

**Report to the Meeting of the**

BOD 03/2020

(Agenda item: 5)

# Oxford Health NHS Foundation Trust

# Board of Directors

**29th January, 2020**

**Chief Executive’s Report**

**For Discussion**

**Overview**

Winter has thus far proved to be a challenging time for the system, but we have worked well together to provide an effective system response to recent spikes in urgent and emergency care demand. In particular our community services teams have supported OUHFT to release capacity by providing inreach to help support patients to get home. Overall the NHS has entered this winter with performance against the constitutional standards at an all-time low, however locally, despite significant pressure, the system is working well together and bearing up relatively well.

As referred to in previous reports and discussed as a Board in seminar session, the four-year plan for our system was submitted. Subsequently, a main item for discussion at the January System Leaders Group (SLG) was the continued work to bring the system back into financial balance given the gap I described in the last report to Board. An SLG workshop, including Directors of Finance, took place on 24th January 2020 to progress this important work.

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. The Long Term Plan submission for both the Trust and the CCG factored in an assumption of an investment of £7m to cover the backlog in mental health funding in 2020/21, and £3m in 2021/22, but that has not yet been reflected in the commissioning process. It will be necessary to reach a satisfactory conclusion in these discussions about the pace of change to recovering historic mental health service unfunding in Oxfordshire if we are going to be able to be clear about our ability to progress LTP implementation.

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 still 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 also overspent last year. Since last month, OCCG have suggested that the matter of remedying the underinvestment in mental health services in Oxfordshire should be taken to NHSE/I for mediation and Oxfordshire County Council have entered into discussions regarding a resolution to social care placements overspend. We have secured agreement that the national mental health team and NHSE will have input to the mediation process.

As I reported previously, with NHSE Specialist Commissioning there remain some substantial contractual matters to be resolved, particularly in relation to the pilot New Care Models (NCMs), although significant progress has been made in resolving matters outstanding from last year. OHFT has been successful in all three business case submissions for lead provider in the Provider Collaboratives for CAMHS, adult forensic inpatient and Eating Disorders. Both CAMHS and forensic adult are intended to go live April 2020 while Eating Disorders will require further development. There remains some issue with agreeing the opening budgets carried forward from previous year regarding savings achieved.

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 had asked for the plans to be reviewed and a revised BOB plan has been submitted which reduces the gap from target, from a £77m deficit to £34m – this change has been apportioned across the BOB organisations for planning purposes and as stated above, a workshop is took place on 24 January to identify themes and actions that will deliver the reduction. 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. It is possible that there may be a requirement to improve further on the revised deficit position.

**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 December 2019 is an Income & Expenditure deficit of £2.5m, which is £0.7m favourable 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) and gains on asset disposals) the underlying performance is a deficit of £6.1m, which is £0.1m favourable to the Trust’s Control Total for the year to date. The main reasons for the underlying deficit 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.

Although the YTD position is on plan this includes significant one-off benefits. In addition, £3.6m (47%) of the CIP target is profiled in Q4 which makes it more challenging to meet the full year plan. As a result, the Trust has reviewed the forecast year-end position and formally submitted to NHSI a re-forecast at Q3 which is £5m adverse to the planned Control Total. A Financial Recovery Plan has been implemented with urgent action being taken to manage these pressures and reduce operational costs.

1. **People: Recruitment and Retention**

* The first People, Leadership and Culture meeting was held in January and was well attended by Executive and Non-Executive Directors and some other senior leaders. This is a Board Committee and the creation of it is intended to raise the profile of people issues in the Trust and to ensure that the People Strategy is appropriate and being delivered. Bernard Galton is the Chair.
* The 2019 Staff Survey results are still embargoed at the time of writing so details cannot be put into this report, but the trend of the scores is encouraging. The HR Director has shared the results with the Board at a Seminar, the Staff Representative body and with the Executive Team. Action plans are being developed by leaders across the Trust to address the areas where least progress is being seen.
* Overall agency use for December was down on November and down compared to the same month of the previous year. Use of Thornbury was up and this was concentrated in areas where flu caused a high number of late bookings of shifts.
* Almost 70% of staff have had the flu jab this year, a big improvement on previous years.
* A paper is being brought to the Private session of the Board detailing lengthy suspensions in order that the Board is aware and is assured that such measures are considered with appropriate care and are reviewed regularly by senior management.

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

Since my last report, the final report from the CQC has been published with the Trust rated ‘good’ in four out of five quality measurements – caring, responsive, well-led, effective and ‘requiring improvement’ for safe.

