

BOD 62/2017

(Agenda item: 6)

# Report to the Meeting of the

# Oxford Health NHS Foundation Trust

# Board of Directors

**24th May, 2017**

**Chief Executive’s Report**

**For Discussion**

Following the announcement of the general election we have entered a further period of 'purdah' immediately following upon the local elections. In addition the recent global cyber-attack has had a significant impact on some parts of the NHS, and has understandably attracted national focus. More locally, demand and capacity issues and the potential impact particularly on the Oxfordshire contract risk share has become an issue of concern, especially in light of the emerging picture in relation to OUH Referral To Treatment (RTT) challenges and regulator and NHSE interventions to support a system wide solution.

**Local issues**

1. **Financial Plan FY18**

The detail of our performance is included in the finance report, with the financial result for the one month period to the end of April 2017 being an Income & Expenditure surplus of £0.3m, which is £0.2m adverse to plan. The forecast year-end position is a surplus of £1.8m which is in line with plan, and includes £1.9m of Sustainability & Transformation funding (STF).

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 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. Progress on this is however behind where it needs to be. 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. OUH is required to prepare a revised plan to NHSI, but the impact of this on the assumptions made back in December will need to be assessed, to see if it represents a fundamental change. In reality the rate limiting factor is most likely to be the availability of workforce to sustain levels of activity – all of these factors are currently being worked through between the partners.

Until that work is completed the Oxfordshire system does not yet 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 picture of overall financial pressures in Oxfordshire irrespective of the impact on the risk share agreement. We have reminded colleagues of the explicit recognition in the risk share agreement (borne out by further information from NHSE) of the need to increase the relative share of investment to treat mental illness by 2018/19, if Oxfordshire is to be able to comply with the expectations of the mental health five year forward view.

**3. MSK Contract**

In 2016 Oxfordshire CCG decided to serve notice on existing service providers and to approach the open market for the provision of a new Integrated Physiotherapy service. This followed an earlier procurement exercise which was abandoned. In April we were notified that a decision had been made to exclude Oxford Health from the procurement process on the grounds that the Pre-Qualification Questionnaire (PQQ) submitted was judged not to have met the CCG standards.

This is understandably of great significance in terms of the impact on our teams and the individual staff members delivering these services who now face uncertainty until decisions are concluded regarding the choice of the providers remaining in the process (all of whom are non- NHS, and so whichever is eventually selected will therefore represent a change to individuals' employment circumstances). It is important that we provide support to the individuals affected, albeit we have limited agency over the process which is affecting them.

What is now of a wider concern however, is that the decision to embark on this procurement predates the agreement of the risk share approach in Oxfordshire agreed last December between OHFT, OUH and Oxfordshire CCG. Under the terms of that agreement each party now bears some liability in relation to activity risk, and MSK physiotherapy is widely recognised as being a key element of any arrangements to manage activity risk particularly for elective orthopaedic surgery. Moreover, in view of the most recent developments which have prompted significant revision of the assumptions used in that risk share to set levels of RTT activity following review by NHSE and NHSI, we face a situation whereby one of the central means by which the three parties which are expected to manage that risk is subject to a process in which two of those parties now have no involvement, and where, given the antiquity of the decision to embark on the process, it has not been designed to address the problem as it now presents.  I have already set out these concerns to the CCG Chief Executive, and will be following that up.

1. **IM&T update**

EHR Update:

There have been no major issues with Carenotes or Adastra over the past month.  During the month the Adastra system was upgraded without any untoward incidents.  In fact, the supplier completed the activities just ahead of schedule.  The mental health instance of Carenotes is scheduled to be upgraded on 24th May. The community instance of Carenotes is scheduled to be upgraded in early June assuming all current testing indicates that there are no issues.

The draft ‘Post Implementation Review of Carenotes Project’ audit report has been received from TIAA.  The aim of the Post Implementation Review was to establish to what extent the implementation of Carenotes was successful, and to take stock of the project and the lessons to be learned, especially where these could inform any future implementations. The overall assurance assessment is “Substantial Assurance”.  The key findings are as follows:

•        The Trust has procured an EHR system utilising best practice and good governance. Development of a robust and fully functional EHR system is a long term strategic decision.

