

**Report to the Meeting of the**

BOD 86/2019

(Agenda item: 6)

# Oxford Health NHS Foundation Trust

# Board of Directors

**25th September, 2019**

**Chief Executive’s Report**

**For Discussion**

**Overview**

**Long Term Plan**

I referred in my last report to the major planning exercise across the NHS, due to be completed by mid-November, which will set out how the Long Term Plan (LTP) is to be implemented. We will be discussing the emerging content of the BOB-wide plan and our contribution to this at our October seminar which should clarify the context for the future relationship between demand, capacity and funding across the range of our services, especially given the very ambitious plans for increasing access set out in the LTP. It should be noted however that individual Boards (and indeed local government partners) are being asked to sign off the final LTP submission for BOB, and the timetable for producing the final draft will leave only limited time prior to the required submission date. It may be necessary to make special arrangements for this once the final timescale is clear. Ben Cahill from the Trust’s strategy team has been working closely with the BOB central team to support this work.

**Mental Health Funding in Oxfordshire**

For the meantime, 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. There are now regular meetings between myself, Mike McEnaney, Debbie Richards and our opposite numbers at the CCG. 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.

Of our main contracts, that with Buckinghamshire CCG is completed and signed as I reported to the Board in May. 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. 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.

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 already emerging, 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 fall short of the requirement to implement the range of service provision and capacity to achieve the access targets set out in the LTP.

**Specialist Commissioning and New Care Models**

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 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) as a preliminary to the development of business cases for more detailed proposals which will be due in November.

The feedback from these has been positive. For the forensic NCM it was noted that, ‘the Panel was particularly impressed by the Collaborative’s commitment to focusing on patients’ experience of care and improving outcomes for patients – demonstrated by the very impressive outcomes for patients during the pilot period’. For the CAMHS NCM, ‘the Panel was particularly impressed by the demonstrably strong clinical collaboration across the Providers in your Collaborative and the wider engagement work completed with your STP, ICS, Local Authority and CCG partners’. Both these proposals are now on the ‘fast track to go live from April 2020. The feedback on the Eating Disorder (HOPE) network was that, ‘the Panel was particularly impressed and inspired by the Expert by Experience representative for your Collaborative and the strong clinical collaboration across Providers in your collaborative’.

The Eating Disorders NCM is on the middle track to go live in October 2020. That is consistent with the Trust’s own view as it has become apparent during the pilot period that the current levels of psychiatric inpatient eating disorder bed capacity currently funded by specialist commissioning falls significantly short of the demand. Through the pilot work we are now able to match the existing capacity with clinical need more effectively, but the Trust and it collaborative partners cannot allow themselves to be put in a position where the acceptance of risk in this NCM lays us open to having to fund unmet need from other parts of our service provision.

**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 following discussion at the Finance and Investment Committee, 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. It is of course critical that any slippage is made up in future years or else the progress of any schemes which slip may be compromised. This requirement for reduction in capital spend is now on hold pending further central review following changes at national level.

**BOB Integrated Care System**

Preparations are well underway 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. For this to be formally established, a memorandum of understanding (MOU) is required to be signed by BOB ICS and NHSE/I which in turn will require all providers and commissioners to formally agree to its terms and intentions. The MOU requires the ICS to align itself and its partners to deliver the NHS Long Term Plan and, from next year, to be held accountable for achieving an ICS level control total (rather than by individual provider and CCG entity) – the overall financial position that must be achieved. Again this may require separate consideration by the Board prior to its next formal meeting, and is related closely to the LTP implementation submission process. The current planning process for creating the ICS five year plan is well underway and will include indicative control totals for each of the years. OHFT is fully involved at all levels with the development of the plans and steps necessary to create the BOB ICS.

**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 August 2019 is an Income & Expenditure deficit of £3.0m, which is £0.4m 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 £4.4m, which is £0.5m 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. However, it should be noted that there are some very significant pressures, particularly on mental health services related to demand and placements (social care more than out of area), which are major challenges in the current year given the very tight starting position, and the extent of risk in the plan.

