BOD 159/2011

(Agenda Item: 5)

# Report to the Meeting of the

# Oxford Health NHS Foundation Trust

# Board of Directors

**14 December 2011**

**Chief Executive’s Report**

**For Information**

**1. Infection Control Update**

**Community health services**

There have been no gastroenteritis outbreaks, although the Health Protection Unit has reported there are still cases of norovirus in the wider community.

*Clostridium Difficile*

There have been no cases of *Clostridium difficile* in the Trust in the month of November. There was one case in October.

Following a review meeting of all the *Clostridium difficile* cases to date, one case has been reallocated to the PCT and, therefore, removed from the Trust’s numbers. This equates to 11cases in total for the Trust.

There has been a case of MRSA bacteraemia at Wallingford Hospital. The patient was transferred to the John Radcliffe hospital on 31 October 2011 and positive blood cultures were obtained on admission. A full RCA and confidential report have been completed and a RCA investigation meeting held with the commissioners on 10 November 2011. The patient was a known MRSA +ve patient and had also had a MRSA bacteraemia whilst an inpatient in June 2011 at the NOC. The likely source of the MRSA was from osteomyelitis and discitis and the patient is responding well to treatment at the Churchill Hospital. The care received in the Trust did not contribute to the bacteraemia.

**Mental health services**

There have been no gastroenteritis outbreaks.

**2. Industrial Action – 30 November 2011**

The strike action taken by some health unions about public sector pensions on 30 November 2011 was a major challenge for the Trust in being able to maintain safe patient care across services. The Trust was able to keep most of the services running with the help of many staff and managers who worked normally. Some staff and managers covered shifts on the in-patient wards and some stayed on at work beyond normal finish times to cover night shifts so that critical patient services were not affected. As pre-arranged with trade unions, some staff were also asked to cover essential services, despite wishing to take part in the action. Thanks has been expressed to all staff for coming into work and ensuring that patient care was still everyone’s priority. This is most important in making sure that the public recognises the NHS’s full commitment to patient care.

**3. Back to the Floor Initiative**

At its September meeting, the Improvement and Innovation Advisory Board approved a proposal to introduce a ‘back to the floor’ initiative in the Trust.

This initiative involves all managers in the top 4 tiers of the organisation (in the first instance) being required to spend two days per annum working out in the Trust with front-line staff. The aim is for the managers to work out in the organisation doing a clinical shift, working on reception or in an administration or other support role, or working alongside / shadowing another member of staff for their typical shift. The initiative supports a ‘hands on’ approach, where possible, taking into account skills, and CRB and other legal requirements. This initiative is part of a raft of approaches to improve employee engagement and to support improvement and innovation in the Trust.

All participants are required to feed back observations and actions they will be taking as a result of their back to the floor experience. These may be actions they will take personally or proposals for projects or developments that others in the Trust will follow through. Themes and general learning points will be collated and shared by the Improvement and innovation leads and monitored by the Trust wellbeing and culture group.

Most Executive Directors have now undertaken some back to the floor working over the past month.

**Recommendation**

The Board is asked to note the report.

**Lead Executive Director:** Julie Waldron, Chief Executive