

**Report to the Meeting of the**

BOD 04/2023

(Agenda item: 6)

# Oxford Health NHS Foundation Trust

# Board of Directors

**25th January 2023**

**Chief Executive’s Report**

**Strategic Objective 1 – Deliver the best possible care and outcomes**

**Operational Pressures**

Services across the Trust have continued to experience high levels of demand reflecting the overall national picture, although this has decreased significantly since the start of this month. The demand we experienced for services both immediately prior to, and over the festive season, was in part a consequence of the number of patients suffering from both Covid-19 and flu infections, combined with a significant number of children suffering from Group A Streptococcus infections.

The Christmas and New Year period was particularly challenging, particularly across the Trust’s community physical health services, where we saw extremely high levels of demand in the urgent and emergency care pathway.

I would like to put on record my thanks to all those colleagues who worked over the festive period, particularly on the various bank holidays, and including our senior managerial colleagues who provided vital on call support to our services.

Nationally the NHS remains at a Level 3 incident, by which I mean, a nationally coordinated, regionally led and locally delivered operational plan is in place. The Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System remains, at the time of writing, at Opel level 3.

The Opel classification reflects a number of performance indicators including emergency department performance, ambulance handovers, bed occupancy, the number of patients who are medically fit for discharge, staff sickness, elective performance and the number of patients waiting for mental health beds for more than twelve hours.

Current performance will be discussed in greater detail during the Integrated Performance Report agenda item.

**Industrial Action**

Approximately 250 of the Trust’s Royal College of Nursing (RCN) membership took industrial action on both 15th and 20th December as part of the ongoing pay dispute.

As a consequence of considerable planning and the collaborative approach adopted by staff side the Trust was able to maintain safe services on both days.

The industrial action taken by members of the GMB union working in the South Central Ambulance Service on 21st December had minimal impact on the Trust’s services.

The RCN is planning further industrial action on both 18th and 19th January which does not affect OHFT.  However, two further dates have been announced that will affect the Trust, specifically   6th and 7th February.  Planning has already commenced for these to mitigate the impact on patients.

**Covid-19 Public Inquiry**

The Covid-19 Public Inquiry was established on 28th June last year to examine the United Kingdom’s response to, and the impact of, the Covid-19 pandemic, and to ensure lessons are learned for the future. At the end of November last year, we received confirmation that Module 3 of the Inquiry would examine the impact of the pandemic on healthcare systems, and will investigate and analyse the healthcare decisions that were made during the pandemic, the reasons for them and their impact.

The inquiry has identified approximately 450 organisations, across the United Kingdom, which are likely to have important healthcare related information in relation to Module 3 and Oxford Health is one such organisation. As such, we have received a request for information and a copy of the response is included in the reading room.

**Planning Guidance**

The NHS operational planning guidance for the financial year beginning in April was published on 23rd December. This outlines key objectives and the national ambition for core NHS services.

The guidance outlines three broad priority areas:

* Recovering our core services and productivity
* Making progress in delivering the key ambitions as set out in the NHS long term plan
* Continuing to transform the NHS for the future

The trust must now prepare its individual operational plan reflecting this guidance prior to the start of the new financial year. To aid this NHSE has published numerical templates. Draft submissions of the plan are due the week commencing 20th February with final versions of the plan due the week commencing 30th March.

**Joint Forward Plan**

On 23rd December NHSE also published the Joint Forward Plan (JFP) guidance which should be read in conjunction with the operational planning guidance.

Systems are encouraged to use the JFP to develop a shared delivery plan for the Integrated Care Strategy and the joint local Health and Wellbeing Strategies.

At a minimum the JFP should describe how the Integrated care Board (ICB) and its partner provider trusts intend to arrange and/or provide NHS services to meet the population’s physical and mental health needs.

The JFP will cover a five-year period and be a public facing document. The JFP should also:

* Fully align with the wider system partnership’s ambitions
* Support subsidiarity through building on existing local strategies and plans, as well as reflecting the universal NHS commitments
* Be delivery focussed, including specific objectives, trajectories and milestones as appropriate

NHSE expects ICBs in conjunction with their partner trusts to jointly develop a JFP by 31st March, and for the final version of the plan to be published by 30th June.

