

# Report to the Meeting of the Council of Governors

# PAPER

CG 36/2016

Agenda item 11

**2nd November 2016**

**FORUM UPDATE**

**For: Information**

The last Governor Forum met in September and given the predominant focus on strategy intended at the November Council meeting, it was considered useful to formulate a compendium of responses from the Trust to queries raised by the attending governors.

The Lead Governor has requested brief updates on the following items emanating from the Forum meeting:

1. **STP/Oxfordshire Transformation plans (Sept Board discussion):**
2. **Potential bed reductions across Oxfordshire and the impact on OHFT**

Any changes to services and consequentially to the number of beds across the STP footprint will be part of the formal consultation being led by the OCCG and as such, change will not be effected until due process concludes. The strategy session of the Council meeting will be an opportunity to understand further the consultation intentions to the extent to which they are known by the Trust and equally to understand the plans in the context of Oxford Health’s services.

1. **Possibility of extending formal consultation period beyond 3 months**

Guidance issued by such as NHS England - *Planning and Delivering Service Changes for Patients*, set out the statutory obligations with regard to consulting on change and underline that the principal responsibility is on the commissioner for engaging and/or consulting over service change, in this case the local OCCG. When the details of the consultation process are known we can of course convey the views of our governors should the proposal be to consult only for the minimum 13 week consultation period.

1. **Confirmation regarding plans for Buckinghamshire**

Clarity can be offered in terms of the BOB STP as part of the strategy session at which the plans will be discussed and debated further.

1. **Staff Recognition** **- Exceptional People Award scheme**

Maddy Radburn will talk briefly about this at the CoG meeting where she intends to propose an extension to the scheme for the Trust’s consideration.

1. **Care Notes**

A brief update is included in the CE Quarterly Report to the Council meeting and any further questions can be taken at the meeting. However, set out below is a more detailed overview of the implementation, and whilst delivering more comprehensive operational substance than Governors will necessarily need to understand, it is hoped this additional detail will provide sufficient context to support the Council’s understanding of the magnitude of activity being coordinated, albeit typical of such large scale change, and the effort to support teams during the roll out.

1. **General Overview:**

The Trust has continued to work closely with the Carenotes and Adastra supplier to schedule the delivery of resolutions for outstanding Carenotes’ issues, as well as to confirm when the delayed enhanced Carenotes functionality will be available (e.g., interoperability, e-Prescribing).  Based on current information the former should be addressed in a major Carenotes update expected towards the end of Q4.  In terms of the latter, phased availability will commence from Q4.

The EHR Team have made further improvements with communications to end users.  Actions taken have included attending appropriate groups / meetings / forums to provide general updates about the EHR Programme, as well as focussed relevant updates for the particular service areas.  In addition to this, the Carenotes login screen is now used to alert users to key messages, and in the very near future this will include a scrolling ticker tape with ‘hints and tips’.

1. **Clinical Transformation Workstream:**

The EHR Team have been successfully using workshops with key clinicians from across the Trust to design new forms that will better support clinical processes and practice.  Sign-off of these changes is being done by the Clinical Directors.  During Q2 various new key forms have been introduced and received well by end users with a flavour of these given below:

* **Front Page:**  Provides a patient summary at a glance and improves navigation to key information
* **Care Plan:** A new simplified and improved form for use in all mental health areas
* **Mental Health Assessment:**  A single form for use across all clinical areas which has replaced five separate legacy forms.
* **Forensic Risk Assessments:** New forms and a Risk Management Plan specifically for use in forensic services.
* **Baskets of Care:** Facilities created within the community instance of Carenotes to support the care packages used in Community Hospitals.
* **New Templates for HVs:**  Care delivery now more accurately supported.

The EHR Team are working on a full list of transformation requests that have been prioritised with the Clinical Directors (e.g., physical health assessment, vital signs monitoring, OT support, etc.).

1. **Technical Transformation Workstream:**

During Q2 a key focus for this workstream has been improving the end user experience.  This has mainly involved making changes to improve navigation and reduce the number of clicks required to reach key information (e.g., making clinical notes access more prominent, reducing the size of picklists, etc.).

This workstream has also been undertaking the development and testing of activities to support ongoing changes in the Trust.  During Q2 much work has been undertaken to support the new Health Visiting (HV) team structures, and work has also commenced to support changes in District Nursing teams.  Unfortunately, supporting these changes is a complicated and lengthy process in Carenotes.

The use of SMS / email notifications from within Carenotes is currently being set up and tested, this will initially enable the texting of patient appointment reminders, but in due course, and subject to further testing, may extend to internal notifications, for example patient death notifications.

There is an improving outlook for interoperability.  Having initially indicated that progress on this was at least 18 months away, the supplier has advised that they are now in a position to proceed with establishing access directly from Carenotes and Adastra to EMIS (GP systems).  In addition to this they have indicated that it may be possible for the Trust to use Docman for the electronic transfer of documents directly from Carenotes to EMIS.  This will involve the use of messaging features.  Further analysis is required to determine whether this will be suitable solution.

1. **Key Performance Issues:**

Performance issues around specific functionality within Carenotes, such as clinics, remains a key issue – feedback is that performance enhancements are now going to form part of every version upgrade – however there will be no performance improvements until the next upgrade in March 2017.

This is particularly troublesome for such as podiatry services because of how they work.  A significant amount of effort has been expended in investigating the problems being experienced, including bringing technical staff from the supplier to see first-hand what’s happening.  As things stand there is no quick fix and this has been communicated to the staff using the clinics functionality.  The supplier has said that performance in this part of the product will improve in V5.7 which as referenced above, we are aiming to implement in March 2017. In the meantime the crew of IT trainers continue to support teams to work through with them where there are more efficient means to achieve required outcomes.

In order to recognise the significant enhancements the implementation is realising, our COO has given various presentations outside the Trust about the positive things the Trust is progressing with mobile technology and Carenotes.  We are keen to ensure that Governors receive assurances about the project implementation but are equally keen to have an opportunity to present the benefits of EHR.  The COO would be happy to give a presentation to the governors and in light of the gap between the November 16 and March 17 Council meetings, it is proposed that a session be arranged in January, to include also any other topics of interest to the Governors and any emerging strategic or performance issues pertinent at the time.

1. **Car Parking charges - evenings & weekends**

Currently, and subsequent to the consultation process and the post-implementation reviews and refinements to the arrangements, the parking charges for visitors and service users apply 24 hours a day and 7 days per week. As a number of key sites are providing key services 24/7 it is important that the arrangements remain in place in the evenings and at weekends to avoid the unauthorised use of the parking spaces by the public. In monitoring the arrangements it has been found that the unauthorised use of the sites has been quite significant.

1. **Recommendation**

The Council of Governors is invited to receive and note this update and members to ask any questions or seek assurances arising from its content.

**Co-ordinated by: Kerry Rogers, Director of Corporate Affairs and Company Secretary**