

BOD 91/2017

(Agenda item: 4)

# Report to the Meeting of the

# Oxford Health NHS Foundation Trust

# Board of Directors

**26th July, 2017**

**Chief Executive’s Report**

**For Discussion**

The NHS’s emergency planning and resilience have been tested over recent months with the cyber-attack, the recent terrorist attacks and the Grenfell tragedy, and we have sought to draw relevant local lessons from those events. Other local issues which continue to command attention include demand and capacity issues and the potential impact on the Oxfordshire contract risk share which remains of concern. More positively the contracts and transfer agreements with regard to Oxfordshire learning disability services to support the planned transfer date concluded as planned with staff and services successfully transferring on 1st July.

**Local issues**

1. **CQC**

The CQC visited the Whiteleaf Centre on 18/19th July in order to conduct a focused inspection of one of the Trust’s wards.  We were advised on the morning that the CQC were carrying out a focused inspection in response to incidents earlier this year and contact from patients and carers.  I hope to update members further at the Board, but initial feedback immediately after the inspection was very positive overall. The Board has previously received information with regard to the improvement activity we had already initiated which included work to address over-reliance on agency staff, the detail of which will be shared with the CQC as necessary. The full report is expected in September.

1. **Financial Plan FY18**

The detail of our performance is included in the finance report, but the headline financial result for the three month period to the end of June 2017 is an Income & Expenditure surplus of £0.8m, which is £0.5m favourable to plan. However, this includes £0.9m of one-off benefits which when excluded results in an underlying deficit position of £0.1m, which is £0.4m adverse to plan. The underlying adverse position is mainly due to a shortfall in delivery of CIP together with other pressures in services. 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**

There has been some progress with implementation of the agreed mitigations of the £18m largely activity based risk outlined in the contractual agreement between ourselves, OUH and Oxfordshire CCG, but much still needs to be done. However, progress on this continues to be significantly behind where it needs to be. I have reiterated to both other parties the Trust's position that OH 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. That includes, specifically, any additional costs associated with the Referral to Treatment (RTT) backlog identified by regulators at OUH. As previously advised, OUH is required to prepare a revised activity 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, but more importantly it needs to be set in the context of the much greater financial risks identified in the contract. In reality the rate limiting factor is most likely to remain as the availability of workforce to sustain levels of activity.

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

As previously reported, the Trust is one of seven organisations chosen to go forward and receive up to £5million of funding over the next 3.5 years to accelerate digital health initiatives in mental health services.  The Trust will need to match this funding.  Based on the Trust’s long term financial plan there is sufficient matched funding already reserved.

Our GDE programme will consist of five project areas, each of which will contain multiple work-streams. The five project areas are listed below:  
  
a)    Expanded Electronic Health Record (EHR)  
b)    Records Sharing  
c)    Advanced Analytics  
d)    Patient Facing / Self-Management  
e)    Enabling Infrastructure  
  
In addition to the above there will be on-going cross-project activities focused on ‘soft’ enabling elements.  These will consist of: up to date IG policies and procedures; information sharing agreements; collaborative working with partner organisations and user training.  The GDE programme elements form the basis of the Trust’s Digital Strategy and offer a tremendous opportunity to support care delivery with digital solutions.  However, to achieve this outcome the Trust will need to invest significant time and effort from a wide body of colleagues across all areas.

With this in mind the current EHR Programme in the Trust will develop into a broader Digital Strategy Programme.  This new Programme Board will be 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.

To initiate the GDE programme and trigger the release of funding, NHS England requires the Trust to complete a Funding Agreement.  The Funding Agreement defines what the GDE programme will be in the Trust, the governance the Trust will put in place to ensure delivery of the GDE programme, and the commitments the Trust will have to undertake to receive the funding.  In essence, the Funding Agreement is the basis of a ’contract’ between the Trust and NHS England.

