

**Report to the Meeting of the**

BOD 02(i)/2018

(Agenda item: 4)

# Oxford Health NHS Foundation Trust

# Board of Directors

**31st January, 2019**

**Chief Executive’s Report**

**For Discussion**

**Overview**

Since my last report at the end of November last year, the NHS has entered the period of intense urgent care activity often called ‘winter pressures’. This year both Oxfordshire and Buckinghamshire have appointed ‘Winter Directors’ to coordinate all NHS and social care organisations in a collective response. In the case of Oxfordshire Tehmeena Ajmal has been seconded to undertake this role. So far the signs are that this arrangement, alongside an extensive programme of planning and preparation by all parties, has enabled a more effective overall response, with improved flow across the system, better collaboration, and improved indicators for A&E waiting times and Delayed Transfers of Care. There has continued to be intense pressure, though, so far, the weather has been better than last year, and the burden of flu has not been so great.

Meanwhile the pressure on mental health services has remained remorselessly high across the Trust, with a growing number of patients requiring admission needing to be admitted to Out of Area Placements. At the most recent meeting of the Oxfordshire A&E Delivery Board there was a ‘deep dive’ presentation on mental health, but this largely focused on the impact of mental health problems on the acute emergency care system and ignored the pressures on the mental health urgent care system itself. It was agreed that in future the Board would also concern itself with the demand and capacity of the mental health urgent care system and emergency inpatient and community response as an important component of the overall picture in its own right.

Last summer the Prime Minister committed to a five-year budget settlement, to plan for the long term. This month the NHS set out its long-term Plan which focusses on giving everyone the best start in life; helping people live well with long term conditions, such as cancer and dementia; and helping people age well.

The Plan details how the NHS will support people to take more control over their own health and the care they receive; how the NHS will tackle prevention and health inequalities; how it will support its workforce; how it can make best use of digital technology and innovation and how all of this will be done whilst getting the best value out of taxpayers’ investment in the NHS.

The Legal and Regulatory Update Report this month provides further information and signposts access to a more digestible briefing on the Plan. The planning guidance and CCG allocations set out next steps on implementation and this guidance is referenced later in my report. This conveys a major push on a range of clinical priorities. These priority areas include children and young people (itself made up of five further sub-areas), cancer, cardiovascular disease, stroke, diabetes, respiratory disease and mental health. In most cases the commitments are sufficiently complex to warrant their own individual summaries of milestones for delivery. Workforce remains the key risk, with the detail about national strategy now coming in a new Workforce Implementation Plan, supported by a new national workforce group drawing the various stakeholders together. So, despite the fact the critical importance of the workforce is recognised, the detail is yet to come.

As reported earlier the FY19 contract with Buckinghamshire CCG has been signed. Regarding Oxfordshire CCG the finances have been finalised at a level significantly below the plan and we are awaiting the draft contract.

NHSE Specialised Services consistent with my last update, will have the contract and finances agreed and 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.

Allocations for 2019/20 have been set overall to fund a stretching but reasonable level of activity, the impact of the 2018/19 pay awards and the changes to national tariff. Allocations should also ensure CCGs are able to meet commitments to the mental health investment standard, and increase investment in primary medical and community services, sufficient to meet the Long Term Plan commitments. The finance update will clarify the local CCG allocations and our control total later in the meeting.

The Board will receive an update on our organisation planning timescales, with the draft activity plan discussed previously being submitted on 14th January. The guidance highlights that Boards need to be actively involved in the oversight of operational planning to ensure credible, Board-approved plans, against which in-year performance can be judged. The final 2019/20 organisation operational plan submission is due on 4th April and as part of the development of this plan the Board will engage in its preparation over the coming weeks and months, as will the Council of Governors with a strategic session taking place on 28th February 2019.

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 our financial reporting.

