

**Report to the Meeting of the**

BOD 16/2020

(Agenda item: 5)

# Oxford Health NHS Foundation Trust

# Board of Directors

**30th April, 2020**

**Chief Executive’s Report**

**For Discussion**

**Overview**

Preparation for, and management of the impact of COVID-19 (coronavirus) has of course dominated the work of the Trust throughout April and I must pay tribute to the extraordinary efforts and resourcefulness of our colleagues and partners to achieve massive amounts of change as part of the response. I am even more proud of the courage, compassion, sheer hard work and dedication of people across all of the Trust’s services – on all parts of the clinical front line and behind the scenes, where the responses of IT, supplies and PPE, estates, recruitment and learning and development have all been a vital part of our response. Care models have been reorganised within weeks; ward areas and job roles have changed; people have cooperated in doubling up on rotas and extensive redeployment programmes to provide continuous cover; and we have been able to rise above the many rules, traditions and formalities to ensure patients keep receiving healthcare. In addition our work with partners to increase capacity as part of the wider health and care systems in which we operate has been phenomenal.

Few would have anticipated how much could be achieved, throughout the NHS, primary and social care, in such a short time, and it has been possible because extended freedoms to act have been initiated and we must learn from this when we return to more stable times. With that in mind, I have initiated a recovery programme of work with Martyn Ward as executive lead supported in the delivery of various workstreams by other executive colleagues and senior leadership. He will be engaging with colleagues across the BOB area and the wider SE Region in that work.

Caring for patients, their families and each other during such unprecedented circumstances is having a significant impact on all of us, and our thoughts go out to all those directly impacted in one way or another. But I would especially like to honour Margaret Tapley who sadly died this month. Margaret was a Health Care Assistant on Linfoot Ward at Witney Community Hospital. She had worked there for many years and was remarkable in that she stayed with her team well beyond the point when many others would have retired – she was 84. She was also remarkable in the way she provided calm reassurance, support and encouragement to her colleagues, and compassion and care to her patients.

On 28th April, as part of International Workers’ Memorial Day, we paused to honour all of our colleagues across public services who had passed away as a result of this virus and to show appreciation for all that they had done for their communities, the NHS and for patients.

Since the last report to the Board, Covid-19 has effectively suspended progress on closing out the FY20 commissioning contracts and completion of the FY21 contracts. Following the agreement in early March, following mediation, with Oxfordshire CCG to the increased level of investment in mental health services the contractual details have not yet been finalised and we hope that this delay will not have any material impact. It is important that we proceed with completion of the contract as soon as the Covid-19 situation allows. For Buckinghamshire and Swindon, Wiltshire and Bath and North East Somerset, the main contract details have been agreed but progress to complete the contracts has been suspended.

We have reached agreement with NHSE Specialised Commissioning regarding the savings achieved on the Forensic New Models of Care (NMC) for FY19 and the outstanding £7.5m has now been received. For FY20, the savings and investment from Forensic, Eating Disorders and CAMHS NMCs were agreed in early April enabling us to recognise an additional £8.5m income in the FY20 financial position. Transition to the new Provider Collaboratives, whilst preparations have progressed well, has been postponed until 1 October 2020 due in part to Covid-19 but also due to some critical outstanding contractual matters. There is a detailed update on this month’s Board agenda.

Now that the initial pressure of coping with the Covid-19 situation is abating, it is essential we finalise our contractual position with all commissioners and reconfirm our FY21 plan and the FY21-24 Long Term Plan. The detailed budgets for FY21 are currently being finalised after some four weeks’ delay. Managing the financial transition from an emergency regime to a ‘business as usual’ situation will require some rigour and focused attention.

**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 March 2020 is an Income & Expenditure surplus of £1.1m, which is £1.2m 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 surplus of £4.1m, which is £0.7m favourable to the Trust’s Control Total for the year.

As highlighted above, the year-end position improved significantly from the re-forecast at quarter 3 due to a £8.5m benefit from savings from the New Care Models – investments had already been made, but the income from NHS England was not confirmed until early April. At Q3 the YTD actual position included significant one-off benefits plus a £0.5m gain on asset disposal and, in addition, £3.6m (47%) of the CIP target was profiled in Q4 which made it more challenging to meet the plan. A Financial Recovery Plan was therefore put in place and the Trust formally submitted to NHSI a re-forecast at Q3 of an adverse variance of £5m. The main opportunity to the re-forecast position was the additional investment income from the Secure Services New Care Model confirmed with NHSE in April.

Excluding the additional income in relation to the New Care Models, the Trust remains in an underlying deficit position due to 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.

1. **People: Recruitment and Retention**

I will speak specifically to the matter of our COVID-19 response at the meeting, but significant effort is going into communicating with our staff and leaders around Coronavirus and in particular the planning related scenarios of the impact on staff through sickness or self-isolation.

Communicating with and supporting our staff has been one of our most significant streams of work in dealing with the Coronavirus Pandemic. We have

* held two staff webinars, watched by 700-800 staff and more, using on demand;
* produced a key messages update email every evening for all staff;
* answered hundreds of questions from staff, managers and staff representatives;
* developed FAQs on our intranet;
* improved our wellbeing pages with quick links on a wide range of practical and emotional support tools;
* launched our EAP, a 24/7 external phone line;
* launched our Psychosocial Support group;
* held regular discussions with our staff side representatives
* established a new redeployment process
* established a new centralised sickness absence line
* worked hard to attract people to join Oxford Health through active recruitment work, having had over 600 contacts, many of which are for flexible work through our Bank and we are continuing to publicise opportunities, capitalising on the goodwill and respect being shown to the NHS in society.
* through our L&D teams, been busy supporting induction training, refresher training for those being redeployed and managing the intake of students who have become more available to us as classes have been postponed.
* adapted our approach to make sure that our response to the Coronavirus challenges is a sustainable one. For instance with respect to annual leave we permitted staff not to take their leave by the usual deadline, 31 March and offered payment for unused leave. We now want people to take their annual leave, not least for their own health and wellbeing but also to avoid operational and agency use issues being created later in the year.

