

# Report to the Meeting of the

# Oxford Health NHS Foundation Trust

**BOD 95/2019**
(Agenda item: 16)

#  Update to Board of Directors

 **25September 2019**

**Update on progress against the Trust Operational Plan 2019/20 Quarters 1 & 2**

**Summary**

The Trust submitted its final 2019/20 Operational Plan to NHSE/I on 4 April 2019. Below is a summary of progress against sections of the submitted Operational Plan for Quarters 1 & 2 (unless otherwise specified if Q2 information is unavailable). Board are asked to note and comment on progress.

**Care Closer to Home programme**

The Care Closer to Home programme is realigning priorities to ensure consistency with the development of Integrated Care System (ICS) strategies, and to work towards delivery of NHS Long Term Plan ambitions for scheduled and unscheduled care, while at the same time developing service change approaches to improve internal capacity. The Single Point of Access for Community Therapy Services, District Nursing and the Out of Hours service is now in place and is operating well. The Trust is working with the Oxfordshire Frailty Network to develop and test models for identifying and supporting patients with frailty; work that is aligned to the ambitions of the Long Term Plan on Primary Care Networks and (neighborhood working) with other local health and social care system partners.

The Programme is also increasingly supporting system led plans (including OX12 and the North Oxfordshire Project) to better understand population health needs which, in turn, will inform future service requirements, configuration and deployment. Home First and Integrated Urgent Care workstreams are under development with system partners. Finally, Community services have developed a winter plan for 19/20 to ensure business continuity at time of pressure. Teams are proactively working with system partners to build on lessons learned from last year and to focus on specific activities which will maximise capacity.

**Primary Care Networks & Primary Care Strategy Development**

The Trust continues to progress closer working with GP practices towards an Oxfordshire Care Alliance and is supporting a range of system and locality led activities required to enable the development of the newly formed Primary Care Networks. Community therapy and nursing teams have aligned themselves to the new Primary Care Network configurations and are working with primary care colleagues to develop integrated care at a network and area level.

**Mental Health Transformation**

*Children & Young People* – The Trust’s mental health services for children & young people have continued to develop throughout 2019/20. Mental Health Support Teams are now live in several educational settings across Buckinghamshire and Oxfordshire. There are plans to extend this roll out into additional schools in Oxfordshire and BaNES, Swindon and Wiltshire. Work is underway to streamline processes and practice to create additional capacity towards the national waiting time pilots for core CAMHS. Access rates continue to increase across each county.

*Perinatal* - Specialist Perinatal Mental Health teams have now been established in Buckinghamshire and Oxfordshire. Initially recruitment was a challenge but Consultant Psychiatrists have now been appointed and referral numbers are roughly in line with anticipated demand. There is a project underway to launch an online peer moderated forum across the Buckinghamshire, Oxfordshire & Berkshire West Integrated Care System (BOB ICS) to help patients support one another. A solution has also been identified for digital consultations that will be rolled out later in the year.

*Improved Access to Psychological Therapies (IAPT)* - IAPT expansion has been hindered by lack of dedicated investment in line with national targets. Despite this, IAPT services in Buckinghamshire and Oxfordshire have access rates higher than the commissioned level of activity. There may be some adverse consequence relating to waiting times and recovery rates throughout the year if this is not managed closely. Long Term Conditions (LTC) pathways are live in both counties and there is good engagement with colleagues in primary care.

*Acute & Crisis* - The number of out of area placements has reduced, there are still long term, appropriate out of area placements in each county but vast improvements have been made in relation to acute OAP’s that were sent out of area for capacity reasons. Dedicated resource and improved escalation processes have contributed to this achievement. Opal Rehabilitation ward is undergoing a re-modelling to reduce average length of stays and to establish pull mechanisms from other acute wards at the earliest possible opportunity. A Transformation bid was submitted to NHSE at the end of Q1 for additional resource in Emergency Department Psychiatric Service at the John Radcliffe. The bid was unsuccessful meaning that the overnight provision in particular is under extreme pressure. An additional transformation bid was submitted to develop Crisis Resolution and Home Treatment Teams and additional Safe Haven sites in Buckinghamshire and Oxfordshire. OHFT and Mind were successful and implementation will begin in Q3 with an ambition of having service delivery in Q4.

*Adult and Older Adult Community Mental Health Services (AMHT)* - Service representatives are engaged with colleagues in Primary and Community care services to ensure that mental health is considered in the development of Primary Care Networks. Capacity and Demand diagnostic work is underway across all Oxfordshire AMHT’s to better understand how services can meet the evolving demands of the local population. Individual Placement & Support implementation is underway to ensure that there is dedicate resource to help patients get back into paid employment. Wave 2 of the Peer Support Workforce project is live. Training for the Buckinghamshire cohort of peers is scheduled to start in September 2019.