**Local issues**

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 December 2018 is an Income & Expenditure deficit of £9.7m, which is £7.3m 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 £10.1m, which is £5.9m adverse to the Trust’s Control Total at month 9. The underlying position at month 9 for the year to date excluding a one-off technical gain, in relation to a reduction in the Trust’s PFI liability, is £6.7m adverse to plan.

The main reasons for the adverse position continue to be operational pressures created by high levels of demand and activity in adult mental health services, 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 largely in relation to Mental Health Five Year Forward View and core service sustainability investment.

Based on our performance and the expected continued pressures in mental health and the system pressures of winter, we have, as discussed in meetings last year, 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 reported position at month 9 is £500k adverse to this revised forecast, which will place additional pressure on achieving the revised forecast by year-end

The scale of the deficit, in light of the overall efficient performance of OHFT, track back largely to the issue of investment in mental health services which currently remains 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 key developments since my last report.

We participated in the Home Office pilot programme for EU staff to apply for settled status in the UK. The programme went fairly well and lessons to learn have been fed back to the Home Office and noted for our own future deployment of the full programme, after Brexit. We had agreed to reimburse the £65 fee and had written to around 350 staff who we believe to be eligible for settled or pre-settled status. It is noted that the Government has now announced that there will be no fee payable.

We continue to see high levels of agency usage mainly due to high levels of demand across both Mental Health and Community services. In order to maximise the number of community hospital beds available across Oxfordshire to support system colleagues in managing winter pressures it has been necessary to use high cost agency nursing staff; that level of response is not sustainable other than in the short term.

Work is continuing to make sure that the large number of staff we have recruited to the Bank receive all of the required training and support required for their roles and that they are encouraged to work as many shifts as they can manage.

Work continues both at an Oxfordshire level and a BOB level around retention, career paths, valuing staff and recruitment.

Both the TRAC system (recruitment administration) and the Employee Assistance Programme are currently in the final stages of procurement.

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

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

* An application from Oxford Health’s stroke rehabilitation service for a training carousel was among successful bids for a share of the Oxford Patient Safety Collaborative’s Safety Culture Fund. Read more in the PSC’s December newsletter: [https://www.patientsafetyoxford.org/news/oxford-ahsn-patient-safety-collaborative-newsletter/](https://protect-eu.mimecast.com/s/u2X0CMZ4lhX9QOcwh-H2?domain=patientsafetyoxford.org)
* Treating mental and physical health problems together delivers better patient outcomes and savings for the NHS, according to new analysis of IAPT services for people with long-term conditions in the Oxford AHSN region including those provided by Oxford Health. More here: [https://www.oxfordahsn.org/news-and-events/news/psychological-therapies-deliver-better-outcomes-for-people-with-long-term-conditions-and-mental-illness/](https://protect-eu.mimecast.com/s/Yh-LCNO4mH792lu4H0Sn?domain=oxfordahsn.org)
* Oxford Health is helping to highlight a unique free support programme which aims to improve sleep without pills. Innovate UK is funding the first large-scale NHS rollout of direct access digital medicine which is being coordinated by the Oxford AHSN and backed by NHS England. All adults living in Oxfordshire, Buckinghamshire, Berkshire and Milton Keynes have free access to Sleepio which is a self-help programme based on Cognitive Behavioural Therapy (CBT). More here: [http://bit.ly/sleepAHSN](https://protect-eu.mimecast.com/s/wtn3COg4nInw6RTk-o-A?domain=bit.ly)
* **ARC Bid**

The Trust has received feedback on the bid submitted to NIHR to host an Applied Research Collaboration (ARC) which is the successor body to the CLAHRC. During the course of the competition there has been a marked concentration of focus on improving applied research in public health and social care, and so provisional approval has been given subject to strengthening the proposal’s involvement in those areas. A number of productive discussions have already taken place with social care colleagues. The revised proposal must be submitted by 20th February.

