Oxford Health NHS
NHS Foundation Trust

Oxford Health NHS Foundation Trust Operational Plan 2019/20

4 April 2019 final submission

Assurance statements

In signing the below, Oxford Health NHS Foundation Trust (the Trust, OHFT) confirms that its Operational Plan 2019/20:

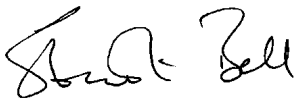
- is an accurate reflection of the current vision of the Trust Board having had regards to the views of the Council of Governors, and relates to system planning;
- has been subject to at least the same Board level scrutiny as any of the Trust's other internal business and strategy plans;
- is consistent with the Trust's internal plans and longer-term strategy development (informed by guidance and the NHS Long Term Plan), and:
- that any figures referenced in the document relate to the Trust's financial, workforce and triangulation submissions.

Approved on behalf of the Board of Directors by:

Chair*	Martin Howell

Signature: 

Chief Executive	Stuart Bell

Signature: 

Director of Finance	Mike McEnaney

Signature: 

*From 31 March 2019, Martin Howell stood down as Chairman, replaced by David Walker.

Oxford Health NHS
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Introduction to this submission

This document sets out OHFT's 2019/20 Operational Plan for the 4 April submission as **approved by the Trust Board on 27 March 2019**. The submission is structured to cover required sections by NHSE/I (pages 2-24) with an appendix responding to guidance deliverables for Mental Health, Community Health, Specialised and other supporting information (pages 24-35). The plan sets out to be stretching but realistic, focused on making the best use of resources. The Plan has been developed in reference to the NHS Long Term Plan and in **discussion with system partners** (Oxfordshire system and the Buckinghamshire ICS within the Buckinghamshire, Oxfordshire & Berkshire STP).

Although rated as 'Good' by CQC (2018) and efficient compared to national peers (reference cost 94), **the Trust faces significant financial pressures over 2019/20, principally in mental health services** and particularly in Oxfordshire (where the Trust is having to explore options to limit the number of routine referrals to achieve more sustainable workloads for staff within the levels of investment available).

Across the board, data collected by the Trust shows that **demand for services is consistently rising**, yet **funded operational and workforce capacity have been constrained at a level significantly below that required to meet it**. In the most challenging services areas, in the absence of progress in resolving historic underfunding, **the Trust forecast that it would need to reduce mental health activity across Oxfordshire by approximately 25%.** As this reduction may not be practical in some mental health service areas, reductions may need to be greater in other mental health services where reductions are possible. To scale back services, **the Trust would align activity with levels of investment received** using capacity and demand models consistent with those promoted nationally by NHSE.

There is however now **a shared recognition between the Trust and the CCG of the need to correct historic underfunding of mental health services in Oxfordshire**, and the need for a long-term plan to recover the gap which work by Trevor Shipman and NHS Benchmarking identified. 2019/20 sees the start of that process, but it will require sustained investment and effort over a two to three year period to bring the position in line with peers. Given **the need to address the underlying underfunding of existing activity as a first priority**, the ability to invest in developments set out in the Mental Health Five Year Forward View (MHFYFV) must come after the underlying stability and sustainability of core services, and that means that **the Trust will not be able to meet all MHFYFV targets in the year**. While there is agreement on the need to **prioritise the development of Home Treatment and Crisis Resolution Teams**, there is funding to start, but not complete, the establishment of such a team in Buckinghamshire in 2019/20, and in Oxfordshire progress will be dependent upon bringing existing activity back within manageable limits.

To fully understand the impact of demand/capacity pressures, the Trust Executive has begun to undertake work on how the organisation should best respond and is using Aspirant Funding to support some of this work. To address risks the Trust is working closely with its CCGs to deliver funded capacity; launching service improvement processes to improve internal efficiency and drive out variation; and identifying funding required for transformation.

The Trust is also working closely with GP Federations in Oxfordshire to build on the progress made through the Oxfordshire Care Alliance to **support the development of Primary Care Networks** as set out in the

NHS Long Term Plan. It will continue to collaborate with other system partners to build on the progress made over the winter of 2018/19 by the creation of the 'Winter Director' and winter team in developing an **integrated approach to the coordination of urgent care**.

Please refer to the appendix pack for content on OHFT's clinical priorities and approach to deliverables.

The top **priorities and risks** contained in the plan are summarised at a high-level below – see relevant sections for further detail. Collectively, progress against these priorities will support the continued improvement of quality and patient care, against a backdrop of working towards organisational stability.

Priority area	Addresses risk
Mental Health service provision – Activities include proactive discussions with commissioners to plan for sufficiency of funding and/or aligning activity to levels of investment received; and developing internal capabilities for demand and capacity modelling.	Insufficiency of Mental Health funding would result in reduction of Mental Health services, particularly in Oxfordshire where activity will be matched to investment, resulting in far fewer people benefiting from Mental Health support and impacting on demand on system partners (e.g. Primary Care).
Maximising patient flow – Activities include: releasing senior matron capacity to work on patient flow; joining system winter calls to raise system awareness of mental health pressures; twice weekly calls led by the Deputy Chief Operating Officer to review every patient out of areas (OAPs) and plans in place; review of staffing pressures; and planning with commissioners on funding for CRHTT to enable provision of additional intensive home care support.	Failure to care for patients in an appropriate inpatient placement or environment, due to bed pressures or absence of community or social care support, could lead to compromising patient & carer outcomes and experience.
Workforce recruitment and retention – Activities include: career pathway development (including training accreditation); significant investment in apprenticeships, nursing associates and peer support workers; increased use of bank; benefits and rewards initiatives; new roles and skill mix implementation; proactive recruitment initiatives (e.g. with universities); and retention initiatives (e.g. stay conversations, collaborative work to reduce workplace stress and improve wellbeing and learning from exit interviews).	High cost of living in Oxford combined with significant increases in workload and caseload make it difficult to attract and retain substantive staff. These factors, combined with demographics, mean that significant numbers of experienced people are retiring each year, creating risks that patient care and other quality measures will be impacted with increasing severity. A lack of concerted workforce planning in recruitment and retention, and impacts on staff wellbeing, will result in rising turnover and agency rates, and shortages of staff in particular service areas impacting on quality, patient care, and staff morale.}
Financial sustainability – Actions include: developing demand and capacity insight to inform demand management and service planning; focus on revenue; and robust delivery (governance) of cost efficiency and productivity work (CIP schemes).	Continued underinvestment places the Trust under significant financial pressure compromising financial stability and its ability to adapt to change. Risks include: not securing additional revenue contribution from commissioners; limited contingency reserve to cover for unplanned events; and non-delivery of CIPs.

Progress on delivery of this plan will be monitored through existing governance arrangements including quarterly reporting presented to the Trust's Executive and Board to track progress against deliverability and address issues. Risks will be aligned to the Trust's corporate risk register (Board Assurance Framework).

System collaboration

Sustainability and Transformation Partnership

OHFT is an active partner in the work of the Buckinghamshire, Oxfordshire and Berkshire (BOB) Sustainability and Transformation Partnership (STP) via the Chief Executive's group, in particular BOB workstreams and activities of immediate relevance to the work and responsibilities of the Trust (set out below). The Trust will seek to play a leading role in the system's vision and planning for mental health services. The BOB STP is currently developing its strategy (due for completion by the end of 2019). Initial work has identified a number shared priorities across STP organisations (which align with the Trust's own strategic themes of quality, sustainability, and staff engagement, and the clinical priority of addressing mental health service demand).

The focus of the Trust in system collaboration over 2019/20 will be contributing to relevant STP workstreams - shaping those where the Trust is in a leading position (e.g. Mental Health), and the development of Oxfordshire and Buckinghamshire as 'place-based' systems and their relationship with the STP.

BOB STP workstreams / roles*	Operational Plan section
Mental Health	Mental health *in appendix*
Primary Care & Urgent Care and Primary Care Networks	Community health *in appendix*
Workforce	Workforce Plan
Capacity management and Population growth & management	Demand & Capacity

*The Trust is also involved in collaboration on other BOB workstreams including: *Digital Health, Population Health management, and Prevention. See the appendix for a table of BOB STP roles and priority work areas.*

System operating plans and narrative

The Trust is in regular dialogue with system partners to support the STP-led system aggregate operating plan and narrative, and has exchanged plan drafts with Oxfordshire system partners, the Buckinghamshire ICS, and Berkshire Mental Health services to inform neighbourhood, place and system level planning.

Health & Wellbeing Board Strategy (Oxfordshire)

The Trust has been involved in the development of the new *Oxfordshire Health & Wellbeing Board Strategy*, via senior leadership groups and engagement events. Over 2019/20 the Trust will work with Oxfordshire system partners in H&WB focus areas of: *developing a coordinated approach to prevention; improving a person's journey through the health and care system; improving health through neighbourhood working; and tackling workforce shortages*; and in the development of a proposed Integrated System Delivery Board.

Financial Planning

Approach to Financial Planning

OHFT's original draft financial plan for FY20 was developed as part of the FY19 planning round and has been updated in the context of the FY19 forecast outturn position and the Trust's latest view of service developments and pressures, CCG allocations and national planning guidance. The priority for OHFT

continues to be the improvement of efficiency and productivity whilst maintaining high standards of quality – our aim is for "OHFT to be amongst the most efficient NHS providers in England."

Financial Sustainability

OHFT is facing a challenging financial future. The NHS will continue to be faced with national efficiency targets leading directly to reductions in income for existing contracts each year and with the majority of our services under block contracts, there is no allowance for increasing income for the expected continued increases in activity. In the regions we provide services, the funding allocation to CCGs is significantly below the national average per head of population (Buckinghamshire 13% and Oxfordshire 17%) and if all healthcare activity is not equally proportionately below the national average the shortfall in funding is borne disproportionately by the non-acute service providers who do not benefit from PbR at the national rate.

It is recognised in NHSE's Mental Health FYFV that there has been underinvestment in mental health services for a number of years: with 70% of our revenue derived from mental health services the impact of underinvestment on maintaining financial sustainability is material. The combination of activity levels being higher than the assumed levels of activity used by NHSE for calculating the allocations to our main CCGs and the substantial shortfall in funding for Mental Health in Oxfordshire resulted in OHFT running deficit of £8m in FY19. If action is not taken, OHFT can no remain financially sustainable.

Despite the difficult financial position, service quality has been maintained and reference costs indicate OHFT is 6% more efficient than the average trust, yet the excess activity and demand continues to put pressure on our staff and services and makes further cost reducing CIP challenging. We are working closely and collaboratively with the health partners in our two main health systems, Buckinghamshire and Oxfordshire, to reduce the levels of activity to those levels for which NHSE provides funding and additionally in Oxfordshire to increase the funding (by FY21) to the appropriate level for Mental Health. We continue to work with our CCGs and health system providers across the STP to develop joint plans that prioritise the health of the regional populations above organisational objectives.

