

BOD 137/2016

(Agenda item: 5)

# Report to the Meeting of the

# Oxford Health NHS Foundation Trust

# Board of Directors

**1st December 2016**

**Chief Executive’s Report**

**For Discussion/Approval**

The activity locally and nationally has developed the themes established in recent months in both the strategic direction of the local health system and emerging national NHS policy, with much attention continuing to be focussed on ‘unpublished’ STP’s; control totals and operational plans.

**Local issues**

1. **Business planning 17/18 (and Sustainability & Transformation Fund)**

*Control totals for 2017/18 and 2018/19*

The Board agreed at its Extraordinary Board meeting on 18th November that it would not be challenging the control total arrangements proposed in the most recent guidance from NHS Improvement. Therefore the operational plan narrative will highlight this, and include the notified STF amount and a planned financial outturn position in line with the 2017/18 control total. Under the latest guidance the 2018/19 control total (including STF) will be set in the plan in line with the minimum criteria set out, and based on the Trust’s assessment of what is feasible. The draft submission on 24th November will however underline the key risks and assumptions attaching to this agreement. Work will continue on the plan until its submission in final form on 23rd December.

1. **NHS Improvement – Annual Plan FY17** 
   1. **FY17 plan**

The financial result for the seven month period to the end of October is a £0.4m deficit which is a shortfall to plan of £1.4m, largely due to operational overspends and delayed CIP delivery.  All of these aspects continue to be worked upon to recover the position as quickly and as much as possible.

A total of £2.0m of the £4.3m Contingency Reserve has been released into the year-to-date position to cover operational pressures at the half-way point in the year and at this stage it is assumed that the remaining £2.3m of Contingency Reserves will be sufficient to cover any shortfall in the second half of the year and as such the full year forecast remains in line with the plan.

The Trust is working hard to address agency costs but spend remains more than 50% above the ceiling set by NHSI resulting in additional scrutiny and a maximum financial Use of Resources risk rating of 3 (where 1 is least risk and 4 is highest risk).

1. **Contract position**

* **FY17**

The position continues as previously reported with only the Oxfordshire CCG (**OCCG**) contract remaining to be signed. With OCCG in a tight financial position we continue to work to finalise our contract in line with our original financial plan assumptions in September.

* **FY18**

Work is continuing to develop the proposals with OUHFT and Oxford’s GP Federations to establish opportunities for more formal partnerships and collaboration in the context of the broader transformation themes and contracting arrangements. Specifically the plans set out in the OxFed , OUHFT and Oxford Health FT Letter of Intent to the CCG sent at the end of September, are now being worked up in detail, exploring a united approach to new models of delivery and contracting. Whilst it is intended to be operational across much of the County in some form from 1st April next year, it is recognised that this is part of a longer term process which may need to evolve over time.

1. **CQC Inspection and improvement plans**

The Trust’s GP Out Of Hours (**OOH**) services were inspected as planned on 7th, 8th and 9th November and whilst informal feedback on conclusion of the inspection did not report issues of significance and local action was initiated immediately for matters raised during the inspection, it is important that we await the formal draft report which we anticipate will be received in January. The CQC have confirmed the service will be rated.

With regard to the ongoing implementation of our quality improvement plans, progress continues to be monitored through an action plan review group with upward reporting to the Quality Committee. As previously reported the Oxfordshire CCG is the lead commissioner to sign off the completion of actions through the existing quality review meetings, on a quarterly basis.

1. **Electronic Health Record** (**EHR**)

The Trust has continued to work closely with the supplier of Carenotes and Adastra systems to schedule the delivery of resolutions for outstanding Carenotes issues, as well as to confirm when enhanced Carenotes functionality will be available (e.g., interoperability, e-Prescribing).  Based on the currently available information the former should be addressed in a major Carenotes update expected towards the end of Q4.  In terms of the latter, phased availability will commence from Q4.

The EHR Team have made further improvements with communications to end users.  Actions taken have included attending appropriate groups / meetings / forums to provide general updates about the EHR Programme, as well as focussed relevant updates for the particular service areas.  In addition to this, the Carenotes login screen is now used to alert users to key messages, this includes a scrolling ticker tape with ‘hints and tips’.

The EHR Team have been successfully using workshops with key clinicians from across the Trust to design new forms that will better support clinical processes and practice.  Sign-off of these changes is being done by the Clinical Directors.

Performance issues around specific functionality within Carenotes such as clinic scheduling remains a key issue, especially in some community services, and proposals for performance enhancements to form part of every version upgrade have been received. The next tranche of performance improvements will therefore take place as part of the next major upgrade in March 2017.

1. **Academic Health Science Centre (AHSC) – creation of a legal entity**

Further to my update last month, for completeness the Board approved at its private meeting the creation of a Charitable Incorporated Organisation to provide a delivery vehicle for the AHSC partnership. This will allow the appropriate distance between the day to day business of the individual institutions forming the AHSC and the strategic initiatives that represent the collective interest of the AHSC partners to further its aims and goals. Following the formal approvals of each partner Board the proposed governing documents will be presented for Board approval and adoption.

1. **National Issues**

A helpful digest of national and legal issues and guidance emerging since the last report is attached as an appendix.  Key developments worthy of particular reference are as included below.

