

**Report to the Meeting of the**

BOD 104/2019

(Agenda item: 6)

# Oxford Health NHS Foundation Trust

# Board of Directors

**4th December, 2019**

**Chief Executive’s Report**

**For Discussion**

**Overview**

As referred to in previous reports and discussed as a Board in seminar session, 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. I am grateful to all who contributed to this extensive exercise and in particular to Ben Cahill who was instrumental in collating the systemwide views.

Work has continued 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. I have reported previously that OCCG have accepted that at the end of the last financial year the level of underfunding of Oxfordshire mental health services was £12m; and I repeat that whilst that figure is somewhat short of the figures established in the Shipman Report this is nevertheless a good start, and in the short term, provided that shortfall is rectified swiftly – in no more than two years - sufficient to underpin the current level of activity delivered and to start the process of service development. However, 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.

It will be necessary to reach a satisfactory conclusion in these discussions about the pace of change to mental health service funding in Oxfordshire if we are going to be able to be clear about our ability to progress LTP implementation, although agreeing a concrete plan to close the gap within the next two years has not yet been achieved. This is essential because the arrangements underpinning FY20 are in significant part non-recurring; there are important developments planned in relation to the establishment of home treatment and crisis resolution teams which are at this point only part funded and for which long term continuity of funding needs to be confirmed, and so they need a sustained development plan if we are to be able to recruit and retain staff effectively.

Of our main contracts for the current year, that with Buckinghamshire CCG is completed and signed as I have reported previously.  Against the backdrop of significant underfunding of mental health services in Oxfordshire, we have agreed with Oxfordshire CCG (OCCG) the FY20 terms but have yet to finalise the plans to substantially increase the funding level for mental health over the course of the next two to three years. 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 emerging, especially in relation to the social care placements budget, which was overspent last year.

As I reported previously, with NHSE Specialist Commissioning engaging late in the contract review process, there remain some substantial contractual matters to be resolved, particularly in relation to the pilot New Care Models (NCMs). In the meanwhile however, we took part in a series of interviews for the next phase of NCMs (due to commence from April 2020). It was planned to submit business cases for these by the end of November, however insufficient information has been released by NHSE so far to enable sufficient due diligence to be completed. That problem is recognised by NHSE and so the date for completion of those business cases has been moved. There will however be a series of further discussions to progress the ‘Provider Collaboratives’ as they are now known on the day of the Board. In the meanwhile we have visited the Trust Boards of Dorset Healthcare and Southern Health, who are intending to join in the risk/gain share on the Forensic Provider Collaborative.

The overall financial position set out in the various LTP submissions across the NHSE/I SE Region indicates a significant net deficit position by 2023/24, a substantial part of which comes from the BOB ICS area. The Regional Director has asked for the plans to be reviewed to address that position and there will be a series of discussions over the next two weeks to investigate how that might be achieved. BOB has agreed that the three key service priorities in the LTP are mental health, primary and community care and cancer, and so efforts to address the deficit ought to be directed at other areas first before the plans for developments in those areas are reviewed as part of this exercise.

**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 October 2019 is an Income & Expenditure deficit of £3.5m, which is £0.5m adverse to plan.  After adjusting for items excluded from measuring performance against the Trust’s Control Total (mainly excluding Provider Sustainability Funding (PSF) and Financial Recovery Fund (FRF)) the underlying performance is a deficit of £5.7m, which is £0.6m adverse to the Trust’s Control Total for the year to date. The main reasons for the adverse underlying 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 also high levels of activity providing levels of access well ahead of the levels commissioned and stipulated in the Mental Health Five Year Forward View in Oxfordshire CAMHS services.

The year-end forecast is currently an Income and Expenditure position of break-even, including PSF and FRF, which is in line with the plan submitted to NHSI. Although the full-year forecast has not been changed from plan, the position contains significant pressures both from mental health investment shortfall in Oxfordshire and from high levels of demand and activity and represents a serious risk to remaining on plan for the year. A Financial Recovery Plan has been implemented with urgent action taken to manage these pressures and reduce operational costs, and to improve delivery of CIP for which the majority of the target is profiled in the second half of the year. The forecast will be formally reviewed, in line with the NHSI standard requirements, at the end of quarter 3, December 2019.