FY19 Financial position

The Trust plan for FY19 was for a surplus of £1.9m, after receipt of £2.7m PSF, in line with the agreed Control Total. The underlying position was therefore a £0.8m deficit. The plan was considered to be highly challenging and high risk; it required a total benefit of £8.6m to be achieved through £6.0m CIP, £2.6m of additional income contribution and with no contingency reserve available to manage unplanned events or pressures.

	Plan	Re-forecast
EBITDA	£12.9m	£5.0
I&E Surplus/(deficit)	£1.9m	(£8.0m)
Control Total – Performance excluding PSF	(£0.8m)	(£8.4m)
CIP	£6.0m	£5.8m
Cash Balance (y/end)	£13.6m	£12.4m
Capital Expenditure	£12.8m	£9.1m
UoR	3	4

OHFT has continued to experience significant operational pressures and a formal financial recovery plan was established. A re-forecast position of £8.0m deficit was submitted to NHSI at Q2, £7.6m adverse to plan excluding PSF (see table right). At month 11, OHFT is expecting to achieve the year-end re-forecast position, with higher than anticipated cash balances due to a favourable movement in working capital (due to reduced debtors and increased creditors).

FY20 Draft Plan

OHFT's draft financial plan was submitted to NHSI in February 2019 on the assumption that the Trust would deliver its FY19 re-forecast position of £8.0m deficit. The key financial metrics are summarised in the table and show an anticipated deficit of £4.7m (before PSF/FRF). Given the level of uncertainty and risk in the draft plan with regards to commissioner income and CIP delivery, the OHFT Board was unable to agree to the Control Total at this stage and therefore no PSF/FRF was included in the draft plan. The draft plan was determined by the following key elements:

	Initial Plan
EBITDA	£9.2m
I&E Deficit	(£4.7)
- CIP	5.0
- Income contribution	6.0
- Income uplift on flat rate contracts	1.0
- PSF/FRF	0
- Contingency reserves	0
Cash Balance (year-end)	£9.4m
Capital Expenditure	14.9
UoR	3

- 3.5% Pay uplift based on national agreement
- FY19 CIP of £4.5m delivered non-recurrently
- FY20 CIP of £5.0m
- FY20 income contribution of £6.0m
- No PSF/FRF assumed as the Control Total was not agreed
- No Contingency Reserves
- Income uplift of £1.0m on flat rate contacts

Changes from the Draft Plan to the Final Plan

The FY20 draft plan has been updated to reflect the following key changes:

- Latest planning guidance;
- Latest FY19 forecast outturn position;
- Latest position with regards to commissioner income negotiations;
- Additional CIP target in relation to reduced activity, to align activity to funding received;
- Inclusion of a Contingency Reserve to provide some cover for unplanned events during the year;
- Acceptance of the Control Total and therefore inclusion of PSF and FRF;
- Additional capital investment in relation to Warneford site redevelopment, the inclusion of a contingency and increased slippage in relation to schemes carried-over from FY19;
- Impact of the above changes on cash balances.

Key Financial Plan assumptions

FY19 Forecast Outturn
The FY19 re-forecast position of £8.0m deficit is achieved, as submitted to NHSI at Q2. The underlying deficit position from FY19 is c. £12m and is mainly due to operational activity level pressures and underinvestment in mental health services, FY19 recurrent CIP shortfall and OCCG funding shortfall.
Control Totals (see Control Totals and STF)
▪ OHFT has been notified that its FY20 Control Total is NIL i.e. Break-Even, after PSF of £2.9m and FRF of £1.9m (an underlying £4.8m deficit before PSF and FRF); ▪ The OHFT Board agreed the financial plan and Control Total on 27 March 2019.
Income
▪ Income is assumed to increase by £9.3m due to the national inflator (2.7%), the FYFV (which requires commissioners to meet the Mental Health Investment Standard) and additional income from OCCG regarding

the historic funding shortfall to support the Trust in moving towards a longer-term sustainable position. It is assumed this additional income will generate an additional revenue contribution of £6.2m in FY20; ▪ No additional revenue from commissioners for new services or significant service developments; OCCG have requested that OHFT invests £1.0m of the proposed additional income in CRISIS mental health services, however, OHFT Board has required confirmation of Q1 and Q2 financial performance prior to agreeing to this; any investment would be a call against Reserves; ▪ Any significant contract changes have been reflected where known. The assumption is that other potential contracts lost are replaced with new contracts at same level of contribution.
Expenditure
▪ Pay inflation uplift of 3.5% in accordance with the national pay awards; ▪ Non-pay inflation is assumed at 4.4% for drugs and 1.8% for other costs; ▪ The agency ceiling notified by NHSI is £8.5m for FY20. OHFT is forecasting spend of £23.8m in FY19 and the FY20 final plan assumes a reduction in spend to £18.2m.
Cost Improvement Programme (see Efficiency savings for 2019/20)
▪ The plan reflects the impact of a recurrent CIP shortfall of £3.0m against the FY19 target; ▪ CIP target of £7.6m in FY20, reflecting the national requirement of 1.1% plus an additional 0.5% due to OHFT being in deficit plus an additional £2.5m target in relation to reducing activity in line with funding received.
Service Developments
▪ No significant self-investments in service developments; ▪ The Forensics New Models of Care (NMC) pilot which commenced in FY18 will continue in FY20. The plan assumes nil income/expenditure on services provided by 3rd parties as the contracts are held and paid by NHSE. It is assumed that any revenue contribution resulting from savings generated by the NCM will be a contribution to the Trust's CIP target.
Contingency Reserve
▪ Contingency Reserve of £2.5m available to meet unplanned events or pressures that may arise. The £1m investment in CRISIS services requested by OCCG would be a call on these Reserves.
Capital and Cash (see Capital Investment and Cash)
▪ Capital investment of £17.3m in FY20; ▪ Capital receipts of £0.4m in relation to asset disposals; ▪ Cash balances forecast to be £13.1m at the end of FY20, with a UoR liquidity rating of 2. This assumes the Contr Total is achieved and PSF/FRF of £4.7m is received; ▪ No significant changes to working capital.

Control Totals and STF

NHSI have notified the Trust of its FY20 Control Total as follows:

	£m
Control Total - excluding PSF	4.755 Deficit
Provider Sustainability Fund	2.896
Financial Recovery Fund	1.859
Control Total - excluding PSF	0

The Trust Board of Directors reviewed the Final Plan on 27 March 2019 and agreed to the Control Total. However, it was noted by the Board that the plan contains significant risks with regards to the additional revenue contribution from commissioners, significant reduction in service activity levels, and delivery of the target CIPs.

Agency costs

OHFT has been notified of a £8.5m ceiling for agency spend in FY20, the same as in FY19. Temporary Staffing spend within the Trust continues to be a challenge as demand on the Trust's Mental Health services continues to grow both in Oxfordshire and Bucks. Spend in FY19 is forecast to be £23.8m. Bank spend is forecast to have grown by £4.1m in FY19 to £17.5m. This has helped to stem the increase in agency spend against a background of overall increased temporary staffing use. Actions being taken are expected to reduce spend in FY20 to £18.2m with the aim of reducing spend closer to the ceiling of £8.5m by the end of FY21. In summary, actions being taken include:

- Growth of the internal bank to stop the use of admin and estates agency use;
- Eliminating use of most expensive off framework agency spend, such as Thornbury;
- Continued growth of the clinical bank;
- Focus on international recruitment of nurses and medics.

Efficiency savings

CIP schemes are currently under development. The main schemes at this stage are outlined in the table below. For FY20 the CIP is split into two main components: 1. A reduction in activity levels to align activity to funding received from commissioners and 2. schemes target at specific areas. These schemes are being developed into validated projects with a detailed project brief which includes critical milestones, phased savings and a quality impact assessment (QIA).

Project Workstream	£m
Sustainable staffing in community and Mental Health wards	1.3
Enhanced approach to business administration	0.6
Enhanced controls for high cost off-framework agencies	1.4
New Care Model – Forensics	1.0
Estates rationalisation	0.2
Hospital Medicine and Pharmacy	0.2
Procurement	0.1
Reduction in Activity and OATs	2.8
Total	**7.6**

Capital Investment and Cash

Capital investment of £17.3m is planned in FY20. This includes an estimated £3.1m of slippage from FY19 in relation to ongoing schemes (this delay is intentional in order to manage the cash position and this figure may change when the final outturn position is known). Capital investment in FY20 will be funded by PDC (£10.1m), internally generated cash (depreciation) and capital receipts from asset disposals (£0.5m).

Scheme	£m
Learning Disability Low Secure Unit (LD LSU)	5.1
Paediatric Intensive Care Unit (PICU)	3.2
Warneford site redevelopment	0.5
IMT - Global Digital Exemplar (GDE) and HER	2.1
Estates operational and transformation	3.0

FY19 schemes carried forward (slippage)	3.1
Contingency	0.3
Total	**17.3**

The outline capital programme is summarised below:

- PICU new build facility: works due to commence summer 2019 with completion due in 2020. Total scheme costs c. £3.3m funded by nationally awarded PDC;
- Learning Disability Low Secure Unit: new build facility at the Trust's existing Littlemore site. Works due to commence summer 2019 with completion due in 2020. Total scheme costs £8.5m funded by nationally awarded PDC;
- Warneford site: preliminary costs in relation to the site redevelopment;
- Operational Estate: rolling programme of works to maintain infrastructure, address sustainability and prioritised risks, including ward upgrades/refurbishments;
  - ICT: Global Digital Exemplar schemes, Electronic Health Records and IT infrastructure;
  - It is assumed there will be carry forward (slippage) of c. £3.1m from FY19 to FY20.

IT related investment includes funding in relation to the Global Digital Exemplar. IT investment is considered by the IT Strategy Group who review ongoing and ad hoc investment requirements annually and at periodic stages throughout the year. This will include the replacement and upgrade of infrastructure.

Cash has remained relatively strong during FY19 despite the Trust's deficit position, however, it is projected that this cannot be sustained and will come under pressure during FY20. Cash balances are forecast to be £19.8m at the end of FY19 reducing to £13.1m at the end of FY20 (this assumes the Control Total is achieved and the receipt of £4.7m PSF/FRF). As a result of this, cash management arrangements were significantly strengthened in FY19 and cash will continue to be closely monitored during FY20.

Financial Plan metrics

Based on the above assumptions, the key financial metrics for the FY20 final plan are as set out in the following table. The FY20 plan is for a bottom line of break-even (underlying deficit of £4.7m) in line with the notified Control Total of Break-even. The plan includes £4.7m of PSF/FRF on the assumption that the Control Total is delivered. The FY20 plan is fundamentally determined by the following key elements:

	Initial Plan
EBITDA	£13.9m
I&E	Break-even
- CIP	£7.6m
- Income contribution	£6.2m
- Income uplift on flat rate contracts	£1.0m
- PSF/FRF	£4.7m
- Contingency reserves	£2.5m
Cash Balance (year-end)	£13.1m
Capital Expenditure	17.3
UoR	3

- CIP of £7.6m (2.3% of operating costs);
- Additional revenue contribution of £6.2m;
- Income uplift of £1.0m on flat rate contracts;
- PSF/FRF of £4.7m;
- Contingency Reserves of £2.5m.

