

BOD 32/2016

(Agenda item: 06)

# Report to the Meeting of the

# Oxford Health NHS Foundation Trust

# Board of Directors

**23rd March 2016**

**Chief Executive’s Report**

**For Approval**

1. **Monitor –Annual Plan Review 16/17 and 15/16 milestones**

We have received some initial feedback regarding the 16/17 plan that we submitted in February and also our progress against the informal actions that Monitor set out after closing their investigation into the trusts finances back in November.

16/17 plan:

Monitor have noted our acceptance of sustainability and transformation funding and that we have submitted a draft plan that Improves upon the control total deficit of £3.4m, with a planned deficit of £2.3m. Having outlined the key risks we are facing in respect of commissioner funding growth and the pressure this is putting on services Monitor acknowledge our ongoing conversations with Clinical Commissioning Groups.

While recognising we expect to achieve the control total, Monitor have some further questions about the level of new CIPs identified for 16/17 and have asked for information to understand our pipeline of schemes to include the total value of schemes in place and any schemes being worked up (with indicative CIP values).

In the context of a potentially challenging commissioner funding position and our concerns about the ability of services to continue to absorb growth, Monitor consider there is a key opportunity for the Trust to use its cost improvement programme to support internal investment, financial resilience and support recovery to a balanced position.

Informal action review:

Monitor was provided with the outputs of the Trust’s service review following the recommendations in the Deloitte review carried out last year. Monitor do not consider the service review outcomes currently provide sufficient detail of the changes arising as a result of these reviews, implementation timescales or financial impact, in particular where the Trust expects the work to help deliver savings and as a consequence has requested further information to include confirmation of the total savings the Trust has identified against the Deloitte indicative targets to date.

This information was subsequently provided by their deadline of 11 March which they will now consider and alongside any further action they deem necessary as part of their annual plan review. Monitor expect to provide feedback on draft plans to providers by 18 March.  The Trust will reconvene with Monitor to discuss and focus on what would be useful to provide as part of normal reporting at the end of March.

1. **CQC Inspection and improvement plans**

Following previous updates, the improvement plans to address the findings from the CQC inspection in September/ October 2015 have been consulted upon, finalised and shared with the CQC, Monitor, our commissioners, our council of governors and external partners involved in the quality summit on 29th January 2016. The full detail of the plans will be shared with all staff through a briefing from the IC:5 campaign in March/ April 2016. As previously discussed at Board, a key priority across the plans is improving how we work in partnership with patients to ensure care is coordinated, enabling and personalised to meet the needs of each person.

The Oxfordshire CCG is the lead commissioner to sign off the completion of actions across all three improvement plans through the existing quality review meetings, on a quarterly basis. The CQC will monitor progress with actions through the existing routine relationship meetings held quarterly. Internally the improvement plans will be fed into the Trust’s ongoing quality improvement work to align priorities and ensure sustainability. Internally progress with the plans will be monitored through an action plan review group which will include testing the completion of actions through post inspection reviews. The action plan review group will report monthly to the Extended Executive Team Meeting starting in March 2016. Oversight will be maintained via the Quality Committee of the Board.

The CQC has offered the Trust the opportunity for some of the core services rated as ‘Requiring Improvement’ and Luther Street GP Practice to be re-inspected and re-rated within the next few months (May/ June 2016) if the areas for improvement have been sufficiently addressed. The re-inspection of the services rated as ‘Requiring Improvement’ will involve a visit to the ward/ team for about a day reviewing the quality of care against all of the five quality standards and not just the areas identified for improvements. Further details of the timescale for a likely re-inspection have been requested from the CQC.

1. **Reviewing surplus land within the NHS**

November’s spending review committed the NHS to finding £2 billion from NHS land sales by 2020/21 and releasing land for 26,000 houses.   Providers are expected to have started conversations with Clinical Commissioning Groups about their strategic estates plans and to help with this exercise the Department of Health will be completing visits to better understand what estate the NHS owns, and to explore ways of reducing running costs and freeing up land for sale.

