

**Report to the Meeting of the**

BOD 42/2019

(Agenda item: 5)

# Oxford Health NHS Foundation Trust

# Board of Directors

**25th April, 2019**

**Chief Executive’s Report**

**For Discussion**

**Overview**

The new financial year begins, and the moves to implement the NHS Long Term Plan are gathering pace.

In mental health a start has been made in addressing the historic underfunding in Oxfordshire, sufficient to allow the Trust to accept its control total for 2019/20, but much more work is required to achieve a recurring position where demand and capacity are matched to the growing needs of the population across all age groups, and a proper sustainable service portfolio is in place.

In Buckinghamshire resources have been agreed to start the development of a Crisis Resolution/Home Treatment team. That will take a couple of years to become fully functional but is a major addition to our ability to provide crisis support across the county and to reduce avoidable out of area placements. It is our aim to bring similar developments to Oxfordshire once we can be confident that the underlying position is secured. In both counties we need to develop an improved response to the needs of people with ADHD and Autism, especially where there are comorbid mental health problems.

As part of the plan to support these changes we are developing a new approach to the coordination of integrated care for mental health in conjunction with Oxfordshire and Buckinghamshire CCGs.

The Forensic New Care Model has achieved a great deal in its two year pilot phase, and will be rolled on for a further year until such models become ‘business as usual’ for specialist mental health services. As this develops we will move to a broader risk and gain share with our consortium partners. New Care Models in Adult Eating Disorders, Tier Four CAMHS and Specialist Dentistry are all at various stages of development and are expected to go live over the course of the year.

The collaborative approach to the management of ‘Winter’ in Oxfordshire has seen much improved responsiveness to the needs of patients over a year ago, and better collaboration which has been noted by the CQC system inspection. That is despite continued growth in demand, and in contrast with the experience across much of the rest of the country. We expect to see the ‘Winter’ model of collaboration developed as a year-round Urgent Care Integrated Care subsystem.

There has already been a considerable amount of work put into the development of the Oxfordshire Care Alliance and that provides a platform which can be adapted to embrace the advent of Primary Care Networks as described in the NHS Long Term Plan.

Finally the year will see the need for the Trust to take major decisions in relation to the plans for the redevelopment of the Warneford Hospital site.

**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 year to the end of March 2019 is an Income & Expenditure deficit of £6.8m, which is £8.6m adverse to plan.  After adjusting for items excluded from measuring performance against the Trust’s Control Total (mainly excluding impairments on assets and Provider Sustainability Funding (PSF)) the underlying performance is a deficit of £8.4m, which is £7.5m adverse to the Trust’s Control Total for the year. The underlying position for the year excluding a one-off technical gain, in relation to a reduction in the Trust’s PFI liability, is £8.0m adverse to plan.

The main reasons for the adverse position are 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 approved previously a Financial Recovery Plan to contain the costs where possible and provided a revised forecast outturn position to NHSI. The revised forecast was 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. Excluding PSF the re-forecast was for a deficit of £8.4m, which is £7.6m adverse to plan, and the outturn position at year-end was in-line with the re-forecast position.

1. **Workforce: Recruitment and Retention**

The focus and impetus to this important area for the Trust and its services continues, and below are some of the key developments since my last report.

Our implementation of TRAC is on target. TRAC is a recruitment administration and candidate management system which we are confident will speed up recruitment and improve the candidate experience. We are the 180th NHS Trust to implement TRAC and most of our neighbouring Trusts in the BOB STP use it and benefit from it. It links to ESR and NHSjobs which should reduce duplication of effort and data entry.

With the implementation of TRAC we have taken the opportunity to redesign and improve our recruitment website and we hope that will provide a much clearer and more positive impression of Oxford Health than could be achieved through the platform of NHSjobs alone.

Agency spend and Bank shifts both were very high in March 2019, reflecting high demand on our services. Details are in the HR Director’s report.

We published our Gender Pay Gap (GPG) data for the year 2017-18. Our mean GPG figure increased significantly from the previous figure due mainly to having brought a number of high cost people such as Out of Hours GPs and specialist consultants onto our payroll. This was done to comply with HMRC’s IR35 regulations. We are broadly in line with other local NHS Trusts.