1. **People: Recruitment and Retention**

As discussed at the Board Development Day in late July, a major focus in our People Strategy has been on building our internal Bank. We believe this will lead to improved quality of care as well as reduced costs compared to the use of agency staff. For the first time for some while our Bank hours exceeded our Agency hours in August 2019, which is very welcome news. A great deal of hard work is going on to recruit, train and deploy Bank workers; both those who work purely as Bank workers and those who have a substantive contract with Oxford Health and do additional shifts through the Bank. This strategy is also helping us to reduce significantly the use of very high cost agencies such as Thornbury. The details are in the HR Director’s report.

As reported previously to the Board, we are aware of the issues relating to NHS pensions and taxation which nationally are receiving considerable media attention, particularly in relation to long serving Consultants, some of whom are reducing their hours or bringing forward their retirement plans due to the impact of taxation changes. We have not yet encountered situations of that degree in our Trust but are aware of the risk. We have written to all Consultants asking them to discuss with us whether they might be considering such steps. We are working closely with our BMA representatives on this matter and with neighbouring Trusts.

Preparations are underway for the 2019 Staff Survey. 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 is planned for 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**

The Board will recall that earlier this year we approved for safety reasons (safe staffing), the temporary closure of City Community Hospital Ward from the end of May, which is a 12-bedded general rehabilitation unit at the Fulbrook Centre on the Churchill Hospital site.

The Chairman attended a HOSC meeting on this matter for the second time on 19th September, and also senior leaders in the Trust and CCG reported the latest position with regard to the options to be presented to our Board for the ward going forwards. A separate paper on this matter appears later on the agenda for consideration. Board members will recall the discussion following the letter from the HOSC at their meeting of 31st May. I attach a copy of the Trust’s response which was circulated at their most recent meeting.

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. The following six core services across Oxon, Buckinghamshire and SWB were visited over the three days:

* Forensic secure services’ inpatient wards
* Community health services’ urgent care units (EMU, RACU, MIU and FAU)
* Community mental health teams for older people
* Child and adolescent mental health (CAMHS) inpatient wards
* CAMHS community teams
* Wards for people with learning disability and autism (Evenlode ward)

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 CQC inspection teams consisted of CQC inspectors, Specialist Advisors and Experts by Experience. The Executive has received brief verbal feedback from the lead inspector and no immediate safety concerns have been raised. We of course await the final report on conclusion of the Well-Led inspection.

As you all know, the next phase of the Well-Led inspection commences on 24th and 25th September 2019 where inspectors will be holding interviews with senior staff, informed by the findings of the core service inspection. Today’s Board meeting has been carefully co-ordinated to provide for a number of Non-Executive interviews to take place and I also welcome some of the inspectors who will be observing our September Board meeting.

The Trust has also been inspected by the CQC as part of the second phase of a national thematic review of Restraints, Seclusion and Segregation. This is not primarily an inspection of individual services, but individual inspections of wards will contribute to national conclusions. The CQC will make national recommendations about the use of force and restrictive interventions in settings that provide inpatient and residential care for people with mental health problems, a learning disability and/or autism. This work is undertaken in 3 phases with the aim to publish a final report with recommendations in March 2020. OHFT has been involved in the different phases of the work initially providing data followed by visits to Evenlode (May 2019) and Kestrel ward (August 2019).

Finally, the CQC has conducted further inspection of our GP out of hours services which takes place on 17th September and if there is anything immediate to report I will do so at the Board.

1. **Winter Preparedness**

We will all recall major pressures placed on both the local and national systems during winter, and the impact any flu epidemic or severe weather can have across the system. As was the case last year, there has been a concerted effort by all parties in the system to ensure that we have as robust plans as possible for next winter.

Oxford Health is once again working in close partnership with Oxfordshire system leaders (CCG, OUH, County Council, SCAS and the third sector) for a 2019-20 Winter Plan. 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.

The campaign starts on October 7, a week after the trust flu immunisation programme where the aim is to vaccinate 80% of front line health workers.

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 and a music video featuring 74 staff members has been created. As usual the board will be invited to have their immunisations at the next appropriate meeting.

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

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. It is the intention that a similar arrangement is put in place for this winter, though with a brief looking at ‘urgent care’ in the round, rather than being specifically geared to winter. The nature of this arrangement is currently being scoped by Sam Foster the Chief Nurse at Oxford University Hospitals NHS FT, and the Trust has contributed to that exercise. As was the case last year I anticipate that 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 will 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.

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.

The event was also part of the celebrated Oxford Open Doors Weekend organised by Oxford Preservation Trust which allows people to view behind the scenes of some of Oxford's most historic buildings.