•        Change requests are effectively managed along with the expectations of end users.

•        System testing is robust and fully recorded during “Impact Sessions”. A more positive relationship with the supplier has led to “real-time” working.

•        GAP analysis has been completed which sets out the areas to be addressed.

•        Benefits and deliverables are being realised, however, these could be more positively reported.

The audit report recommends two “Routine” action points related to reporting on progress and making these reports more graphical.  These recommendations will be actioned going forward.

Cyber Attack Update:

The Board of Directors will be aware of the major world-wide cyber-attack that occurred starting on Friday 12th May.  There has been much in the press about how some NHS organisations were breached, impacting clinical care delivery.

The Trust was unaffected by the cyber-attack as no Trust devices have been infected (to date).  The Trust’s IM&T Team worked throughout the weekend to ensure that all necessary precautions were in place to protect the organisation.  Apart from the need to temporarily disable access to the Internet, all services were operating as normal throughout the weekend.

It was necessary to temporarily remove VPN access for all staff until we could confirm that all remote devices were appropriately patched against the malware.  This resulted in an unprecedented amount of calls to the IT Service Desk on Monday 15th May, but by midday Tuesday call volumes had returned to normal.  All Trust staff were extremely patient and understanding about the inconvenience caused by the actions around VPN.

As it happens, the IM&T Department recently completed a cyber-security audit of the Trust’s network and devices.  An external company specialising in cyber security conducted the audit.  The results of the audit are very positive with no major deficits identified.  The audit did make some recommendations to improve cyber security further.  These are already being actioned.

I would personally like to thank and applaud the IM&T team, in particular the senior management team of Mark Walker (Head of IT), Darren Rodgers (IT Infrastructure Manager), Tris Church (IT Service Delivery Manager) and Dominic McKenny (CIO), and the response from our wider staff teams, which together has ensured that the Trust was able to respond well to what has been a major incident for many others.   This did not happen by accident and is testament to the effectiveness of our tested systems and responses and the Trust’s collaborative approach to avoid potential disaster.

Global Digital Exemplar (GDE) Update:

Over the past month the focus has been on coordinating activities with the two other organisations that use Carenotes (South London and Maudsley NHS FT and Worcestershire Health and Care NHS Trust) and meeting with the Carenotes supplier to confirm deadlines for expected functionality.  This work is nearing completion.

The other main focus of GDE activities relates to the due diligence process.  The Trust has met with colleagues from NHS Digital to commence completion of the Funding Agreement and associated paperwork provide by NHS England.  The deadline for completion is the end of May 2017.

1. **Wave 2 New Care Model Applications for Tertiary Mental Health Services**

As was set out in last month’s report, NHSE has 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 Mental Health Taskforce report set out the rationale for developing new models of care for mental health:

* Promoting innovation in service commissioning, design and provision that joins up care across in-patient and community pathways (reaching across and beyond the NHS);
* Making measureable improvements to the outcomes for people of all ages and delivering efficiencies on the basis of good quality data;
* Eliminating costly and avoidable out of area placements and providing high quality treatment and care, in the least restrictive setting, close to home.

Wave 2 of the programme will focus on those services with the highest levels of activity and expenditure with these services providing the potential for the greatest benefits to service users, as well as the largest savings for local reinvestment. For the second wave therefore, providers have been invited to apply for the budget management of the following tertiary services:

•         Tier 4 CAMHS services, including children and young people’s secure care

•         Secure adult mental health care

•         Adult eating disorder services

 Please note that people with a learning disability and/or autism, that are part of the Transforming Care cohort, are out of scope of this programme.

 OHFT is preparing 2 bids as follows:

1. Tier 4 CAMHS (covering Buckinghamshire, Oxfordshire, Berkshire, Gloucestershire, Swindon, Wiltshire, BaNES) with and Huntercombe Group.
2. Adult Eating Disorders (covering the same geography as above plus Hampshire and Dorset) with Avon and Wiltshire Partnership Trust, 2Gether, Berkshire Healthcare NHS FT, Weston Area NHS Trust, Southern Health NHS FT, Dorset Healthcare Trust and Priority/Partnerships in Care.