1. **Sustainability and Transformation Plans (STPs) and local transformation processes**

As previously reported, and covered at both September’s Board Seminar and the Council of Governors’ private meeting, finalisation of the substance of a pre-consultation business case (**PCBC**) for the first phase of Oxfordshire transformation programme has continued. The Oxfordshire PCBC is now close to final form ready for onward submission from the CCG to NHSE. The document is the responsibility of the CCG and requires approval by NHSE before the CCG is able to embark on formal public consultation. The Oxfordshire Transformation Board is the forum in which all the various partners in the system have come together to develop the overall direction of travel and the case for change, but the formal responsibility for consultation on specific changes sits with the CCG. The PCBC will be considered by the CCG Governing Body at the end of November.

Meanwhile the latest version of the ‘BOB’ STP has been submitted to NHS England and feedback has been received. In the case of ‘BOB’ this largely builds on local transformation processes in each of the three counties covered. This version of the STP has been published by Reading Borough Council, though it is likely that it will be developed further over the next few weeks and a more complete version published early in the New Year. In view of the extent to which the STP builds on local transformation processes the governance arrangements have been revised with a small delivery group consisting of the chairs of those processes from Buckinghamshire, Oxfordshire and Berkshire West, alongside the STP Leader, and the lead for finance and the AHSN CE.

1. **New Models of Care for Tertiary Mental Health Services**

Previous reports have described the mental health care partnership bid following the opportunity to express an interest in secondary mental health providers managing care budgets for tertiary mental health services.

OHFT continues to assess financial, contractual and patient level information to enable full due diligence and in support of the ongoing development of a detailed business case to be prepared for submission in December alongside developments in the governance structures to support an anticipated go-live in April 2017. Further discussion will take place at the private Board meeting and at the Board seminar in December as well as planned discussions with the Council of Governors in January.

1. **Southern Health – Learning Disability services**

Collaborative activity to increase our in depth understanding of the services offered by Southern Health to people with a learning disability and their families in Oxfordshire continues. As previously advised, to support the request from NHS England to determine whether Oxford Health would consider taking responsibility for the provision of the Evenlode unit until the clinical services review at Southern Health is concluded, the due diligence process has been extended to provide for a full assessment of the services delivered on the Evenlode unit. Any subsequent recommendation will be incorporated into the proposals to come to the Board of Directors for final decision and the Executive Team will consider a paper outlining potential options on the 28th November 2016.

The financial modelling for local services referred to in my last report was prepared by the Trust and presented to the OCCG during November 2016. NHSE have asked OCCG to consider the proposed transfer of the service from SHFT to OHFT in the context of the NHSE *Service Reconfiguration* process. OCCG have proposed that we enter into a capable provider process.

Anticipated dates and timescales are as follows: The proposal will formally be submitted from OCCG to OHFT on 21st November 2016, with a deadline for response of the 16th December 2016.  OCCG will evaluate the response by 11th January 2017 and the evaluation decision will be ratified by the Transforming Care Partnership Board on the 13th January 2017 and taken to the OCCG Board on the 26th January 2017 for approval.  OCCG will make a formal proposal to OHFT on the 27th January 2017, with contract negotiation completed by end February 2017. Subject to full approval of respective Boards, the anticipated transfer date is the 1st July 2017. Between January and March 2017 both the transition plans and the co-produced transformation plans will be drawn up. OCCG have agreed to fund the transition costs to complete this work.

1. **CEO Stakeholder Meetings & Visits**

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

* Oxfordshire Clinical Commissioning Group: A&E Delivery Board
* Oxford Academic Health Science Network: Informatics Oversight Group
* Oxford Academic Health Science Network Board
* BOB Sustainability and Transformation Programme
* Price Waterhouse Cooper Mental Health Chief Executives Group
* Rt. Hon. Dominic Grieve MP
* Oxfordshire Clinical Commissioning Group: Oxfordshire Healthcare Transformation Programme Board
* Oxfed Federation: Accountable Care Organisations/Partnership Agreement
* Trust Event: Local Health and Faith Community Conference
* Oxfordshire Clinical Commissioning Group: Contracts meeting
* Oxfordshire Clinical Commissioning Group: New Models of Care
* NHS England and NHS Improvement: Sustainable Transformation Programme and Operational Plans (Accountable Officers and Provider CEOs)
* NHS Improvement: Delivery and Making Change Happen
* Rt. Hon. David Lidington MP
* Oxfordshire Clinical Commissioning Group: Finance & IMT Group
* Dr Glen Wells
* Professor Charles Vincent
* Chris Goard, Non-executive director at OUH: Innovation
* HSJ Summit
* NHS Improvement CEOs Advisory Group
* Oxford Federation CEO Partnership Group
* Oxfordshire Clinical Commissioning Group: NHS Providers and Oxford Federation
* Oxfordshire Transformation Board
* BOB Sustainable Transformation Programme Operational Group
* NHS Improvement
* Academic Primary Health Care Radcliffe Lecture
* Oxfordshire Health Overview and Scrutiny Committee
* Sustainable Transformation Programme Executive Group
* CEO System Delivery Board

1. **Consultant appointments**

There have been no consultant appointments since the last Advisory Appointments Committee which was reported to the September meeting.

1. **Other appointments**

I am pleased to announce that Tim Boylin will be joining us as Director of Human Resources on 28 November. Tim has experience of successfully leading HR in a number of large organisations, including EON and Thames Water. I would like to extend the Board’s appreciation to the entire HR team for stepping up to manage the workload in the interim.

1. **Recommendation**

The Board of Directors is invited to note the report seeking any necessary assurances arising from it or its appendices.

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