Currently, the Funding Agreement is still going through the due diligence phase with NHS England (the fifth draft was submitted by the Trust on 17th July).  As part of the Trust sign-off process the Funding Agreement will be presented at the Trust’s Extended Executive and shared with other committees once NHS England have completed their reviews.

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

Board is familiar with the significant staff shortages across England, most notably amongst clinical staff such as nurses, doctors and paramedics, with demand for services and demands on staff increasing.   Given this national situation and to address our own concerns locally, I have initiated an 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 will include decisions and oversight of opportunities available to newly qualified nurses primarily by creating  accelerated routes of progression and career pathways which will be defined and demonstrate to staff what is on offer in the Trust and what support is available to develop their clinical, managerial and leadership skills and experience.  A structured approach will enable assessment of competence supporting professional development, and job rotation mechanisms will be evaluated within the programme of work as well as the potential for the introduction of appropriate reward and incentive frameworks.  Furthermore, we have commenced discussions about whether we should take a new approach to agency use in non-registered roles such as HCAs where we spend nearly £3m per year. Implementation will require further planning and risk assessing before we can begin consulting and involving stakeholders.

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

Board has been advised that we were successful in our bid to lead a wave 2 new care model for Adult Eating Disorders 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 plan is for go-live in April 2018 and the ambitions of the Model are to:

* Reduce length of Stay
* Reduce out of area placements
* Increase repatriation of patients (closer to home)
* Increase numbers of patients in treatment
* Improve patient/carer experience
* Enhance working with 3rd Sector partners
* Reduce expenditure on inpatient beds

Plans are now in train for data validation and resourcing along with development of the Project Group and the establishment of the network.   A business plan needs to be developed alongside a management agreement and the necessary contract variation agreement.

1. **New Care Model – Forensic services**

We are now in the second quarter of implementation of the Thames Valley and Wessex New Care Model. The team continues to work with NHS England and other members of the network to validate patient level and financial information.  Procedures are in place for clinical leaders across the network to effectively oversee admission and discharge processes and in the coming quarter further work will be done to standardise these across the network.  In addition, the network is working with Response to identify ways of increasing supported housing capacity for the network.

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

All service and transaction contracts were successfully concluded at the end of June and staff, patients and services transferred as planned on 1st July.  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.

All of the LD teams received a warm welcome to the Trust and inductions are progressing well.  Morale is reported to be high and the local press responded positively to the transfer.

The CQC will visit one service (Stepdown) next month and full support to prepare for this is being given by Southern Health.

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

Glenn Wells, COO of AHSC is planning to attend the July Board meeting but a brief update follows.  The Oxford AHSC Board met on the 14th of July to discuss recent activities and upcoming opportunities for the partnership.  The Board also received an update from Professor Paul Klenerman as the theme lead for Theme 3 - modulating the immune response, who detailed the current work to bring a structure to immunity and infection research around Oxford.  Moreover, Prof Klenerman described future activities to raise the profile of this theme.  The Board welcomed the update and have requested that the timetable for future activities be brought forward to provide Oxford with a leadership position nationally and potentially internationally in the areas of neuro-inflammation. The 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 Board meeting and at a specially convened away day in early 2018.

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

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

* The Oxford AHSN has published its latest quarterly report covering the three months to the end of June.  It includes case studies relating to work with Oxford Health on improving return rates to psychiatric wards (page 7) and improving the care and life chances of young people who develop psychosis through effective early intervention (page 12)

Read the full report here: <http://www.oxfordahsn.org/wp-content/uploads/2017/07/170704_Year-5-Q1-Oxford-AHSN-FINAL.pdf>