In that context I am pleased to confirm that we have now exchanged contracts on the Manor/Tindle sale and it is planned that we complete the transaction on 29th March.  I am grateful to the Estate team for their efforts in finalising this matter.

1. **Oxfordshire Devolution**

As I mentioned at previous meetings, following the interest in proposals for devolution in Greater Manchester and elsewhere, which have embraced health and social care, the Department of Communities and Local Government invited, at relatively short notice, outline proposals for devolution. Oxfordshire local authorities put forward such a proposal, and following consultation with health colleagues it was developed to include health.

The Oxfordshire devolution proposal was submitted to central government at the end of November. Follow up discussions are taking place mainly through the CCG and County Council, but are closely related to the need to develop a five year ‘place based’ plan outlined in the most recent planning guidance. In the last few weeks a separate proposal for the development of unitary authorities has been made public by District Councils in Oxfordshire, which also entails some integration and devolution of health and social care. The Trust has not so far been involved in the development of that proposal, but it adds to the range of options now under consideration. Further updates will be provided as the situation develops.

1. **Champions for change**

Champions for Change is a programme initiated by the CEO of Oxford University Hospital and invites clinical leaders from OUH, Oxford Health and the CCG to be involved.  This includes not only senior leaders, but consultants/nursing leaders, junior doctors involved in working across the system as a whole; therapists proving key in particular in the social care sector and others.   The intention is to train people together  in order to support them to work better together and looks to move people away from institutions, into more system thinkers.   I believe we should respond positively to this invitation and also to start discussions on how to connect this work to our own leadership programmes and as such we have put forward a list of champions.

1. **National Issues**

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

6.1. **NHS Improvement**

On 1 April 2016, NHS Improvement launches, which brings together Monitor, NHS TDA, Patient Safety team, the National Reporting and Learning System, the advancing Change team and the Intensive Support Teams.   NHS Improvement will seek to deliver: better healthcare, transformed care delivery and sustainable finances and aims to realise this through leadership of the sector and by supporting providers and local health systems to improve.

First and foremost NHS Improvement will offer real support to providers and local health systems but continue to hold boards to account, and if necessary intervene and in the short term the scale of financial and operational challenges across the sector mean they will need to take a more involved and directive approach with more providers than intended in future.

Monitor will introduce a single oversight framework during 2016/17 that is based on the principle of earned autonomy and, as described in ‘[Implementing the Forward View: supporting providers to deliver](http://dmtrk.net/2J9J-OQ9E-4WJY3J-AZAEC-1/c.aspx)’, that segments providers according to the extent to which they meet a single definition of success that incorporates: finance and use of resources; quality; operational performance; strategic change; and leadership and improvement capability. Monitor will seek our views on proposals for this framework during quarter 1 2016/17.

In the meantime, the current frameworks, Monitor’s [risk assessment framework](http://dmtrk.net/2J9J-OQ9E-4WJY3J-AZAED-1/c.aspx) and TDA’s [accountability framework](http://dmtrk.net/2J9J-OQ9E-4WJY3J-AZAEE-1/c.aspx), will remain in place and Monitor will continue to support Trust’s using these frameworks until the new single framework is implemented.

6.2. **Sustainability and Transformation Plans (STPs)**

The NHS [‘Shared planning guidance’](https://www.gov.uk/guidance/delivering-the-forward-view-nhs-planning-guidance-for-201617-to-202021) asked every health and care system to come together to create their own ambitious local blueprint for accelerating implementation of the Five Year Forward View (5YFV).   As identified in earlier CE Reports, STPs will be place-based, multi-year plans built around the needs of local populations. These will be delivered by 44 local health and care systems or ‘footprints’: organisations working together to achieve transformation and sustainability.

National health and care bodies in England have published details of the [44 ‘footprint’ areas](https://www.england.nhs.uk/wp-content/uploads/2016/02/stp-footprints-march-2016.pdf) that will bring local health and care leaders, organisations and communities together to develop local blueprints for improved health, care and finances over the next five years, delivering the [NHS Five Year Forward View](https://www.england.nhs.uk/futurenhs/).

