

**Report to the Meeting of the**

CoG 29/2019

(Agenda item: 7)

# Oxford Health NHS Foundation Trust

# Council of Governors

**21st November, 2019**

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

**For Discussion**

**Overview**

I referred in my last report to the major planning exercise across the NHS, due to be completed by mid-November in connection with implementation of the Long Term Plan (LTP). The four-year plan for our system has now been submitted and sets the future relationship between demand, capacity and funding across the range of our services, especially important given the very ambitious plans for increasing access set out in the LTP.

We continue to work particularly with Oxfordshire CCG in developing a plan to address the historic underfunding of mental health services in Oxfordshire, and to obtain a recurring position where demand and capacity are matched sustainably to the growing needs of the population across all age groups.

Activity pressures in the current year are already in excess of the capacity supported by existing funding, and significant pressures on the plan this year are continuing to emerge, especially in relation to the social care placements budget, which was overspent last year. OCCG have now accepted that at the end of the last financial year the level of underfunding of Oxfordshire mental health services was £12m; whilst that figure is somewhat short of the figures established in the Shipman Report it is nevertheless sufficient to underpin the current level of activity delivered and to start the process of service development, though it falls short of the requirement to implement the range of service provision and capacity to achieve the access targets set out in the LTP.

**Local issues**

1. **Financial Performance FY20**

The detail of our financial performance is routinely included in the finance report, but the headline result for the year to the end of September 2019 is an Income & Expenditure deficit of £2.6m, which is £0.2m favourable to plan.

After adjusting for items excluded from measuring performance against the Trust’s Control Total (mainly excluding Provider Sustainability Funding and Financial Recovery Funding) the underlying performance is a deficit of £4.5m, which is £0.1m favourable to the Trust’s Control Total.

1. **Workforce: Recruitment and Retention**

The HR Director will be highlighting at the meeting some key areas of activity, and in particular the work to address bullying and harassment across the Trust.

The 2019 Staff Survey has launched since the Council last met. We will be using more paper forms this year, potentially covering up to 15% of the staff, following the success of this move in the Estates team last year where participation rates rose significantly. This recognises that not all of our staff have easy or private access to computers in their day to day roles. A communications strategy has been approved to support the campaign to get people to “have their say”, featuring news items around actions taken in response to previous surveys.

The Employee Assistance Programme is in its final stages of procurement and we expect to formally launch it before the end of 2019.

The next series of “Linking Leaders” events has taken place during November 2019 in Aylesbury, Oxford and Swindon. The theme is Gender equality, following on last year’s successful conferences on Disability equality.

1. **Temporary Closure of City Community Hospital**

In my last update to the Council I apprised members that we had approved for safety reasons (safe staffing), the temporary closure of City Community Hospital Ward at the end of May, which is a 12-bedded general rehabilitation unit at the Fulbrook Centre on the Churchill Hospital site.

The Board in September heard about the renewed efforts over the summer to recruit additional workers, including a ward manager and deputy, which had been successful. As a consequence, I am delighted to confirm that the Board approved the recommendation to reopen the hospital which has been particularly well received by the staff teams.

1. **Warneford master plan**

We are all aware of the underlying and increasingly pressing need to replace health facilities of great antiquity at the Trust with facilities which are more up to date and fit for purpose. I will update the Council further at the meeting with regard to the Warneford site developments.

1. **Capital spending – national requirements**

I previously reported that NHSE/I asked all STPs (or equivalent ICS’s) to identify ways of bringing back capital spending in FY20 by around 20% given the wider position nationally. We have contributed to this exercise on the basis of slippage of nationally funded schemes which have yet to start on site, and that has contributed to the BOB-wide position, though the target level of spend reduction has not been achieved across BOB yet, and further discussions continue.

1. **Care Quality Commission (CQC):**

As Governors are aware, the Trust had an announced annual Well-Led inspection (core services visits) between 30th July- 1st August and has this month received the Draft report for factual accuracy checking. I will update the Council at the meeting but we anticipate receiving the final report in December.