This gives Oxford Health an over-all rating of ‘Good’ based on weighted scoring across all services inspected. No enforcement notices were issued and the majority (13 out of 16) of the trust’s services were rated ‘good’ (12) or ‘outstanding’ (1). The overall result pulls together ratings from a CQC visit to the trust in March and April 2018 to check the quality of eight core services, with results from previous inspections of eight other community and mental health services. The over-all rating of ‘Good’ is unchanged since the inspection in June 2016.

As the body that assesses the quality of NHS services in England the CQC found that Oxford Health NHS Foundation Trust was well-led with: skilled, knowledgeable and experienced management. Leadership training was widely available to staff and there were good working governance systems. The trust was responsive to people’s needs across services especially in a crisis, including reducing the need for police involvement in mental health crises. Patients and staff were able to give feedback; they knew how to raise concerns and there was good learning from incidents and complaints. Few services had long waiting lists. There was strong team working across most services, care and treatment was well monitored and findings from this were used to make improvements, so that services were overall effective. Perhaps most importantly from the trust’s perspective, staff were found to be caring and noted to be ‘treating patients with kindness, courtesy and sensitivity’.

Improvements are required in safety to ensure that across all trust services the same high standards are observed. Seven out of the core 16 mental health and community teams run by the trust have work to do to further improve in this area and plans are underway to address this. This includes the establishment of a new Healthcare Improvement Centre, which is using international best practice and practical expertise to foster improvement skills, for all levels of trust staff. The centre has a particular focus on safety and quality of care.

There are some areas where we think we need to do more, and around ‘safety’ in particular. The majority of areas for improvement are things we recognise and have plans in place to address. I’m pleased to say that the trust has received no enforcement actions and that inspectors found that National Institute for Health and Care Excellence guidelines were followed. The full report is provided for the Board in the meeting papers.

1. **EU Exit**

Following the successful vote on the 2nd reading of the Withdrawal Agreement Bill, it was confirmed in month that the Prime Minister had agreed that Operation Yellowhammer should be halted with immediate effect due to the decreased likelihood of the UK leaving the EU without a deal on 31 January 2020 and so all preparations for a no deal exit have been stood down.

We will continue to support staff to minimise the impact of the eventual exit.

1. **CEO Stakeholder meetings and visits**

Since the last board meeting, key stakeholders with whom I have met, visits I have undertaken and meetings that I have attended have included:

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| * Integrated System Delivery * A&E Delivery Board * Warneford Steering Group Meeting * OCA Project Board Meeting * Health & Wellbeing Board Meeting * Trust Staff Induction * Community Monthly Executive Performance * MP/BHT/CCG Meeting * BRC Steering Committee Meeting * Quality Committee Improvement Half Day * CQC Engagement Half Day * Primary Care & Community Services Integration Delivery Board * Bucks Provider Collaborative Board * NIHR ARC Oxford & Thames Valley Strategy Board Meeting | * OCA Project Board Meeting * OSCHR Board * Equality & Diversity Steering Group * Oxford Health Leadership PGCert * Monthly Executive Performance Meeting Specialised Services * LTP Meeting BOB * Oxfordshire Digital Strategy Group * SPNCC * NCM Hope Network CEO Steering Group * NCM CAMHS T4 Network CEO Steering Group * ICP Partnership Board * MH Funding * BOB ICS Mental Health Delivery |

We were delighted to welcome Nadine Dorries to the Trust on 23rd January, Parliamentary Under-Secretary (Department of Health and Social Care). We were able to show her some of the oldest estate on the Warneford site, dating back nearly 200 years and still the main inpatient base for adult mental health services in Oxfordshire, but also some of our newest estate when she was taken around the Highfield Adolescent Unit by two of the young people there. We were also able to describe our plans for the redevelopment of the site, and the progress made with Five Year Forward View and Long Term Plan initiatives and the Oxfordshire Mental Health Partnership.

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**

Just before Christmas 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.

The BOB ICS Bulletin is appended to my report for Board’s reference.

1. **Consultant appointments**

There is one consultant appointment to report this month. On 9th December Dr Viki Laakkonen chaired the panel as Deputy Medical Director, we no longer request for NEDs to be present on the panel.

Dr Rachael Rattlidge has been appointed to the Consultant in Child and Adolescent Psychiatry post with the BaNES team in Keynsham. Rachael completed her medical degree in Cardiff and went on to complete her core psychiatry training with the Severn Deanery, subsequently completing a post with the BaNES team. Rachael went on to complete her higher training and spent 12 months at Keynsham followed by a short spell at Marlborough House inpatient unit in Swindon. Having worked for the Trust previously, Rachael was delighted to accept an acting up post for three months from August 2019 and is thrilled to be joining the trust on a permanent basis.

1. **Recommendation**

The Board is invited to ratify the consultant appointment and to note this CE report seeking any necessary assurances arising from it or any appendices.

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