

# Report to the Meeting of the

**CoG 36/2017**

(Agenda item: 09)

# Oxford Health NHS Foundation Trust

# Council of Governors

**15 November 2017**

**Chief Executive’s Report**

**For: Information/Approval**

As I have reported at the last Board meeting, nationally and locally attention is focussing on urgent care and winter planning to include delayed transfers of care and emergency access times in readiness for what is anticipated will be a potentially difficult winter ahead. Key issues remain workforce across the whole of the health and care system, and growing concerns about the potential impact of flu, given experience in the Southern Hemisphere.

**Local issues**

1. **Financial Plan FY18**

The detail of our performance is included in the finance report, but the headline financial result for the six month period to the end of September 2017 is an Income & Expenditure surplus of £0.1m, which is £0.7m adverse to plan. However, this includes £1.3m of one-off benefits which when excluded results in an underlying deficit position of £1.2m, which is £2.0m adverse to plan. The underlying adverse position is mainly due to a shortfall in delivery of CIP, provision for the CQUIN risk reserve the Trust is required to set aside and the risk on delivery of national CQUINs, and operational pressures in services including the delay in taking on LD services.

In light of the Trust’s underlying position year to date, it is important that we have a tight grip on expenditure service by service by controlling risk and exploring further opportunities for cost improvement vigorously. I will be conducting detailed discussions with Directorates over the next few months to ensure that as much progress is made as possible.

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 on solutions to help address spend on agency.

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

Progress continues with implementation of some of the agreed mitigations of the £18m (largely activity based) risk outlined in the contractual agreement between ourselves, OUH and Oxfordshire CCG. Unless recent focus by NHSI on OUH’s RTT situation changes anything, it remains likely 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 remains a significant likelihood 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.

It should be noted that an integral part of the contractual agreement is a commitment by all parties to fund mental health service developments needed to implement the Mental Health Five Year Forward View in 2018/19. We have reminded Oxfordshire CCG that failure to implement this part of the agreement renders the whole void, and will be maintaining the pressure to ensure that national commitments to improved investments in mental healthcare are honoured locally.

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 we remain concerned. However, we made proposals to improve this situation to system partners and as a result, it has been agreed that Oxford Health will provide the community reablement pathway (as opposed to the hospital reablement pathway) until the end of this financial year.  This will release capacity in the HART service to enable it to meet its contractual obligations.  In addition, OCC has commissioned a new ‘contingency hours’ contract in order to reduce the number of patients in HART who are waiting for on-going domiciliary care.  Finally, we are in the process of concluding a new ‘rehabilitation pathway’ to be piloted in two community hospitals which, if successful, will take us significantly further forward towards our vision of a ‘zero waits’ pathway.

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

The monthly meeting of the taskforce to bring additional focus and impetus to this important area for the Trust and its services has continued with a strong focus on recruitment and retention of staff.  At the last meeting in October the actions agreed were:

* To create a central advertising and recruitment budget to ensure the recruitment team are empowered to make tactical decisions about paid for or free advertising mechanisms.
* To create a specialist Communications and Engagement post to give leadership and energy to the Trust’s communications programme about its large number of vacancies, career opportunities and changes being made to improve both retention and recruitment.
* To further examine the opportunity to radically reduce the use of agency staff for Healthcare Assistants at Band 2 and 3 – a tactic successfully deployed by our neighbours in Berkshire Healthcare Trust.
* To work with one or two agencies in sourcing permanent staff, as a pilot programme.
* To identify a Programme Manager to support the HRD in coordinating the activities and in particular the reporting both internally and externally.
* To ensure that our training courses are available as flexibly as possible, including online, particularly for people who want to work on our Bank and struggle to attend courses which run Monday to Friday and 9 to 5. We are also offering courses to candidates who are awaiting clearances or references, to speed up the wider on-boarding process.

The HR Director will provide further information in his update at the meeting.

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.

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 the Council, 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. **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 remain in discussion with the Oxfordshire HOSC about proposals (on a temporary basis) to consolidate stroke rehabilitation in community hospital beds at Abingdon Hospital, to improve outcome and make the best use of availability therapy time. No community hospital beds would be closed as a result of this measure; beds currently used for stroke rehabilitation at Witney Hospital will remain open as general community hospital beds, and arrangements will be made to ensure that relatives are supported to visit patients as part of their rehabilitation.

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.

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 have proceeded to negotiate accordingly.

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

As previously reported staff, patients and services transferred successfully as planned and the Executive Team have since received a weekly status report on the transition. We have now completed the transfer of the Slade site and agreement was reached 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 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. **Well Led Review (internal and external)**

The Council of Governors were presented at their last meeting with the outcome of PWC’s independent assessment of the Trust’s position against NHS Improvement’s Well Led Framework which outlined a number of areas in which the Trust could undertake improvement activity but was overall a very positive outcome for the Trust. I have also continued the Well Led review internally, including the Extended Executive Team’s participation in our self-assessment process and subsequent involvement also in 1:2:1 interviews with me. Consequent to that process, I have outlined a number of draft proposals to the Board which I am currently finalising but which will increase capacity of the Executives and broaden the membership of my Executive Team Meetings to include those with responsibility for directing key functions in the Trust. As proposals are finalised I will provide further information to the Council.

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. The AHSC Board also discussed the need to begin planning for reaccreditation of the Oxford AHSC which will begin we expect in 2018.