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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| * Sue Ryder, CEO.
* Alistair Fitt, Vice-Chancellor Oxford Brookes University.
* OUH Chair focus group sessions.
* SW/SE CEO Group with Stephen Dalton – Changes to Commissioning
* Oxfordshire HOSC.
* BOB STP ‘Demand and Capacity’.
* New Care Models Forensic CEOs Network Group.
* Defeating Dementia Summit -progress and challenges on the road to 2025
* BOB STP CEOs.
* Oxfordshire System Digital Group.
* CLAHRC Management Board.
* Linking Leaders events – ‘Healthcare Improvement’.
* Oxfordshire Integrated Care System Partnership Board.
* BOB STP Commissioning Workshop
* Joint University & Trust BRC Steering group & Planning group.
 | * Warneford Park Planning.
* Department of Health & NIHR Funding Review.
* Oxfordshire Healthwatch, Rosalind Pearce CEO.
* Oxfordshire Health & Wellbeing with Oxfordshire CCG.
* NHS England Trust CEO and CCG Accountable Officers Briefing Session.
* Winter team with OUH.
* Oxford City Council, Cllr Susan Brown CEO.
* NHS Providers CEOs Advisory Group.
* A&E Delivery Board Oxfordshire.
* CEO Q3 System Assurance pre-meet with OCCG & OUH.
* CEO/DoF Fortnightly meeting.
* NHSI/E Oxfordshire Quarterly System Assurance meeting.
* Oxfordshire County Council Cabinet.
* HSJ Transforming Mental Health Summit 2019
* Bucks ICS Managing Director interviews
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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**

As previously reported, the CQC carried out a two-day follow up review of the Oxfordshire health and social care system in November 2018. The purpose of this follow up review was to look at progress against the action plan developed in response to the initial review in November 2017. As with the initial review, the focus was on how coordinated and integrated health and social care is for people aged 65 years old and over. The published report is positive in the progress we have made as a system over the last eight months. System leaders were challenged to improve the pace of transformation and they found key improvements such as:

* **Closer working with colleagues in Health** to provide a joined-up service to the people of Oxfordshire
* Using **learning from Winter** 2017/18 to create a system approach to winter **Improved patient flow** through the system to reduce DTOC
* Good examples of **co-production** particularly in the development of our Older People’s Strategy

The report also notes that there is still work to be done including:

* **Reviewing commissioned services** to support pathways of care for older people and management of the market
* Better use of the **voluntary and community sector** to support people so they can go home from hospital, and
* **Improving support and advice** for informal carers and people who pay for their own care.

The CQC will present the Report to the Health & Wellbeing Board in their public meeting on 29 January and the Integrated Service Delivery Board will oversee progress with the ongoing action plan.

* 1. **EU Exit planning**

The Department of Health and Social Care (DHSC) has issued operational guidance to assist NHS organisations with their business continuity planning for a no-deal EU Exit scenario. Appended to this report is an update on the Trust’s work with regard to its operational readiness for a no-deal EU Exit which we will continue to assess as the situation develops but much of the planning centres around the required national response.

* 1. **System Integration**

BOB STP continues to focus on the development of plans to enable Oxfordshire to move towards developing a place based integrated care model and I reported last month that health economies have been asked to create five-year plans by autumn 2019, to set out how we will improve services and achieve financial sustainability.

It is worthy of note that the BoB STP secured £12.9 million for three new health schemes detailed below, including Oxford Health’s first unit in the area designed to provide low secure accommodation for patients with autism and learning disabilities which we have previously discussed at Board. The national funding awarded is part of a major investment in the long-term future of the NHS to give more patients high quality care in world-class facilities.

1. **10 bed unit for patients with learning disabilities in Oxfordshire**  £8.566 million will be spent on a 10 bed low secure inpatient unit designed to provide accommodation for patients with autism and learning disabilities.
2. **12-bed mental health unit for children in Berkshire West**  £2.521 million has been awarded for a new 50-bed mental health services inpatient wing for children within Berkshire’s mental health in-patient site at Prospect Park. The creation of these new facilities, with a higher staffing ratio will help to provide treatment closer to home and reduce the reliance on children’s out-of-area mental health placements.
3. **New delivery suite for planned (elective) caesarean-sections at the John Radcliffe Hospital** £1.834 million to convert a procedure room to a theatre within the delivery suite at John Radcliffe Hospital, Oxford University NHS Foundation Trust.

