

# PAPER

CG13/2016

(Agenda Item: 6)

# Report to the Meeting of the Council of Governors

**8th June 2016**

**Chief Executive’s Report**

**For Approval**

***External regulation/inspection/accreditation/learning***

**1. Care Quality Commission Inspection and improvement plans**

The CQC have reviewed the evidence submitted to demonstrate completion of the actions for Luther Street GP and we received their draft report during May. Following finalisation of the review, I am delighted to report that the CQC have confirmed the outcome is to award the service an ‘outstanding’ rating.

As reported in my updates to the public session of the Board, the CQC have confirmed the three core services within mental health rated as requires improvement will have the opportunity of being re-inspected in the **week of 13th June 2016.** An update on our progress against our quality improvement plan is included at Appendix 1.

**2. Monitor – sustainability plan**

* 1. **FY16 Q4 and full year results**

The full year financial results were submitted to NHS Improvement (Monitor) highlighting that the overall deficit of £1.9m was in line with our forecast and £3.5m better than plan. The results were reviewed with NHSI on 12 May together with the financial sustainability plans and, subject to the continued delivery of our CIP plans and the satisfactory completion of the FY17 contracts, no particular concerns were raised.

***Local system-wide initiatives/matters***

**3. Car Parking**

In order to improve the parking experience for patients and visitors, and to ensure people park safely, pay and display parking is to be introduced across Oxford Health NHS Foundation Trust’s sites from 20 June 2016.

It follows consultation with staff, patients, visitors and the public which began at the end of 2014. Information about the proposal has been publicised internally via the Trust intranet and weekly e-newsletter, and externally via the Trust website, social media and a media release. The Trust has also liaised with staff unions and patient groups. Oxford Health has not charged for parking up until this point.

Parking in and around the Trust has become increasingly problematic with more and more people bringing their cars onto our sites resulting in vehicle numbers that significantly exceed the spaces available. Parking will be free for the first half hour, after 7pm and at weekends, and the charges are detailed below. I will provide useful comparator information at the meeting.

Parking will still be free for blue badge holders, those working for free as Oxford Health volunteers, and assistance will be available for those on low incomes and/or benefits. We will also be offering cheaper long-term parking for those needing to attend frequent/daily appointments.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Up to 30 mins** | **Up to 1.5 hrs** | **Up to 2.5 hrs** | **Up to 3.5 hrs** | **Over 3.5 hrs** |
| **Free** | **£1.00** | **£2.00** | **£3.00** | **£4.00** |

The Trust has deferred payment charges for staff car parking until 2 October 2016. However members of staff will still be required to apply, qualify and display a valid permit from 20 June 2016. We will not increase the permit charges during FY17. Effective from Monday 3rd October 2016 the charges for parking permits will be as follows:

**Permit Costs – annual salary excluding any enhancements:**

|  |  |
| --- | --- |
| Salary level | Annual permit fee |
| £0 - £20,147 | £0 |
| £20,148 - £28,180 | £15 |
| £28,181 - £40,964 | £50 |
| £40,965 - £81,617 | £100 |
| £81,618 plus | £200 |

Permit qualification requirements:

|  |  |  |  |
| --- | --- | --- | --- |
| Walking | Cycling | Public Transport | Journeys on Trust Business outside of your working base using your private vehicle |
| 25 Minutes | 25 minutes | 45 minutes | 3 or more per working week |

**4. Trust’s response to Mazars report into Mental Health and Learning Disabilities deaths in Southern Health NHS Foundation Trust**

Further to my report to the last meeting, the Trust has now carried out a self-assessment against the recommendations in the independent Mazar’s report as well as other national guidance to test our current processes and systems and to identify any improvements to be made. The outcome of the self-assessment has indicated subsequent work which is needed to ensure our processes are robust and we are doing everything we can to identify and learn from avoidable deaths. Additional resource is needed to support the work and ensure this is completed in the next few months and we will be commissioning the support of the Mazar’s team to ensure that a robust approach is embedded.

**5.** **Delayed Transfers of Care (DToC) – Oxfordshire**

Further to my last update, the DTOC length of stay is currently reducing. The Oxfordshire system has agreed a trajectory to reduce the bed days lost to delays to 5% by December 2016 and to 3.5% by March 2017. These trajectories are mapped out through agreed key performance indicators that have been developed to assure the implementation and impact of the DTOC plan.

Oxfordshire Clinical Commissioning Group is working with Oxfordshire County Council to procure a reablement service that helps prevent avoidable admission to acute hospitals and supports timely discharge. Following the procurement exercise, bids will be evaluated by the end of July with the expectation that the new service will commence on 1 October 2016.

There are a number of other initiatives regarding length of stay including investigating the possibility of providing in-hospital therapy that reduces length of stay in community hospital and intermediate care beds. OHFT is further developing the milestones to deliver this work and the commissioner is considering reviewing the pathway commissioned for community hospital care. There is also a system wide workforce initiative being taken forward as part of the STP planning process, and we will with our partners continue to monitor the impact of DTOC plans and the success of all initiatives in reducing avoidably long lengths of stay.

**6. Contract position**

The contracting process has been a lengthy affair for FY17 being complicated by the requirement to consider contemporaneously 5 year system sustainability plans (STPs). Agreement has now been reached with Buckinghamshire CCGs and Specialised commissioners for which we have draft contracts that are expected to be signed shortly and for Oxfordshire CCG an interim contract has been signed by OH, the CCG and OUH for the first 3 months to enable the parties to develop an integrated partnership approach, particularly around the frail & elderly urgent care pathway.