1. **People: Recruitment and Retention**
* The annual Staff Survey closed on 29 November and we should get the first results very early in 2020. We have made considerable efforts to encourage participation with “you said, we did” messages, intranet reminders, local team engagement and other initiatives. Despite these efforts participation levels seem to be very similar to previous years, which is a concern.
* The Board met with two of the newly appointed Cultural Ambassadors in a Board Seminar session to review the data and action plans on Race and Disability Equality. Further work is needed on the action plans to make sure they are relevant and deliver improvements.
* The Linking Leader sessions have focused on Gender and have been very well attended and received. Significant focus in the sessions has been on challenges facing women in the workforce, men’s mental health, flexible working and physical health including menopause.
* In line with the other Trusts in the BOB region we are amending our pensions policy to allow recycling of pension contributions where employees are impacted by the lifetime or annual pension limits. This change is now also being encouraged by NHSI, given the impact in the wider NHS on senior staff availability and in particular the impact on waiting lists with winter approaching.
* We are examining how to improve our workforce planning activity in order that we anticipate changes in demand for our services and supply of staff. This work is involving numerous internal teams and input from HEE.
* The use of Thornbury (a high cost agency) for the month of October has declined to a record low for the year but the overall agency spend remains very significant as explained more fully in the HR Director’s report.
1. **Care Quality Commission (CQC):**

As previously reported, the Trust had an announced annual Well-Led inspection (core services visits) between 30th July-1st August, where a total of 28 teams (including community teams, inpatient wards and various urgent care bases) were visited by a team of approximately 25 CQC inspectors. The subsequent phase of the Well-Led inspection was undertaken on 24th and 25th September 2019 where inspectors held interviews with senior staff and Board members, informed by the findings of the core service inspection.

We have in the last few days responded to the factual accuracy check following receipt of the draft Report from the CQC, and I anticipate the final Report will be published within the next few weeks.

Finally, the CQC also carried out a focussed follow up inspection visit for GP Out of Hours Core service on 17th September2019. The final Report of this inspection was published on 24th October and the service is rated as ‘Good’ overall with all five domains rated as ‘Good’. This demonstrates an improvement from the 2018 inspection where ‘Well-Led’ domain was rated as ‘Requires Improvement’.

1. **Integrated Governance Framework (IGF)**

Board has for some time now been considering changes and enhancements to the Trust’s Integrated Governance Framework, last reviewed in May 2015. The framework review has now concluded with ongoing work to take place to address changes to such as Terms of Reference and escalation structures. By way of reminder, the IGF sets out the Trust’s governance structure identifying two distinct but fundamentally linked components:-

* ‘*Monitoring and Assuring’* – this component comprises all the formal powers of the Trust and how they are exercised and delegated, alongside the processes by which the operation of those powers, both retained and delegated, and monitored. In addition, this component includes the assurance that the risks to achieving the strategic objectives of the Trust are mitigated.
* ‘*Executive and Performance’* – this component deals with the operational or ‘day-to-day’ management of the Trust by the Executive Directors and includes the executive management of the Trust’s functions and the management of performance of those functions.

Highlighted below is a summary of the changes the Board has identified:

* Board meetings in public to take place bi-monthly, with the alternate month focussing the Board in a workshop format on more strategic and development activity.
* New Board Committee to focus on people and leadership which will;
	+ champion an inclusive and open culture and management style, in line with the Trust’s values of being Caring, Safe and Excellent.
	+ champion a “Just Culture” in which people are treated fairly, equally and with respect and in which lessons are learned by the organisation from errors, incidents, audits, feedback and reviews.
	+ champion Quality Improvement in all areas of the Trust to create a learning culture in which improvement is at the heart of activities and becomes embedded as normal business in the Trust.
	+ The working title of this committee, first to meet at the beginning of 2020 is People, Culture and Leadership (PCL) Committee.
* Quality Sub Committee: Well Led to be stood down. The Key Lines of Enquiry that focussed the agenda will in the main be picked up by the PCL Committee and its sub-sub-committees will report directly to the PCL Committee with the exception of only a few. **The Information and Management Group (with associated KLOE transfer) will report directly to the Quality Committee for a period in order to assess the impact on that busy agenda.**
* Revised Terms of Reference and review of membership of the Operational Management Team and Weekly Review Meetings and the Directorate Performance Meetings have been approved by the Executive Team.
* Review of Mental Health Act Management and oversight of the Board.
* Other less substantive changes.

The Integrated Governance Framework document will in due course be amended and the revised Framework will be considered by the Quality Committee and Audit Committee and be presented to the Board of Directors should substantive changes to the governance arrangements of the Trust be recommended as a result of the review.

1. **UK-CRIS/Cristal Health Ltd**

UK-CRIS is an innovative research solution that retrieves data from a Trust’s Electronic Medical Record system, pseudonymises it to protect patient identities and then loads it into a database. This database can then be queried using applications to perform a range of detailed research queries. This provides an invaluable opportunity to test research hypotheses and conduct clinical auditing & service planning. The high-level objective being to drive improvements in clinical care and patient outcomes.