**Strategic Objective 2 – Be a great place to work**

**Communications**

I am pleased to inform the Board that Peter Gibson joined the Trust earlier this month, as our Interim Associate Director of Communications. Peter brings with him a wealth of experience and has already had opportunity to meet with the Trust’s extended executive team.

Following a highly competitive recruitment process before Christmas, Jane Appleton, has been appointed as our permanent Associate Director of Communications. Jane is currently Director of Communications for the NHS England southwest Region and will be joining the Trust on 1st March.

**Executive Open Door Sessions**

I held my first executive open-door session on 9th December. This initiative was launched in part as a response to the concerns highlighted by the Panorama documentary in relation to a secure mental health unit in the northwest of England that was broadcast last year, and to reflect the commitment of the executive team to be accessible to the wider Trust. The session proved to be extremely popular with all eight slots filled, further sessions with members of the executive team have been scheduled as follows: -

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| Grant MacDonald | 16 February |
| Nick Broughton | 17 February |
| Marie Crofts | 8 March |
| Karl Marlowe | 21 April |
| Kerry Rogers | 12 May |
| Ben Riley | 9 June |

**Strategic Objective 3 – Make the best use of our resources and protect the environment**

**Integrated Care Board**

A draft Integrated Care Strategy has been developed by the Integrated Care Partnership for Buckinghamshire, Oxfordshire and Berkshire West (BOB) and is currently the subject to a period of open engagement.

On 11th January I attended, in my capacity as the Mental Health Partner Member, an awayday for the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (ICB). The day included an update regarding the development of the system’s joint forward plan together with presentations, regarding the work of our local voluntary sector and local authorities. A copy of the agenda for the day is included in the reading room.

The awayday was followed by a board meeting on 17th January. A copy of the agenda for this is also included in the reading room together with the system’s performance and quality dashboard.

The recruitment process has begun for the ICB’s new Chief Executive Officer. Assessment events are due to take place in late February/early March with a final selection panel to be convened later in March. In the meantime, Steve McManus continues to act as the Interim Chief Executive Officer.

The ICB is in the process of identifying recruitment consultancy support to assist in the permanent recruitment to the following executive positions:

* Chief Delivery Officer
* Chief Digital and Information Officer
* Chief People Officer
* Director of Strategic Delivery and Partnerships

Adverts for these positions are due to go live in early February with a view to selection panels then taking place in late March.

**Strategic Objective 4 – Become a leader in healthcare research and education**

**Biomedical Research Centre (BRC)**

An event to formally launch Oxford Health’s new BRC is being planned for 14th March at Worcester College. This will reflect the partnership arrangements that are now in place. Invites will be extended to all key stakeholders including members of the Trust board.

**Oxford Academic Health Partners**

Oxford Academic Health Partners, one of England’s designated Academic Health Science Centres (AHSC), received very positive feedback from the National Institute for Health and Care Research (NIHR) in response to the annual report submitted for 2021/22. The NIHR noted that the partnership’s short, medium and long-term objectives were either mostly on track or have already been completed ahead of schedule. The coordinating work that is being driven by the Oxford Joint Research Office, which now includes Oxford Health, was also noted.

**University of Oxford**

On 1st December last year, I met with Professor John Geddes, in his capacity as Director of the Trust’s Biomedical Research Centre, and Professor Irene Tracey, the newly appointed vice-chancellor for the University of Oxford.

This proved to be a valuable opportunity to brief Professor Tracey in relation to the Trust’s plans to redevelop the Warneford site and so strengthen our research relationship with the University and discuss how we may collaborate more effectively to support students’ mental health.

In part as a consequence of this meeting a student mental health workshop is now being convened, by both Professor Geddes and Jo Ryder, Clinical Lead for Psychological Services in Oxfordshire.

**Lead Executive Director: Dr Nick Broughton FRCPsych, Chief Executive**