

**CoG 03/2019**

(Agenda item: 8)

# Report to the Meeting of the

# Oxford Health NHS Foundation Trust

# Council of Governors

**20 March 2019**

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

**For: Information**

**Overview**

Despite a milder winter than last year and lower levels of flu, high levels of demand across our services in both physical and mental health has been sustained. Teams continue to work hard to ensure that where possible people are treated in the right setting, but with capacity pressures in both inpatient facilities and in community-based services, staff resilience is under pressure and mental health out of area placements have increased.

In that context, an important development has been the publication of a briefing, jointly with Oxfordshire CCG, setting out the main conclusions of the review of mental health spending in Oxfordshire by Trevor Shipman and NHS Benchmarking. This forms the basis of discussions with the wider Oxfordshire system about the potential for additional investment in mental health services over the next few years to move Oxfordshire closer to ‘parity of esteem’. The finalisation of the Trust’s plan is dependent upon the conclusion of those discussions between now and the next Board meeting.

For the current financial year the contract with Oxfordshire CCG has been finalised at a level significantly below the original plan and we continue to await the draft contract. NHSE Specialised Services will have the contract and finances agreed and signed once evidence of meeting the Mental Health Investment Standard by NHS England has been provided.

Detailed work progresses on delivery of our financial recovery plan and attention is directed specifically on the key areas causing the most significant variance from plan, covered in more detail through our financial reporting. Additionally, work continues with the next iteration of the operational plan as part of preparations for the final Board approved submission in April and the Council will receive an update on the latest position at the meeting.

**Local Issues**

1. **Financial Performance FY19**

The headline result for the period to the end of January 2019 is an Income & Expenditure deficit of £10.5m, which is £9.1m 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 £10.9m, which is £7.4m adverse to the Trust’s Control Total at month 10. The underlying position at month 10 for the year to date excluding a one-off technical gain, in relation to a reduction in the Trust’s PFI liability, is £8.1m 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 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 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 Provider Sustainability Funding as a result of failing to achieve the Control Total. The reported position at month 10 is c.£0.6m adverse to this revised forecast, which will place additional pressure on achieving the revised forecast by year-end.

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 most recent developments.

We have received most of the reports relating to our Staff Survey, which was conducted in November 2018. Our response rate at 52% was better than average, boosted by the decision to use paper copies in areas where staff don’t have easy access to computers / iPads. Workload, demands on people’s time and stress remain major themes. The incidence of bullying and harassment (witnessed or experienced) is not decreasing despite sustained efforts to promote a more inclusive approach to leadership and to protect staff from bullying, whether it is from colleagues, managers or patients and carers and the Director of HR will provide governors with more information further to discussions at your recent Forum meeting. We will continue to work on these areas and local action plans are being developed to make sure the response to the survey data is relevant and timely. At a Trust level the majority of questions show no significant improvement or deterioration from the previous year’s scores, but locally there are likely to be more changes and the HR team will work to help leaders interpret the changes and build their local action plans accordingly.

Retention of staff is slowly improving with the turnover rate now at around 13.5%, down from 15% two years ago. We attribute this to improved career path visibility and to the work done to improve line management and the whole staff experience of working for Oxford Health. Retention still remains a major area of focus and we are working with other Trusts in the Buckinghamshire, Oxfordshire and West Berkshire STP region and with NHS Improvement to share good practice.

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

Since last reporting to the Council, the CQC published its report regarding the follow up review of the Oxfordshire health and social care system. The purpose of the 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.
1. **Healthy Outcomes for People with Eating Disorders, New Care Model**

The Five Year Forward View for Mental Health set out the rationale for developing new models of care (NCM) for mental health and the subsequent planning guidance introduced an opportunity for secondary mental health providers, working collaboratively as local networks, to manage budgets for tertiary mental health services.

As I reported earlier in the year, and following the learning from our Forensic NCM experience, Oxford Health is currently leading a network of 7 mental health care providers to assume the responsibility for the commissioning and budget for Eating Disorders inpatient services by the end of the financial year. A number of matters emanating from exploration of this model include uncertainty about the regional spread, forecast activity and finance, and consequently the HOPE Network is currently operating in ‘shadow’ form pending better understanding of the financial situation.

1. **Warneford master plan**

We continue to progress exciting and ambitious plans and I provided Governors with an update of the latest developments at the February Governor Strategy session.

1. **Operational and Long-Term planning**

Last summer the Prime Minister committed to a five-year budget settlement, to plan for the long term. In January 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 planning guidance and CCG allocations set out next steps on implementation and 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. 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.

1. **Service Investments**

We have been finalising business cases for our planned investment in a 10-bed low secure inpatient unit designed to provide accommodation for patients with autism and learning disabilities as referred to below in the STP (funding) update, and also a new build 8 bedded CAMHS Psychiatric Intensive Care Unit (PICU) adjacent to the existing Highfield general adolescent unit in Oxford, with an additional place of calm suite which may provide for a temporary assessment/crisis facility or de-escalation area for a short period.

1. **National and Regional issues and transformation developments**
	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. I reported on the Trust’s work with regard to its operational readiness for a no-deal EU Exit at the January pulic Board meeting, and 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 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. 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 a 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.

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