We have again taken the learning from this second community event and will build on its successes at the next event in 2020. I wish to convey my gratitude to Kerry Roger’s team with specific thanks to Julie Pink who made all this happen and to the supporting cast including the Healthfest steering group, governors and volunteers. I would wish to give special gratitude to all the staff, teams and organisations who took part in the day and made it a truly successful Healthfest. Thank you to all.

1. **Annual Members’ Meeting and Annual General Meeting**

We were delighted to welcome Governors, Members, the public, staff and teams to our 2019 Annual Members’ Meeting and Annual General Meeting which was well attended and allowed Trust teams and partners to showcase their achievements and developments. A big thank you to all for supporting the event, in particular to the Communications Team for their efforts to make this a successful evening and another opportunity for the Trust to engage with its members and community.

1. **EU Exit**

The Director of Corporate Affairs (as Senior Responsible Officer for EU Exit) has attended a regional workshop and is now receiving regular updates covering the national context in which the NHS is standing up 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 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.

We have now started the assurance process and mid-month have submitted our self-assessment which is a process we have already rehearsed given it covers similar ground as in March and April.

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 will be shared with front line staff so they can pass this information on to patients.

Reciprocal care and cost recovery have been a big theme at the regional EU Exit workshops. It is expected there will be some clarifications and guidance on this over the next couple of weeks to support local preparations.

We are planning further staff communications around EU Exit in October, 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:

* TheHill, a partner with the Oxford AHSC had a very well attended stand at the Venturefest 2019 hosted by Oxford Brookes University. The whole event was well attended with a significant number of interesting pitches and exhibits.
* TheHill’s first NHS Market Access Accelerator Programme starts next week. It will be hosting a social mixer for the participants to meet our community on Tuesday 24 September at the John Radcliffe Hospital. Come and network with the ten companies participating in the accelerator and hear how their innovations are pushing the bounds of digital technologies in health and care.
* Dr Glenn Wells has been invited to chair Panels for the SBRI, reviewing proposals from industries in healthcare and life sciences. SBRI Healthcare is an NHS England & NHS Improvement initiative, supported by the Academic Health Science Network (AHSN) and managed by LGC Group. It aims to promote UK economic growth whilst addressing unmet health needs and enhancing the take up of known best practice. Recent challenges include cardiovascular medicine and integrated care and social care.
* The AHSC is actively supporting the development of the Research and Innovation strategy for the OUH, drawing on the experiences and strategies of the wider AHSC partnership and the developing strategy of the AHSC.
* In addition, discussions are now being held across the AHSC partners to prepare for reaccreditation due from April 2020. The Board will recall the Debate in the House of Lords in July 2019 which indicated a new competition. (copies are available at <https://bit.ly/2Je0e4F> )
* Both Oxford Brookes and the University of Oxford participate in ARC a group of Universities to support the Government’s strategy for investment across the Oxford to Cambridge Arc and recognise its significance as a driver for economic growth in a region of national strategic importance. As the Universities Group, we commit to working together with business and government, and with one another, to foster research, skills and innovation, in order to further unleash potential for growth and prosperity.
* Discussions are now taking place to ensure that developments and innovations in life sciences and healthcare can drive investment and economic success.
  1. **Academic Health Science Network (AHSN)**

The most recent update from the AHSN is provided below:

* The Oxford AHSN co-hosted with the new NIHR Applied Research Collaboration Oxford and Thames Valley a workshop on 5 September to discuss future joint work in the light of the NHS research and innovation needs survey report published earlier this year. Focus groups discussed the four key priority areas that emerged from the survey: mental health, workforce, digital/AI and multi-morbidity. A joint response and summary of local research and innovation needs will be published.
* More than 10,000 people in Oxfordshire, Buckinghamshire and Berkshire have accessed Sleepiosince the launch of the Thames Valley project last year. It will continue into 2020. This is the first large-scale NHS rollout of a direct access digital therapy. Thanks to funding from Innovate UK it is available free at [www.sleepio.com/nhs](https://protect-eu.mimecast.com/s/M29TC46XoTBy8PnUxGHJc?domain=sleepio.com)
* The Oxford AHSN has published its latest quarterly report for April-June 2019. Read it [here](https://protect-eu.mimecast.com/s/gx_yC57YpSZol8ztyytQv?domain=oxfordahsn.org).
* The Oxford AHSN now has its own app for android and iPhone. Search ‘Oxford AHSN’.
* Read the second edition of the AHSNs’ ‘The Innovators’ magazine [here](https://protect-eu.mimecast.com/s/RV1pC6WZqTrEWkgs59ANE?domain=ahsnnetwork.com). It includes case studies featuring four Oxford AHSN industry partners.

