

BOD 106/2017

(Agenda item: 5)

# Report to the Meeting of the

# Oxford Health NHS Foundation Trust

# Board of Directors

**27th September, 2017**

**Chief Executive’s Report**

**For Discussion**

Local issues which continue to command attention remain to be around demand and capacity and the potential impact on the Oxfordshire contract risk share, however it is now possible to assess the actual impact of the risk share after a few months of operation, which has gone some way to address concerns. An invitation to become involved in the management of Continuing Healthcare Services in Buckinghamshire as part of our involvement in the Buckinghamshire Accountable Care System, and proposed changes to stroke rehabilitation services in Oxfordshire are highlighted within this report. It is also appropriate to note the transfer of the Oxfordshire MSK Physiotherapy service to Healthshare from 1st October 2017 and to wish our colleagues who are transferring to the new provider well and to record our gratitude for their hard work and dedication to this service and its patients. I provided a more detailed update on the preparatory work to support the transfer in my report to the September Council of Governors’ meeting.

**Local issues**

1. **CQC**

The Board is aware that the CQC visited the Whiteleaf Centre on 18/19th July in order to conduct a focused inspection of one of the Trust’s wards.  A formal draft response was received on 21st September and we are currently formulating our reply to that draft. I will update Board further at the meeting.

1. **Financial Plan FY18**

The detail of our performance is included in the finance report, but the headline financial result for the five month period to the end of August 2017 is an Income & Expenditure surplus of £0.5m, which is £0.2m adverse to plan. However, this includes £1.3m of one-off benefits which when excluded results in an underlying deficit position of £0.8m, which is £1.5m adverse to plan. The underlying adverse position is mainly due to the delay in taking on the LD services, a shortfall in delivery of CIP together with other pressures in services. The forecast year-end position is a surplus of £2.2m (including £2.3m of Sustainability & Transformation funding (STF)) which is £0.4m favourable to plan due to the receipt of STF funds related to the prior year. The forecast is in line with the control total.

Based on the year-to-date results the Trust’s overall Use of Resources risk rating would be a ‘2’, however, the Agency metric is rated as a ‘4’ because spend on agency staff was 179% above the ceiling set by NHSI resulting in an override to cap the Trust’s rating at a ‘3’. The Trust continues to work hard to address spend on agency.

1. **FY18 – contract/risk share governance**

Some progress continues with implementation of the agreed mitigations of the £18m (largely activity based) risk outlined in the contractual agreement between ourselves, OUH and Oxfordshire CCG. After four months just over £2m of the risk appears to have materialised, which is behind original projections, however there has not been the planned progress in developing mitigations either. It would appear that the prospect of RTT risk materialising within the year beyond the quantum originally anticipated has diminished considerably because of workforce pressures within OUH, but there is still a prospect of non-elective risk increasing as the year progresses, so it is very important to press on with measures which will help to manage emergency care better across the county, as these will help to mitigate that risk as we head into winter. I have already advised Board that I have made clear to both other parties the Trust's position that it will not commit to any additional expansion of the quantum or nature of the existing risk share agreement, which is predicated on implementation of that agreed list of mitigations as an inherent part of that agreement.

DToCs remain a challenge across the system, with a significant detrimental effect on community hospitals. The system has implemented a range of initiatives designed to mitigate the impact of this, but the Trust's leadership team remain extremely concerned about the situation. We have recently made additional proposals which we believe might improve this situation to system partners - these are currently under discussion and will be considered by CEs later this week.

1. **IM&T - Digital Strategy Update:**

I advised Board at the last meeting that the current EHR Programme in the Trust is developing into a broader Digital Strategy Programme with a new Programme Board comprised of senior clinical and non-clinical Trust colleagues, as well as representatives from NHS Digital and key suppliers where appropriate.  The Digital Strategy Programme will oversee the portfolio of projects and activities, and will be responsible for ensuring the expected benefits are delivered.    The Board will in future receive a quarterly update from the CIO the first of which will be presented to the Oct / Nov Board meeting and so I shall report monthly only by exception in future.

