

BOD 50/2015

(Agenda item: 5)

# Report to the Meeting of the

# Oxford Health NHS Foundation Trust

# Board of Directors

**29 April 2015**

**Chief Executive’s Report**

**For Approval**

***National Issues***

**1. General Election 2015**

Parliament was dissolved on 30 March 2015 and, accordingly, the General Election Guidance was issued by the Cabinet Office on the same date. This guidance sets out the principles that public bodies, including the NHS, should adhere to in this pre-election period. Importantly, the NHS must remain politically impartial at all times and staff must not engage in activities which are likely to call into question the political impartiality of their organisation, or which could give rise to criticism that public resources are being used for party political purposes. Alongside that, NHS business should proceed as normal with no disruption to patient services but as issues relating to the NHS tend to be high profile, special care is needed to avoid being caught up in issues of propriety or party political controversy. Accordingly, during this time, we are not undertaking any major initiatives or developments, nor are we seeing such requirements from the Department of Health or regulators.

**2. Flu Plan – Winter 2015/16**

The Department of Health has issued the flu plan that will aid the development of our plans for the forthcoming winter. A copy of the plan may be found here:-

<https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/418038/Flu_Plan_Winter_2015_to_2016.pdf>

As discussed by the Board last month, given the problems with the 2014/15 flu vaccination effectiveness, we will need to give very careful thought this year to how we communicate and support staff and patients to take up the vaccination. With the plan being released now, it will provide us with the late spring and summer months to plan carefully our Trust plan. The Director of Finance (for HR) and Director of Nursing and Clinical Standards (for infection control) will ensure that our plans for 2015/16 are developed and put in place ahead of the influenza season.

**3. Care Certificate**

The Care Certificate was launched by the Department of Health on 1 April 2015; the certificate, which is for non-qualified staff such as Healthcare Assistants, assesses the fundamental skills, knowledge and behaviours that are required to provide safe, effective and compassionate care. The Care Certificate is based on 15 standards:-

* Understand your role
* Your personal development
* Duty of care
* Equality and diversity
* Work in a person centred way
* Communication
* Privacy and dignity
* Fluids and nutrition
* Awareness of mental health, dementia and learning disability
* Safeguarding adults
* Safeguarding Children
* Basic Life Support
* Health and Safety
* Handling information
* Infection prevention and control

Further information may be found here:-

<http://www.skillsforhealth.org.uk/standards/item/216-the-care-certificate>

The Care Certificate is referred to in CQC guidance on how providers can meet the staffing regulations. The CQC also expects all providers to implement the Care Certificate in a staged way from April 2015.

In February 2015, we trialled a 2-day programme but it was found that this did not provide sufficient time to cover all areas of the Care Certificate. Following a review of this pilot, a 5-day induction course for all newly appointed non-qualified staff has been developed and will be implemented from May 2015. All HCA new starters will be required to attend the course before joining the clinical service; the course will ensure all the knowledge elements of the Care Certificate are covered and then competence will be assessed and signed off over the following weeks, in clinical service, by a competent practitioner. A course will be ran every three weeks to ensure that there is capacity to appropriately induct the 25 new HCAs the Trust is expected to employ each month over the coming period.

**4. Monitor’s Risk Assessment Framework (RAF)**

In late March 2015, Monitor issued its updated RAF which describes how Monitor oversees NHS FTs’ compliance with the governance and continuity of services requirements of their provider licences. The updates to the RAF include:-

* introducing the new access measures for mental health as governance proxies;
* specific requirements for providers of high security psychiatric services;
* adding an additional trigger for investigating financial risk at trusts;
* general updates to bring it up to date with recent policy changes; and
* updating appendix C relating to transactions.

Alongside the above, Monitor has also published the ‘Governance over audit, assurance and accountability’ document which replaces some of the provisions previously included in Monitor’s audit code for NHS FTs.

Copies of both are attached to this report.

***Local / Trust Issues***

**5. CEO Stakeholder Meetings & Visits**

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

* Visit to Chiltern CAMHT
* Visit to City and North East CAMHT
* Visit to North and West Oxfordshire CAMHT
* Trust Senior Leaders’ Conference
* Trust’s Dementia Conference
* Organisational and Leadership Development Strategic Framework Workshop
* Research and Development Strategy meeting
* Thames Valley and Wessex Leadership Academy Board meeting
* Health England Thames Valley Board Seminar
* Oxfordshire Transformation Board
* Systems Leadership Board
* Urgent Care Systems Resilience Group
* System Wide Transformation Oxfordshire Workshop
* Joint Executive meeting with Southern Health NHS FT
* NHS Confederation meeting with Stephen Dalton and Andy Burnham
* NHS Providers Quality Conference
* University of Oxford: Medical Science Division Awayday
* Restore GSK Awards
* Oxford Mental Health Campaigners for Change meeting
* South East Mental Health CEOs Group Formation meeting

**6. Sir John Allison**

Following his appointment by the Council of Governors as an Associate Non-Executive Director in late 2014, Sir John Alison has formally started as a full and voting Non-Executive Director from 1 April 2015.