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:

NHSE/I - Claire Murdoch and Anne Eden Re: Oxford Health - Warneford Hospital development

Stephen Firn NHSE - New Care Models

Lou Patten Oxfordshire CCG

Miriam Deakin - NHS Providers: The future of CCGs in the context of ICS working

BRC Steering Committee

Bucks ICS Partnership Board

A&E Delivery Board

Bucks MIND CEO Andrea McCubbin

The SE Regional Talent Management Board working group

SE Mental Health Programme Board

OHI Scholars Programme - Celebration/presentations

Bucks Performance Quarterly Review

Fiona Wise and David Clayton Smith - BOB ICS CE and Chairman

Trust Digital Strategy Board

Operations Management Team

TELECON: Thames Valley and Wessex NCM Forensic Network CEOs Steering Group

TELECON: HOPE & CAMHS T4 NCM CEOs Steering Group meeting

Oxfordshire Care Alliance Board meeting

CAMHS Consultants meeting

Oxfordshire Health and Wellbeing Board workshop

STP Chief Executives’ meeting

Oxford AHSN and the new NIHR ARC Oxford and Thames Valley – Workshop

Council of Governors

Oxfordshire Digital Strategy Group

Fortnightly MH funding in Oxfordshire meetings with OCCG

CQC Inspection planning

Oxfordshire PCN Workshop - Insights from data

NCM HOPE Network CEO Steering Group

TVWFN CEO Steering Group

NCM CAMHS T4 Network CEO Steering Group

Primary Care and Community Services Integration Delivery Board

OX12 Solution Building Event

Oxfordshire Integrated System Delivery Board

Annual Members' meeting & Annual General meeting

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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 attached as an appendix. Other key developments worthy of reference are as included below:

* 1. **System Integration in BOB**

Following discussions in August with NHS England/NHS Improvement South East Region and the national lead for ICSs, the Chief Officers of the Clinical Commissioning Groups within BOB, and the ICS Executive Lead agreed in principle that there should be one commissioning organisation within the BOB ICS area by April 2021.

The agreement is in line with the expectations set out in the NHS Long Term Plan that, by 2021, each ICS will have one commissioning organisation. It was further agreed that the Accountable Officer and the ICS lead will be one role. Fiona Wise, BOB ICS Executive Lead; Lou Patten Chief Executive of Buckinghamshire and Oxfordshire CCGs and Cathy Winfield, Chief Officer of Berkshire West CCG will work together to start the process of engaging with staff and stakeholders.

They have been specifically asked to look at the timescales to bring together the one AO/ICS Lead post with one supporting management team. It is expected that this will be established before April 2021, subject to consultation and agreement.

Our work with the GP Federations regarding the Oxfordshire Care Alliance is intended to support the wider system and the Board will be considering further, the developments in operational and governance structures and patient pathways at its September meeting.

In order to support the further development of the ICS in 2019/20, I have referred earlier to the MOU which sets out some of the expectations of ICSs and the responsibilities and flexibilities the system will receive in return.

It is intended this will bring a pragmatic and practical way of delivering the ‘triple integration’ of primary and specialist care, physical and mental health services, and health with social care, consistent with population needs and ambitions set out in the Long Term Plan. We will be expected to make faster progress than other health systems in transforming the way care is delivered, to the benefit of the population BOB serves.

ICSs are required to work within a system control total, the aggregate required income and expenditure position for trusts and CCGs within the system, as communicated by NHS England and NHS Improvement to all system leaders in the financial framework letter in April 2019.

We have had sight of 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).

The purpose of oversight arrangements is to support the ICS and its constituent parts to deliver improved health and well-being for its communities. Improvement support will be provided by NHS England and NHS Improvement in consultation with the ICS, to complement locally sourced good practice. A quarterly oversight meeting will take place for each ICP.

**Announcements**

1. **Consultant appointments**

There have been no new consultant appointments since my last report to Board.

**Recommendation**

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

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