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

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

* The latest quarterly update report from the Oxford AHSN has been published. It covers the three months to the end of September. <http://www.oxfordahsn.org/wp-content/uploads/2017/10/171005_Year-5-Q2-Oxford-AHSN-FINAL.pdf>
* The Oxford AHSN, Oxford Health, Health Education England and other partners have produced an e-learning package to help reduce catheter-acquired urinary tract infections. More details here: <https://www.e-lfh.org.uk/programmes/continence-and-catheter-care/> This builds on issues highlighted at the Oxford AHSN/Oxford Health partner showcase event last May – more here: <http://www.oxfordahsn.org/our-work/corporate-activities/partner-showcases-2017/innovation-and-impact-partner-showcase-oxford-unipart-18-may-2017/>
* A health and wellbeing partnership involving Oxford Health, Johnson & Johnson/Janssen, the NIHR Oxford CLAHRC and others was one of three collaborations shortlisted for the 2017 Oxford AHSN Best Public-Private Collaboration. More details here: <http://www.oxfordahsn.org/news-and-events/news/digital-health-partnership-wins-oxford-ahsn-award/>
* A total of 64 people applied to join the new Oxford AHSN Q community to improve healthcare before the 11 September deadline. Successful applicants should be notified in November.
* The Oxford AHSN has produced a report on digital maturity with the Academy of Medical Sciences. More details here: <https://acmedsci.ac.uk/more/news/digital-maturity-of-local-health-and-social-care-systems>
* Oxford AHSN Chief Executive Prof Gary Ford CBE has been appointed Vice Chair of the national AHSN Network. More details here: <http://www.oxfordahsn.org/news-and-events/news/professor-gary-ford-appointed-vice-chair-of-ahsn-network/>

**National and Regional issues**

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

STPs nationally are working across a range of different themes/challenges such as moving care closer to home; reconfiguring acute services; rationalising and getting the most out of the NHS estate; workforce strategy; how to put mental health more at the centre of STPs and how to make best use of the contribution that specialist and ambulance colleagues can bring. In the Buckinghamshire, Oxfordshire and Berkshire West STP (**BOB**) interviews have taken place for the appointment of a new Lead to take over from David Smith following his retirement in December. An announcement is expected shortly.

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.

The Board will continue over the coming months to agree the way forward with the proposed joint enterprise in Oxfordshire with our GP Federation colleagues, focusing on the better coordination of primary care and community services using a neighbourhood and locality framework.

With regard to the development of plans for an Oxfordshire ACS, I have recently written to the CCG in response to their letter regarding formation of an ACS, and explained how Trust activities such as the joint enterprise are characteristic of accountable care systems and 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. The process for the appointment of a new Accountable Officer for Oxfordshire CCG is in train. Dr. Kieran Collison has been elected as the new Clinical Chair to succeed Dr. Joe McManners in December.

1. **National Speak Up Guardian**

The National Speak Up Guardian, Dr Henrietta Hughes wrote to all Trusts recently to publish a set of recommendations based on the findings of the first Freedom to Speak Up Guardian survey –

[www.cqc.org.uk/sites/default/files/20170915\_freedom\_to\_speak\_up\_guardian\_survey2017.pdf](http://www.cqc.org.uk/sites/default/files/20170915_freedom_to_speak_up_guardian_survey2017.pdf)

The survey shows that great strides are being made in speaking up but the picture is not consistent and there is still more to be done. Dr Hughes is looking to Trusts to ensure these recommendations help improve the consistency and quality of support for speaking up in all NHS trusts and foundation trusts.  The recommendations for the role include:

* ring-fenced time to enable guardians properly to meet the needs of workers
* all workers, particularly the most vulnerable, should have effective routes to enable them to speak up
* Boards need to hear regularly from their guardian, in person.

Much work has been done in OH to embrace this role so many of the recommendations won’t necessarily affect us, but our Guardian will review each of them to ensure implementation of any improvement activity.  It is pertinent to articulate that Mike Foster has announced his retirement in the next 6 months and the Trust is most appreciative of his significant contribution to the success of this role thus far. Work will progress nearer the time to appoint Mike’s successor.

1. **Five Year Forward View (Mental Health) (FYFVMH)**

Delivery of the four priorities of the Five Year Forward View (FYFV) is a core purpose of Sustainability and Transformation Partnerships and Accountable Care Systems (ACS). I am the Senior Responsible Officer (**SRO**) for BOB STP and we are in the process of submitting a first draft Mental Health Delivery Plan outlining the approach to delivering the objectives of the FYFVMH across BOB as well as meeting the rising demands for mental health services.

The delivery plan is made up of 5 chapters, a context/introduction section followed by a delivery plan for each ‘place’ (Buckinghamshire ACS, West Berkshire ACS and Oxfordshire) and a final chapter that is STP-wide (primarily specialist mental health services e.g. forensic, CAMHS and Adult Eating Disorder).

The Buckinghamshire ACS has established a system-wide Mental Health Delivery Group with a clinical chair and representation from across the health and social care system. The delivery group is responsible for overseeing the delivery of the mental health transformation work-streams and reports into the Buckinghamshire ACS Executive Group. It is establishing the investment required to deliver the objectives of the FYFVMH and the metrics to monitor performance. Oxfordshire has yet to establish a similar system-wide approach to delivering the FYFVMH. Wests Berkshire ACS has developed its own approach to delivering it along with Berkshire Healthcare and its system partners.

A more detailed update of the delivery plan will be provided in due course.

1. **CQC System Review**

The CQC recently 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 commissioners and providers were announced as being in the first phase of that system review and our system-wide inspection begins this month (November 2017).

**Recommendation**

The Council of Governors is invited to note the report and to seek any assurances arising from it.

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