The CRIS solution was originally developed as a bespoke Solution for South London and Maudsley NHS Foundation Trust (SLaM) in 2007. Having become firmly established and delivered clear benefits the CRIS Programme in 2013/14 was deployed as the UK-CRIS solution to a further 4 Trusts and their associated research universities and hosting transferred to OHFT with University of Oxford leading the development. Since that time NIHR has continued to fund the development of UK-CRIS and it was deployed to a further 6 trusts.

NIHR gave notice that funding for any further development would cease in 2019/20 hence alternative arrangements were sought. The investment to date had created some potentially valuable Intellectual Property (IP) and there was interest from private equity investors. Cristal Health Ltd was created in 2019 to develop UK-CRIS further, to provide the ongoing search capability to the 10 trusts already signed up, to recruit more trusts to the programme and to develop commercial capability from the IP.

OHFT has a 10% shareholding in Cristal Health Ltd, which it holds on behalf of NIHR and the NHS, representing the 10% share in the IP. As a “Founder”, an initial shareholder, OHFT is entitled to appoint a non-executive director to the Board. It is important that OHFT provides representation to the Board to ensure that any developments proposed by Cristal Health Ltd are aligned with the ethos of the NHS and NIHR but also to assist in Cristal Health continuing to develop effective research tools that can benefit the NHS.

It is proposed that Mike McEnaney, Director of Finance at OHFT is appointed as the non-executive representing OHFT to the Board of Cristal Health Ltd., given his experience of the commercial sector and private equity.

1. **Winter Preparedness**

We continue our activity to respond to winter, working in close partnership with Oxfordshire system leaders (CCG, OUH, County Council, SCAS and the third sector) regarding the 2019-20 Winter Plan. The 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.

Sessional and peer vaccinators have been appointed to support the occupational health team in covering all geographical areas of the trust and I have commented on the vaccination programme elsewhere in my report.

Last year the Oxfordshire system appointed a ‘Winter Director’ to coordinate resources and the overall system response over the winter period. The Board will recall that Tehmeena Ajmal was seconded to that position. This winter it has been agreed that the overall coordination of the urgent care system in Oxfordshire will be led by Sam Foster, Chief Nurse at OUH, and Stephen Chandler, Director of Adult Social Care at Oxfordshire County Council. They are leading coordination of a wider group of people and OHFT is participating fully in that exercise.

1. **EU Exit**

Professor Keith Willett, EU Exit Strategic Commander will be hosting two EU Exit update webinars in December and in January in which the Trust will participate. The aim of these sessions will be to describe next steps on NHS preparations following the outcome of the general election and the implications this will have on EU Exit planning going forward and will aim to check that all relevant response arrangements are in place

We have continued staff communications around EU Exit, highlighting also to our staff of EU origin the support we are able to offer them in applying for Settled Status.

1. **Research & Development (R&D)**
	1. **Academic Health Science Centre (AHSC)**

The most recent update from the AHSC is provided below:

* A significant point of interest has been the launch of the competition for the designation of NIHR-NHSE/I AHSCs. The launch took place on 17 October 2019 and the deadline for applications is 11 December 2019.
* Professor Sir John Bell chaired a meeting of the partners – Oxford Brookes University, Oxford Health NHS FT, the University of Oxford and the OUH on 23 October. In addition, representatives from the Oxford Health BRC, the OUH BRC and the Oxford Institute of Nursing, Midwifery and Allied Health Research (OxINMAHR) attended. The meeting considered plans and agreed the way forward for the application.
* Further information on the process can be found here: <https://www.nihr.ac.uk/documents/academic-health-science-centres-application-guidance/22464> and the application document and briefing note can be made available if helpful. Designation, if successful would be for five years from 1 April 2020.
* An exercise has been conducted to identify suitable candidates from within the AHSC partners who could, on a part time basis, fulfil the role of AHSC Director which is now required as part of the application. Essentially this needs to be someone from a senior clinical academic background, with experience of leading a major joint NHS/academic enterprise (and who doesn’t already have so many other commitments that they would not have the time for the AHSC). I am delighted to report that Professor Keith Channon, former OUH BRC Director, and R&D Lead for the Medical Sciences Division of the University of Oxford, has indicated his willingness to undertake this role. I strongly recommend that the Board supports him in taking up this role.
	1. **Academic Health Science Network (AHSN)**

The most recent update from the AHSN is provided below:

* A new website and brochure detail recent achievements and current priorities of the Oxford AHSN. Visit: [oxfordahsnhighlights.uk](https://protect-eu.mimecast.com/s/k2f_C46XoTBW5jGCxlkq3?domain=oxfordahsnhighlights.uk).
* The Oxford AHSN sleep project, launched in October 2018, has been extended to June 2020. Anyone living, working or studying in Oxfordshire and Buckinghamshire can access free online support via [sleepio.com/nhs](https://protect-eu.mimecast.com/s/lliKC57YpSZK9nOiyyQ4j?domain=sleepio.com). Over 12,000 did so in the year from October 2018-October 2019 with more than 4,500 starting a personalised online CBT programme. These people slept an extra 5.5 hours per week on average. Other benefits included reduced stress, less use of sleep remedies, improved productivity, reduced absenteeism. Read more [here](https://protect-eu.mimecast.com/s/cHpcC6WZqTr9m3xH5rZnl?domain=bit.ly).
* Eight start-up companies have completed their journey through the first Oxford AHSN Accelerator programme. Read more [here](https://protect-eu.mimecast.com/s/hdKgC794rsA6NP9UqhCoK?domain=oxfordahsn.org).
* Event: 16 December – Planning for a clinical trial, Aylesbury. Read more [here](https://protect-eu.mimecast.com/s/etsMC834vC6MqJxUwkhLl?domain=oxfordahsn.org).
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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| * AHP Day – The Changing NHS Landscapes – BOB ICS
* BRC Steering Committee
* Joint University & Trust Planning Group
* Diane Hedges ICP Objectives
* Primary Care & Community Services Integration Delivery Board
* Integrated System Delivery
* A&E Delivery Board
* Oxfordshire Quarterly Assurance Meeting
* South East MH CEO’s
* SE Mental Health Programme Board
* Warneford Steering Group Meeting
* Trust Staff Induction
* SHFT Board Development Day
* BOB ICS MH Delivery Board
* Health & Wellbeing Stakeholders Network
* TVWFN CEO Steering Group
 | * OUH & OH future of the Horton
* North PCN Clinical Directors
* Oxford AHSN R&D Meeting
* South Oxon CAMH Team
* PCN Abingdon
* PCN City Network
* OCA Project Board Meeting
* Health & Wellbeing Board Workshop
* BOB ICS System Leaders Group
* Fortnightly MH Funding in Oxfordshire meetings with OCCG
* Oxon & BSW Mental Health Executive Performance Meeting
* Pre meet 2018/19 New Model of Care – closure of Pilot
* Council of Governors
* Assessment Event – Managing Director Oxfordshire ICP
* HSJ Mental Health Summit
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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 on the Board’s agenda. Other key developments worthy of reference are as included below:

* 1. **System Integration in BOB**

The Trust has responded formally to the proposals for BOB to formally become an Integrated Care System (ICS) with the intention of the three CCGs, for Buckinghamshire, Oxfordshire and West Berkshire, merging to form one CCG and that Integrated Care Provider arrangements will be made for each of the three areas who will be responsible for delivering high quality care and outcomes within funding levels. The Board has also agreed to sign the memorandum of understanding (MOU) which was required to be signed by BOB ICS and NHSE/I which in turn required all providers and commissioners to formally agree to its terms and intentions

**Announcements**

1. **Changes in system leadership**

Lou Patten, Chief Executive of Oxfordshire and Buckinghamshire CCGs, has announced that she will be standing down in March 2020, as she does not intend to put herself forward for the combined BOB/CCG role. She will be a significant loss to both local systems. In the meanwhile interviews took place to appoint a Managing Director for the Oxfordshire ICP, but no appointment was made. The nature of the role is now being reviewed.

1. **Consultant appointments**

An Advisory Appointments Committee, chaired by Dr Mark Hancock, Medical Director, has taken place and we have made one appointment since the last Board meeting. Dr Anuradha Yadav was appointed as a Consultant Forensic Psychiatrist to Woodlands House, Aylesbury and Marlborough House, Milton Keynes. Dr Yadav achieved her CCT in Forensic Psychiatry in 2017 and joins us from Southern Health NHS FT and was previously employed by St Andrews Healthcare. Dr Yadav completed some of her higher training with the Trust prior to achieving her CCT and is looking forward to returning.

1. **Recommendation**

The Board is invited to ratify the consultant appointment; approve the nomination of Mike McEnaney as non-executive director of Cristal Health Ltd; approve the required changes to the IGF document and the consequential establishment of a new Board Committee (PCL); to endorse the appointment of Keith Channon as Oxford AHSC Director and to note this CE report seeking any necessary assurances arising from it or any appendices.

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