Senior leaders who will be leading this work were confirmed last week, with broadly equal representation from clinical commissioning groups and from hospitals and other providers of care, as well as some key figures from local authorities, recognising the need for local systems to work in partnership. They include:

* **Dr Amanda Doyle OBE**, GP, Chief Clinical Officer of NHS Blackpool Clinical Commissioning Group and Co-Chair of NHS Clinical Commissioners (Lancashire and South Cumbria footprint);
* **Sir Andrew Morris**, Chief Executive of Frimley Health NHS Foundation Trust (Frimley Health footprint);
* **Angela Pedder OBE**, Chief Executive of the Royal Devon & Exeter NHS Foundation Trust (Devon footprint);
* **David Sloman**, Chief Executive of the Royal Free London NHS Foundation Trust (North Central London footprint);
* **David Smith**, Chief Executive of NHS Oxfordshire Clinical Commissioning Group (Buckinghamshire, Oxfordshire and Berkshire West footprint);
* **Sir Howard Bernstein**, Chief Executive of Manchester City Council (Greater Manchester footprint);
* **Mark Rogers**, Chief Executive of Birmingham City Council and President of the Society of Local Authority Chief Executives (Birmingham and Solihull footprint); and
* **Toby Sanders**, Accountable Officer of NHS West Leicestershire Clinical Commissioning Group (Leicester, Leicestershire and Rutland footprint).

Last December, [NHS shared planning guidance](https://www.england.nhs.uk/ourwork/futurenhs/deliver-forward-view/) set out a new approach to help ensure that health and care services are planned by place rather than solely around individual institutions, over a period of five years, rather than just a single year. Central to this are the design and delivery of Sustainability and Transformation Plans (STPs), which must show clearly how each area will pursue the ‘triple aim’ set out in the [NHS Five Year Forward View](https://www.england.nhs.uk/futurenhs/) – improved health and wellbeing, transformed quality of care delivery, and sustainable finances.

Frontline leaders have worked together closely to agree the most locally appropriate boundaries, recognising that footprints will not cover all planning eventualities, and that different areas will have different needs. Populations range from 300,000 (in West, North and East Cumbria) to nearly three million people (in Greater Manchester). They include five local areas within London, and many which are in line with county boundaries.

NHS England worked to establish a Sustainability and Transformation Fund of £2.1bn for 2016/17, which will rise to £2.9bn in 2017/18 and to £3.4bn in 2020/21. STPs will become the single application and approval process for being accepted onto programmes with transformation funding from 2017/18 onwards.

Most of the 44 areas will be led by people already working in the local health and care economies, with named individuals responsible for convening, overseeing and coordinating their STP work. They are individuals who command both local and national support, whose collective efforts alongside colleagues will help transform health and care over the next few years.  The national bodies are also publishing guidance and templates to support areas in submitting information about their governance and priorities **by 15 April**, in advance of final submissions by the **end of June**.

* + 1. **Local STP**

The Chief Officers of the CCGs across Buckinghamshire, Oxfordshire and Berkshire have discussed how we respond to the national expectations. Specifically, the CCG are tasked to plan on a footprint that covers the populations of the two CCGs in Buckinghamshire, Oxfordshire CCG and the 4 CCGs in West Berkshire. The three CCGs in East Berkshire are also part of the Frimley footprint.

The CCG have taken the view that most of our planning should take place in local health economies; however there are a number of themes that we agree should be planned on a larger footprint. They have therefore formed the ‘BOB CCGs Alliance’, which is an alliance of the 10 CCGs for the purposes of carrying out planning at this larger level. Providers will also be involved in the alliance but we have yet to work through the mechanism for this. The CCG is awaiting NHSEs feedback on this submission.

