

**Report to the Meeting of the**

BOD 18(i)/2019

(Agenda item: 4)

# Oxford Health NHS Foundation Trust

# Board of Directors

**27th February, 2019**

**Chief Executive’s Report**

**For Discussion**

**Overview**

Despite a milder winter than last year and lower levels of flu our colleagues in Oxford University Hospitals NHS Foundation Trust and Buckinghamshire Healthcare NHS Trust have both had periods of intense pressure in early February. We continue to work hard to support them and in Oxfordshire have retained additional community hospital bed capacity which was opened temporarily in January. High levels of demand across our services, both physical and mental health has also been sustained into February. 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, also consistent with my last update, 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.

**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 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, as discussed in previous meetings, 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 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 key developments since my last report.

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. The results have been discussed with the Extended Executive team. 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. We will continue to work on these areas. 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. **Flu vaccinations uptake reporting**

NHS Foundation Trusts have been asked to publicly report information on frontline healthcare worker flu vaccination via our boards by February 2019. The purpose of this collection is to help inform next year’s healthcare worker flu vaccination policy. Each trust is required to use its public board papers to locally report their performance on overall vaccination uptake rates and numbers of staff declining the vaccinations, to include details of rates within each of the areas we designate as ‘higher-risk’. The reporting template is appended and in summary reports against:

* Total flu vaccination uptake and opt-out numbers and rates;
* A list of areas designated higher-risk and the uptake and opt-out rates for each;
* Details of actions taken to deliver the 100% uptake ambition;
* A breakdown of the reasons that staff have given for opting-out.

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 has published its latest quarterly detailing highlights of activities with NHS partners to improve patient care. It includes a case study on how a patient forum helped improve NHS services for people with anxiety and depression.

Read the case study here: <http://www.oxfordahsn.org/wp-content/uploads/2019/01/Q3-case-study-AD-patient-forum.pdf>

Read the full report here: [http://bit.ly/Q3-AHSN](https://protect-eu.mimecast.com/s/TT0BCr2OxsjvWqFzcFQy?domain=bit.ly)

* The Oxford AHSN is hosting a conference on 14 May on ‘Innovation in person-centred approaches’ with Health Education England. Speakers include Professor Martin Vernon – National Clinical Director for Older People and Person Centred Integrated Care, NHS England, and Tina Coldham – Chair of the NIHR Involve advisory group. There are opportunities to run workshops and present posters. More information here: <https://www.oxfordahsn.org/news-and-events/events/innovation-in-patient-centred-approaches/>
* **Applied Research Collaboration (ARC) Bid**

By the time of the Board the Trust will have submitted the additional information required following feedback from NIHR on the bid to host an Applied Research Collaboration (ARC), which is the successor body to the CLAHRC. As a result of the feedback there have been a number of very productive discussions with leaders in social care and public health across the Thames Valley area to strengthen the scope of the ARC for developing a strong evidence base for applied interventions in those areas. Given the enthusiasm which has been generated we have agreed to invite public health and social care colleagues to join the ARC Strategy Board.

1. **Oxford Health NHS Foundation Trust Governor elections**

The Governor election process for 2019 is commencing and we are encouraging Members in staff, service user and public constituencies to stand for election/re-election. A suite of activities to include ‘aspiring governor’ evenings, social media and publicity campaigns are taking place in support of that aim. New Governors will, subject to Fit and Proper Person checks, be inducted and take up their new roles from the beginning of June, and some will be welcomed for the first time at the June Council of Governors meeting.

1. **Service Investments**

I am pleased that this month Board will consider the final 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, and in the PICU development.

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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| --- | --- |
| * Oxfordshire CCG & OHFT CEOs meeting with Sue Ryder CEO * Oxfordshire Health & Wellbeing Board – CQC presentation. * Thames Valley & Surrey LHCR Programme Board * Oxford City Council, Cllrs Nadine Summers, Jo Upton – Oxford Weighting * OHFT & PWC Internal Audit 2019/20 Planning meeting * Buckinghamshire CCG Quarterly Assurance meeting. * BOB STP CEOs meeting. * BOB STP Mental Health Steering Group * Oxfordshire Digital Strategy Group. | * Buckinghamshire County Council meeting with CEO * Bucks ICS Partnership Board * CQC Engagement meeting. * CEO site visit to the Whiteleaf Centre. * Oxford AHSN Board * Oxfordshire CCG meeting with AO Lou Patten. * Oxfordshire CCG – joint media interview on mental health. * Oxfordshire County Council meeting with CEO. * Oxfordshire A&E Delivery Board. * Buckinghamshire Healthcare Trust meeting with Local MPs, CCG & CEOs meeting. |

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. **EU Exit planning**

The Department of Health and Social Care (DHSC) continues to issue operational guidance to assist with our business continuity planning for a no-deal EU Exit scenario which we will continue to assess with our system partners as the situation develops but much of the planning continues to centre 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.

1. **Consultant appointments**

There have not been any new consultant appointments since my last report to Board.

9. **Recommendation**

The Board is invited to note this report seeking any necessary assurances arising from it or its appendices.

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

**Appendix A**

**Flu vaccinations uptake**

1. **Total flu vaccination update and opt-out numbers and rates**

As of February 13th 2019 – update no. 15 (issued weekly)

3,130 Vaccines administered to front line staff – 52.56%

Opt-out 143 declined and 16 medically declined

1. **A list of areas designated higher-risk and the update and opt-out rates for each**

Not relevant. We do not have a designated higher risk area.

1. **Details of actions taken to deliver the 100% uptake ambition**

* Since the beginning of the campaign we have undertaken 114 drop in flu clinics at 49 different venues across Buckinghamshire, Oxfordshire and Wiltshire.
* We have 16 Peer Vaccinators across the Trust at different locations (all advertised on the intranet)
* We have allowed for staff members to have flu vaccines carried out at local chemists and for the Trust to reimburse them up to the value of £12 via e-expenses. (advertised on the intranet)
* We have reciprocal arrangements in place with our local colleagues – Oxford University Hospital’s Foundation Trust, Great Western Hospital and Buckinghamshire Healthcare Trust
* All clinics have been advertised on the intranet.
* Incentives have been awarded (gift vouchers)
* We have used social media – Facebook, Instagram and Twitter, made an Instagram frame for photos to be taken.
* We have issued 3 types of (useful) small gifts along with stickers
* A daily pop up message appears on the Trust network when logging on.
* Large Banners were purchased and displayed when clinics were being held
* Advertising packs were sent to all Well-being Champions within the Trust
* Occupational Health Department created recall letters (which were sent out twice a month) to every staff member not recorded as having flu vaccination
* Regular Flu Meetings with CQUIN lead
* Weekly Flu Figures issued to all Directorate Service Leads to feed back to teams.
* A new access database was created to assist the OH Department record and produce figures
* Comms Team were sending out regular weekly notifications about forthcoming flu clinics and taking photo opportunities and these were
* included on the Intranet and social media.
* The Trust made a video with volunteers from the OHFT Staff to publicise the need for a flu vaccination.

1. **A breakdown of the reasons that staff have given for opting-out**

We only have a record of two types of opting-out: declined and medically declined (vaccine may have an effect on their medical condition).

When we have been advised that staff members have declined having the vaccine we have not requested a reason as to why this is the case.