*Dementia and Frailty* - The Trust Dementia Strategy has been signed off and implementation is underway. Each place-based system is developing a system wide strategic group to oversee developments and improvements associated with dementia care and support services.

*Suicide Prevention* - BOB ICS are about to begin implementation of a suicide prevention trailblazer initiative to develop a standardised Psychosocial assessment with guidance and roll out self help applications. Multi agency plans and strategies are in place to support this and progress of implementation will be monitored and reported.

**Learning Disabilities & Autism**

Following the transition of the Oxfordshire Specialist Learning Disability Services from Southern Health NHS Foundation Trust to Oxford Health NHS Foundation Trust on the 1st July 2017, a substantial 3–5 year Programme of transformation has commenced aligned to the National Transforming Care Agenda. Transforming Care is about improving health and care services for people with a learning disability, autism or both, enabling people to live in the community, with the right support and close to home, with a greater focus on developing community-based provision to reduce the number of people who require a hospital admission.

For those who do need to go into hospital, the emphasis is on people receiving high quality care, as close to home as possible and that they do not stay a day longer than clinically required.

The development of the transformation programme was founded upon key priorities documented in the local Oxfordshire Transformation Care Plan, 2016 – 2019. To date, Oxfordshire has everything specified within ‘Building the Right Support’ other than the bespoke Mental Health Crisis Pathway accommodation (crash pad and lived experience designed flats) which is a Trust priority for 2019/20.

There has been significant progress over the past twelve months including:

* The development of an Autism strategy, focusing on improving access to services for people with autism.
* Revision of the Trust’s Physical Health Strategy, considering the needs of people with a learning disability.
* This revision will be extended during 2019/2020 to include the needs of people with autism.
* Working with Health Education England and key partners to develop a Health and Social Care Workforce Plan for learning disabilities and autism in Oxfordshire. This is being extended to align with Berkshire and Buckinghamshire’s workforce plans as part of the Sustainability and Transformation Partnership.
* The expansion of the adult Intensive Support Team to cover all ages.
* The undertaking of a retrospective review of previous out of area placements to identify recommendations for improvements.
* The pilot of a Mental Health Liaison Nurse for Learning Disabilities and Autism, to commence a systematic roll out of the ‘Green Light Toolkit’ in mental health services across the Trust’s geography.
* Participation in an NHSI initiative to develop a criteria led discharge process. This has seen the average length of stay in out of area placements reduce from 600 plus days to 263 days and a reduction from 12 to 3 people in an inpatient setting.
* The setting up of a new Forensic Intellectual and Neuropsychiatric and Developmental Disorders (FIND) Team working in partnership with other providers across the Thames Valley and Wessex areas.

The Oxford Health Learning Disabilities Leadership Team is now fully recruited to. There is a different Leadership structure for Autism, reflecting the different geographical areas served by the Trust. However, the Service Director for Learning Disabilities has taken a strategic Lead for the Trust ensuring that the needs of autistic people are included in local strategies. The Learning Disabilities service is working with Trust workforce colleagues to ensure Learning Disabilities and Autism staff are fully represented in the Trust’s Workforce & Learning Development Plan and that the Trust takes advantage of having these specialisms training staff in Communication, Autism, Learning Disability and Epilepsy.

2019/20 is a transition year for Transforming Care given the inclusion of Learning Disabilities and Autism in the NHS Long Term Plan as one of the clinical priorities. The NHS Improvement (NHSI) Learning Disability Improvement Standards for NHS Trusts (published in June 2018) will be used to the measure quality of care provided to people with learning disabilities, Autism or both. The Trust’s Learning Disabilities Service work to the four strands of the Improvement Framework: 1) Respecting and protecting rights; 2) Inclusion and Engagement; 3) Workforce; and 4) Specialist Learning Disability Services. Over the course of 2019/20, attention will be focused on the continued implementation of key actions identified in the Autism, Physical Health and Workforce Strategies.

Several initiatives linked to reducing inequalities are underway. In the Adult Oxfordshire Learning Disabilities Service, clinical outcomes measures have been mapped across the services and are being considered by Trust Governance arrangements. The Trust will continue its good work in involving families and carers in planning and evaluating current services also using lived experience to inform service development and coproduction as standard. A representative from the Oxford Family Support Network attends the project board.

‘My Life My Choice’ are leading on the development of the Learning Disability and epilepsy videos with linked clinicians from OHFT and OUH. Autism Oxford are leading on the autism video with clinical and technical support from OHFT.