The timetable for the selection process is:

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| 21st April | Programme commences with the call for applications |
| 19th May | Deadline for applications |
| 26th May | Announcement of shortlisted sites |
| w/c 5 June | Panel interviews with shortlisted sites |
| Following lifting of General Election purdah | Announcement of successful sites |
| w/c 19th June | Engagement event with shortlisted sites. To include specialised commissioners, representatives from wave 1 and national programme team. |
| 14th July | Deadline for  business case submission |
| July – September | Support and preparation to establish New Care Model including establishing clinical model; governance arrangements; financial budget and risk share; agreeing and signing contract variation, |
| 1st October | Start date for New Care Model wave 2 sites |

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

I am delighted to confirm that we have now agreed the transfer of the community LD service from Southern Health for 1st July.  We have made a number of proposals to NHSE for the Evenlode site and are hopeful that we will conclude negotiations shortly.  We are proceeding on the assumption that the service will transfer on 1st July and will advise the Board in the next month as to whether this remains possible.  Southern Health has reaffirmed their intention to transfer the Slade site to Oxford Health when these two services transfer across.

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

Glenn Wells, COO of AHSC is planning to attend the May Board meeting to present a draft business plan. An update on other matters concerning progress with the AHSC is given below:

Inter-AHSC collaborations

The six AHSCs have been developing thoughts on the role that AHSCs could play in supporting the UK Industry Strategy as far as it relates to life sciences and health care.  The group which has also included some of the Chairs of the other AHSCs has met twice with the COO or equivalents meeting again in between.  The following areas of collaboration are emerging:

* Digital.  Rather than the focus on interoperability between the AHSCs which will largely fall under the activities of individual GDE plans, the group are keen to propose to DH and BEIS that the AHSC is supported to undertake research and evaluation into the apps, platforms and devices to stimulate a market and also to provide some national standards.  The proposal would be to request funding at re-accreditation.
* GMP manufacturing demand and the strategy for support cell and tissue therapy. We are seeking to survey for GMP manufacturing demand in Oxford and add this data to that already collected by MedCity.  This would then be used in a business case to demonstrate the need for a way to address the growing pipeline of therapeutics in this space and their evaluation.
* Education and training.  Originally the group had received a paper detailing a request for Protected Activity (PA) support in job plans.  However, after discussion this has been refined to look at models to support training and education across Medical, Clinical and AHP career paths as they relate to research.

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

The Oxford AHSN published its Patient Safety Annual Report in May. Featured projects include the AWOL work led by Oxford Health: <http://www.oxfordahsn.org/wp-content/uploads/2017/04/28982_Patient_Safety_Collaborative_Annual_Report_2017_for_web.pdf>

Oxford Health co-hosted ‘innovation and impact’ events with the Oxford AHSN in May. These took place in Oxford on 18 May and High Wycombe on 22 May. Details below: <http://www.oxfordahsn.org/news-and-events/events/partner-showcase-oxford-2/>   <http://www.oxfordahsn.org/news-and-events/events/partner-showcase-high-wycombe/>

 The Oxford AHSN will also host 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. <http://www.oxfordahsn.org/news-and-events/events/oxford-patient-safety-conference/>

1. **National Issues**

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 June.  The process for phase 2 in terms of the consultation process is still expected to start later in the year.

1. **Consultant appointments**

There has been one consultant appointment accepted since the last Board of Directors’ meeting.   Dr Tina Malhotra has been appointed as a Consultant Psychiatrist with our North Adult Mental Health Team covering Witney. Tina studied medicine in India before completing her psychiatry training as an SHO in Cambridge and her higher training with Oxford Health in 2010. Since then she has completed a number of Locum Consultant and substantive Consultant posts in Birmingham, Worcestershire and latterly Avon and Wiltshire where she has been working since 2012. Tina is also currently studying for an MSc in Healthcare Leadership with the NHS Leadership Academy and the University of Birmingham which is due for completion in 2018.

1. **Recommendation**

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

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