1. **COVID-19 response**

As referenced above, I will devote much of my oral update to the Board on the impact of and response to this international emergency. It is worth recording here that our community services have faced the challenge of having to care for and support a higher number of patients, given the volumes needed to be discharged from hospital at pace. The transformation of community services, in response, has been impressive as has that in mental health services where there has been a rapid move to such as telephone and video consultations, where appropriate, particularly for vulnerable groups. There has been work to identify which services, in the light of national guidance, can be de-prioritised for the moment and this was presented at the last seminar, and where the staff can be re-deployed, with appropriate training, they have been moved to more pressing tasks. Our mental health teams are also providing new services such as the new 24/7 emergency mental health service.

There are some important underlying themes to highlight. The sheer scale of transformation and how it has touched every part of the NHS; the speed at which this has been done, the way the entire NHS workforce in trusts – estates, procurement, administrative staff, therapists, paramedics, doctors, nurses, healthcare assistants, midwives, allied health professionals, managers and leaders – have pulled together.

The support from beyond the NHS – from suppliers to partners across the health and care system, the voluntary sector, volunteers and local business – all have worked, hand in glove with us, as a single team for which we are immensely grateful. What has moved us is the help provided from those outside the NHS to support staff. Free hot food, hotel rooms, shopping, transport, clothes, washbags, toiletries, face creams - the list of items provided, and the number of people providing them, is endless. As is the appreciation back from those in receipt of such striking generosity.

Furthermore, another important piece of preparation work key to effective running of the Trust, is in connection with the best possible prediction of future demand and the COVID-19 impact. Although the NHS has not, so far, had to trigger the full entirety of its regional surge capacity plans, the existence of these plans and the extra spare capacity and integrated working has been hugely helpful. It is also important to remember that modelling suggests a number of peaks of demand and much will depend on national decisions regarding social distancing.  
  
Regular regional gold command phone calls enable every trust chief executive to highlight potential problems, seek mutual aid and escalate more complex problems for regional level support and we have participated well in supporting our regional colleagues.

For me and my executive colleagues, one of our most important tasks is to support our staff as best we can in these very difficult circumstances. The national response is changing over time, as needs change. In the early days it was free car parking, working with supermarkets to enable easy access to shopping and providing accommodation for those who wanted to stay close to their place of work especially if they were having to separate from household members with COVID-19 or possible COVID-19 symptoms.  
  
Now it’s a combination of short-term needs – providing food on inpatient sites and trying to ensure that everyone gets an adequate rest or the provision of care packs by the Trust’s charity to over 180 team sites. Staff testing capability is also welcomed. Now is the time to start thinking about the mid- to long-term support that will be required. It is anticipated that there will be considerable need for psychological and mental health support and a recognition of increasing demand post COVID-19. It seems increasingly likely that demand on the NHS will be spread over a much longer period of time than initially expected. But this will still require staff to work at a very high level of intensity and pressure. If that is the case, the NHS is going to have to think very carefully and deeply about how it can support its staff over that period.

Specifically we plan to undertake a new, more detailed and comprehensive programme of screening and risk assessment of all staff in relation to Covid-19. That has already taken place in the case of the relatively small number of staff over 70, but it will now be rolled out to cover a range of factors which evidence now suggests may convey greater degrees of risk including obesity, underlying health conditions and, especially in the light of the concerns which have been identified nationally, being from a BAME background.

Obvious factors to consider in forward planning include the need, if at all possible, to avoid a spike of coronavirus demand coinciding with the ‘traditional’ NHS winter January to March peak and how to get the best match between demand shape and maintaining the resilience of staff. There will be new pressures for us to manage that will require rapid decisions and reconfiguration to meet these new demands.

I want to thank everybody again for the admirable efforts that have been made in helping us to respond and to keep caring for those that need us.

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:

* OCCG – Dr Kiren Collison, Gareth Kenworthy.
* Oxfordshire CCG - A&E Delivery Board
* Oxfordshire County Council – COVID-19 Planning Meeting
* Oxon Health & Local Authority COVID-19 telecon
* CEO team time-out
* Bucks COVID-19 Daily update telecon
* MH/LDA COVID-19 response weekly telecon
* Health Gold COVID-19 Daily telecon
* Oxon Partnership Group COVID-19 Daily telecon
* Executive Team Strategic Updates COVID-19 Daily telecon
* Layla Moran MP – COVID-19 update
* Tees, Esk & Wear Valley CEO selection process meeting
* WA Handley Chair of Psychiatry in the University of Oxford interviews
* BOB ICS System Leaders Group
* SE Leaders weekly telecon with Anne Eden
* NHSE/I - Establishing 24/7 open access urgent NHS Mental Health services telecon
* SE MH&LDA Cell & system leads
* BOB CEOs COVID-19 regular telecon

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 BOB ICS Bulletin is appended to my report for Board’s reference which highlights the latest with regard to the recruitment of the CCG Accountable Officer/ICS lead and the development and changes to timing of the single ICS/CCG management structure.

1. **Consultant appointments**

There are no consultant appointments to report this month.

**Recommendation**

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

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