The Trust now has robust processes in place to investigate deaths, coordinated locally via the Vulnerable Adult Mortality Group (a sub-group of the Local Safeguarding Board). The Group reports annually and is fully connected to the national Learning from Death Review (LeDeR) process. Regular reports into Trust Governance detail complaints, system-wide thematic reviews, and an annual report regarding both expected and unexpected deaths. This work continues and feeds into the physical health strategy.

The Trust has a joint protocol with Oxfordshire Clinical Commissioning Group and Oxfordshire County Council (OCC) to ensure full compliance with national standards for Care, Education and Treatment Reviews. The Trust has an assertive approach to discharge planning, evidenced by being an NHSI exemplar. Using this approach, we seek to continue to reduce the number of people in inpatient beds and length of stays. Delayed Transfer of Care (DTOC) escalation is in place, discussions on joint learning with OCC around delays continue as part of quarterly joint meetings. A Joint commissioning meeting occurs monthly to ensure oversight of out of area placements.

The Trust has an ongoing annual audit relating to medication for the adult specialist services in Oxfordshire. This audit is aligned to and goes beyond medication standards (known as STOMP) which the Trust is currently signing up to. Over 2019/20 the Trust will work on closer joint working between specialist teams, pharmacy and primary care in consideration of polypharmacy linked to STOMP audits and LeDeR reviews.

**Quality Improvement**

*Develop and roll out an advanced business intelligence platform* - The new web-based platform called TOBI is in development by the BI Team. Two data sources have been brought into the data warehouse covering workforce and activity from patient records, and a third data source is being worked on relating to complaints, concerns and incidents. A significant amount of time has been put into developing a hierarchy document to map teams and service lines across different data sources so that information can be presented together, a small amount of work is still needed. A change management process which works across all data sources from patient feedback to patient record systems is in draft. Work to promote the project, to engage users and to shape the look of the visuals in TOBI has started which has included support from OHI centre. NHS Elect has also been engaged to support training in how to interpret and use information which will be part of the roll out of TOBI

*Completion and implementation of the Trust’s Quality Impact Assessment policy* - A new policy including screening and full impact tool has been written following discussion with the executive team. A draft of the policy has been circulated for comment. Alongside this the draft screening and full impact tools are being piloted by services, for example by the adult mental health services in relation to extending response times for routine referrals. The final draft of the policy will need to be approved by the Quality Committee.

*Quality of EOL care planning* - The focus of the work is on embedding the specialist care plan and improving access to training for staff. Four workshops were held between June to Aug 2019 around personalisation of care and building staff confidence, as well as promoting the use of the EOL care plan. A regular clinical audit is in place to review progress with embedding the care plan and the Trust takes part in the national audit of care at the end of lie. In addition, the Trust has been part of a CCG led health needs analysis for the provision of EOL services which should improve the join up of service provision. The Trust is also developing a new EOL strategy. The workplan is overseen by the EOL steering group.

*Overall Quality Improvement Plan* - More generally on the quality improvement plan for 2019/20 as published in the annual Quality Account. The Head of Quality Governance has met with the lead for each objective and reviewed initial progress. A 6 monthly progress report against the 14 quality objectives will go to Trust Board in October 2019 prior to being shared with key external stakeholders.

**Activity**

*Table showing progress against submitted activity measures (Quarter 1 only, Quarter 2 data is not yet available.*

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  | **Q1** |
| **Service Type** | **Service Area** | **County** | **Currency** | **Apr - Jun 2019** |
| **Plan** | **Actual** |
| Community Mental Health | AMHT Assessment | Oxon | Referrals (new Episodes opened to Assessment Teams in Period) | 1654 | 1736 |
| Community Mental Health | AMHT Assessment | Bucks | Referrals (new Episodes opened to Assessment Teams in Period) | 1220 | 1125 |
| Community Mental Health | CAMHS (all teams) | Oxon | Referrals (new Episodes opened to All CAMHs Teams in Period) | 2530 | 3051 |
| Community Mental Health | CAMHS (all teams) | Bucks | Referrals (new Episodes opened to All CAMHs Teams in Period) | 1851 | 1931 |
| Community Mental Health | Older People's CMHTs incl. Memory Clinics | Oxon  | Referrals (new Episodes opened to OA CMHT or Memory Assessment Services in period) | 765 | 774 |
| Community Mental Health | Older People's CMHTs incl. Memory Clinics | Bucks | Referrals (new Episodes opened to OA CMHT or Memory Assessment Services in period) | 756 | 805 |
| Inpatient Mental Health | Adult and Older Adult Mental Health | Oxon | Out of Area Placements (bed days total number of overnight stays in month) | 179 | 176 |
| Inpatient Mental Health | Adult and Older Adult Mental Health | Bucks | Out of Area Placements (bed days total number of overnight stays in month) | 167 | 289 |
| Inpatient Mental Health | Adult Mental Health | Combined | Admissions (total number of new IP Episodes to all Adult MH Acute Wards inc PICU) | 285 | 244 |
| Inpatient Mental Health | Adult Mental Health | Combined | Length of Stay (Average Length of Stay Based on Discharged In-Patient Episodes in Month to all Adult MH Acute Wards inc PICU) | 69.8 | 67 |
| Inpatient Mental Health | Older Adult Mental Health | Combined | Admissions (total number of new IP Episodes to all Older Adult MH Wards) | 55 | 41 |
| Inpatient Mental Health | Older Adult Mental Health | Combined | Length of Stay (Average Length of Stay Based on Discharged In-Patient Episodes in Month to all Older Adult MH Wards) | 93.3 | 85 |
| Inpatient Physical Health | Community Hospitals | Oxon | Delayed Transfers of Care (within the service’s control) (Average Length in Days of a Delayed Episode) | 15 | 12 |