* Three case studies from the Oxford AHSN – relating to memory clinics, recovery from anxiety and depression and the impact of early intervention in psychosis – are included in a new national mental health report from the AHSN Network. Read the report here: <http://www.ahsnnetwork.com/wp-content/uploads/2017/06/Mental_Health_Brochure.pdf>
* The Oxford AHSN has published its business plan covering the two years to 2019: <http://www.oxfordahsn.org/wp-content/uploads/2017/06/2017-19-Oxford-AHSN-Business-Plan-Approved.pdf>
* Applications to join the new Oxford AHSN Q community can be made between 3 August and 11 September by anyone with experience of quality improvement. Details here: <http://www.patientsafetyoxford.org/q-community/>
* Entries can be submitted now for the fourth annual Oxford AHSN Best Public-Private Collaboration Award. Details here: <http://www.oxfordahsn.org/about-us/oxford-ahsn-best-public-private-collaboration-award/>
* Health Education England is funding two further cohorts of the ‘Innovating in healthcare settings’ course run by Oxford AHSN with Bucks New University. It means a further 50 frontline NHS innovators will get help and support to develop their smart ideas. The next one starts in September. <http://clinicalinnovation.org.uk/project/innovating-practical-care-setting-programme-pgcert/>

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.  Key developments worthy of particular reference are as included below.  It is also worth noting that a number of leaders across the regulatory landscape are changing, most notably: Ed Smith departs NHSI shortly, followed in the autumn by Jim Mackey.  Mike Richards retires from the CQC in July and NHS England is being ‘restructured for delivery’ alongside planned changes with regard to CQC inspections and fresh guidance regarding new care models and ‘new complex providers’, and changes to NHSI’s Single Oversight Framework.

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) and councils and commissioners.   Work is developing at pace.  The Trust has set up its own internal working group which I shall chair, and which will help accelerate the delivery of plans to improve integration of 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 01 April 2018 and in shadow form from October 2017.

A Buckinghamshire Accountable Care System Partnership Board has been established to provide strategic direction to inform the development of accountable care across the Buckinghamshire system.  As the Chief Executives’ leadership forum for setting the strategic direction and a clear vision for the health and care system across Buckinghamshire, it replaces and therefore supersedes the Healthy Bucks Leaders’ Group.   A proposed draft terms of reference and a system compact agreement has been circulated privately for comments by members of the Board.  May I suggest that comments are provided to the Director of Corporate Affairs, Kerry Rogers, who is coordinating the Trust’s response, in advance of discussion at the partnership board on 8th August, 2017.  A MOU between NHSE and partners is currently in development and although it does not have legal force it will describe what we need to achieve in 2017/18 and set out how we agree to help each other to make the fastest possible progress.   This, along with the final form terms of reference and compact agreement will be recommended by the Partnership Board for adoption by each organisation’s Board and will be presented to our September Board meeting for approval.

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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| * Formal launch of the Oxford School of Nursing and Midwifery | * Thames Valley and Wessex CEOs Forensic New Model of Care Network Steering Group |
| * Warneford Masterplan meeting - Headington Forward Group | * Oxford AHSN Informatics Oversight Group |
| * Oxfordshire Transformation Programme Executive | * Oxford AHSN Partnership Board |
| * BOB STP Operational Group | * Southern Health Learning Disabilities Staff Induction |
| * Meeting with the Chair of Oxfordshire Federation | * System Risk Mitigations meeting with OUH and OCCG |
| * Oxfordshire CCG Accountable Care with Lightfoot Solutions | * Oxfordshire CCG Simon Angelides |
| * CEO of SANE, Ms Marjorie Wallace and David Gladstone | * AHSN R&D Oversight Group |
| * Oxford City Council, Leader Cllr Bob Price | * Bucks Accountable Care System |
| * NHSI Amanda Lyons – quarter update | * Referral to Treatment Oversight Group |
| * McKinsey, Penny Dash | * Bucks County Council Annual Debate |
| * Ernst & Young PLC, Dr Alex Lewis | * Oxfordshire CCG, Care Homes |
| * NHSI Anne Eden | * Oxfordshire CCG, David Smith and Ed Vaizey MP |
| * Oxfordshire Transformation Board | * AHSC Board |
| * Oxford Centre for Quality Improvement, Professor Charles Vincent, Dr Jill Bailey |  |

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 provide comment with regard to the ACS Partnership Board terms of reference and compact agreement.

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