**7. Junior Doctors**

On 18 May, [ACAS issued a statement](http://www.acas.org.uk/index.aspx?articleid=5737) setting out the terms of an agreement presented to the government and NHS Employers, and to the BMA. This has now been agreed by all parties as resolving the current dispute, subject to securing the support of BMA junior doctor members in a referendum.

Work will continue on both sides and the fact that something has been agreed is a major breakthrough. But this dispute is still a long way from being over. The BMA has promised its 40,000 members a vote on the agreement and that will be carried out in June.

**8. Southern Health NHS Foundation Trust**

Southern Health has appointed Tim Smart as its Interim Chair. This follows action NHSI took recently in response to serious concerns raised by the Care Quality Commission, and NHSI will work closely with the new Chair to determine if further regulatory action is needed. Tim's early priorities are to make sure:

* the quality and safety of the trust's services improve
* the Board functions more effectively

Tim was the Chief Executive of King’s College Hospital NHS Foundation Trust for seven years.

**9. Learning Disabilities**

Discussions with Oxfordshire CCG, Oxfordshire County Council, NHS England Specialised Commissioning and Southern Health NHS Foundation Trust are progressing regarding learning disabilities. It is the intention of all parties that Oxford Health take over the responsibility for the provision of the majority of these services so as to ensure that this potentially vulnerable client group is consistently well looked after. The Trust has stated to all partners that in order to be in a position to take on these services it will need to be assured that they can be provided safely, that we have the clinical and management capacity to manage the transition, and that the financial envelope provided is adequate to sustain quality services. I am pleased to report that Liz Williams has been appointed as Programme Director to lead this work on behalf of all parties. She will be employed by the Trust and will start on 1 July.

**10. Sustainability and Transformation Plans (STPs)**

The development of the Sustainability and Transformation Plan for the Buckinghamshire, Oxfordshire and Berkshire (West) ‘footprint’ (‘BOB’) is continuing, led by David Smith, Chief Executive of Oxfordshire CCG. Informal feedback received to date suggests that this plan is one of the ‘lower risk’ STPs nationally. The next major step is a submission at the end of June which describes in more detail the nature of the transformational change required across BOB. This is expected to be based on themes emerging from each of the three constituent parts.

In Oxfordshire that will come from the Oxfordshire Transformation Board, which is to hold an engagement event on 6th June to review the transformation plans for various clinical pathways and to begin the process of developing options and criteria as the basis for subsequent formal public consultation. In Buckinghamshire it will come from the work of the Bucks Healthy Leaders Group, though that work is at an earlier stage. There are similar arrangements in Berkshire (West). The Oxfordshire Transformation Board, at its most recent meeting, has welcomed new members from Healthwatch and a representative from the CCG locality public and patient involvement forums. In addition to the public engagement event there are events planned for clinicians and key decision makers (including Boards) later in the summer.

A presentation will be provided to the Council of Governors later on the agenda.

**11. Proposed temporary closure of Wantage Community Hospital for safety reasons**

Further to the information provided to Governors recently, the Trust is proposing temporarily to close Wantage Community Hospital for safety reasons.  During 2015 raised legionella counts were detected at the Hospital.  Substantial remedial works were undertaken, including shutting down the water system for 2 days and removing/replacing exposed pipework.  However, a high legionella count was detected in January 2016, at which point the Trust implemented the ‘last possible line of defence’ other than closing the Hospital and replacing all pipework.  Whilst legionella has not returned at the time of writing, it is believed to be more or less inevitable that it will do so, due to the highly compromised nature of the pipework at the site.  The decision was therefore taken to close the Hospital proactively and in a planned way so as to avoid a safety incident.

The decision is further complicated by the fact that the Oxfordshire system is planning to consult on future configuration options in the Autumn, which will include a review of all community hospitals.  The proposed works at Wantage are expected to cost c.£300k and take 12+ weeks to complete.  The executive team therefore took the decision – which was subsequently ratified by the Board – to delay committing these funds until the outcome of the consultation.

A number of Wantage residents have raised concerns about the proposed temporary closure and deferment of works.  A Wantage resident has initiated legal proceedings against the Trust with a view to obtaining an injunction to prevent closure.  The Trust, in responding to stakeholder objections and the legal challenge, will seek to balance carefully its statutory obligations for public safety issues and the needs and wants of Wantage residents.

**12. Electronic Health Record**

A key activity of the Trust has centred on the replacement of the core electronic health record system, which is a major programme of work affecting every clinician in the Trust. The Programme Board is chaired by me, and has met regularly to oversee the implementation and provide update reports to the main Board. It has been an extremely complex and challenging project, having to support 78 services, across 5 counties and required the training of over 6000 staff, however, the new system is successfully installed and in use for all healthcare activity although there is an ongoing programme of improvement necessary to mature the system and achieve the required benefits in full.

Like many organisations across England, the Trust had a deadline to replace RiO and SystmOne by 31st October 2015 or face the prospect of paying significant penalties.  We achieved the replacement of RiO and SystmOne by the imposed deadline. We are now working with staff and the system provider to improve the functioning of the system, to rectify issues which have emerged post implementation and to make it as easy to use as possible. Whilst clinicians in each directorate have confirmed that any resultant clinical risk is mitigated and it has been determined that there is no material financial risk due to these problems, there are resultant inefficiencies and there is a delay to the realisation of some of the benefits. A post-implementation review will be carried out once the system is in a stable and robust condition.

**13. Recommendation**

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

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