**7. CQC Inspection**

The Care Quality Commission (CQC) has notified the Trust of its intention to undertake an inspection during the week commencing 28 September 2015. Work has already begun in providing the CQC with background information.

**8. Electronic Health Records**

From Saturday, 18 April to Monday, 20 April the next major phase of implementing the Trust's new electronic health record was undertaken, with the system going live at 8.00 on Tuesday, 21 April. The exercise took slightly longer than anticipated, but otherwise went very smoothly, and the new system appears to be functioning well. The remaining phase of implementation is due to take place in early July. I would like to record my thanks to the very many staff from IT and clinical services who have worked hard to help this major exercise work so well.

**9. Deputy Caldicott Guardian**

In February 2015, Dr Mark Hancock attended the accredited training for Caldicott Guardians, facilitated by Christopher Fincken, Chair of the UK Council of Caldicott Guardians. Dr Hancock can now take the role as Deputy to Mike Foster, which will increase the Trust’s resilience in this area. Although there is a national register of Caldicott Guardians, there is no similar register for deputies. However, there has been an increase in the number of Deputy Caldicott Guardians appointed in recent years, and Christopher Fincken is keen to support this.

**10. Consultant Appointments**

An Advisory Appointment Committee, Chaired by Dr Anne Grocock, Non-Executive Director, and attended by Dr Vivek Khosla, Associate Medical Director, convened on 18 March 2015 and offered the post of Consultant in General Adult Psychiatry (Aylesbury Vale AMHT; full time) to Dr David Welchew and the post of Consultant in General Adult Psychiatry (North & West Oxfordshire AMHT; 0.5 WTE) to Dr Eleanor Tiangga. A further Advisory Appointment Committee, Chaired by Dr Rob Bale, Clinical Director and attended by Mr Lyn Williams, Non-Executive Director, and Dr Vivek Khosla, Associate Medical Director, convened on 19 March 2015 and offered the post of Consultant in Forensic Psychiatry (Buckinghamshire; full time) to Dr Pankaj Agarwal and the post of Consultant in Forensic Psychiatry (Buckinghamshire; full time) to Dr Vijay Durge. All offers were made subject to Board agreement and relevant pre-employment checks.

Dr Welchew gained his medical degree from the University of Oxford and also trained there in psychiatry (including time as an Academic Clinical Fellow) where he has most recently been working in the Trust as a Specialist Registrar in General Adult Psychiatry. Apart from his Membership of the Royal College of Psychiatrists (MRCPsych), he has an MA degree in Medical Sciences/Neuroscience and a PhD in Psychiatry from Cambridge University. He has been involved in a range of teaching and research activities and has published his work in scientific journals. This will be his first substantive consultant post.

Dr Tiangga gained her medical degree from Imperial College, University of London and trained in psychiatry in London and Oxford where she has most recently been working in the Trust as a Specialist Registrar in General Adult Psychiatry. Apart from her Membership of the Royal College of Psychiatrists (MRCPsych), she has an MA degree in Medical Sciences/Neuroscience from Cambridge University. She has been involved in a range of teaching and research activities and has published her work in scientific journals. This will be her first substantive consultant post.

Dr Agarwal gained his medical degree in India and trained in psychiatry and forensic psychiatry in Yorkshire. He has worked in the past as a Consultant Forensic Psychiatrist in the independent sector and has most recently been working in the Trust as a Locum Consultant in Forensic Psychiatry in Oxford. Apart from his Membership of the Royal College of Psychiatrists (MRCPsych), he is currently studying for an LLM degree in Mental Health Law. He has been involved in a range of teaching activities.

Dr Durge gained his medical degree in India and trained in forensic psychiatry in London (including at the Bethlem Royal & Maudsley Hospitals). He has most recently been working as a Locum Consultant in Forensic Psychiatry in London. Apart from his Membership of the Royal College of Psychiatrists (MRCPsych), he has an MD degree in Psychological Medicine from Mumbai University. He has been involved in a range of teaching activities and has published his work in scientific journals. This will be his first substantive consultant post.

The Board is asked to approve these appointments.

**Recommendation**

The Board is asked to note the report and approve the consultant appointments.

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