

BOD 43/2017

(Agenda item: 4)

# Report to the Meeting of the

# Oxford Health NHS Foundation Trust

# Board of Directors

**26th April, 2017**

**Chief Executive’s Report**

**For Discussion**

A key focus for activity since the last report nationally has been the *5YFV One Year On*, which we covered in last month’s legal and regulatory update. There has also been a continuing focus on affordability and viability of STPs across the country.

**Local issues**

1. **Annual Plan FY17**

The financial result for the twelve month period to the end of March 2017 is an Income & Expenditure surplus of £3.2m, which is £3.8m better than plan. The year-end position includes £3.0m of additional Sustainability & Transformation funding (STF) as part of the Incentive Scheme for Trusts to deliver better than their Control Total. Without this funding the year-end position is a £264k surplus, which is £0.9m better than plan.

Based on this result the Trust’s overall Use of Resources risk rating would be a ‘2’. However, the Agency metric is rated as a ‘4’ as spend on agency was 50% 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**

Work continues within the system to try to mitigate the £18m risk share agreement between ourselves, OUH and Oxfordshire CCG. This is complicated by the fact that re-modelling by OUH suggests that demand pressures for elective care may be considerably higher than forecast in December 2016 when the risk pool arrangement was agreed – this is currently being worked through between the partners.

Initial proposed interventions focus on:

* Support to care homes - are a source of a high number of non-elective admissions, but there is a strong national evidence base to support a more proactive approach;
* GP streaming at the front of A&E – a national bidding process announced by the Chancellor has highlighted this as an opportunity, although analysis of the two Oxfordshire A&Es suggests that this might potentially result in perverse consequences; and
* Telephone support to GPs by consultants – the system is looking at working with a specialist, private sector partner that can demonstrate an evidence base for reducing referrals through teleconsultation.

A range of other interventions are also currently being scoped.

Currently, the system does not have a comprehensive and agreed plan for mitigating these financial risks, albeit that there is positive collaborative work taking place to try to resolve this. The Trust will need to maintain a proactive role in shaping these activities, and be cognisant of the likelihood that a proportion of these financial risks will crystallise into the financial plan.

1. **CQC Inspection and improvement plans**

The final report for the CQC inspection of the GP Out of Hours has just been received. The overall rating of Requires Improvement remains the same, albeit that a number of corrections and clarifications have been accepted by CQC. As advised to the Board previously, the Executive Team intends to conduct an independent review of the service to ensure that it is fit for the future.

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

There have been no major issues with Carenotes over the past month.  The EHR Team have been testing the second beta release of the Mental Health application: no issues of note have been identified.  A proposed upgrade date has been agreed for 2nd May: this will resolve 21 outstanding issues, deploy some new functionality linked to the MHSDS statutory reporting extract, together with other minor improvements focused on improving system performance.

Workshops have taken place to identify the activities required to optimise Carenotes use in Older Adult community services - further details of this will be discussed at the Board Seminar in May 2017.

The EHR Team escalated the lack of progress around Adastra developments with the supplier.  A meeting subsequently occurred, and an action plan has been agreed to upgrade to the current version (date TBC).  This will introduce new and more supportive features for the service.

Work is progressing to support the transfer of Learning Disability services from Southern Health.  A manual approach to data migration will occur with a phased introduction of Carenotes features to support clinical practice once the service has transitioned.

Work is continuing to build interoperability, initially involving views of GP data from within both Carenotes and Adastra.  Good progress had been made on the former, but as the solution needs to relay through infrastructure at the OUH this has not performed as expected, so needs upgrading, which will happen imminently.  The latter is planned to be available from May 2017.

The deployment of iPads to wards for access to Carenotes has continued at pace.  Staff are reporting positive benefits about being able to record vital signs directly into Carenotes on the iPad, as well as using the iPad to interact with patients to create assessments and care plans.  A new strategic process for allowing staff to download and use the iPad specific Carenotes app has been implemented.  This will now allow the roll-out of the Carenotes iPad app across community services.

NHS England have announced the outcome of the GDE initiative for mental health organisations.  The Trust is one of seven organisations chosen each to receive up to £5million of funding over the next 3.5 years to accelerate digital health initiatives.  Two other mental health organisations that use Carenotes were also chosen.  The CIOs from these organisations will meet with the Trust’s CIO to coordinate plans. The Trust’s GDE programme is aligned with activities identified in the recent successful BRC application, and a coordinated approach will be taken across both initiatives to maximise efforts/benefits.

