

# Report to the Meeting of the

**BOD 107/2017**

(Agenda item: 6)

# Oxford Health NHS Foundation Trust

# Board of Directors, 27th September 2017

**Chief Operating Officer’s Report**

**For Consideration and Discussion**

**Executive Summary**

This paper provides a narrative of key issues being managed by the Operational Management Team (OMT).

**Governance Route/Approval Process**

Regular monthly report straight to Public Board. Also shared for information purposes with the Extended Executive Team and Capital Programme Board.

**Recommendation**

The Board is asked to consider and discuss this report.

**Author, Title & Lead Director:** Dominic Hardisty, Chief Operating Officer

It is believed that there are no issues that need to be referred to the Trust Solicitors.

This report relates to or provides assurance and evidence against all seven Strategic Objectives of the Trust.

**Quality**

**CAMHS bed pressures.** The Board has previously discussed at length its concerns about CAMHS bed pressures. Over the summer there has been a lot of collaborative work with NHS England to try to improve things. This has included their convening a Quality Summit for the South Region, and the announcement of a bidding process for additional funding to make crisis pathways more responsive.

We have submitted a joint bid with Avon & Wiltshire Partnership for an expansion in the OSCA team, as well as for more appropriate crisis capacity to be made available in Swindon and Aylesbury. We are also looking at our Oxfordshire ‘front door’ carefully to see how we can make this more responsive for all patients, as well as working in partnership with NHSE to deliver a CAMHS ‘new model of care’ for the Thames Valley from April next year.

There remains a persistent challenge with availability of CAMHS PICU beds across the region. NHSE have indicated that they would welcome a bid from us for provision of additional capacity, but the consensus view is that this will probably need to be co-located with more general CAMHS inpatient capacity, so the service model and estates requirement needs to be considered carefully then properly worked-up into a business case.

**Sandford Ward.** Mark Hancock and I completed our initial review of Sandford Ward and held a follow-up discussion with the leadership team. This concluded that there are a number of things we can do now (and have done/are doing) to improve things on the ward, but that there is a more fundamental question around cohorts of patients. This means that we frequently place vulnerable patients together with those who may display more challenging behaviour from time to time due to their mental health problems, commonly with co-morbid dementia.

We have therefore extended the discussion to the Adults Directorate to determine whether it might be possible to cohort patients differently across the Directorates in order to provide better care. These discussions are ongoing: if they do not yield a suitable solution then we will need to consider what else we need to do to improve things.

**Out of Hours.** Our improvement programme in Out of Hours continues, as discussed at a recent Board Seminar. As well as a range of operational, leadership and structural improvements we also need to address the fact that the shortage of willing GPs may create a cost pressure in an already financially challenged service, so are working on a business case to the CCG.

We also recently received the final SI report into data quality and reporting within the service, which will need to come forward to Board for consideration since it concludes that, due to a number of factors, we incorrectly reported service performance for several years prior to December 2015. I would like to take this opportunity to thank the external investigator for the quality and depth of his report, which is an exemplar for how such investigations should be run.

**Stroke rehabilitation services.** I and clinical colleagues presented to the Oxfordshire Health Scrutiny Committee a proposal to move stroke rehabilitation services from Witney to Abingdon. We believe that this will significantly improve the quality and sustainability of the stroke rehab service, whilst recognising that it will mean greater travel times for some patients. We have been asked to provide some additional detail to HOSC and hope to be able to count on their support for the proposed changes shortly.

**OUH trauma decant.** On 27th July OUH announced that their Trauma Unit had been declared unsafe after a fire inspection and that they would need to close it within 10 days. This resulted in a huge amount of work for them and across the system to ensure that alternative arrangements could be made for patients.

In our case this has mainly meant holding more community hospital beds open than we had planned to. I would like to thank everyone involved in this response – a lot of people worked extremely hard to maintain stable flow and provide care for a higher number of acute discharges than normal.

**EDPS.** We held another joint meeting with OUH to review the mental health pathway in the acute setting, including the EDPS service. Our EDPS improvement plan has now been completed and we are engaging with OUH to support them with a peer review of care for mental health patients in the ED setting. This links to the ‘crisis’ work described above: we probably don’t have the model right, there are a number of things we can do better, and we need to make some long-term decisions about what changes we feel will best meet the needs of patients, whilst recognising that we face a number of difficult constraints.

**Other.** I have had a number of very informative service visits during the period including to the Community Children’s Nurses and Bicester Community Hospital. Both are extremely well run, providing a safe, effective, caring, well led and responsive service. I also attended an interim review with the Oxfordshire Mental Health Partnership. All who attended agreed that the creation of the Partnership has been a very positive development, and that it is probably time to conduct a formal evaluation of our work together. I have discussed this with Sue Dopson with a view to commissioning a post-doctoral student to undertake the review.

