

BOD 93/2013

(Agenda Item: 4)

# Report to the Meeting of the

# Oxford Health NHS Foundation Trust

# Board of Directors

**25 September 2013**

**Chief Executive’s Report**

**For: Information**

***National Issues***

**1. A Promise to Learn – A Commitment to Act (Berwick Report)**

Following the publication of the Francis Report, the Prime Minister asked Professor Don Berwick to review patient safety in the NHS. A copy of the report may be accessed here:-

<https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/226703/Berwick_Report.pdf>

The report sets out the lessons learned and specifies changes that are required. Professor Berwick sates that the most important single change would be for the NHS to become a system devoted to continual learning and improvement of patient care. The report goes on to make ten recommendations on this point:-

**1.** The NHS should continually and forever reduce patient harm by embracing wholeheartedly an ethic of learning.

**2.** All leaders concerned with NHS healthcare – political, regulatory, governance, executive, clinical and advocacy – should place quality of care in general, and patient safety in particular, at the top of their priorities for investment, inquiry, improvement, regular reporting, encouragement and support.

**3.** Patients and their carers should be present, powerful and involved at all levels of healthcare organisations from wards to the boards of Trusts.

**4.** Government, Health Education England and NHS England should assure that sufficient staff are available to meet the NHS’s needs now and in the future. Healthcare organisations should ensure that staff are present in appropriate numbers to provide safe care at all times and are well-supported.

**5.** Mastery of quality and patient safety sciences and practices should be part of initial preparation and lifelong education of all health care professionals, including managers and executives.

**6.** The NHS should become a learning organisation. Its leaders should create and support the capability for learning, and therefore change, at scale, within the NHS.

**7.** Transparency should be complete, timely and unequivocal. All data on quality and safety, whether assembled by government, organisations, or professional societies, should be shared in a timely fashion with all parties who want it, including, in accessible form, with the public.

**8.** All organisations should seek out the patient and carer voice as an essential asset in monitoring the safety and quality of care.

**9.** Supervisory and regulatory systems should be simple and clear. They should avoid diffusion of responsibility. They should be respectful of the goodwill and sound intention of the vast majority of staff. All incentives should point in the same direction.

**10.** We support responsive regulation of organisations, with a hierarchy of responses. Recourse to criminal sanctions should be extremely rare, and should function primarily as a deterrent to wilful or reckless neglect or mistreatment.

I would encourage all Board members to read the report as I believe it positive contribution to recent debate and discussion around the NHS.

**2. Caldicott Information Governance Review**

The Government has published a response to Dame Fiona Caldicott’s independent review of how information about individuals is shared across the health and care system. All the recommendations of the Caldicott report are accepted and a copy of the response may be accessed here:-

<https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/239273/9731-2901141-TSO-Caldicott-Government_Response_ACCESSIBLE.pdf>

The response sets out the seven revised Caldicott principles which I would draw attention to.

**3. Deputy Chief Medical Officers Appointed**

Two Deputy Chief Medical Officers for England have now taken up post in the Department of Health to support the work of the Chief Medical Officer, Professor Dame Sally Davies. The two deputies are:-

* Professor David Walker – focus on public health and wellbeing
* Professor John Watson – focus on health protection, including anti-microbial resistance

**4. Monitor’s Risk Assessment Framework**

Monitor has published the Risk Assessment Framework which will replace the ‘Compliance Framework’ from 1 October 2013. A copy of the new Framework may be accessed here:-

<http://www.monitor.gov.uk/raf>

The new Framework takes account of the changes to the regulatory regime through the Health and Social Care Act 2012. The Framework will be the way in which Monitor regulates NHS foundation trusts, assessing governance and financial stability. The Framework also sets out the regulatory action that Monitor may take.

I have asked the Director of Finance, Director of Nursing and Clinical Standards, and Trust Secretary to review the Framework and present a report on it to Board in October 2013.

***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 Assertive Outreach Team, Oxfordshire
* Visit to L.O.V.E Care Farm, Oxfordshire
* Visit to BT
* Visit to Memory Clinic, Warneford Hospital
* Meeting with Dr Stephen Richards, OCCG

**6. Trust AGM**

The Trust’s AGM took place on 10 September 2013 in High Wycombe, Buckinghamshire. In addition to presenting the Annual Report, Statutory Accounts and Auditor’s Report to the Governors, three presentations from difference services across the Trust where provided. The AGM was well attended and we have had much positive feedback about the event.

**7. Thames Valley and Wessex NHS Leadership Recognition Awards 2013**

Four members of Trust staff have been nominated for a Recognition Award in Thames Valley and Wessex.

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| **Pete McGrane, Clinical Director** | Emerging Leader |
| **Yvonne Taylor, Chief Operating Officer** | Partnership  |
| **Amy Baker, Pharmacy Technician** | Emerging Leader |
| **Nick Raven , R&D Accountant** | Mentor |

This is excellent news and we wish each all the best at the award ceremony in November 2013.

**7. OD Workshop**

On 12 September 2013, a workshop to discuss the Trust’s approach to Organisational Development was convened. The event was facilitated by an external facilitator and saw approximately 15 key staff from across the Trust attend who have some role in OD. The results of the workshop are being written up and I will provide an update to Board in due course on the actions that will be taken forward.

**Recommendation**

The Board is asked to note the report.

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