of £5.9m, which is £3.5m 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 £6.3m, which is £2.9m adverse to the Trust’s Control Total at month 5. The underlying position at month 6 year to date excluding a one-off technical gain, in relation to a reduction in the Trust’s PFI liability, is £3.6m adverse to plan.

The main reasons for the adverse position continue to be operational pressures created by high levels of demand and activity in the Adult directorate, resulting in mental health Out of Area Treatments and increased residential care placements, and also in Oxfordshire CAMHS services and lower than planned additional income from commissioners in largely relation to Mental Health Five Year Forward View and core service sustainability investment. Based on these results and the expected continued pressures in mental health and expected system pressures of the winter, we have established a Financial Recovery Plan to contain the costs where possible and have provided a revised forecast outturn position to NHSI. The revised forecast is for a deficit of £8.0m which is £9.9m worse than plan of which £2.3m is due to none achievement of PSF funding as a result of failing to achieve the Control Total.

The scale of the deficit, in light of the overall efficient performance of OHFT, is largely as a result of under investment in mental health services which is currently under review with Oxfordshire CCG.

1. **Workforce: Recruitment and Retention**

Our taskforce continues to bring additional focus and impetus to this important area for the Trust and its services, and below are some of the recent key developments.

We are continuing to grow our Bank at a very good rate – both with people who only want to work on the Bank and people who already have a substantive contract with us. We are confident that this will eventually bring down agency spend, though the figures for recent months continue to be very high, driven by increased activity rather than by more vacancies.

NHSI continue to monitor our agency spend closely and held a review meeting recently with the HR Director and Head of Staffing Solutions and their feedback is that we are doing the right things.

The annual campaign to encourage NHS staff to have the flu jab is underway and we have an innovative promotional video involving staff; we have a few more peer vaccinators than in previous years; we have produced “myth-buster” posters; we are running clinics at all key sites

The staff engagement survey is also underway and we have completed various pieces of communication to encourage colleagues to have their say.

Three powerful Linking Leaders conferences were held on the topic of disability equality, including case studies, legal obligations, best practice guidance and discussions. Over 200 leaders attended and the feedback was positive.

We are continuing to plan our approach to Brexit and how to reassure our staff who originate from an EU country and help them understand the process they will need to follow to ensure they have the right to remain in the UK.

1. **CQC**

Our quality summit which some governors attended with senior leaders, the CQC and NHS Improvement and system partners took place on 1st November 2018. It was a most useful event and looked at the improvements from the recent inspection and how we move to delivering ‘outstanding’ care across every service.

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

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.

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. The Director of Strategy and CIO will provide further information in his presentation to the Council of Governors.

1. **Winter preparedness**

The concerted effort by all parties to ensure that we have as robust plans as possible for next winter have continued. We have sustained with a number of steps that we all think will make a significant difference:

We have maintained the 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).  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.  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.

1. **Wantage Community Hospital**

The Governors will remember a decision back in April 2016 to close Wantage Community Hospital which I reported at the time. The Board was recently asked to consider proceeding immediately with the renewal of the plumbing at Wantage Community Hospital by the Oxfordshire Health Overview and Scrutiny Committee, which was considered at our September Board meeting. HOSC thanked us for having considered the matter swiftly, and understood our concern that it made little sense to expend significant sums of public money replacing a plumbing system which might subsequently require significant changes just at the point that a process of consultation and engagement on what those potential changes might be was about to start. I confirmed that the Trust remained committed to funding plumbing replacement at Wantage to serve whatever service requirements warranted at Wantage, including a return to the status quo ante, if that was what emerged from the process of consultation.

1. **Warneford master plan**

We continue to progress exciting and ambitious plans and if useful I will provide Governors with a verbal update of the latest developments at Thursday’s meeting.

1. **National and Regional issues and transformation developments**
   1. **CQC Review of Oxfordshire System 2018**

Care Quality Commission inspectors on 6-7 November 2018 conducted a two-day follow-up review of the Oxfordshire health and adult social care system, involving all providers and commissioners. This comes in the wake of their November 2017 CQC Local System Review, which focussed on how well the whole system worked together, particularly regarding the care and movement of older people across different settings, and looking at any areas for improvement. The CQC was provided with a detailed update on progress with the system action plan and information requested as part of the follow up review. At the time of issuing this update, we have not received the formal outcome of the review.

* 1. **System Integration**

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, (or its equivalent, since the ICS nomenclature is now used principally in relation to STPs themselves) along the lines of Buckinghamshire and West Berkshire.

Health economies have been asked to create five-year plans by autumn 2019, to set out how they will improve services and achieve financial sustainability. We will be expected to develop and agree plans during the first half of 2019-20. We are being asked to state within a set of parameters to be determined, how we will run local NHS systems using the resources available. Plans will need to be developed with the proper engagement of all parts of our local system to provide robust and credible solutions for the challenges we will face over the next five years. It is anticipated we will know more by the time of the Governors’ strategic session in February 2019.

1. **Recommendation**

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