

BOD 134/2015

(Agenda item: 5)

# Report to the Meeting of the

# Oxford Health NHS Foundation Trust

# Board of Directors

**23 October 2015**

**Chief Executive’s Report**

**For Approval**

1. **Board Changes**

I am sure that the Board will want to join me in congratulating Yvonne Taylor on her appointment as Chief Executive of IC24, a GP Out of Hours Social Enterprise. At the same time we will share my appreciation  of the tremendous contribution she has made as Chief Operating Officer over the last three years. She will leave at the end of December; the process of recruitment for a COO/Deputy Chief Executive has commenced, with the aim of completing interviews by Christmas. Pauline Scully has kindly agreed to act up as COO during the period January- March to allow for potential notice periods. At the last Board we congratulated Martin on his reappointment by the Council of Governors for a further term as Trust Chairman; I am delighted to notify the Board that following a ballot, Chris Roberts has been appointed as Lead Governor and Sue Yeo as Deputy Lead Governor.

1. **Care Quality Commission Inspection**

The period of the formal inspection process closed at the end of week commencing 12th October. Initial feedback was given highlighting a number of areas of positive practice and some others for improvement at the end of the main inspection week, but The CQC indicated that they should be treated with caution as much additional data required assimilation. The draft report is likely to be available for checking for factual accuracy some time after Christmas. The week of the inspection was busy, with over 100 inspectors visiting most parts of the Trust, but passed off smoothly, and the Trust worked very well together to coordinate the process and to respond to feedback. I would like to thank Mike Foster and Jane Kershaw and their colleagues for their excellent coordination work.

1. **Monitor**

Monitor and the Trust Development Authority join to become NHS Improvement on 1st November, with Jim Mackey as Chief Executive. In the meanwhile they have issued a consultation document about the use of agency staff, and in particular their plans to put in place a cap on the costs of agency staff across all grades, with the intention of implementing this in November. It is attached, as if implemented as drafted it has significant implications for operational service delivery and for governance. In particular the Trust will need to develop a clear escalation process to deal with any cases of payments outside the proposed caps. This follows a multi-partite letter from national agencies seeking to clarify apparent contradictions in guidance about safer staffing, capping agency spend and ensuring bed availability. This makes clear that whilst the tensions between these imperatives are recognised at national level, nevertheless it is ultimately the Trust board which will be accountable for managing the balance. The letter is also attached. There have been further requests for information from Monitor in relation to their investigation of the Trust’s financial position, but no feedback on their conclusions.

1. **Oxford University Hospitals NHS Foundation Trust**

I am delighted to be able to report that our partner Trust in Oxford has obtained Foundation status, particularly as this happened just prior to the retirement of Sir Jonathan Michael on 2nd October. I welcome his successor, Dr Bruno Holthof, to the NHS in Oxfordshire.

1. **Carenotes**

The final modules of Carenotes were implemented on 15th October, and so the Trust no longer operates the RiO system provided by Connecting for Health. The Trust has therefore successfully transitioned from Connecting for Health in advance of the deadline of the end of this month. In the even the ‘go-live’ happened more smoothly than anticipated, thanks to a tremendous team effort by staff in clinical services, ICT and our partners.

1. **Warneford Hospital site**

The Trust has received a request from David Williams, Director General of Finance at the Department of Health, enquiring whether any surplus land might be available for disposal at the Warneford Hospital site. This is in the context of the wider financial pressures facing the NHS. Disposal of part of the Warneford Hospital site could seriously compromise plans for the replacement of some very old clinical estate, and hamper plans for the development of clinical academic collaboration between the Trust and the University of Oxford in the key fields of psychiatry, neuroscience and dementia research, which are of international significance. We will be replying accordingly

1. **Townlands Hospital**

Following the meeting of the Oxfordshire CCG Governing Body we have received a letter indicating the CCGs intention to decommission Peppard Ward and to implement the proposed new model of care. Further discussions will be necessary to agree the financial implications of this, particularly during the transitional period and because of the effects of this on the assumptions underpinning the Older Peoples’ OBC.

1. **Oxfordshire Learning Disabilities**

The Board has met for the first time, and draft terms of reference and a memorandum of understanding will be circulated for agreement by the boards of all the partners shortly.

1. **CEO Stakeholder Meetings & Visits**

Since the last meeting, key stakeholders that I have met with, visits I have undertaken and meetings that I have attended have included:

* Several meetings of the ePCSS Programme Board
* Oxfordshire Clinical Commissioning Group:  
  Learning Disabilities Transition Board
* The CQC inspection process
* Professor Keith Hawton
* The Trust’s Fire Advisors
* CYP ‘Planning for the Future’ Programme
* BRC Planning meeting
* Safer Care Conference (Keynote speech)
* Meeting with Dr Bruno Holthof and David Smith to discuss delayed transfers of care
* OUCAGS annual lecture and dinner
* Interviews for the Chief Executive of West London Mental Health Trust (external assessor)
* TVWLA Leaders Network meeting with Chris Ham
* NIHR infrastructure CEOs meeting with Dame Sally Davies
* CLARHC Board meeting
* HSJ Modernising Healthcare Summit

**Recommendation**

The Board of Directors are asked to note the report

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