1. **Southern Health – Learning Disability (LD) services**

Contract negotiations have continued with Oxfordshire CCG for the community service, and although I had reported an anticipated sign off date at the end of March for services to commence in July this was not achieved. The Trust has been clear for six months about the financial implications of correctly funding the service, but final resolution with OCCG has yet to be concluded. An end-stop date has been agreed, after which the mobilisation would be delayed to 1st October, since the window for completing due diligence by the initially proposed mobilisation date of 1st July would be too short.

We have drafted a proposal to NHSE for the proposed transfer of the forensic LD service. This will shortly be finalised and sent over, with a view to agreeing Heads of Terms and a detailed mobilisation plan in early May.

I have confirmed to the Board previously that we consider it necessary that the Slade site, which has historically been associated with the Oxfordshire Learning Disability services, should be transferred to Oxford Health if we are to be able to take on the operation of the Evenlode Unit. Indications as reported in March were that this element of the proposal was close to agreement, and that focus would be on concluding financial assumptions with NHS England specialist commissioning with Southern Health continuing to operate Evenlode after 31st March 2017 pending agreement on a date for the service to transfer.

1. **BRC Launch Event – 31st March**

The new NIHR Oxford Health Biomedical Research Centre was launched on Friday 31 March 2017 by Nicola Blackwood MP in her capacity as Parliamentary Under-Secretary of State for Public Health and Innovation. The launch was well-attended and was covered by BBC South on its peak Friday night news programme and widely picked up by local newspapers.

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

Glenn Wells, COO of AHSC is planning to attend the May Board meeting during which time he intends to present a draft business plan.

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

As part of more regular updates on matters concerning our AHSN, the latest information is outlined below:

The Oxford AHSN Year 4 annual report 2016/17 can be found here: [http://www.oxfordahsn.org/wp-content/uploads/2017/03/170324\_Year-4-Q4-Oxford-AHSN-FINAL.pdf](https://webmail.oxfordhealth.nhs.uk/OWA/redir.aspx?C=-JIbvwVK4XoLOW7sl-t9KBc-0CoBUU3JrlKvrarSQsUPu7DMJYPUCA..&URL=http://www.oxfordahsn.org/wp-content/uploads/2017/03/170324_Year-4-Q4-Oxford-AHSN-FINAL.pdf)

Oxford Health will once again host an ‘innovation and impact partner showcase’ with the Oxford AHSN in May. This will take place at Unipart on 18 May. Latest information here: [http://www.oxfordahsn.org/news-and-events/events/partner-showcase-oxford-2/](https://webmail.oxfordhealth.nhs.uk/OWA/redir.aspx?C=1H-KBKIVp8pS-iROD0wfe2D3hMzM9BfT43oansibsRwPu7DMJYPUCA..&URL=http://www.oxfordahsn.org/news-and-events/events/partner-showcase-oxford-2/)

Oxford Health is also contributing to the equivalent event taking place in High Wycombe on 22 May:[http://www.oxfordahsn.org/news-and-events/events/partner-showcase-high-wycombe/](https://webmail.oxfordhealth.nhs.uk/OWA/redir.aspx?C=c4mxBzlPcJ4fBMIayhCwVdSPChRmGAXhcfRzgLvgou4Pu7DMJYPUCA..&URL=http://www.oxfordahsn.org/news-and-events/events/partner-showcase-high-wycombe/" \t "https://webmail.oxfordhealth.nhs.uk/OWA/_blank)

This is part of a series of five related events. Details here: [http://www.oxfordahsn.org/our-work/corporate-activities/partner-showcases-2017/](https://webmail.oxfordhealth.nhs.uk/OWA/redir.aspx?C=EKGLYPt7FXghjPM_8ZlqKfQRGJ90dfRSB7ZcQkkQBPIPu7DMJYPUCA..&URL=http://www.oxfordahsn.org/our-work/corporate-activities/partner-showcases-2017/) Similar events took place in May 2016.

The Oxford AHSN is teaming up with the Oxford Academic Health Science Centre and other partners at BioTrinity, a major life sciences event in London, 8-10 May. Details here: [http://www.oxfordahsn.org/news-and-events/events/biotrinity-2/](https://webmail.oxfordhealth.nhs.uk/OWA/redir.aspx?C=cLy9GYIXGkLt731XHKGzOGeagdK8dY40Uf6JPJ2OzdsPu7DMJYPUCA..&URL=http://www.oxfordahsn.org/news-and-events/events/biotrinity-2/)

The Oxford AHSN is also hosting a patient safety conference on 25 May titled ‘From assurance to enquiry: conversations about safety’. Speakers include Dr Suzette Woodward of Sign up to Safety, and James Titcombe, patient safety campaigner. Details here: [http://www.oxfordahsn.org/news-and-events/events/oxford-patient-safety-conference/](https://webmail.oxfordhealth.nhs.uk/OWA/redir.aspx?C=0aoEjitfH0LeA36rTSMGRXC8dUgIjDSmmQNcy-Ogw8sPu7DMJYPUCA..&URL=http://www.oxfordahsn.org/news-and-events/events/oxford-patient-safety-conference/)

The Oxford AHSN is also contributing to a national event bringing together all 15 Patient Safety Collaboratives across England on 23 May.