Risks and Opportunities

The FY20 Financial Plan risks and opportunities are summarised in the following table. The Trust will continue

to develop its mitigation plans to address downside risks to meet its financial objectives but the scale of the financial challenge is not being under-estimated.

Risks	Opportunities
▪ Limited Contingency Reserve resulting in insufficient cover for unplanned pressures; ▪ Securing the additional revenue contribution from commissioners, especially OCCG; ▪ The ability to reduce service activity; ▪ Delivery of the required level of CIPs; ▪ Ongoing cost pressures from prior years; ▪ Inability to flex resource to demand in a timely manner for cost & volume contracts.	▪ Actual inflationary pressures may be lower than the uplift assumed in the draft plan; ▪ CIP achievement above target; ▪ Revenue contribution negotiated with commissioners may exceed the planned £6.2m; ▪ Improved performance of cost per case activity;

Contracts and CQUINs

Approach – the Trust has proactively engaged with commissioners during the planning cycle, from initial presentation of areas for development and challenge to help shape commissioning intentions in late summer/early Autumn 2018 to more detailed negotiations that commenced from November 2018 following the publication of the national planning timetable and local/regional commissioner intentions.

Position - the majority of the Trust's contracts remain as block which have been subject to standard tariff uplift for 19/20. The Trust has also worked extensively with system partners to aim to secure the mental health investment standard (MHIS). This has been achieved for the CCG-led contracts and the Trust awaits confirmation from NHSE regarding specialised contracts and associated New Care Models. The Trust's financial plan has assumed an additional £1m uplift for 'flat cash' NHS contracts in addition to the £6.2m assumed from main commissioners (Oxfordshire and Buckinghamshire CCGs and NHSE).

The Trust is pleased to have secured continued CAMHS transformation funding for Buckinghamshire, and BANES, Swindon and Wiltshire. Oxfordshire and Buckinghamshire CAMHS will benefit from wave 1 'Green Paper' Mental Health Support Teams (MHST) pilot funding and 4 week waits.

While CCG commitments to the MHIS is acknowledged by the Trust this will allow a relatively limited investment into Crisis Resolution Home Treatment Teams (CRHTTs) in Buckinghamshire. Correspondingly the Trust will now model expected service delivery activity and anticipated outcomes and associated monitoring metrics in accordance with available funding. For Oxfordshire, the Trust will need to work with system partners to deliver 13% below national average activity levels for Mental Health to achieve the Trust's control total. There will be no investment into CRHTTs in Oxfordshire until the Trust has reviewed its financial position at end of Q2 and subject to satisfactory performance against financial plan.

In line with planning assumptions, the Trust has requested a standard tariff uplift for all its local authority, (including public health led) contracts for 2019/20 to reflect the *Agenda for Change* pay settlement where workforce pay represents 74% of the costs. This has been confirmed for public health contracts but the Trust awaits confirmation from its local authority led contracts. Currently a £0.7m pressure in the plan.

Summary - for 2019/20 the Trust has ten material (<£5m) health care income contracts. *See the appendix for a list of these contacts.*

Contract Developments 2019/20 – The main contractual developments for the Trust for 19/20 include:

- Moving to implementation of 'steady state' commissioning for New Care Models (Forensics, Eating Disorders, and CAMHS inpatients);
- Working closely with the newly formed Primary Care Networks (PCNs) to establish delivery models and any associated contractual relationships alongside existing (Buckinghamshire ICS) and emerging ICS in Oxfordshire system structures;
- Intention to formalise innovative integrated care organisation (ICO) model for community dentistry;
- Establishment of clear activity plans for all service lines from demand and capacity development work.

CQUINs

Following publication of the 2019/20 Commissioning for Quality and Innovation (CQUIN) scheme the following have been identified as applicable for the Trust in accordance with guidance:

CQUIN	
Flu vaccination (continues from 2018/19)	IAPT (Buckinghamshire only)
Alcohol and tobacco screening and advice (continues from 2018/19)	Data quality
72 hour post discharge	NHSE - CAMHS Tier 4 training tbc
Falls prevention	NHSE - Secure services healthy weight

Workforce Plan

The table summarises challenges, impacts and plans from OHFT's draft Workforce Plan.

Challenge / Risk *Impact on workforce*	Initiatives in place
Recruitment - Shortage of Band 5 nurses - MH and community adult inpatients *Difficulty in recruiting to establishment; difficulty in rostering, reliance on bank and agency – all impact on existing staff*	▪ Recruitment and Retention premium is being introduced in Inpatient women's Forensic wards - £1,500 per annum for Band 5 & 6 qualified nursing staff. This would incentivise new staff whilst also enhancing the retention of the existing staff; ▪ Forensics wards have 42.98 Band 5 vacancies across 10 wards; ▪ Explore options for rotational posts - Trust is an employer provider of Apprenticeships; ▪ Key clinical apprenticeship is Nurse Associate Trainees; ▪ Trust was part of the national *Fast Follower Pilot* of Associate Nurses in 2017 and 23 trainees are due to qualify and move into Band 4 Nurse Associate roles in June 2019 - 14 will be working in MH wards; ▪ A second wave of trainees Nurse Associates recruitment was completed and new cohorts commenced June and October 2018. Further cohort of 60 is being recruited for May 2019. The October and May cohort recruitment include external applicants; ▪ Re-procurement of the education and training programme for Nursing Associate (NA) Trainees (includes the top-up to Registered Nurse programme for at least 50 NAs); ▪ Trust wide Flyer programme - works alongside service level preceptorship and provides newly qualified staff with opportunities to obtain Masters level accreditation. In October 2018, this

<table>
<tr><td>experience and workload.</td><td>commenced (for newly qualified Nurses and AHPs) with 72 staff in cohort one. Cohort two will commence in March 2019 lead by new Preceptorship Lead who is also a QI scholar; - In Year 2 they will have opportunity to gain additional Master modules;
▪ Proactive student nurse recruitment - working with the Oxford University Hospitals and Oxford Brookes. Over 2018 events were held to meet students from all nursing pathways towards providing them with job offers to start post-qualification in Summer 2019. Further work was undertaken in early 2019 with the University of Bedfordshire. This work, and similar in community nursing, has resulted 58 job offers for summer 2019 graduates;
▪ International recruitment options to be reviewed and acted on.</td></tr>
<tr><td>Recruitment – Allied Health Professional (AHP) vacancies</td><td>There is a national workforce shortage in Podiatry and some Speech and Language Therapy areas - there is in excess of 30% vacancy in podiatry. Smaller numbers are entering the profession so attracting graduates is a key focus. Preceptorship is established, and career pathways are to be defined with relevant supported postgraduate education. A skill mix review and expansion of clinical support workforce is planned for 2019/20. Other initiatives include:
▪ Plans to develop Advanced Clinical Practitioners by offering ACP apprenticeship. This will lead to skill mix opportunities and support workforce reconfigurations;
▪ Clinical rotations - already established in physiotherapy; dietetics and occupational therapy are now exploring paramedic rotations;
▪ Proactive undergraduate recruitment (attending open days and recruitment fairs) with local HEIs and collaborating with HEE to target the small and vital AHP professions;
▪ Increased use of social media platforms to target graduate workforce;
▪ National influencing of the shortage profession list to include AHPs.</td></tr>
<tr><td>Retention - Retention of nurses

Difficulty in retention of workforce, in particular nurses, placing pressure on remaining staff, high agency usage, and cost and delays of hiring and onboarding staff.</td><td>Career pathways - Programme of learning and development that provides clinical career advancement and development opportunities from Band 2 to 8c including:
▪ Band 2 HCA roles moving to Band 3 in community hospitals;
▪ Band 3 &4 apprenticeships.
New nursing leadership roles were created in 2018 (set out below) in addition to existing Nurse Consultant in Suicide Prevention:
▪ Deputy Director of Nursing Mental Health;
▪ Nurse Consultant CAMHs;
▪ Nurse Consultant Eating Disorders;
▪ Nurse Consultant Urgent Care;
▪ Physical Health Care Lead Nurse Bucks;
Nurse consultants have been increased alongside new work to develop advance practice roles.

▪ Reviewing the need for Advanced Clinical Practice to provide career opportunities and support medical staff in hard to recruit areas. The Trust will establish 10 ACP training places.
▪ Continuing Professional Development – OHFT's Learning & Development team is developing modules at Masters level which will be responsive to service need and provide a cost effective, relevant mode of training. These modules will be led by a member of L&D or service leads and taught in house by service experts. This will allow OHFT to shape the curricula and meets educational needs. This work is being undertaken with the Oxford School of Nursing and Midwifery modules and will be accredited by Oxford Brookes University).

Accredited and ready for delivery
<table>
<tr><th>Module</th><th>Credits</th></tr>
<tr><td>Comprehensive Geriatric Assessment</td><td>20</td></tr>
</table>

In development for delivery early summer 2019
<table>
<tr><th>Module</th><th>Credits</th></tr>
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	<table><tr><td>Brief Interventions in Psychosis</td><td>20</td></tr><tr><td>Leadership in Quality Improvement</td><td>20</td></tr><tr><td>Applied Leadership</td><td>20</td></tr><tr><td>Self as an emergent practitioner</td><td>20</td></tr></table> ***In development for delivery October 2019*** <table><tr><th>Module</th><th>Credits</th></tr><tr><td>Coaching, preceptorship and mentorship</td><td>20</td></tr><tr><td>Risk Management in Mental Health</td><td>20</td></tr><tr><td>Caring for Service Users with Autism</td><td>20</td></tr><tr><td>Supporting People with Personality Disorders</td><td>20</td></tr><tr><td>Quality Improvement Project</td><td>40</td></tr><tr><td>Physical Health Skills</td><td>20</td></tr><tr><td>Positive Behavioural Support</td><td>20</td></tr></table>***Further Modules under consideration for development*** **-** Minor Illness; Minor Injuries; and Dementia. **Other retention measures** – over 2019/20 the Trust will build on Trust-wide work already underway to improve retention rates, including: ▪ Stress reduction initiatives; ▪ Rewards and benefit initiatives for both our internal Bank and for substantive posts; ▪ Improve Exit interview process; ▪ Development of 'stay' conversations with initial focus on nursing roles; ▪ Flexible working arrangements e.g. to accommodate caring needs; ▪ Retire and return arrangements.
High agency spend	*High agency spend creates increased workforce costs; the quality of agency staff can be mixed; creates more pressure on substantive staff as agency staff usually unable to undertake all tasks; and standards of training amongst agency staff is inconsistent.* Measures in place: ▪ Maintain OHFT position on not using agency HCAs; ▪ Tackle high cost agencies through 'deep dive' work in 10 selected units to examine recruitment success, retention rates, casework, complaints, assaults and abuse, incidents and serious incidents, sickness rates, stress, staff survey findings, leadership training and capability, and whistleblowing outcomes. The Trust believes that only a thorough review of this nature will lead to sustainable improvements in recruitment and retention, particularly on challenging wards where vacancy rates have been high for several years; ▪ Review agencies on Tier system to try and eliminate high cost off framework spend; ▪ Build the bank further for administrative and clerical and Estates posts; ▪ Build the bank further for clinical roles; ▪ Eliminate 'grade swaps' where registered agency nurses are used if unable to find non-registered bank staff; ▪ Complete deployment of WFMS. OHFT is the only Trust in the BOB STP to use an in-house bank and is firmly of the view that switching to NHSP would not solve issues. The Trust previously used NHSP and found the service less flexible and responsive than current arrangements. The Trust's approach is to grow the Bank by treating Bank workers better than agency workers through top of band pay, better training, better access to available shifts, professional supervision and appraisals. To achieve these improvements the Trust has invested in an additional 10 posts in Staffing Solutions which manages in-house bank and Trust workforce management system. The Trust regards the Bank not just as a temporary staffing solution, but as an alternative core employment offer better aligned with the aspirations of a younger generation now becoming a mainstream part of the workforce. Bank staff are therefore as core to the Trust's employment offer as substantive staff.

