

# Report to the Meeting of the

**BOD 128/2017**

(Agenda item: 5)

# Oxford Health NHS Foundation Trust

# Board of Directors, 25th October 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**

**SEND inspection.** During September the Oxfordshire system was subject to a joint CQC/OFSTED ‘SEND’ inspection which looked at how well the county supports children with special educational needs. I am delighted to say that feedback from inspectors on Oxford Health’s services was very positive. However, a number of areas for improvement at system level were identified: we will obviously collaborate closely with partners on any resultant improvement plan.

**AIMS accreditation.** I would also like to congratulate the teams at our Cherwell and Sandford older adults wards for achieving their Royal College ‘AIMS’ accreditation. This is a massive accolade given some of the difficulties the teams have recently experienced this year, in particular on Sandford. I would also like to congratulate the Oxford Central and South Older Adults Mental Health Community Teams for being re-accredited with AIMS.

**Crisis pathway.** We are reviewing our ‘crisis’ provision across the Trust in the light of new funding from NHSE for CAMHS, increasingly complex presentations at OUH, taking on the learning disability service and a recognition by both Buckinghamshire and Oxfordshire County Councils that there are gaps in the marketplace that may need a new type of facility to be provided. A number of options are currently being evaluated and a team is working through these with a view to improving responsiveness whilst ensuring that we maintain an appropriately safe environment for people facing very difficult immediate circumstances due often to a combination of mental health or behavior issues and a break down in their long-term placement arrangements.

**Stroke rehabilitation services.** We have submitted a revised proposal to the Oxfordshire Health Overview and Scrutiny Committee for the relocation of stroke rehab services from Witney to Abingdon. After discussion with partners it is now suggested that we make this a ‘pilot’ with a view to reviewing the effectiveness of the model in 6 months’ time and then formally consulting on any substantive changes as part of the Phase 2 Oxfordshire Transformation Programme consultation.

**Other.** I visited the district nurses in Witney, who raised a number of concerns about workload, staffing and CareNotes deployment. I agreed to investigate these issues and report back on progress in November.

I attended a number of sessions with Oxfordshire CCG, PML and other stakeholders to discuss how we might best support GP practices to ensure sustainability, including at a range of estates issues. These issues are complex and will be tricky to resolve: there are no ‘magic bullets’. I also attended a workshop with Bicester GPs to discuss local issues and we have agreed some joint projects (our own role being principally about ensuring the best use of the community hospital estate).

During the period I also visited our specialist eating disorder unit at Cotswold House, Marlborough for the first time. It struck me just how well run the service is, even being though it is quite remote from our other services. I would like to commend all of the staff at the ward for their exemplary care and continually positive and constructive attitude.

We were delighted to host the Southern region Triangle of Care meeting, which also afforded us the opportunity to share our ICareYouCare campaign with colleagues from other trusts.

We participated in a diabetes transformation workshop with colleagues from OUH, the GP federations, CCG and other key stakeholders. There is now a clear and ambitious shared vision for diabetes care and the challenge has been put at providers’ doors to collaborate on delivering this vision. We have convened three workshops to develop a collaborative proposal to present back to the CCG early in the new year.

**People**

**Workforce challenges.** Attracting new staff remains our biggest challenge. As discussed at length previously there are a range of initiatives both under consideration and in development designed to improve our offer to both current and prospective staff.

**Insight roster management tool.** We received a demonstration of the Insight rostering management tool, which allows Directorates, services and wards to ‘drill down’ into the effectiveness of their rostering. This potentially provides us with powerful new ways of thinking about the best way of deploying staff. The Trust is also participating in an improvement collaborative designed to improve our use of e-rostering tools, as well as exploring ways of moving away from endemic agency use in certain wards that have historically proved particularly difficult to staff.

**Operational organisation structure.** We are now preparing to take the final proposed organisational structure formally forward to consultation, probably to commence in November and use a phased approach to deliver the final new structure by the end of the financial year.