To initiate the GDE programme and trigger the release of funding, NHS England required the Trust to complete a Funding Agreement.  For completeness, since my last report to Board, I am delighted to confirm formally that our submission passed the due diligence phase and was formally approved by NHS England such that the approved funding is secured.

The Finance Committee has considered a paper at its September meeting which included the governance in place to ensure delivery of the GDE programme. Close attention will be paid to ensure through that governance structure that Carenotes (in particular e-Prescribing) does not adversely affect implementation. Oversight of progress will be through the Finance and Investment Committee.

1. **Workforce: Nurse Recruitment and Retention**

We have discussed the national situation with regard to the significant staff shortages and to address our own concerns locally. I described at the last meeting our internal task and finish group to bring additional focus and impetus to this important area for the Trust and its services.  The concentration of the work of the group in recent weeks has included:

**Changes to Bank pay announced early September:** Generally the news about improved pay rates for the Bank has been well received by staff and has already prompted a few more people to sign up. We will monitor this data so we understand whether the changes made have had the desired impact.

**Reward initiatives / policy changes:** We have committed to do further analysis of the “London Fringe” issue to understand costs to the Trust, potential impact of such a change on recruitment and retention, current practice of neighbouring Trusts and which groups of staff to include.

It is recognised that there are a few real “hot spots” where more significant special payments might be justified e.g. for jobs which have proved exceptionally problematic to fill. Therefore we are also reviewing the concept and potential impact of targeted premia.

1. **Proposed relocation of stroke rehabilitation services**

We have been considering a proposed service change with regard to the organisation of stroke rehabilitation beds at Witney and Abingdon Community Hospitals, with the aim of improving outcomes by centralising the rehabilitation service at Abingdon, whilst maintaining existing bed numbers overall by a corresponding transfer of general community beds to Witney. Currently, patients who have had a stroke are seen at OUH or Royal Berkshire Hospital for the first ‘hyperacute’ phase of their illness. Following a period of stabilisation some patients with on-going intensive rehabilitation requirements are transferred to specialist stroke rehabilitation beds. These are located at the John Radcliffe, our community hospitals in Witney and Abingdon, and a similar unit at the Horton.

Our proposal is to move 10 stroke rehab beds from Witney to Abingdon to create a dedicated, 20-bedded ward. These beds will not close - they will be used instead for general rehabilitation, typically after an acute stay for another medical event. There will therefore be no reduction in bed numbers in Witney - we will just change what we do with those beds.

It is preferable to do this at Abingdon rather than Witney, since the two Witney wards are each significantly larger than the required 20 beds, meaning that we would be unable to provide a dedicated stroke ward without reducing the overall number of community hospital beds.

Currently approximately 95% of patients that undergo rehabilitation within the Witney stroke unit are from Oxford and areas to the north and west of the county. Under our proposal, these patients (approximately 70 per annum), would be treated in Abingdon.

A similar number of inpatients who would currently be treated in Abingdon will need to use other community hospital facilities. We already offer ‘generic’ beds at Bicester, Didcot, Oxford City, Wallingford and Witney. We will also continue to run a ‘generic’ ward at Abingdon next door to the stroke ward. Patients will be offered a bed at these sites, as now, based on the first available bed.

Informal discussions have started with staff at both sites, and there is a joint project group considering the implications of the proposed changes for staff, patients and carers. It is intended that a formal staff consultation will be commenced shortly, in line with normal Trust HR standards. No redundancies will result from these proposed changes.

Oxfordshire CCG, OUH and colleagues from OCC Adult Social Care have all confirmed their support for the proposed changes. We intend to commence formal engagement with patients/carers, stakeholder groups and HealthWatch. I will update Board at the meeting with regard to the actions we intend to take following recent discussions with HOSC and the COO can describe more fully the rationale for the proposed change as necessary.

1. **Buckinghamshire – Continuing Health Care**

Oxford Health has been asked by the Clinical Commissioning Groups (CCGs) in Aylesbury Vale and Chiltern to take over, transform and run a Continuing Health Care Service for the residents of Buckinghamshire. With the formation of an Accountable Care System, this is a good opportunity for Oxford Health to further support the health and care system in Buckinghamshire, and draws on our experience of managing Continuing Health Care in Oxfordshire.