Skill mix	**Inpatient Staffing Establishment Review & Skill mix review** - a programme of work to review the staffing establishments in inpatients has been completed. The process and outcomes of this review were informed by discussions with Matrons and Ward Managers as well as the Director of Education and Development. The changes will be added into the workforce plan once skill mix work is formally agreed in Q1 2019 **Key drivers** - opportunities to develop Nursing Associate roles at Agenda for Change Band 4 level to address gaps in the recruitment of Band 5 Registered Nurses, the expansion of Band 6 Registered Nursing posts to ensure that there was a development and career pathway that aided the retention of Registered Nurses with inpatients. **Mental health inpatients services** will give greater flexibility for the use of AHPs as part of numbers introducing a clearer career pathway for nurses, including 3 roles: a junior nurse role (preceptors); staff nurse; and senior nurses at band 6. The titles and job descriptions will be agreed with ward managers and matrons to agree the titles and role outlines. The skill mix also includes ward social workers and an increase in administration support. **Community Hospitals** - includes the establishment of 45 Nurse Associate posts at Band 4. Posts will be recruited into from April 2019 in line with the graduation of the first cohort of Nurse Associate Trainees (NATS), being funding using previous Band 5 establishment budget and a reconfiguration of admin budgets. Reduction in agency spend is anticipated with the establishment of 5.4 WTE Band 4 Nurse Associates on each Community Hospital ward. This proposal gives a skill mix ratio of 60:40 for Registered staff to Non-Registered staff. **Forensics** - summary of specific changes: ▪ Evenlode set at 6,6,5 working numbers with 3,3,2, qualified and the establishment budget set to reflect this (the establishment was set as reduced by one on each shift during the transition to OHFT, it was agreed the working numbers needed to remain the same); ▪ Ratio of qualified to unqualified on each shift has been increased from the safer staffing figures in many areas to work towards an equal split and provide a balanced establishment. The trust target is a 50/50 split between qualified and unqualified; ▪ Kennet working numbers increased to 7,7,6 (one on each shift) to meet increased acuity (see below for more information); ▪ Wenric has increased by 1 on a late shift to meet increased acuity; ▪ Glyme night shift increased by 1 to bring it up to 4 to enable safer management of clinical situations and reduce the need to escalate patients back to the acute wards unless clinically appropriate (see below for more information); ▪ Establishments re-based on the working numbers. In many areas this has increased the WTE required but there is no change in working patterns. The previous establishments were not accurate to cover the working pattern. **Next steps** - work to be undertaken to calculate the budgets and the financial impact of these changes, and full outcome together with the change control process Q1 2019/20-
Staff Wellbeing	**Royal College of Nursing Cultural Ambassadors programme -** Although OHFT's WRES statistics are no worse than comparable Trusts, both senior leadership and staff representatives are concerned at the high proportion of people from a BME background who enter the disciplinary process compared to the number of white staff. Efforts so far have included unconscious bias training, leadership conferences focusing on Equality and Inclusion and establishing a BME staff network. The next initiative is to partner with the RCN in deploying their 'cultural ambassadors' programme which identifies people in the Trust from a BME background who will help to proactively consider how race may impact managers decisions/attitudes. The

	Trust has agreed to deploy this programme and is seeking volunteers as at the time of the plan submission. Being an established programme with RCN backing, the Trust is confident this will address the challenge. **Schwartz rounds** - recognising the traumatic nature of some of the situations faced by staff, and the more limited time available due to caseload for structured reflective practice and learning, it has been agreed that Schwartz rounds will be trialed in 2019. The Trust has engaged the Point of Care Foundation to ensure deployment is effective. **Staff retreats** – the Trust has held 2 staff retreats, which have had excellent results (e.g. helping staff come to terms with difficult situations and return to work more quickly than otherwise possible). The focus is on people with long term sickness, usually stress related (work related or not) who would benefit from the opportunity to reflect and plan their recovery in a supportive environment. Further staff retreats will be planned over 201/20. The Trust is in a procurement phase for an **Employee Assistance Programme**, having agreed that this is a suitable investment in staff wellbeing and support. Appointment of a chosen programme and supplier is likely to be in Quarter 1 of 2019-20. The Trust continues to offer resilience and mindfulness training to individuals and teams where the case is made that this will add value. In some situations the Trust's charitable funds have agreed to pay for these programmes. The Trust aims to increase access to such funding recognising that workload and caseloads have increased for both clinical and non-clinical staff.
Equality, Diversity & Inclusion	*Challenges of low staff awareness of improvements in EDI work; persistent high-numbers of staff not disclosing on equality monitoring for religion, sexual orientation, disability; staff not recording equality monitoring from service users; lack of equipment for people with disabilities; and lack of reliable interpreting service.* Measures over 2019/20 include: ▪ Delivering of training and workshops to raise awareness and improve perception of EDI; ▪ Information campaigns to reduce levels of non-disclosure; ▪ Deliver 'Improving Equality Monitoring' workshop for staff; ▪ Work with Estates to purchase portable hearing loops and other devices to aid communication and raise awareness through training; ▪ Promote 'Access to Work'; Work with 'Access-Able' to audit, publish accessibility information; ▪ Put in place interim arrangements to ensure continuity of service / prepare for tendering.
UK Exit from EU *350 EU staff identified at Oxford Health. Locations, roles and teams all known.*	▪ **Targeted email communications** – The Trust has identified around 350 staff with an EU country of origin and has written to them all about the potential impact of Brexit. This was done in November 2018 to coincide with the UK Government's pilot programme for securing settled status. The Trust has offered to pay the fee (no longer applicable) and has also set up an email account in HR for any Brexit related questions. The risk is regarded as part of the general retention risk although specific mitigations are as follows: ▪ **General communications** - the Trust has issued supportive messages from the Chief Executive about the high value the organisation places on all existing staff from all countries, encouraging staff to feel confident in their employment future. ▪ The Trust has recently secured a **further 50 "Certificates of Sponsorship"**, allowing it to bring staff in to the UK should particular skills shortages be identified due to Brexit; ▪ Further communications with EU origin staff and their managers will be made once the nature and timing of Brexit is clearer; ▪ Collaboration with other STP Trusts to ensure consistency of messages and approach; ▪ Liaison with NHS Employers and with Home Office to ensure the Trust is aware of their advice and sharing this as appropriate with staff and managers.
Training & PDRs	*See Quality section.*

System workforce planning	The Director of HR has been working with system colleagues on an STP-level people plan. Supported by HEE, the STP has dedicated workstreams on recruitment, retention, mental health workforce, nursing apprenticeships, the care workforce and valuing staff. This work includes the social care sector as well as NHS providers. There are also initiatives related to key worker housing, attracting young people into careers in health and social care and return to practice initiatives. Over 19/20 the Trust will continue to work with system colleagues to finalise a STP-level workforce plan to increase understanding across the system, and inform longer-term planning for supply, training and integration opportunities.

Demand & Capacity planning (Activity)

As noted in the *Introduction to this submission*, data collected by the Trust shows that demand for its services is consistently rising. The Trust Executive has begun to undertake work internally to fully understand the impact of this demand/capacity gap, starting with Adult Mental Health (AMHTs), and how the organisation should best respond. The approach taken has been to understand overall volumes of demand received into a team, and the capacity the team has to respond to this demand, by examining the current clinical model and historic data patterns to estimate how many patients staff are able to treat over a year.

The work in AMHTs has produced a headline finding of a shortfall of capacity to meet demand. To respond, the Trust has had to make preparations to limit the number of patients accepted and is working with CCGs to deliver to funded capacity. This would offer an immediate response but would need to be complemented by service improvement process to address variations and variability. This work would include analysis of the types of demand and to test whether the capacity required is delivered as early as possible in the care offer. This will identify any gaps in expertise and provide opportunities for changes to process and practice. Over 2019/20 the work undertaken in AMHTs will begin to be rolled out to other Trust services.

Over 2019/20, the Trust will progress plans for development of a crisis resolution and home treatment team (CRHTT) to reduce bed pressures by offering an alternative to admissions, allow individuals to be discharged from hospital as early as clinically appropriate, and help reduce the number of inappropriate out of area placements (OAPs). The development of a CRHTT has been identified as an area for investment and a business case has been developed to inform future planning and investment decisions. At this stage of planning, development is likely to span a 24-month period.

A phased approach to improving the crisis pathway has been agreed in **Buckinghamshire**. By the end of Q1, there will be an increase in overnight staffing to help support the acute and mental health hospitals. Additional funding is being sought to further progress a move towards establishing a dedicated CRHTT. This will be a phased approach, by the end of 2021 service users will be able to self-refer on a 24/7 basis and receive the care and support needed in a community setting. There are ambitions for **Oxfordshire** to be able to provide a similar level of care but the ability to invest and therefore transform is uncertain at this stage. However, the crisis offer to the population of Oxfordshire has been identified as a priority for the coming years and there are several events planned to consider how and when this can operationalised.

The Trust is now reviewing and agreeing OAP trajectories, in readiness for month 1 reporting, following work with commissioners over April 2019 and confirmation of its financial settlement for 2019/20.

See the Appendix pack for a table of the Trust's activity focus areas for 2019/20 across Oxfordshire and Buckinghamshire, the currency used, forecast outturns, annual demand forecasts and quarterly plans.