**People**

**Workforce challenges.** As will be reported later in the HR section of the Board, the work to improve employee retention, recruitment and deployment continues.

The HR team has recently announced improvements to the bank offer, as well as a ‘recruit a friend’ scheme. A range of other potential proposals is under consideration: fundamentally we need to try to rebalance our workforce so that we can meet the staffing needs of services from our substantive workforce. This can only be achieved by making our employment offer more attractive, in the round, than that of other employers.

Last year we spent c.£18m on agency costs, of which c.£3.6m represents pure agency premium. In essence, we need to try to reinvest as much of this as possible in schemes that will reduce our reliance on agencies. However, we will not be able to do everything that we would like to do everywhere, and there is a risk that we end up causing overall wage inflation without be-balancing the workforce in the way that we would like. These are knotty problems to solve.

**Operational organisation structure.** We are progressing discussions about the proposed new structure for operations with a view to going out to formal consultation shortly. A number of further interim changes may be required prior to completion of consultation due to pressing issues that will need to be resolved in a timely manner. These are currently being discussed with the Executive Team.

**Sustainability**

**Finances.** As will be reported later in the finance section of the Board, we remain concerned both about our ability to deliver our financial plan. There are two key areas of concern: under delivery of CIPs and the Oxfordshire risk share agreement.

We are in the process of reviewing CIP opportunities to determine what schemes we can mobilise to help us achieve the year end position. We also shortly need to commence planning for next year and beyond, which will be a significant undertaking.

As of month 4 OUH was performing c.1% above plan, meaning that the likelihood is that some (but probably not all) of the shared risk liability will materialise in the year. This needs to be considered against very significant pressures in community hospitals and out of hours, for which system support is being sought. We have also submitted a business case to the CCG for investment in the Eating Disorders service in order to address its growing waiting list.

**Joint enterprise.** Work is progressing well on the joint enterprise with Oxfordshire’s GP federations. A more detailed update will be provided in the private section of the Board.

**DTOCs.** DTOCs remain a major difficulty in the Oxfordshire system and will be an area of particular focus in the upcoming CQC system inspection in the last week of November.

We have tabled an outline proposal to the system that we believe can mitigate this, and are working this up into a more detailed business case. We have also tabled a paper to Oxfordshire County Council using a nationally approved model but adjusted for local context. This suggests that, even though OCC pays more for domiciliary care than any other county council nationally, the rate paid is not sufficient to attract and retain either the providers or the workforce needed to provide the domiciliary care that Oxfordshire’s residents can and should expect. We await a response to our paper.

**Tenders.** The community MSK service is transferring to private provider HealthShare from 1st October. I would like to take this opportunity to thank all staff for their excellent service with us – we recognise that many staff and stakeholders are concerned about the transfer of the service to a non-NHS provider. The estate used by the service is largely being re-purposed to house other services for which we have significant space pressures.

We have also, after extensive due diligence, agreed to take over provision of the Buckinghamshire CHC service to Aylesbury Vale and Chiltern CCGs. This was previously provided by Greater East Midlands Commissioning Support Unit and will need a lot of improvement work which will take many years. The Bucks Accountable Care System saw our support for this service as being one of our key contributions to the new system.

**Learning Disability Service.** A detailed report is provided under a separate agenda item on the transition of the LD service from Southern Health. I am delighted to report that the vast majority of actions in our plan have either been completed, or are rated green. A smaller number are rated amber, and a smaller number still rated red. All amber and red actions have detailed mitigation plans. A weekly report is currently provided to the exec team summarising progress against these actions.

**Oxfordshire JMG.** Oxfordshire County Council are conducting a review and options appraisal of the provision of social care services to mental health service users, which is currently hosted by the Trust. Fundamentally the options boil down to continuing as now, tendering to the market, taking the function back in house, or taking part of the function back in house. We recognise that, historically, we have not effectively discharged all of our responsibilities in this area as we should. However, there has been an enormous amount of work to improve things over the past 6 months, with more to come. We are hopeful that we can come up with a solution that will prove workable for both parties.

**OCCG ‘exec to exec’.** We held an ‘exec to exec’ with OCCG. This focused on community hospitals, district nursing, out of hours and workforce challenges. It was helpful to be able to spend some time looking at the challenges and opportunities faced by these services in a strategic way, rather than in the more transactional manner that is typical of the usual monthly contract monitoring meetings.

**Dominic Hardisty, 24th September 2017**