1. **National Issues**

A helpful digest of national and legal issues and guidance emerging since the last report is routinely 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 advised, a decision on the outcome of the phase 1 consultation will be taken by the CCG Governing Body after the period of 'purdah' for the local elections in May. The CCG presented at our private March Board and explained the process for phase 2 which will not start in terms of the consultation process until later in the year.

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. Discussions have concluded since the paper presented to the last meeting, and I am pleased to confirm we were able to agree the final details of the pilot and therefore I was able to sign the contract in time for the pilot to commence on 1st April.

We have received formal confirmation from NHSI of the process for assuring the mental health specialist commissioning pilots. In line with NHS Improvement’s Transactions guidance, NHSI has requested a self-certification of the transaction, approved by our Board. They have advised that this approach recognises the value and nature of the contract in place from 1 April and completion by the Trust of its own due diligence work in advance of commencement to inform the Board’s decision to proceed. Any further work by NHSI will then be on an ‘exception’ basis in response to any identified gaps from the self-certification process only. The self-certification forms part of discussions at Board and its requirements are not out of line with what we have already considered. It presents a consolidated summary explicitly for self-certification purposes and following Board approval we have committed to provide the self-certification to NHSI by the end of April.

NHSE have very recently announced the launch of the ‘Wave 2’ bidding process. Bids have been invited for the Tier 4 CAMHS, eating disorders and secure adult services. Business cases are due for submission in mid-July, for a mobilisation date of 1st October. The Trust sees these as a key way of improving services for patients, as well as better ensuring the sustainability of services, and is likely to submit proposals for both Tier 4 CAMHS and eating disorders.

1. **Employer Provider of Apprenticeships**

I am delighted to advise that the Trust’s application to become an Employer Provider of Apprenticeships has been successful, and we were the only local organisation to be awarded this status. This means that more of the apprenticeship levy will be utilised within the organisation as it can be used on education infrastructure for the apprentices. It will also enable us to focus development on Bands 1 – 4 staff and should help to embed a culture of on-going development that will hopefully positively affect retention.

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:

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| * Digital developments
* CEO System Delivery Board
* The AHSN Informatics Oversight Group
* Oxfordshire Clinical Commissioning Group, Delayed Transfer of Care Summit
* Nth Dimension
* Oxfordshire Health Overview and Scrutiny Committee
* BOB STP Executive Board
* Thames Valley and Wessex Forensic Network Steering Group
* Oxfordshire Clinical Commissioning Group and Oxfordshire MPs
* Mr Will Hancock, CEO of South Central Ambulance Service
* Nicola Blackwood MP and Dr Rob Bale (funding for mental health and risk assessments)
* Oxford Brookes University Launch of the Oxford School of Nursing and Midwifery
* Oxfordshire County Council – infrastructure and planning
* National Freedom to Speak up Guardian meeting
* Healthy Bucks Leaders
* BOB STP Operational Group
* University of Oxford – fundraising meeting
* Ms Anne Eden, NHS Improvement
 | * Oxfordshire Clinical Commissioning Group – Long list meeting
* Oxfordshire Transformation Board
* NHS Improvement CEOs Advisory Board
* Mr Neil Dardis, CEO of Buckinghamshire Healthcare NHS
* Oxford Academic Health Science Centre Board
* My Life My Choice meeting
* Oxfordshire Clinical Commissioning Group STP
* Oxfordshire Clinical Commissioning Group Local Digital Roadmap
* Oxfordshire Clinical Commissioning Group – Short list meeting
* Oxford Health BRC Steering Group
* Advanced Healthcare
* Oxfordshire County Council - Chief Executives initial discussion Master Planning & Strategic Planning
* Mr Stephen Hart, National Director of the Leadership Academy
* Oxford University Hospitals BRC Launch Event
* Oxford Health FT BRC Launch Event
* Oxford MIND 50 year celebration
* Oxford Health Linking Leaders Event
* CEO visit to Ruby ward
* STP Operational Group
* Mr David Smith, CEO of Oxfordshire Clinical Commissioning Group
* Ms Marjorie Wallace, CEO of SANE
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1. **Consultant appointments**

There have been no consultant appointments since the last Board of Directors.

1. **Recommendation**

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

**Lead Executive Director:** Dominic Hardisty, Chief Operating Officer on behalf of Stuart Bell, Chief Executive