Quality & Patient Experience

Approach to Quality improvement, leadership and governance

OHFT's Chief Nurse is the named Executive Lead for Quality Improvement (QI). The Chief Executive has ultimate responsibility for quality across the Trust and the organisation is making QI a part of every manager and leader's role. The Trust takes a multi-faceted approach to improving quality, including:

- bringing QI experience into a centre of excellence Oxford Health Improvement Centre (OHI), a multi-disciplinary team co-located with available teaching and learning space. OHI teaches two frameworks: *DAMTIE*, locally designed for scale change, and *IHI Model* for Improvement for smaller local changes;
- a programme of team-to-team peer reviews;
- achieving more than 20 different external accreditations and network memberships;
- taking a national lead on clinical research supported by the Oxford AHSC in mental health and dementia;
- over 2019/20 developing and rolling out an advanced business intelligence platform to automate the triangulation of information relating to the quality of care - this will be interactive, visual and make information more accessible to leaders/ managers to identify and measure quality improvements;
- regularly involving patients and service users in the development of services; and
- taking part in national and system collaboratives i.e. virtual community hospital beds, reducing length of inpatient stay for patients with a learning disability, and Lord Carter's work on efficiency.

OHFT has invested in improving how it captures feedback (it receives 1500 pieces of feedback a month) and has put in a leadership structure to improve responses and develop staff skills in co-production (care as a joint endeavour). The current three-year patient experience and involvement strategy is coming to an end. We can demonstrate the positive impact the strategy has had and are going through internal and external consultation to review and set out a new strategy. A final draft of the new strategy will be presented to Trust Board in April 2019 for approval. The new strategy will be focused on improving how patients and their families feel involved in decisions about their care.

Ongoing work is in place towards the dedicated carers strategy, the imminent changes to the national Friends and Family Test question to be introduced over the next 6 months, and information that the fieldwork for the 2019 national community mental health patient survey has just started. Over 2019/20 the Trust will implement and monitor progress of its new *Patient and Carers Involvement & Engagement Strategy*.

The Trust, as a Global Digital Exemplar (GDE), is already paving the way in the use of digital technology in the NHS, embracing digital health daily to support patient care. This includes:

- offering patients remote consultations using video conferencing facilities such as *Skype* and *FaceTime*;
- electronic patient notes available via iPad from anywhere at any time;
- signposting to online wellbeing and mental health therapies;
- using and recommending apps such as *True Colours* to support patients' self-management and recovery.

The *NIHR Oxford Health Biomedical Research Centre (BRC)* is a partnership between the Trust and the University of Oxford to transform discovery science into new treatments for mental disorders and dementia,

delivering personalised care. The Trust has worked on establishing formal partnership arrangements with other providers to improve the integration of services and coordination of care. Examples include the Thames Valley and Wessex Forensic Network, working with the voluntary sector to develop the Oxfordshire Mental Health Partnership, and a joint enterprise with Oxfordshire GP federations to deliver care to meet local needs at a neighbourhood level. The Trust is also a key partner in the Buckinghamshire Integrated Care System and the shadow form being developed in Oxfordshire.

Approach to embedding Good and achieving Outstanding - The Trust's 'Good' CQC rating (2018) was, to a significant degree, the result of the innovation of OHFT staff and we now have the aim of embedding 'Good' to achieve 'Outstanding. A key forum for improvement is the Trust-wide *Improving Care: 5 questions (IC5)* group. This meets monthly and oversees the implementation of actions from CQC inspections, testing the effectiveness of actions, leading the peer review programme, promoting the learning of good practice, and identifying areas for improvement against national quality standards. The IC5 group reports to the Trust's Well-led quality sub-committee, and then onto the Quality Committee.

QI governance system: *front-line to Board* - The Trust has a defined quality governance structure responsible for monitoring the quality of care, sharing learning and driving improvements. Executive Directors each chair a quality sub-committee focused on one of the national quality standards with all sub-committees reporting to the overarching Quality Sub-Committee chaired by a Non-Executive Director. The structure ensures a 'ward to board' link for issues and risks to be escalated and for change to be supported. Reporting on progress with the QI strategy and operationalisation takes place at Quality Committee, Extended Executive Committee, Well-Led Committee, Safety Sub-Committee, and the IC5 meeting. These reporting arrangements ensure that: assurance is given on QI leadership; activity is aligned with CQC KLOEs; and both operational and professional leads are engaged. Requests for QI project support are driven from directorate / service teams to increase ownership. Acceptance of projects is predicated upon alignment with national and organisational goals. All OHFT QI projects take a coaching approach with a named QI lead. QI leads visit the areas regularly to support learning about the method and measure of progress. *See the appendix for quality project examples.*

Building capability to ensure improvement and sustainability - over 2019/20 the Trust will develop organisational QI capability through a layered approach, focusing on development at each level, including:

- Delivery of a three-day QI methods programme for the Extended Executive Team;
- Continuation of a QI Scholars Programme for senior staff to develop an in-depth understanding of QI. Scholars are drawn from clinical and support services and help form the early improvement architecture throughout the Trust;
- Increase participation in QI by providing an introduction to QI for newly qualified nurses and AHPs;
- Trust-wide Leadership Programme to include QI teaching – to culminate in Masters level accreditation;
- Provision of coaching to progress QI projects originating from clinical audits (Clinical Audit Team);
- Commencement of a 6-month programme for frontline staff to lead small QI projects in their workplace.

Quality improvement plan - summary

The Trusts detailed quality improvement plan for 2019/20 is being developed as part of the annual Quality Account and will include ongoing improvement work from CQC Well led Inspection, work from OHI centre, local and national quality priorities and working with NHSI in their collaboratives. The Trust's QI plan and its actions will align with the ambitions of the NHS Long Term Plan, in particular those with immediate relevance for the Trust – learning from practice to improve quality in integrated community working and new roles /

skill mixes; mental health services, learning disabilities and autism; prevention and tackling inequalities; informing digital innovations; and developing system quality arrangements. The Trust's Quality Committee will be responsible for approving and overseeing the delivery of the improvement plan. In addition to actions to improve recruitment, retention and workforce planning, the plan will also include the Quality Account objectives focused on: Mental Health services; Physical Health Services; Learning disability and Autism services; and Trust-wide arrangements. *See the appendix pack for further detail on these objectives.* The objectives are based on a review of current improvement areas and concerns, self-assessments completed of national guidance, learning from reviews of SIs and deaths, feedback from patients/ families and our Council of Governors, local and national initiatives, and our top risks.

System work - we will continue to work in partnership with system partners including the following:

1. CQC Oxfordshire thematic inspection action plan key areas:
   - Older People's Strategy - final approval due by Oxfordshire Health & Wellbeing Board on 14 March. Next step is to develop the delivery plan which will include further co-production;
   - Improved engagement with the VCSE and independent providers. The draft workforce strategy for Oxfordshire is being be agreed with the STP and implemented at pace;
   - A workforce strategy at STP level has been developed.

2. The Buckinghamshire ICS developing a shared model of prevention was identified as a vital factor for success in facilitating the most effective approach to prevention (a Long Term Plan priority). A key priority is progressing a shared approach to social isolation and loneliness. Next steps will be to provide a final draft to the Health and Wellbeing Board and the ICS for approval for NHS and local authorities.

3. Plan to reduce gram-negative bloodstream infections - as these infections are predominantly developing in the community the Trust is working collaboratively with other healthcare providers across Oxfordshire and Buckinghamshire to develop action plans. These include the acute hospital trusts, private hospital providers, prisons, Public Health England and representatives from local authority services. Gram negative blood steam infections are a standing agenda item at multiagency forums. Actions plans progress and impacts will be reviewed over 2019/20.

OHFT has regular Trust-wide processes in place to identify new national guidance, recommendations from external reviews and national safety alerts (including NEWS2) so that a self-assessment can be carried out to highlight any actions required. Recent examples include a NHSI patient experience improvement framework, NHSI learning disability standards, extended guidance for child death reviews, learning from deaths guidance, engagement with bereaved families, learning from serious incident related claims, thematic reviews by NHS resolution, and the Gosport enquiry.

Learning from deaths – the Trust's embedded mortality review process looks at all deaths for current and discharged patients within 6 months, all ages, all services, inpatient and community services. A three-step process, led by weekly forums, is established in each clinical directorate and a bi-monthly trust-wide group. The Trust actively participates in multi-agency mortality review forums to share learning (Oxfordshire Vulnerable Adults Group, Buckinghamshire ICS learning from deaths forum, south regional mortality review group, and CDOP forums). The majority of deaths relate to people aged over 75 who had received treatment from one of the Trust's physical health services, such as the district nursing service (on average 420 deaths a month - current and discharged patients, over 80% of these relate to the death of a current patient). The static

trend over the last 4 years is in-line with national ONS data. Suicide rates in Oxfordshire and Buckinghamshire are similar to national averages (rates have reduced from 2013-2015 to 2014-2016). Key learning from deaths relate to: better involvement of families in care; physical health for patients with a mental health illness; and improved communication transition points.

In relation to the Gosport enquiry, the Trust has reviewed the learning internally and through a system-wide forum. Prescribing audits provide assurance of appropriate prescribing practice and OHFT has an end of life / palliative care steering group linked into system forums to keep an overview of deaths in community hospital wards. The work undertaken was Trust-wide through the *Speak Up Guardian* processes to ensure staff have a confidential route to raise concerns which can be escalated appropriately. Any concerns or complaints about a death automatically trigger a full investigation.

Top risks for Quality

Risk	Commentary on controls and mitigation
Inability to recruit to vacancies or to retain permanent staff may lead to: the quality and quantity of healthcare being impaired; pressure on staff and decreased resilience, health & wellbeing and staff morale	*Controls include but are not limited to:* ▪ Robust recruitment processes and retention measures (*see Workforce section*); ▪ On-going staff development through resources such as the Learning and Development training matrix which defines subject areas, training frequency gives access to e-learning; ▪ Performance Framework including Performance & Development Review process; ▪ A broad array of initiatives relating to improving staff wellbeing, reducing stress and providing support are being deployed (see Workforce section); ▪ Retention is the major theme of the Workforce strategy, including components focused on staff engagement, improved experience, better leadership and more guidance and support for those seeking to develop their careers with the Trust.
Failure to ensure staff PDR, Supervision and Mandatory training uptake is enabled may lead to: quality/quantity of healthcare being impaired; pressure on staff and decreased resilience, wellbeing and morale.	▪ All managers to review staff PDR dates to ensure that all team members without a completed PDR have a date booked and PDRs completed by 31 March 2019; ▪ PDRs to include a review that mandatory training has been undertaken; ▪ PDRs to include a review of supervision to ensure that appropriate supervision is in place, and appropriate arrangements made to ensure proper recording; ▪ Trust, Directorates, Services and Teams all to review and report on their ongoing PDR compliance quarterly via the Executive team (chaired by the Chief Executive).
Failure to care for patients in an appropriate inpatient placement or environment, due to bed pressures or absence of community or social care support, could lead to compromising patient & carer outcomes and experience	*To maximise flow we have the following arrangements in place:* ▪ **Oxfordshire** - OHFT joins system winter calls so that the system has greater awareness of pressures in mental health. A senior matron has been released to lead work on patient flow. Working with matrons and community teams – x 2 daily calls actions are agreed in mornings and followed up in the afternoons. These are joined by wards and community teams so the Trust has a view across services. The Trust also works with main supported housing provider to help with flow from wards into supported housing. ▪ **Buckinghamshire** - OHFT join system winter calls – so that the system has more awareness of pressures in mental health. Weekly system calls reviewing patients who are stranded / delayed involving CCG and Winter Director. Senior matron leading with service manager for acute care – again x2 daily calls - focus on inpatient as well as pressures in community. Also a system view across inpatient and community services.