At the present time, the Continuing Health Care service is provided by Arden and GEM CSU, however, Arden and GEM CSU have served notice on the commissioners of their intention to terminate their contract following an agreed contractual notice period. The current situation does pose financial risk for the Buckinghamshire system as a whole, though that is distinct from the risk of actually managing Continuing Health Care, and our experience is expected to bring about some improvement.

Arden and GEM CSU are currently planning to cease providing services from the 1st October 2017, however a formal timescale has yet to be agreed with Commissioners. This timescale appears unachievable and any service provider is unlikely to be able to take over a full range of services until the first half of December at the earliest. Oxford Health has been approached on the basis of our delivery of Continuing Health Care services in Oxfordshire and the commissioners have asked for a proposal setting out the services we can provide and a suitable transition plan.

The Executive have considered a detailed report which provided a summary of the current position and included articulation of the risks and associated mitigations; the Executive team subsequently approved signing of Heads of Terms prior to the formation of a contract with the Buckinghamshire CCGs which we will now proceed to negotiate accordingly.

1. **Learning Disability (LD) services**

As previously reported staff, patients and services transferred successfully as planned on 1st July and the Executive Team have since received a weekly status report on the transition. I mentioned in my last report that Heads of Terms were signed with regard to the Slade site and agreement was reached to support signing of Heads of Terms with NHS England concerning the Evenlode service to include the development longer term of a forensic pathway and the associated capital developments at the Littlemore site.  A further update in both regards is included in the separate paper on the Board’s agenda and will form a regular feature in the COO’s updates and so I will in future report only by exception with regard to LD services.

A CQC inspection of the step down care home is still expected although a date not yet confirmed, and the information request has already been completed and submitted in July 2017.

1. **Academic Health Science Centre (AHSC)**

The Charity Commission have now registered Oxford Academic Health Partners as a Charitable Incorporated Organisation (CIO). The process of establishing a strategy, policies and operational activities of the CIO will now begin and be taken to the AHSC Board for approval. An away day has been confirmed for the 6th of February 2018 and will take place at St Anne’s College from 10:00 to 15:00 and a paper is being presented to the October meeting of the AHSC Board to approve the invitees and the structure for the day. Glenn Wells and Diane Hilson met with the communications team from MedCity to discuss the low profile of Oxford to date in their publications. A way to remedy this is to work more closely with OH communications team and it has been agreed we will deliver content for MedCity on a monthly basis.

The AHSC Board also discussed the need to begin planning for reaccreditation of the Oxford AHSC which will begin we expect in 2018.  This will be addressed in more detail at the next AHSC Board meeting and at the specially convened away day.

1. **Academic Health Science Network (AHSN)**

An update with regard to the AHSN is also given below:

* AHSNs have proved their worth and will be relicensed for another five years from 2018, NHS England has confirmed. More details here: <http://www.oxfordahsn.org/news-and-events/news/future-of-academic-health-science-networks-secured-for-five-more-years/>
* AHSNs will share £39m to identify and spread new innovations and better ways of working. More details here: <http://www.oxfordahsn.org/news-and-events/news/ahsns-to-receive-39m-to-assess-benefits-of-new-technologies/>
* The Life Sciences Industrial Strategy published on 30 August – with a foreword from Prof Sir John Bell – identifies important roles for AHSNs. More details here: <http://www.ahsnnetwork.com/life-sciences-industrial-strategy/>
* The Oxford AHSN is sponsoring ten places for lay contributors to attend an international conference on empathy in Oxford on 24 October. More details here: <http://www.oxfordahsn.org/news-and-events/news/oxford-funding-10-places-on-the-oxford-empathy-programme-international-colloquium/>
1. **National and Regional issues**

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

* 1. **Sustainability and Transformation ‘Partnerships’ (STPs) and local transformation**