**Demand & Capacity**

In June 2019, the Executive agreed to undertake a focused diagnostic exercise across the whole Trust, commencing with Oxford Mental Health AMHTs and CAMHS, then subsequently to be rolled out across the whole Trust: over 70 service lines of approximately 240 teams of varying sizes. The overall aims of the work are to provide:

* Insight to the Board and Trust of the capacity and demand position of the various teams and areas currently worked with by the programme;
* Information/data to aid in the conversation with commissioners regarding funding;
* Information that will inform decision making around current and future continuous improvement work;
* Potential quality and consistency improvements and productivity savings for future years.

This work is governed by the Demand & Capacity Programme Board which in turn reports to the Executive Board. The work is being undertaken by a small dedicated project team and comprises of a rolling 5-week cycle with a new team commencing each week. The process involves engagement with the operational teams to collate various data from systems and staff, (qualitative and quantitative) undertake validation and analysis, and to collate areas of best practice and potential areas for improvement.

Results and conclusions are then discussed, and sense checked with the Team Managers and Head of Service prior to final reports being presented to the Programme Board. Once the current piece of work with the Adult Mental Health Teams is complete, the diagnostic team will begin work with the CAMHS teams in Oxfordshire.

**Finance**

*See separate Board Finance report.*

**Productivity / Cost Improvement Programme**

The 2019/20 Operational Plan set a final productivity improvement target of £7.6m (after an initial target of £5m in the draft plan). To date nine major projects have been identified to deliver a saving to the Trust of £6.8m.  The vast majority of these savings are cost avoidance; reductions in spending compared to last year and will not deliver a reduction in budget.  Methods to save the remaining £800k are still to be identified, a number of options are being explored, including some income generation schemes.

The key projects, delivering over a £1m of savings each are: reducing activity to meet demand (£2.6m); reduction in out of area placements (£1.4m); reduction in agency use (specifically high cost off-framework agency, but further benefit is being realised across the tiered system of agency) (£1m) and New Care Models in Forensic care (£1m). A re-invigoration of the programme has sought to better define the programme, give it structure and establish a means of accountability. Programme documentation is now published and a reporting timetable is being followed with fortnightly programme boards to assure the Exec Lead.

**Membership**

The Trust Council of Governors election was held March-May 2019. There were 15 vacancies, which attracted 21 candidates, and 13 governors were elected. Seven seats were filled uncontested, and six in a contested poll. Two seats, in the public constituency in Buckinghamshire, remain vacant. The turnout was between 10 and 17 per cent in the classes with contested vote.

Membership was promoted in election communications, highlighting that you need to be a member of our Trust to vote or stand as a governor. People joining the trust clearly peaked during the election period, as shown in the graph below:

*Working with people with learning disabilities -*we have been working with the Leading Together Group to make membership more accessible and meaningful for people with learning disabilities. As part of this work we have co-produced an easy read membership application form and are working on other collateral. A member of the Leading Together Group also attended the Council of Governors meeting on 12 June to give observations on how the meeting and governance can be made more accessible. The goal is to make governance more accessible and easier to understand for everyone.

*Community involvement -*The Membership and Engagement Team has been taking part in selected events such as Oxford Pride and Wallingford Patient Participation Group to promote the benefits of membership.

*Networking -*There is a network of membership officers developing in southern England, with the first meeting taking place in Southampton in August. The aim of the session is to discuss ways we can work together more locally as well as share ideas we have around improving communications and engagement with our members.