**Wellbeing.** The operational leadership team is starting to focus more on wellbeing, both for ourselves and for our teams. As well as hearing all about the Trust-wide programme a number of team members have made pledges which range from running a half marathon, to giving up alcohol for a period, to participating in ‘steps’ challenges, to reducing evening and weekend working, to taking up Pilates, visiting teams to talk to them about how they are feeling, cycling to work and holding a Christmas away-day.

**Equality, diversity & inclusion.** We renewed our commitment to equality, diversity and inclusion, as well as hearing all about progress towards the various Equality Standards and the Stonewall Index. We are all busy, and it is all too easy to forget about inclusivity as we are moving quickly to make decisions, but this short-changes all of us in the longer term.

**Sustainability**

**Finances.** CIP delivery remains a major challenge. After extensive discussion with Directorate leadership teams we remain convinced that the biggest opportunities for us lie in reducing beds where possible, controlling agency spend and bringing on new income streams. Whilst we could set a further targets for Directorates to meet we need to be mindful of the consequences of this for staff and patients at a time when the entire Trust is under enormous demand and acuity pressure, as well as desperately short of substantive staff across the board.

**Joint enterprise.** As discussed at several Board events we are nearing decision-making time for the proposed joint enterprise with Oxfordshire’s GP federations. Key decisions and agreements will shortly need to be made around:

* Services in scope and likely phasing
* Type of joint venture
* Company type
* Staffing arrangements
* Procurement method
* Regulatory considerations
* Tax
* Liability
* Board nominations & decisions
* Executive structure
* Business plan
* Support services arrangements

A joint workshop is being held with the federations on 31st October from which a detailed options appraisal and set of recommendations are expected to be made.

**Oxfordshire urgent care system.** The Oxfordshire urgent care system remains under constant pressure, and we have an upcoming CQC system inspection at the end of November, for which plans are being made. We have finally now secured an element of the re-ablement service from OCC for the next 6 months, which should relieve pressure on the HART service and improve our DTOC position. In addition we have tabled a specific proposal to the system to pilot a new ‘rehabilitation pathway’. We believe this will reduce delays, reduce reliance on beds and generate financial savings both for the Trust and the system. We have also tabled a range of further proposals for the system to consider to support urgent care, including a new Minor Injuries Unit and Emergency Multidisciplinary Unit for Bicester, rationalisation of the Hospital at Home service and the pilot of a new ‘community frailty’ service.

**Tenders.** We have agreed to take over the Continuing Health Care (CHC) service for Buckinghamshire from Arden/GEM CSU. We are bidding with a voluntary sector partner for the Oxfordshire Autism Assessment service.

**Learning Disability Service.** As reported at the last Board meeting in detail we have successfully completed our ‘100 day plan’. A self-assessment against the findings of the ‘Verita 2’ review of Southern Health’s takeover of services from the Ridgeway Partnership is also included in this month’s Board papers.

**Oxfordshire JMG.** Our partnership working with OCC on the Section 75 Agreement for mental health social care continues. We understand that the Council has now finalised an options appraisal on the future of this service. We have requested a copy of this and have a summit meeting scheduled at the end of October to discuss it.

**Estates.** There are a number of changes currently planned and taking place to our estate.

* We have successfully moved out of the Isis Centre in Little Clarendon Street.
* A range of changes is taking place in community hospitals as a result of the transfer of the community MSK service to HealthShare.
* Space pressure at Raglan House remains a concern, although a number of options are being worked on to resolve this.
* We are conducting a review of accommodation in Witney since demand is outstripping current infrastructure.
* We are progressing to full business case/options appraisal for the proposed new LD low secure unit.
* We are reviewing our accommodation for IAPT across Oxfordshire and Buckinghamshire since the service has outgrown its existing accommodation, and is likely to continue growing.

**Dominic Hardisty, 19th October 2017**