The BOB STP funding forms part of a total of £963 million allocated to 75 new health schemes across the country to help upgrade facilities and increase the numbers of people being treated.

The STP Chief Executives Strategy Group has agreed a three phase process to develop a STP Wellbeing, Health and Care (and Clinical) Strategy by the summer of 2019. Although there are strategies within each health and care system, there are a number of similarities between the health, care and wellbeing needs of our three populations. For example, although there are higher than average health outcomes for people, there are communities where this isn’t the case. The STP area as a whole serves a higher than average elderly population and is looking at population growth in some locations where there are plans to increase housing and improve infrastructure.

By developing an STP-wide strategy, we will all be better able to work effectively to address these challenges in a more efficient and effective way – making best use of the public funds invested across Buckinghamshire, Oxfordshire and Berkshire West. Keeping to the principles of working at the most local level, wherever possible, the strategy will identify what elements should be led at local, place, STP and regional level; and what the role of the STP should be on each issue.

The first stage of work is underway to ensure all parts of the STP have a common and shared understanding of the range of strategies in place to identify strengths, weaknesses, gaps and priorities. It will also see the development of an engagement plan, which will be delivered in the spring and will set out how much engagement takes place at neighbourhood, health and care system, STP level.

1. **NHS operational planning and contracting guidance**

As referred to earlier, the NHS Long Term Plan was published this month and the planning guidance describes part of the next steps on its implementation.

At the beginning of the month, NHS England and NHS Improvement published the second part of the 2019/20 operational planning and contracting guidance in advance of a number of technical annexes to be published, providing further details on the new financial recovery fund, the provider sustainability fund, the changes to the marginal rate and financial control totals.

A new financial framework is introduced with the aim of eliminating all Trust deficits by 2023/24. Central to this will be the new Financial Recovery Fund targeted at Trusts who agree their control totals, deliver efficiencies but are still recording a deficit. The new financial regime will phase out the control total and Provider Sustainability Fund which will come to an end in 2020/21.

Trusts and systems will be required to develop recovery plans during 2019/20 and beyond for which further guidance is expected. It is anticipated that capital plans drawn up by STPs and ICSs will play a significant role in this. Further detail is provided on system planning and STPs and ICSs will be required to supply an overview of how system resources will be utilised in addition to submitting aggregated data sets based on each Member’s plans.

There are a number of new commitments around mental health spending. In addition to meeting the Mental Health Investment Standard requirements, commissioners will be expected to increase their total mental health spend that is spent on mental health providers. NHSE will also look at mental health spend per head for each CCG.

The guidance does not include performance recovery trajectories but makes clear the NHS Constitution standards remain in force.

The long term financial settlement funding profile has changed such that the NHS will receive higher funding growth at the end of the 5 year period and less up front. In 19/20 NHS Improvement will issue a new financial framework to get all providers back into financial balance and no national reserves will be held over to cover ‘unauthorised deficits’.

The new regime effectively transfers NHS England’s risk reserve to providers which means the national bodies will not be able to mitigate against any financial overperformance from the sector at the year end. We should therefore anticipate NHSI placing greater emphasis and scrutiny on the Trust agreeing and achieving our control total and as a deficit Trust, to set robust financial recovery plans in the months and years ahead.

We will need to assess a complex set of changes on our individual position and we will need to understand the statement of intent to address workforce shortages which will not become clear until later with publication of the spending review, but which is fundamental in terms of the pace at which we can recover our position and support our dedicated workforce. A link to the planning and contracting guidance is provided in the Legal and Regulatory Update Report.

