

# PAPER

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(Agenda Item: 8)

# Report to the Meeting of the

# Oxford Health NHS Foundation Trust

# Board of Directors

**26 June 2013**

**Chief Operating Officer’s Report**

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**For Information**

This month’s report provides the Board with updates on

* DTOC
* Children’s Speech and Language Cleft and Craniofacial services
* 111
* Developing services with third sector partners
* Development of Psychological Medicine Services
* Salaried Dental Service

**Recommendations**

The Board is asked to note the report.

**Lead Executive Director: Yvonne Taylor, Chief Operating Officer**

1. **DTOC**

Unfortunately DTOC numbers still remain too high – 149 reported for the month of April 2013. However pressure on the system has reduced and the Trust over the past weeks we have had increasing numbers of community beds available on a daily basis which we have been unable to fill due to a number of patients being declared as delayed transfers of care who are in fact not ready to leave hospital. We have also had an increasing number of delays of patients in community hospitals,

A number of actions are being taken to address these issues:

* Continue to improve consistent use of the discharge pathway across OUH, OH and OCC
* Review with social care of patients waiting 7, 14 and 21 days in community hospitals
* Demand and capacity modelling across the system.
* Development of capability and capacity (interface medicine and emergency multi-disciplinary assessment units).
1. **Speech and Language Therapy (SLT) – Cleft and Craniofacial Services 2012-13**

The specialist SLT team is based at the Children’s Hospital, Oxford. The team (2.9 WTE) provide consistent and flexible SLT to both cleft and craniofacial services and work closely with colleagues in multidisciplinary teams as well as with community SLT services.

# A key achievement in 2012 was to complete a therapy book which will be published in 2013, by J&R Press. Their book is a high quality practical and accessible handbook of evidence-based practice for the assessment and management of speech disorders relating to cleft palate. All members of the team contributed, covering topics ranging from early intervention, hearing, voice, feeding and working with complex children. More details can be found at: <http://www.jr-press.co.uk/speech-therapy-cleft-palate-velopharyngeal-dysfunction.html>

There have been a number of other positive developments during 2012:

* The protocol for prosthetic treatment has been finalised. This describes the service available for patients who may benefit from a dental prosthesis to address persistant speech difficulties related to palate dysfunction. This is jointly provided by the consultant orthodontist/restorative dentist with the SLT team and technician support. It is hoped that this specialist service may also be extended to meet the needs of other patients, referred on a tertiary basis.
* The patient group directive for SLTs to carry out nasendoscopy has been finalised. This allows appropriately trained SLTs to administer nasal anaesthetic for nasendoscopic examination of palate function for speech. This means that patients can be seen more quickly at clinics led by the SLT team, when the consultant surgeon is not available.
* Charitable donations enabled us to buy two iPads and relevant apps to support children’s speech therapy and psychology.

The SLT team have continued to develop audit and research activity on an individual and team basis. Several team members have completed MSc and doctoral studies and this work is shared with the multidisciplinary team and wider networks nationally and which in turn leads to further collaborative audit and research.

The priority objectives for 2013 are;

* maintain effective specialist SLT liaison and outreach, in partnership with local

 services

* join the TOPS trial and commence speech recordings for recruited children
* contribute to national craniofacial audit and research projects
* evaluate the use of iPads in speech therapy for children.
1. **111**

The 111 service is currently delivered as a pilot in Oxfordshire by South Central Ambulance service (SCAS). The contract for this service is held by OHFT and commissioned by OCCG. The service is now completing its first year of operation and in common with other parts of the county experienced difficulties early on in the implementation.

Since April, the call handling performance against the answering times and abandoned rates have improved significantly and currently during the week days performance is consistently achieved to the 95% requirement for call answering and less than 5% abandoned rates. During the more challenging weekend peaks performance is improving to around 90%. However call volumes are currently lower than predicted for this time of year, and work is ongoing to ensure there is appropriate resilience to meet patient demand.

The national specification for the 111 service and the output from NHS Pathways has caused some variation against traditional onward care pathways for people contacting primary urgent care. This is prompted by the NHS Pathways algorithm and national specification and accounts for some of national rise in urgent care demand for acute Emergency Departments during this past winter.

For the Trust, the 111 model of care directly books patients into the GP OOH service (either base or home visit). This has prompted a shift of around 20% of calls that were previously resolved by a GP speaking to a patient over the phone becoming a face to face attendance.

Health economies that have implemented 111 more recently (Oxfordshire was an early adopter nationally) have agreed some local variation to address this within the care pathway. Implementing such local variation in Oxfordshire would improve patient experience (patients do not need to travel if their problem can be resolved over the phone), and support effective use of resources (acute and GP OOH). The Trust is working with OCCG to review possible options for Oxfordshire.

Over the past year the commitment to both ensure that the pilot has been successful and work through the challenges of a project of this size has meant that the 111 service has been successfully implemented. The 111 project board acknowledged and commended the commitment of the Oxford Health management team in supporting this implementation.