	▪ **Additional measures** - twice weekly calls led by Deputy Chief Operating Officer across Oxfordshire and Buckinghamshire to: review every patient out of area ensuring plans are in place for each; highlight patients in the community who may require a bed; and review staffing pressures and risks with particular patients in the community. Through these calls, the length of stay in OAPs is coming down and there is some reduction in numbers. This work will continue over 2019/20. ▪ **Future planning** - planning with commissioners regarding funding for CRHTT in Oxfordshire and Buckinghamshire to enable OHFT to provide additional intensive home care support.
Funded capacity - continued underinvestment in Mental Health services will impact on the financial stability of the Trust and its ability to meet demand would lead to increased and unsustainable workloads for staff, and comprise patient and carer outcomes and experience.	*Planned controls include but not limited to:* ▪ Continued dialogue with commissioners on funded capacity; ▪ Developing demand and capacity insight to improve service planning; ▪ A focus on revenue, and robust delivery of cost efficiency and productivity work (CIP) schemes; ▪ Robust governance and oversight (via QIA process) over quality impact of efficiency schemes.

Summary of OHFT's quality impact assessment process

The Trust is strengthening its Quality Impact Assessment (QIA) process so that it is in-line with guidance from the National Quality Board. The QIA process will be set-out in Trust policy and will apply to all transformation and savings schemes (not just CIP schemes). A gateway process exists to ensure a QIA is in place before *any* scheme can proceed. By having a clear and robust system, the QIA process supports decision making and ensures that it is influenced and informed by quality considerations. This helps to outline the opportunities and risks relating to a proposal/project and what mitigation or management actions may be required. The process will be firmly embedded within the Trust over 2019/20 as a key part of its transformation and saving programmes (and will be linked to an Equality Impact Assessment process).

Each change scheme is allocated a senior responsible officer (SRO) and a clinical lead who work with professional clinical leads within services to develop a QIA bespoke to that project. The process within the Trust has two overarching principles: 1) the QIA process is clinically led, and 2) a QIA is a continuous process. Each QIA is assessed against the five domains of quality set out by the CQC. This approach enables a robust and thorough assessment of the impact on quality including the impact on OHFT workforce. The QIA process uses the following steps:

1. initial assessment of impact on quality to flag any areas of concern to project leads and senior leads;
2. full assessment of impact of change on quality (neutral, minimal, significant). If significant impacts are assessed, a QIA Stage 2 must be completed;
3. in-depth QIA Stage 2 - the change may be approved with mitigations, and ongoing monitoring;
4. 'in-project' monitoring to assess quality impact and to compare initial assessments with actual impact;
5. post change impact review (e.g. 3 months) to review impact and mitigation.

Each QIA is signed off by the scheme clinical lead and by the Clinical Director and Service Director for the respective service. The Executive Director of Nursing and Quality, and Executive Medical Director receive

assurances of the QIA process and outcomes through monthly Network Quality Reports to the Quality and Safety Sub-committee and through a QIA Review Panel, based on the 'Star Chamber' model. The model applies a risk-based approach with Clinical Directors taking delegated authority for routine schemes with complex or high risks schemes receiving executive level scrutiny.

Risks identified through the QIA process are recorded on the integrated risk management system. This ensures that all risks from schemes going ahead are properly recorded, reported and mitigated. Our risk management process ensures risks are visible and reported throughout the Trust governance framework with high level risks mapped against strategic risks on the Board Assurance Framework. The monitoring of risks through this established process helps the Trust to monitor the impact of changes from any scheme. The Trust's quality surveillance system directly links to the risk management system to allow for quick identification of compromising quality or deterioration to quickly prompt a review of the QIA.

Membership and elections

The Trust believes there is substantial organisational gain to be had from seeking people's insights on delivering healthcare, and it is through our membership strategy alongside a community involvement framework that it will **understand the needs of communities served**. The Trust believes there is an incredible richness that acting on people's experiences can bring to providing public services. There are huge efficiencies to be gained from participation and shared decision making in service and organisational planning, ensuring that the Trust is more likely to get it right first time. Over 2019/20 the Trust will engage with a diverse range of members across constituencies to ensure membership is more representative, informed and engaged, and to develop membership information that is widely and easily accessible.

A range of methods are used to **recruit members** including recruitment fairs; stands at Trust and partner healthcare events and promotion on the website and through social media channels. Over 2019/20 the Trust will be strengthening the work with partner organisations and associate organisations to promote membership to their service users and staff.

To **support engagement between governors, members and the public** the Trust holds: four Health Matters events per year across its delivery geography; Council of Governor meetings; Annual General and members' meetings; and HealthFest events. The Trust's new Membership Strategy was approved by the Council of Governors in March 2019 and sets out the Trusts' membership aims until 2024 to include:

- ensuring that membership is meaningful and members feel they are making a difference;
- ensuring that membership is representative of the community served and all are involved;
- giving access to governance for people with learning disabilities (using a co-production approach);
- promoting membership involvement as part of staff induction.

The governor elections are promoted using online, social media, newsletter and internal magazine channels, along with the local media. Elections are managed by an external company (ERS) to ensure independence from the Trust. **The Trust currently has 36 governor seats:** 8 appointed governors; 12 public governors; 9 staff governors; and 7 patient governors. New governors have an induction process and attend site and staff

visits to become familiar with how the Trust operates as part of informal training and existing governors have a training and development programme across the year.

The Trust has appointed an individual to dedicate time to membership involvement and to consulting members and developing relationships. Broadly this will support ambitions for community involvement – **reaching out into the community and working together** to develop the services members need and want – activities will be about giving members opportunity to volunteer, donate to, or fundraise for our charity and supporting them to be able ambassadors.

To ensure the opportunities to develop mutually beneficial relationships are maximised, the Trust will tap into the virtuous circle that takes the role beyond engagement primarily with the membership base. With patient and public involvement, membership, fundraising and volunteering all focused-on Oxford Health reaching out into the community, to organise the effort and impact, OHFT will coordinate the activities and **ensure everyone can see the benefits of 'getting involved'** with Oxford Health.

Appendices

System collaboration

The table below sets out Buckinghamshire, Oxfordshire and Berkshire STP roles and key areas of work.

STP role	Description	Clarification and rationale
System design & delivery	Design approach to a problem at STP level. Deliver solution at STP level	Population and economic growth; Acute collaboration on planned care; Strategic planning, resource allocation, system design
System design & place/org delivery	Design approach to a problem at STP level but leave places/ organisations to deliver	Workforce; Capital & estates
Set or confirm ambition and hold to account	Agree STP ambition (or confirm STP signs up to nationally set ambition) and hold places to account for/support delivery (Roles differ depending on where change and transformation are driven.)	Primary care, inc. PCNs; Financial balance & efficiency; Mental health; UEC; Cancer; Devolved oversight from NHSE/I
Coordinate, share good practice, encourage collaboration	Bring places/organisations together to share approaches and solutions	Research and Innovation; Children and young people; Personalised care; Digital (tbc); Prevention & reducing inequalities; Population health

STP/ICS oversight running through all strategic priorities
Partnerships & Engagement, including patient and public involvement
4

Clinical priorities and approach to deliverables

The RAG rating system used in the Mental Health and Community services sections indicates the likely achievability of guidance deliverables and internal areas of focus where: Red indicates an area of concern; Amber indicates that progress can be made; and Green indicates a likelihood of deliverability.

Mental Health (All Age)

The table below summarises OHFT Mental Health service priorities for 2019/2020 that are directly linked to the NHS LTP. Beyond the guidance deliverables, the Trust faces significant pressures in the sustainability of Mental Health services, particularly in Oxfordshire. Sustainability and improvement of Mental Health services is one of the Trust's 3 key transformation programmes. Following an independent review by Trevor Shipman, and supporting evidence from NHS Benchmarking, there is a strong case for further MH investment in Oxfordshire. However, there is limited investment available within the system so prioritisation may have to be applied by Trust and the system. The Trust works as a key provider within the Buckinghamshire ICS where it is engaged in clinical and provider forum collaboratives as well as governance and programme boards. Plans are being agreed to have a mental health delivery board in place from April 2019.

The Trust will align activity with levels of investment received. To do this, capacity and demand models are being developed (starting with mental health) to identify what can be delivered by available workforce and funding. This approach is consistent with the capacity and demand modelling promoted nationally by NHSE. There are a number of key areas of risk in delivering the FYFV, including meeting IAPT targets.

Over 2019/20, the Trust will progress plans for development of crisis resolution and home treatment teams (CRHTT) to reduce bed pressures by offering an alternative to admissions, allow individuals to be discharged from hospital as early as clinically appropriate, and help reduce the number of inappropriate out of area placements (OAPs). The development of a CRHTT has been identified as an area for investment and a business case has been developed to inform future planning and investment decisions. The Trust is now reviewing and agreeing OAP trajectories, in readiness for month 1 reporting, following work with commissioners over April 2019 and confirmation of its financial settlement for 2019/20.

Area of focus / Deliverable	Oxon Current	Oxon RAG	Bucks Current	Bucks RAG	BSW current	BSW RAG	Comment & 19/20 priorities
Mental Health Minimum Investment Standard							For each CCG to deliver at least the minimum investment standard for mental health services. Funding for Oxfordshire has been agreed but there remains a gap that will challenge delivery over 2019/20.
MHSDS data submissions	Compliant		Compliant		Compliant		The Trust is compliant in relation to the routine submission of its MHSDS data submissions across all counties.
IAPT data submission	Compliant		Compliant		NA	NA	The Trust is compliant in relation to the routine submission of its IAPT data submissions.
MH Digital Strategy							As part of the Trusts' GDE programme progress will be made on a MH Digital Strategy over 2019/20.