7. **Consultant appointments**

Dr Dan Joyce,was appointed 10th December 2018 with Dr Robbie Dedi chairing and Geoff Braham, staff governor, supporting AAC panel in place of a NED: Dr Dan Joyce has been appointed to the Senior Clinical Research Fellow and Consultant Psychiatrist post with the Department of Psychiatry and the Oxford Early Intervention Service. Dr Joyce began his career with a degree in computer science at the University of Southampton before going on to complete a PhD in Artificial Intelligence. Following on from this Dr Joyce completed his medical degree at King’s College London in 2010. Dr Joyce completed his medical training with South London and Maudsley and achieved his CCT in general psychiatry with accreditation in liaison psychiatry on 31st July 2018. Dr Joyce will be starting with the Trust on 1st March 2019.

Dr Aneta Ptak and Dr Amanda Elkin, were appointed 14th January 2019. Dr Mark Hancock chaired the panel, but unfortunately no NED or governor representatives were available to join the panel. Dr Aneta Ptak has been appointed to a CAMHS Consultant Psychiatrist post with Swindon Community CAMHS. Dr Ptak completed her medical degree at the University of Warsaw, Poland. She began her medical training with South Staffordshire NHS Trust before joining the Severn deanery as a higher trainee. Dr Ptak is currently an ST6 with Swindon CAMHS so was delighted to be offered the substantive position with the same team and begin her consultant career with OHFT.

Dr Amanda Elkin has been appointed to a Consultant Psychiatrist in Perinatal Mental Health with the Buckinghamshire service. Dr Elkin completed a degree in Biological and Clinical Sciences at Imperial College London before completing her medical degree with the University of Wales College of Medicine. Dr Elkin completed her medical training in 2008 and went on to become a consultant psychiatrist with Norfolk and Suffolk NHS FT and more recently St London and Maudsley for part of her time as a Perinatal Psychiatrist. Dr Elkin is looking forward to relocating to Buckinghamshire and assisting with the development up of the new perinatal service.

8. **Announcements**

For completeness, I wish to report that following my update at the November Board meeting, the process for the recruitment of a successor to Ros Alstead, did conclude with Marie Croft’s appointment as Chief Nurse being approved by the Nominations, Remuneration and Terms of Service Committee along with details of the acting up arrangements put in place during the interim period. I wish to welcome Kate Riddle to her first meeting as Acting Director of Nursing & Clinical Standards a position Kate will hold until Marie takes up post on 1st June, 2019.

I am sure that the Board would like to join me in congratulating Professor Richard Hobbs, the Director of the Oxford Health CLAHRC, who was made a CBE in the New Year’s Honours list, as was Claire Murdoch, the National Director for Mental Health at NHS England, and CEO of Central and North West London NHS Foundation Trust.

The process for the appointment of a substantive Accountable Officer (**AO**) for Oxfordshire CCG has concluded and it has now been announced that Lou Patten who has undertaken the role on an interim basis for the last year will now be the substantive AO of Oxfordshire CCG and will remain so at Buckinghamshire CCG.

NHS England and NHS Improvement in December announced the names of the seven newly appointed joint national and regional directors for NHS England and NHS Improvement as follows:

* **South West** Elizabeth O’Mahony, currently NHSI’s chief financial officer.
**South East** Anne Eden, already joint NHSE and I regional director for the South East.
**Midlands** Dale Bywater, currently NHSI’s regional director for the Midlands and East.
**East of England** Ann Radmore, currently Kingston Hospital Foundation Trust chief executive.
**North West** Bill McCarthy, currently deputy vice chancellor at Bradford University and chair of Bradford Teaching Hospital Foundation Trust and a former NHS England and Department of Health executive director.
**North East and Yorkshire** Richard Barker, currently NHSE’s director for the North of England.
**London** Sir David Sloman, currently Royal Free London Foundation Trust.

**9. Recommendation**

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

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