The 111 service in Oxfordshire is a pilot which is due to end in July 2014. The OCCG will shortly begin the process to re-commission 111 locally. The CCG has identified the need to work with partners across health and social care to ensure that the service meets the needs of patients and professionals, reflects the clinical expertise and knowledge of local services and ensures that patients who need to access care urgently do so in the right place, first time.

1. **Stakeholder Engagement in Service Remodelling**

The Trust has had an extensive programme of informal internal and external stakeholder engagement in place over the last six months as part of the planning process to support the implementation of the proposed new service model for adult mental healthcare.

Since the end of last year the Mental Health Division has held a series of team based workshops for staff. The output from these workshops has been used to develop new models of care that will support the delivery of modern day mental healthcare in line with the overall aims and objectives of the remodelling project.

The proposed service model for adult mental health will also bring about much greater collaboration with third sector partners and on 3 June the Division held a “Partnership Day” with colleagues from a number of key voluntary organisations across Oxfordshire and Buckinghamshire to look at how they could work together to design pathways that will provide service users with high quality, flexible and responsive care.

Presentations were given from Response, Restore, Oxfordshire Mind, Buckinghamshire Mind, Back2Base, the Shaw Trust, Connections and the Richmond Fellowship with groups to consider three areas of development: Pathway to Independent Living, Meaningful Activity and Recovery to Wellbeing. The workshops were led by third sector partners and supported by members of the Trust. Feedback on the day was very positive and further workshops are planned as well as work with CCG and local authority Commissioners in both counties.

1. **Development of Psychological Medicine Services**

The development of physical and mental health interface services is one of the five service areas within our CLARHC bid. This year the Trust has been commissioned to develop and operationalise a number of new services across Oxfordshire and Buckinghamshire:

* Oxfordshire Emergency Department Psychological Medicine Service (formerly the Barnes Unit) with provision of extended hours over 7 days a week.
* Oxfordshire Community Psychological Medicine Service working with primary care and community service.
* Buckinghamshire Psychological Medicine Service focused on the Emergency Department and wards at Stoke Mandeville Hospital.
1. **Oxfordshire Salaried Primary Care Dental Service**

Oxfordshire Salaried Primary Care Dental service provides dental treatment to a wide range of children and adult patients. The main role of the service is to provide specialist and specialised care to patients that are unable to receive dental treatment in the General Dental Service. The service receives approximately 1000 referrals from a wide range of sources including general dental practitioners, general medical practitioners, secondary care and health visitors for patients requiring special care and paediatric dentistry, oral surgery, domiciliary visits, dental treatment with sedation and general anaesthesia.

In 2012/13 18,500 individuals were seen over 31,866 face-to-face contacts. Of this total number of contacts there were 518 domiciliary visits, 1600 sedation contacts and 870 general anaesthesia contacts.

Measured by a nationally recognised ‘case-mix’ system, 63% of all patients seen by the dental service had some form of disability or impairment impacting on their ability to access high street dental care while 6% of all patients seen within the service fall into the most complex management classifications available.

The dental service carried out a patient satisfaction survey in January 2013 and there were a number of very positive comments received from patients including –

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| *‘The whole visit was excellent and my treatment was all that I could hope for.**I had prompt, efficient care given by very professional and caring staff for which I am**extremely grateful.**The dentist did a really neat job.* |
| *Dentist and staff were efficient, excellent communication skills and seen quickly.* |
| *The Dentist was very prompt, kind, efficient and helpful. It made you feel relaxed in the fact you felt in very safe hands.’* |

Service Developments

In June 2012 the Oral Health Promotion team were runners up for the Best National Smile Month Event, The Dental Awards, British Dental Health Foundation and in June 2013 they were announced winners of this award.

The service provides dental treatment with sedation, inhalation and intra-intravenous, to a wide range of patients including both adults and children. In December 2012 the service introduced of use of intra-nasal sedation which has helped significantly with the management and treatment of special care patients.

In November 2012 the service introduced a phone triage system for all referrals received for sedation. This system was introduced to reduce the number of patients incorrectly referred to the service for sedation and has so far proved to be a success with increased numbers patients being triaged to the appropriate dentist to provide their treatment.

The dental service is currently working collaboratively with the Consultant Psychologists in the division to develop a Cognitive Behaviour Therapy (CBT) pathway for anxious dental patients that currently require sedation for their dental treatment.

As a result of the development of a comprehensive sedation service providing dental treatment with inhalation, intra-venous and intra-nasal sedation, the number of patients requiring dental treatment under general anaesthesia has decreased, particularly adult special care patients.

Research and Training. In 2012 the service worked collaboratively with the Consultants in Forensic Psychiatry on an audit to establish the oral health and dental needs of mental health patients based at Littlemore Hospital. The results of this audit were presented as a poster at the Royal College of Psychiatrists Faculty of Forensic Psychiatry Annual Conference in Copenhagen in 2013. The outcomes from this audit will be used to develop a patient pathway for mental health patients from Littlemore to the dental service.