1. **Winter Preparedness**

Oxford Health is once again working in close partnership with Oxfordshire system leaders (CCG, OUH, County Council, SCAS and the third sector) as part of 2019-20 winter planning. Under the banner of ‘Help Us to Help You’, its primary aim is to improve patient flow in all areas and raise awareness of how people can best be prepared to protect, maintain and boost their physical and mental wellbeing.

As was the case last the major element of Oxford Health services which will become routinely involved in the urgent care system coordination arrangements this winter and into the future will be the inpatient beds in community hospitals. We however continue to emphasise the need for mental health urgent care to be given equal prominence in the way in which both Oxfordshire and Buckinghamshire assess their urgent care priorities.

With regard to flu vaccinations. Sessional and peer vaccinators have been appointed to support the occupational health team in covering all geographical areas of the trust, with the emphasis on teams ‘ordering’ their flu clinics to maximise take up at their convenience. Chief nurse Marie Crofts is leading the project, a poster campaign using staff photos has been created in addition to a music video featuring 74 staff members. Although we had a good start to the programme, there have been some issues with regard to the availability of the vaccine which have slowed early progress.

In addition, Oxford Health’s team of school and college nurses are prepared to immunise more than 50,000 school children in Oxfordshire.

1. **Healthfest**

We held our second Healthfest event on Saturday 14th September, and people took the 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.

With more than 80 stalls and attractions set out across the Warneford Hospital site, around 500 people gathered on a scorching day to celebrate the theme of ‘Living Well Through Activity.”

The day, which was organised as the keynote event of the year for Oxford Health Charity, saw an array of the trust’s own staff showcasing the range and diversity of their skills alongside those from a number of community, voluntary and charitable organisations from across the county of Oxfordshire. The day was also a celebration of public service as we welcomed friends and exhibitors from the fire and rescue service, the ambulance service and from local government as well as other sectors of the NHS, from the Churchill and John Radcliffe Hospitals.

HealthFest 2019 was supported by numerous organisations including: Aspire, Cyclox, Restore, Games4Families, Headington School, Age UK, the Old Fire Station, Guideposts, TalkingSpace Plus, Museum of Oxford, Smokefreelife Oxfordshire, Alzheimer’s Society, Achieve Oxfordshire, The Porch, South Central Ambulance Service, Oxfordshire Fire and Rescue Service and Citizen’s Advice Oxford.

I would wish to give special gratitude to all the staff, teams, governors and organisations who took part in the day and made it a truly successful Healthfest.

**National and Regional issues and transformation developments**

1. **EU Exit**

The Director of Corporate Affairs (as Senior Responsible Officer for EU Exit) has been attending regional workshops and continues to receive regular updates covering the national context in which the NHS continues developments in its operational response, the processes, systems and structures involved, and then the key actions needed locally across key areas like medicines, medical devices and consumables, workforce and reciprocal care.

Regional exercises run by the national Emergency Preparedness Resilience and Response (EPRR) team are reinforcing the types of issues that may arise and how we need to deal with them and any learning has been incorporated into our own business continuity and emergency planning activity.

The information for patients on nhs.uk around continuity of medicines supply if there is a no-deal EU exit has been updated. As well as this, the FAQ for clinicians on the NHS England website has also been updated. These updates explain the government’s multi-layered approach to ensure that medicines continue to be available if there is a no-deal EU exit. This information has been shared with front line staff so they can pass this information on to patients.

1. **System Integration**

As referenced in previous reports, BOB STP has for some time focussed on the development of plans to enable Oxfordshire to move towards a place based integrated care system and model.

ICSs are required to work within a system control total, the aggregate required income and expenditure position for trusts and CCGs within the system. We have received the organisation control totals together with the Provider Sustainability Funding (PSF) allocations for the BOB system which also includes a notional system control total recognising that BOB ICS is still making the transition from previous placed based ICS arrangements and is not yet operating under a system control total regime.

The NHS England and NHS Improvement South East regional team and BOB ICS will operate a place-based approach to system oversight, with provider and commissioner performance (including Primary Care Networks) being overseen together as part of three Integrated Care Partnerships (ICPs).

1. **Recommendation**

The Council is invited to note this CE report seeking any necessary assurances arising from it.

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