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

* The Oxford AHSN has appointed Guy Rooney as its first medical director. Read more [here](https://protect-eu.mimecast.com/s/Rl0YCOg4nI72qghEE6GK?domain=oxfordahsn.org).
* The Oxford AHSN published a mental health newsletter in April covering a wide range of updates from the AHSN and its collaborators. Read it [here](https://protect-eu.mimecast.com/s/2ySaCPj4osj5y2F0XVMM?domain=mailchi.mp). Projects featured include:
  + the new ‘paddle’ app which will support the ongoing health and wellbeing of people treated for anxiety and depression
  + the Epic Minds early intervention in psychosis initiative
  + SHaRon online peer support
* A new regional collaboration which seeks to improve mental healthcare for people who frequently attend emergency departments is meeting on 2 May. It aims to share best practice, better understand patient flow and design shared strategies based on collective knowledge. Further information [here](https://protect-eu.mimecast.com/s/ozsECQk4pu2NzKUMQBrI?domain=patientsafetyoxford.org) or from [Fran Butler](mailto:fran.butler@oxfordahsn.org).
* A reminder that 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, Tina Coldham – Chair of the NIHR Involve advisory group, and Iva Fattorini – Founder of Artocene, integrating the arts and medicine. More information [here](https://protect-eu.mimecast.com/s/1jiMCRl9qIMg7pTObNKi?domain=oxfordahsn.org).
* **Applied Research Collaboration (ARC) Bid**

The outcome of this bid is expected to be known in May.

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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| * OSCHR Board * Buckinghamshire Health & Wellbeing Board * BOB STP Mental Health Steering Group * OCCG Lou Patten, OCC Kate Terroni * Oxfordshire Digital Strategy Group * BOB STP CEOs Group * Oxford Spirituality Conference * Oxfordshire Health Overview & Scrutiny Committee * Linking Leaders Events: Oxford, Swindon, Aylesbury | * Thames Valley Police * New Care Models, Forensics, CEO Group * New Care Models, Hope & CAMHS T4 CEO Group * OUH Strategy Day Planning * Warneford Foundation * South East Regional Talent Board * CEO visit to the City AMHT * Oxfordshire NHSE/I Quarterly Assurance meeting * Oxfordshire Integrated System Delivery Board |

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 reference are as included below:

* 1. **EU Exit planning**

You will have seen that the Government has now agreed with the EU a further extension of the Article 50 period to 31 October 2019 and consequently Trusts have been asked to put all no deal provisions on hold. The Department of Health and Social Care and partners are reviewing the position and will provide additional information and guidance about the next steps and maintaining an EU Exit provision in due course.

* 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 as part of the requirement for health economies to create five-year plans by autumn 2019, the April meeting of the South East STP Leaders group agreed that all systems would set out their trajectory for becoming an ICS. As part of that, each system is first to undertake a self-assessment for both ICS and Primary Care Network (PCN) maturity – with mature system attainment seen as a key enabler to delivery of the Long-Term Plan.

There is a strong expectation of the 5 big service changes/local priorities as follows:

1. Boost out-of-hospital care
2. Redesign and reduce pressure on emergency hospital services
3. More personalised care
4. Digitally-enabled primary and outpatient care
5. Focus on population health

Following the appointment of a single senior leadership team in NHS England/NHS Improvement, we can expect guidance setting out how they will review performance and identify support needs across ICSs and STPs. They envisage a pragmatic approach at first, adding system-level oversight to existing trust and commissioner oversight approaches, while incorporating changes in behaviour to reflect new ways of working.

They will however use 2019/20 to develop a more purpose-built framework for system-led oversight. This will guide how regional teams:

* work with ICSs and STPs to track system and organisational performance
* identify improvement and support needs at individual organisations
* further develop oversight and support arrangements that align to the delivery of the NHS Long Term Plan commitments over the next year.

1. **Consultant appointments**

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

7. **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**