6.3.  **New Learning from mistakes League**

Health Secretary Jeremy Hunt has announced plans to improve safety and transparency within the NHS – to help build a safer service for patients seven days a week at the first ministerial-level Global Patient Safety Summit.

Speaking at the Summit, Jeremy Hunt set out a range of new measures including an independent Healthcare Safety Investigation Branch and legal protection for anyone giving information following a hospital mistake.   These ‘safe spaces’ will protect those co-operating with investigations in a move to help clinicians to speak up and bring new openness to the NHS’ response to tragic mistakes. Families will get the full truth faster, staff the support and protection to speak out and the NHS will become better at learning when things go wrong and acting upon it.

It was also announced that from April 2018, expert medical examiners will independently review and confirm the cause of all deaths, as originally recommended by the Shipman Inquiry, and subsequently by Robert Francis following the events of Mid Staffs. If any death needs to be investigated and if there is cause for concern, appropriate action will be taken.

The current system has largely remained unchanged for over 50 years and leads to significant variations in the number of deaths that are investigated.  As part of the package, NHS Improvement have published the first annual ‘Learning from Mistakes League’. Drawing on a range of data this will identify the level of openness and transparency in NHS provider organisations.

This year’s League shows that 120 organisations were rated as outstanding or good,

78 had significant concerns and 32 had a poor reporting culture.  As part of his drive for a safer NHS seven days a week, the Health Secretary also announced:

* Changes to guidance by the General Medical Council and Nursing and Midwifery Council so that when NHS staff  are honest about mistakes and apologise, a professional tribunal gives them credit for that, just as failing to do so is likely to incur a serious sanction;
* NHS Improvement will ask all Trusts to publish a Charter for Openness and Transparency so staff can have clear expectations of how they will be treated if they witness clinical errors;
* NHS England will work with the Royal College of Physicians to develop a standardised method for reviewing the records of patients who have died in hospital; and
* England will become the first country in the world to publish estimates by every hospital trust of their own – non-comparable – avoidable mortality rates.

The league table which is included as an Appendix, currently puts the Trust in the 'good' category although that could prove to be an readily mutable position given the methodology.  With regard to drawing up a charter this will be programmed into our forward planner for future Board approval.

7. **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:

* OxFed meeting with CEO, Dr Helen Shute, and Dr Ben Riley.
* Oxfordshire Transformation Board
* System Resilience Group
* CEOs meeting with Dr Bruno Holtof, Oxford University Hospitals NHS Foundation Trust, and David Smith, Oxfordshire Clinical Commissioning Group (weekly)
* Meeting with Dr Barbara Batty. Oxfordshire Clinical Commissioning Group
* Oxford University Hospitals NHS Foundation Trust Strategic Workshop
* Future Vision Programme
* Oxford Academic Health Science Consortium Board
* Picker Institute
* Monitor
* System Leadership Group
* PEACE Training Programme: overseas visitors
* Thames Valley Police, Assistant Chief Constable, Nicki Ross
* BRC Planning
* Oxfordshire County Council Health and Wellbeing Board
* South East Chief Executives’ Mental Health Group
* Thames Valley Police Chief Executives’
* Health Bucks Leaders
* Board to Board with Oxfordshire Clinical Commissioning Group
* Majorie Wallace, Chief Executive SANE and Professor John Geddes
* Senior Leaders’ Conference
* Learning Disabilities Programme Director interviews
* Freedom to Speak Up Guardian interviews

8. **Board composition**

There have been no changes to the Board since the February report, but given this is Clive’s last Board meeting as Medical Director, I would wish to extend our gratitude, on behalf of the Board, for his contribution to the performance and direction of the Trust; for his leadership of the medical workforce and for his wise counsel to the Board.

9. **Appointments**

Mike Foster has been appointed to the post of Freedom to Speak Up Guardian, Mike will take up post on 1st April 2016.

Interviews have taken place for the post of Learning Disabilities Programme Director (post is for a 2 year fixed term) and an offer of appointment has been made.

10**.   Recommendation**

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

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