IAPT providing timely access to 22% of those who can benefit	19%		19%		NA	NA	Currently at just under 20% across Trust. Insufficient funding in relation to demand may impair continuation of these levels. A business case for additional funding with the CCG is being explored to plan delivery.
IAPT recovery at 50%	53.2% (Jan 19)		58% (Dec 18)		NA	NA	Currently at above 50% across the Trust. Insufficient funding in relation to demand may impair continuation of these levels (linked to achievement of IAPT access levels).
Formal diagnosis of people with dementia aged 65 plus at 67%	68%		65%		NA	NA	Currently in the region of 67% but may present a challenge in achieving consistent levels over 2019/20. In Oxfordshire, currently above 67%. The introduction of the Brain Health Centre aims to improve quality of assessments and effectiveness, while at least maintaining or improving current rates of diagnosis.
75% IAPT treatment to have begun within 6wks of referral	99.5% (Dec 18)		99% (Dec 18)		NA	NA	Currently at 99% across the Trust (reference Single Oversight Framework latest figures Oct 18)
95% IAPT treatment to have begun within 18wks of referral	100% (Dec 18)		100% (Dec 18)		NA	NA	Currently at 100% across the Trust (reference Single Oversight Framework latest figures Oct 18)
14-65yrs experiencing first psychosis episode to start treatment within 2wks	100% (Dec18)		83% (Dec18)		NA	NA	
34% of CYP with a diagnosable MH condition to receive treatment from an NHS C&MHS	54.2%		34.5%		23.7%		Implications around waiting times and workforce overspend (to meet wider access parameters) will need to be investigated to understand continuation of performance.
By March 2021, 95% of CYP with an Eating Disorder to be seen within 1wk of an urgent referral	87.5%		81.8%		87%		
By March 2021, 95% of CYP with an Eating Disorder to be seen within 4wks of a routine referral	61.5%		68%		90.2%		
Reduction in out of area placements for acute MH care for adults						NA	2019/20 focus, including the commencement of twice weekly calls led by Deputy COO with focus on flow. A business case for CRHTTs

							have been made to CCGs. Without viable alternatives to inpatient care, OAPs are likely to meet targets. OAP trajectories will be agreed over April in readiness for month 1 reporting.
60% of people with a SMI to receive a full annual physical health check						NA	Half of the annual physical health checks take place within OHFT (the other half within Primary Care). OHFT are performing well against KPIs.
By 2020/21, co-location of MH therapists with primary care	NA		NA		NA		The Trust supports this deliverable and will explore options over 19/20 and 20/21.
By 2020/21 additional recruitment and training of MH therapists							Trust to explore options over 19/20 and 20/21.
Perinatal Mental Health						NA	Specialist Perinatal MH will be fully developed to have capacity to see approx. 270 patients per year (Bucks) and 350 patients per year (Oxon)
All age crisis and liaison services							Business cases in development to implement model approved CRHTTs. A&E liaison service provision is in place in all general hospitals but are not Core 24 compliant.
50% of Early Intervention in psychosis (EIP) to be graded at Level 3						NA	Currently, Trust EIP services deliver well against national waiting standards (60% seen within 2 weeks). Oxfordshire service investment is currently under the national standard.
Suicide reduction						NA	Multi-agency suicide prevention strategies and plans in place to strive towards a 10% reduction in suicides.
MH Support Teams working in Schools	NA		NA		NA		The Trust is a Green Paper Trailblazer for in-reach in schools working with third sector providers. (objective to reduce waiting times to 4 weeks and increase access to MH services for children). Areas of focus for 2019/20.

Community Health

The table below summarises Community Health work for 2019/20 by areas of focus and deliverables.

Area of focus / Deliverable	Comment & Priorities for 2019/20	RAG

Community Health	Following the organisational restructure in 2018 the Oxfordshire Community directorate now delivers a complete all-age range of physical health services with services operating via in-patient, urgent care and community-based teams. **Priorities for 2019/20 include:** ▪ Directorate review of the Winter 'offer' to ensure the Trust is fully equipped to manage system demand all year; ▪ Reviewing Oxon CCG service specifications to ensure that the Trust is are operating the most effective patient care model across all services; ▪ Update the medical model for considering inpatient beds and primary care out of hours staffing - addressing the recruitment/retention and career pathway, and support and supervision; ▪ Internal strategy development for urgent care and children's services; ▪ Focussed work in community hospitals (including strategy development) to ensure governance, safety and quality processes are embedded and positively impact on the patient/carer experience; ▪ Further develop the End of Life strategy to ensure staff are able to deliver the most appropriate care including choice of place of death; ▪ Full remodel of the children's community therapy service; ▪ Development of a new collaborative Continuing health care model; ▪ Embed the Allied Health Professional strategy across the directorate.	
Urgent Response Standards for Urgent Community Support	The Community directorate delivers urgent and ambulatory care, including out of hours primary care across the county. It also delivers a primary service to the homeless meeting the needs of this complex cohort of patients. **Priorities for 2019/20 include:** ▪ Development of a workforce recruitment strategy to focus on medical staff and nurse consultant/ advanced nurse practitioner roles. This is especially pertinent to the services being delivered out of hours; ▪ Focussed work to ensure governance, safety and quality processes are embedded and positively impact on the patient/ carer experience; ▪ Complete a review of the specification for Minor injury Units (MIU) to expand to address the needs of patients presenting with minor illness.	
Primary Care Network & Primary Care Strategy development	Over 2019/20 the Trust will continue work to progress closer working with GP practices towards an Oxfordshire Care Alliance. This work aligns with one of the Trust's 3 key transformation programmes (Care Closer to Home) and will: ▪ continue Community Neighbourhood Team development cognisant of the development of Primary Care Networks; ▪ complete the rollout of a Single Point of Access for Community Therapy Services/District Nurses; ▪ continue workforce development work with Primary Care Partners, and ▪ contribute to the development of the Oxfordshire Frailty Pathway Trials. This work aligns to the ambitions of the Long Term Plan on Primary Care Networks (neighbourhood working) with other local health and social care system partners, and working with the STP to receive primary care data analytics to allow for understanding of population needs.	
Scheduled and unscheduled care	▪ Development of the Communities Directorate Operating Model; ▪ Reviewing the outcome of Winter Pressures Initiatives 18/19 and taking those lessons into planning for 19/20; ▪ Finish scoping Scheduled and Unscheduled Care workstreams and work packages therein;	

	▪ Continue scoping work to determine the need for/viability of workstream deliverables (noting Primary Care Network, Oxfordshire Care Alliance and STP & county-wide Integrated Urgent Care/Clinical Coordination developments); ▪ Review the Single Point of Access and set out the objectives for the next phase; ▪ Completion of work to Integrate Children's Therapy Services; continuing Palliative Care Pathway and other Children's and Young Peoples projects. ▪ Respiratory & Diabetes pathway reviews in conjunction with System Partners.	

Specialised

The following section sets out the areas of focus for the Trust's Specialised services. Improvement work is driven by one of the Trust's 3 key transformation programmes (New Care Models).

Learning Disabilities & Autism

Since the transition of 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 years' 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, so people can live in the community, with the right support, and close to home, with greater focus on developing community-based provision to reduce the number of people who need to go into hospital for their care. For people who do need to go into hospital, the emphasis is on people receiving high quality care, as close to where they live as possible and do not stay a day longer than they need.

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 will be a priority for 2019.

There has been significant progress over the past twelve months to include:

- the development of an autism strategy to focus on improving access to services for people with autism
- revision of the Trust's physical health strategy to take into consideration the needs of people with a learning disability. This 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, which 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 placement admissions to identify recommendations for improvements;
- the pilot of a Mental Health Liaison Nurse for Learning Disabilities and Autism to commence 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 that 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 inpatient settings;

- 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, with Oxford Health NHS Foundation Trust as the lead provider within the Thames Valley and Wessex Forensic Network, which is due to commence on the 1st April 2019.

Following transition to Oxford Health NHS Foundation Trust, the Learning Disabilities leadership team supporting the service is now fully recruited to and over 2018/19 began to mobilise across the Trust's full-service geography. There is a different leadership structure for autism, reflecting the different areas served by the Trust, however the Service Director for Learning Disabilities has taken a strategic lead for the Trust ensuring 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 full represented in the Trust's Workforce & Learning Development Plan and that the Trust fully takes advantage of having these specialisms and training staff in communication, autism, learning disability and epilepsy.

Transforming Care is entering a 'transition year' in March 2019 given the inclusion of learning disabilities and autism in the NHS Long Term Plan in January 2019 as one of the clinical priorities. The NHS Improvement (NHSI) Learning Disability Improvement Standards for NHS Trusts published in June 2018 is referenced as the monitoring tool for Trusts within the Long Term Plan. The new NHSI Improvement Standards aim to help NHS trusts measure the quality of care they provide to people with learning disabilities, autism or both. The Trust's learning disabilities service work to the four strands of the Improvement Framework, being: 1) Respecting and protecting rights; 2) Inclusion and Engagement; 3) Workforce; and 4) Specialist learning disability services.

In November 2018, NHS Trusts were asked to undertake a benchmarking exercise against the NHSI Learning Disability Improvement Standards for NHS Trusts. Whilst initial feedback indicates the Trust's learning disability services fulfil NHSI Standards, upon receipt of the published report the programme plan will be updated further to ensure all improvement measures are within current implementation plans (for example, Workforce and Learning & Development Plan) or completed as discrete actions, for example, safeguarding policies on medication. Both will be reported on as part of Operational Plan monitoring.

Over the 19/20, attention will be focused on the continued implementation of key actions identified in the Autism, Physical Health and Workforce Strategies. Furthermore, a number of 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's Equality and Diversity Group has championed people with Learning Disabilities & Autism and this was included as part of the disability 'linking leaders' staff event in 2018, an outcome of which was to develop a pan disability employment strategy during 2019 (which aligns to the Long Term Plan). The Trust will continue its good work in involving families and carers in planning and evaluating current services as well using lived experience to inform service development and coproduction as standard.

A member of the patient engagement groups presented at the Trust's AGM with the Service Director for Learning Disabilities. The service will seek to replicate and expand this over 2019/20. During 2019, work will commence in partnership with local experts-by-experience organisations to develop training videos to raise awareness of supporting people with a learning disability, autism and epilepsy.

The Trust has robust processes 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 LeDeR process. Regular reports into Trust Governance detail complaints, system-wide thematic reviews, and an annual report in regard to both expected and unexpected deaths.

The Trust has a joint protocol with OCCG and Oxfordshire County Council to ensure full compliance with national standards for CTRs and Care, Education and Treatment Reviews (CETRs). The Trust has an assertive approach to discharge planning, evidenced by being an NHSI exemplar. Using this approach we are ambitious to continue to reduce the number of people in inpatient beds and length of stays.

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 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.

Dental

Over 2019/20, the Trust's focus areas for Dental are:

- Develop the first Dental Integrated Care System across Thames Valley in collaboration with NHSE;
- Development of the dental workforce – Tier 2 accreditation;
- Development of nationally approved dental electronic referral form for all dental specialities in collaboration with NHSE (19/20-20/21);
- To continue as an Educational provider for dental trainees with HEE;
- Increased collaborative working with NHSE, Oxfordshire County Council, CCGs, HEE, Oxford University Hospitals, and Dental Public Health;
- Review all Dental Estates as part of the ICS scoping exercise, in line with the Trust Estates Strategy;
- Develop a business case to support Dental equipment replacement;
- Maintain all current dental contracts and deliver all KPIs to 2021.