As previously highlighted, the Trust is working with the Buckinghamshire system to develop an accountable care system (ACS) in collaboration with GP Federations, the Acute/Community Trust (BHT), the County Council and commissioners.   Work continues to develop at pace and we have worked to accelerate the delivery of plans to improve integration of mental health services to deliver better value care. The intention is to create and implement the necessary frameworks and controls to have an ACS up and running from 1st April 2018 and in shadow form from October 2017 and there is a separate agenda item to approve the proposed Partnership Board arrangements, on which Board members were invited to comment following the July Board meeting. There is also presented in that paper, the NHSE MOU, which is subject to change in light of our request for specific reference to MH investment and, although it does not have legal force, it describes what we need to achieve in 2017/18. We are working to set out how we intend to make the fastest possible progress to achieving an Outcomes Based Contract by 2018/19.

The Board will discuss the proposed joint enterprise in Oxfordshire with our GP Federation colleagues on a separate occasion, but this venture, which focuses on the better coordination of primary care and community services using a neighbourhood and locality framework, is progressing well. It also potentially creates a vehicle which, in time, could manage overall system risk in relation to urgent and/or elective care, along exactly the same lines as the mental health outcomes based contract does for adult mental health services.

With regard to the development of plans for an Oxfordshire ACS, I have written to the CCG in response to their letter regarding formation of an ACS, which was discussed at the last board meeting, and explained how this and other developments which are characteristic of accountable care systems are already in development in Oxfordshire, and I affirmed both our commitment to the general principles of the accountable care model and our experience to date in putting those principles into practice.

* 1. **CQC System Review**

I mentioned recently to Board that the CQC had announced the local areas which were to be inspected as part of a thematic review to look at how patients move through the health and social care system, with a focus on the interface and what improvements can be made to patient flow. Oxfordshire has been selected so the commissioners and providers in the area are to be inspected in November 2017. Likely services to be involved include District Nursing, Community Hospitals, EMU/ RACU, MIUs, GP OOH, Integrated Locality Teams and SPA. System preparation is being led by Kate Terroni with welcome support from the Trust. Key dates are as follows:

* 23rd Oct to 17th Nov 2017: receive and return information request and circulate relationship survey
* 6th Nov 2017: meet with senior staff, attend local events and patient groups
* 27th Nov to 1st Dec 2017: site visit – meet with staff and patients, focus groups, case note audit, information flow audit etc.
* 1st Dec 2017: verbal feedback from CQC
* Dec 2017: additional information requests
* Week of 22nd Jan 2018: receive local report/ Quality Summit
1. **CEO Stakeholder meetings and visits**

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

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| * Oxfordshire CEOs System Agreement/Risk Mitigations
 | * Referral to Treatment Oversight Group
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| * Warneford Masterplan
 | * Joint meeting with PML Board
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| * NMC Forensic Network
 | * BOB STP Operational Group
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| * CEO shadow Health Visitor Banbury Service
 | * Oxfordshire County Council and Order of St John: Carehomes.
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| * BOB STP FYFV Mental Health Delivery
 | * CQC Executive Reviewer, Well Led Inspections
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| * Quality Summit CAMHS NHS England
 | * CEO System Delivery Board
 |
| * Mental Health STP Workshop
 | * Bucks Accountable System Board
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| * Cllr Jenny Hannaby, Wantage
 | * RTT 18 Month Plan
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| * Dr Keith Ruddle, SAID Business School, University of Oxford
 | * BOB STP Executive Board
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|  | * Oxfordshire Federations: CEO Board
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| * Roger Dickinson, Oxfordshire Clinical Commissioning Group
 | * Linking Leaders Conference: Fair for one, Fair for all in Oxfordshire, Buckinghamshire and Devizes
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| * RTT Performance and on-going support
 | * Suicide Prevention Conference
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| * Oxfordshire Clinical Commissioning Group, Carehomes.
* CEO visit to Ruby Ward
 | * Oxfordshire MPs
* NHSI CEO Advisory Group
* Oxfordshire Transformation Board
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1. **Consultant appointments**

There are no confirmed appointments since my last report.

**Recommendation**

The Board is invited to note the report seeking any necessary assurances arising from it or its appendices and to note the Executives’ decision with regard to the future provision of Continuing Health Care services in Buckinghamshire.

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