Pharmacy

The Trust's focus areas for Pharmacy over 2019/20 are set out below – these align to the national strategy e.g. Medicines Value Programme:

- Patients will be safe from harm:
  - Medicines Optimisation Principle 3 'ensure Medicines Use is as Safe as Possible'; Medicines Safety & Governance Team 'Developing, implementing and improving processes and policies that ensure medicines are safely used and potential patient harm is reduced
  - Compliance with the Falsified Medicines Directive
  - STOMP (Stopping over medication of people with a learning disability, autism or both
- Patients will achieve the clinical outcomes they want:
  - Medicines Optimisation Principle 2 'Evidence Based Choice of Medicines'; Medicines Information and Clinical Effectiveness Team - Achieving maximum benefit from medicines use through evidence-based practice, and support for clinical effectiveness and medicines optimisation.

- Patients and carers will have an excellent experience:
  - Medicines Optimisation Principle 1 'Aim to Understand the Patient's Experience'; Medicines Optimisation Principle 4 'Make Medicines Optimisation Part of Routine Practice'; and all patients will have support for medicines optimisation;
  - Transfer of Care Around Medicines (TCAM)

Forensics

Over 2019/20, the Trust's focus areas for Forensics are:

- Focus on the provider service in terms of strengthening leadership and MDT working and reviewing the models of clinical and service delivery, ensuring that the strategy, models of clinical and service delivery are informed by demand and activity modelling and consistent with the aims and strategy of the Thames Valley and Wessex Forensic Network (TVWFN - New Care Model);
- Enhance the secure pathway for patients with learning disabilities and forensic needs by developing a 10-bed low secure unit to complement the medium secure LD service at Evenlode;
- Provide leadership and resilience through the process of Establishing Steady State Commissioning (ESSC) in the Thames Valley & Wessex Forensic Network;
- Continue to act as lead provider in the TVWFN and further, through the associated procurement process, ensuring development of strategy and partnership collaboration in this context;
- Maintain all current forensic contracts and deliver all contractual key performance and quality indicators to 2021;
- Review the governance of quality in the TVWFN and participate in the continuous cycle of quality improvement through membership of the RCPsych Quality Network for Forensic Mental Health Services and compliance with the secure standards – both as a provider and as Thames Valley and Wessex Forensic Network. **The Trust will re-invest savings in Forensic New Care Models to drive continued improvement.**

Contracts

Contracts - *material (<£5m) health care income*	
BANES, Swindon & Wiltshire CCGs- CAMHS Services	Oxfordshire County Council- Health Visiting Services
Buckinghamshire CCG- Mental Health Services	Oxfordshire CC- OBC Adult Mental Health Services
Buckinghamshire County Council- CAMHS Services	Oxfordshire CCG- Psychological Services
NHSE- Mental Health & Public Health Services	Oxfordshire CCG- Specialist Learning Disability Services
Oxfordshire CCG- Community & OA MH Services	Oxfordshire CCG- CAMHS Services

Quality

Quality Project examples:

- Tier 4 CAMHs service have reduced self-harm in all categories from 0.44 to 0.19 per day since June 2018 through the introduction of a new roster and reduction in agency spend. An economic analysis of the impact of this project is also underway;
- The Trust Quality team is working with Human Resources to understand staff experience of organisational change processes and how the organisation can improve its approach. This supports the

Trust overall aim of improving staff retention. An HR Improvement Scholar is working to improve the process for invoicing for agency providers to ensure prompt payment;

- In the Trust Adult PICU, we are beginning to see a reduction in the duration of enhanced level observation following the implementation of new observation handover processes and safety huddles. Both projects involve service users' experience;
- In Community Learning Disability Services, the average length of stay for people with autism has been reduced from 586 to 263 days and the number of people in an out of area bed has reduced from 12 to 3;
- The Electronic Care Records system is also a focus of Trust work with clinicians to reduce waste inherent in the system design and reduce time spent entering information at the point of service user assessment.

Quality improvement (Quality Account) objectives

Mental Health services	▪ Develop the urgent MH care pathway including crisis resolution teams, additional safe haven. ▪ Implement plans to reduce suicides by 10% by March 2021, progress to be shown in 2019/20 i.e. roll out safety planning, 48 hour follow up after inpatient discharge, suicide prevention training, national group developing guidance for identifying and responding to suicide clusters ▪ As part of continuing to reduce restrictive practice we will review and develop our current staff training to meet the new national standards (to be introduced in March 2019) from the Restraint Reduction Network and to apply to be an accredited provider. ▪ Use the work of the violence and aggression national collaborative to reduce incidents on mental health wards. ▪ Continue to improve physical health checks for people with a mental health illness.
Physical health services	▪ Further develop the quality of end of life care provided, by increasing number of end of life link nurses, continuing to review the quality of care plans, to deliver training to staff so that they can offer psychological support to patients, and to support system-wide EoL work. (the work will be driven by a system-wide end of life needs assessment which will inform a new commissioned provider collaborative model) ▪ Closer working with GPs in neighbourhood working as part of the Oxfordshire Care Alliance. ▪ Fall safe project and learning to be rolled out to all community hospital wards.
Learning disability and Autism services	▪ Reducing the overuse of medication for people with a learning disability, by completing a self-assessment against the STOMP national standards and implementing the actions identified through closer joint working with specialist teams, pharmacy and primary care. ▪ Continue to improve physical health checks for people with a learning disability.
Trust-wide arrangements	▪ Implement the refreshed experience and involvement strategy to achieve an increase in patient/ family response rate and increase in patients telling us they were given the opportunity to be involved/ share decisions about their care. ▪ Develop and roll out an advanced business intelligence platform to automate the triangulation of information relating to the quality of care, this will be interactive, visual and make information more accessible. ▪ Continue to develop shared care records between ourselves and acute and primary care providers, so that care can be better coordinated (Cerners HIE in Oxon and Graphnet in Bucks). (part of GDE programme).

Activity

The table below sets out the Trust's activity focus areas for 2019/20 by service type, service area, county, currency used, 2018/19 forecast outturn, 2019/20 annual demand forecast, and 2019/20 forecast (plan) for each quarter. A number of methodologies have been used to populate quarterly

forecasts and should not be used to total an annual forecast for 2019/20. Average length of stay for discharged patients has been used to estimate lengths of stays.

Service Type	Service Area	County	Currency	Forecast 2018/19 Outturn	2019/20 Annual Demand Forecast	Q1 Forecast / (Plan)	Q2 Forecast / (Plan)	Q3 Forecast / (Plan)	Q4 Forecast / (Plan)
Community Mental Health	AMHT Assessment	Oxon	Referrals	6616	7255	1654	1655	1669	1654
Community Mental Health	AMHT Assessment	Bucks	Referrals	4564	5001	1220	1251	1270	1244
Community Mental Health	CAMHS (all teams)	Oxon	Referrals	10112	12403	2530	2576	2622	2668
Community Mental Health	CAMHS (all teams)	Bucks	Referrals	7026	8151	1851	1888	1925	1962
Community Mental Health	Older People's CMHTs incl. Memory Clinics	Oxon	Referrals	3062	3133	765	766	762	766
Community Mental Health	Older People's CMHTs incl. Memory Clinics	Bucks	Referrals	2970	2980	756	760	764	768
Inpatient Mental Health	Adult and Older Adult Mental Health	Oxon	Out of Area Placements (bed days)	660 (Q3 18/19)	Not applicable	(179)	(152)	(130)	(110)
Inpatient Mental Health	Adult and Older Adult Mental Health	Bucks	Out of Area Placements (bed days)	518 (Q3 18/19)	Not applicable	(167)	(142)	(121)	(102)
Inpatient Mental Health	Adult Mental Health	Combined	Admissions	1028	1083	285	273	256	297
Inpatient Mental Health	Adult Mental Health	Combined	Length of Stay	64.5	66.2	69.8	70.8	71.8	72.8
Inpatient Mental Health	Older Adult Mental Health	Combined	Admissions	202	205	55	47	55	48
Inpatient Mental Health	Older Adult Mental Health	Combined	Length of Stay	92.1	94.5	93.3	93.8	94.3	94.8
Inpatent Physical Health	Community Hospitals	Oxon	Length of Stay	*Not available*					
Inpatent Physical Health	Community Hospitals	Oxon	Delayed Transfers of	13 (at 31/1)	Not applicable	(15)*	(15)*	(15)*	(15)*

Refer to OHFT Finance, Workforce, Activity, and Triangulation templates – submitted separately.

Digital & Global Digital Exemplar (GDE)

Digital Strategy

The Trust has a Digital Strategy Board that steers its objectives for digital and monitors progress towards its ongoing digital 'maturity'. The Trust's Digital objectives work towards *3 broad areas*:

Patients, Carers and Families	▪ Have online and app-based access to the information and advice they need to maintain health and prevent illness – including Trust and signposting ▪ Remote and self-management tools to interact with the Trust digitally – e.g., health triage, mood monitoring and feedback, and appointments

	▪ Directly access personal health records to provide and receive key clinical information – e.g., about health, care plans, progress, research preferences. ▪ Receive physical and virtual treatments in their home – the latter via online therapeutic interventions validated by formal research studies.
Workforce	▪ Have secure access from anywhere to a comprehensive Electronic Health Record (EHR) delivering information required to provide care 24x ▪ Assisted by the Trust's newly established Quality and Safety Centre, use timely, accurate and high-quality information to support decision making ▪ Have safe, secure and reliable IT devices and infrastructure that facilitates working beyond the boundaries of traditional operating environments ▪ Develop Trust culture of 'digital by default' where staff are fully assisted, trained and are confident to use the most appropriate devices and systems
Local health system	▪ Have access to shared care delivery models with all organisations able to access / view the clinical systems and information required ▪ Benefit from more efficient and effective interoperability of the systems and devices used across local / regional health and care providers ▪ Operate with more effective reporting using Cloud-based system-wide predictive-analytics to ensure that resources are effective and coordinated ▪ Have citizens actively participating in their health, using digital solutions to predict, prevent and manage illnesses

Global Digital Exemplar

The Trust is one of only seven funded GDEs for Mental Health and are partnering with a 'fast follower' Sussex, and an international partner working together on inter-operability. The Trust is GDE Mental Health funded for 3 years (from July 2017). The Trust's six GDE workstreams are:

GDE Mental Health workstreams	Priority activity for 2019/20
Enhanced Electronic Health Records	▪ Mobile expansion, enable Carenotes use on iPads ▪ Electronic prescribing, including both inpatient and non-inpatient prescribing
Records sharing	▪ Electronic referrals, a solution to manage / coordinate all referrals to the Trust
Advanced analytics	▪ Advanced analytics, predictive analysis to support clinical decision making
Patient-facing self-management	▪ Digital consultations, available for staff and service users ▪ Patient portal, secure digital platform for patients to interact with the trust
Enabling infrastructure	▪ Digital dictation, saving clinical time through voice to text transcription ▪ Enabling infrastructure, including roll-out of Windows 10
'Soft' enablers	▪ Mental Health Act, replacing paper-based system with digital administration

The Trust is currently engaged in the process of capturing our GDE learning for knowledge sharing (blueprinting) via the national GDE portal. **Over 2019/20 the Trust is ambitious to secure support/funding for future GDE programmes in other service areas.**