

**PUBLIC**



Report to the Meeting of the  
Oxford Health NHS Foundation Trust  
Board of Directors, 24<sup>th</sup> May 2017

**BOD 63/2017**  
(Agenda item: 7)

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 Objective(s) of the Trust.

## Quality

**Ruby Ward.** The ward is now managing quite well following the two recent unexpected deaths and the ward has been re-opened for admissions. Support and development continues to be provided to ward leaders and teams. We are also now exploring whether we need a new, age-inclusive pathway for emotionally unstable personality disorder patients, since the lack of a suitable, commissioned pathway has been identified as a likely contributory factor to these patients' conditions.

**Accreditations.** I am delighted to announce that all Oxfordshire and Buckinghamshire Acute Adults wards were re-accredited with their Royal College of Psychiatry AIMS accreditation this month. I am also delighted to announce that the Oxfordshire Complex Needs Service received its 'Community of Communities' accreditation scoring 100% in essential criteria, 100% in expected criteria and 92% in desirable criteria, with only 3 areas for development identified.

**Service moves.** Many of our CAMHS services are relocating from Boundary Brook House (in Headington) to Raglan House (in Cowley) and other locations this month, with Older Adults moving to Blackbird Leys. The moves have not been without their difficulties, but I am confident that the environment will be much better going forwards, albeit that there will no doubt be some teething problems that will need to be worked through.

**Out of Hours Service.** Following recent concerns about the Out of Hours Service we have appointed a new Interim Associate Director of Service Improvement to the service. Once this individual has been in post for 6-8 weeks we will ask them to come to a Board Seminar to update us on what they have found, and key areas for improvement. We are also investigating data quality issues within the service as a Serious Incident, including involving the CCG for transparency.

**Strategy for friends, families and carers.** We are gearing up for a re-launch of our strategy to coincide with Carers Week in June, including filming a video for cascade to all staff and theming the June Linking Leaders events all around carers, using the strap-line 'I Care, You Care'.

**EDPS.** We held our first Joint Mental Health Governance Meeting with OUH. I am pleased to report that the majority of improvement actions in the agreed EDPS improvement plan are now either complete, or expected to be completed in June. A

range of future actions and Key Lines of Enquiry (KLOEs) have been identified for consideration at the next meeting.

**Malware.** I would like to commend the whole IM&T team for their exemplary efforts to protect the Trust from the recent malware attack. We should note that, unlike some trusts, appropriate software ‘patches’ were applied many months ago, which is a real credit to the team and resulted in minimal disruption for staff and services. We remain vigilant both about the possibility of future attacks and the impact on services of potential disruptions to our supply chain. In addition to measures taken by the IM&T department the operations team proactively contacted key suppliers to ensure that our needs were fully taken into account in any business continuity plans that might be required. So far we have remained unaffected by the malware attacks.

## People

**Staffing pressures and temporary spend.** We held a focused session with Tim Boylin, Director of HR, on staffing pressures and temporary spend. This included considering the ‘fifty questions about our workforce’ paper generated at a staff workshop last year, as well as key pressures in recruitment, retention and temporary spend. We have agreed to make this a key area of focus this year and are now devoting a monthly session to working through ‘wicked’ problems. Tim has reassured us about the potential for step-change improvements to a number of areas including retention, recruitment, agency spend, reward, stress and building HR capability. The focus is now turning ideas into actions that really count.

**Operational organisation structure.** I previously shared our thinking about a proposed new organisation structure for operations. Recent discussions have focused on clinical leadership, and the idea that we might move to a more matrix-style organisation in which service delivery is organised on an age-inclusive, geographic basis, but supported by ‘clinical academic centres of excellence’ based around clinical specialties. Whilst these discussions progress, which will take time, we now need to make a small number of changes to the existing structure. Specifically, I believe that we should now formally appoint a Trust Director for Sustainability & Transformation to interface with the BOB Sustainability & Transformation Programme, and Bucks and Oxon Transformation Programmes. We also have a new Interim Programme Director for Age-Inclusive Mental Health joining us shortly who will bring a wealth of expertise and experience from a variety of mental health services, organisations and several different countries: we need to make sure that we make the most of this individual’s talents. This also might facilitate further minor organisational changes.

## Sustainability

**Budgets, CIPs and Strategic Transformation.** As will be discussed later in the agenda, the budgeting process is now almost complete. Our identified CIP plans indicate a shortfall against target. These will probably best be mitigated by a number of new business development opportunities (see 'tenders' below) and a focus on reducing temporary spend (see 'staffing pressures and temporary spend' above). Therefore, we are currently focusing our efforts on these areas rather than going back into services looking for new CIPs which may risk the quality and sustainability of services. However, the Board will need to remain vigilant about these mitigations, and realistic about our ability to deliver the full target. We are also in the process of evolving CIP Delivery Group into a Strategic Programme Board which looks at the totality of projects within the Trust (previously CIP and programmes/projects were considered separately). This should enable us to be realistic about priorities and ensure the best use of scarce resources. Finally in this area we have also agreed with the Trust's Internal Auditors a rolling, quarterly review of the programme so as to provide robust assurance as our approach develops through the year ('Are we doing the right things? And are we doing them in the right way?').

**DTOCs.** DTOCs remain a major area of concern: at the time of writing we continue to have >50 delays across our 143 beds. The system has been subject to two regulatory reviews of DTOC in the past month – one from NHS England and the other from the Secretary of State's 'Hospital to Home' team. These were very challenging and suggested key conclusions including that the system does not have a shared narrative that has the patient at its centre, that senior system leadership is not visible enough and that we do not have a fully agreed/aligned plan. In response to this the combined COOs have both undertaken some reflective practice (including scheduling an away-day in June) and considered what we might do better to respond to immediate challenges that the system is clearly not rising to sufficiently. I will provide a further update on our plans in the private section of the Board.

**RTT.** As discussed previously, OUH is facing significant RTT (elective care) pressures, which affects us due to the risk share agreement. A collaborative approach has been agreed, and a plan is being developed that will be shared with all Boards and then regulators shortly. The system has also agreed to appoint an Improvement Director to co-ordinate efforts in this area.

**Risk share agreement.** Again, good collaborative working is taking place on the risk share, but as reported previously this is not yet yielding satisfactory results. The Board needs to remain vigilant about the likelihood of these risks crystallising into actualities.

**Tenders.** The Chief Executive's report provides an update on the frustrating situation around our MSK physiotherapy service. Significant bids have been submitted to NHSE for T4 CAMHS and Eating Disorders: irrespective of the outcome I would like to commend all involved on their exemplary work. The system was also successful in a small bid for diabetes education, which should improve outcomes from this highly prevalent condition.

**Learning Disability Service.** I am delighted to confirm that we have signed Heads of Terms for the Community LD service. Negotiations for the Evenlode forensic LD service appear to be in their final stages, with a positive outcome hoped for. Southern Health has confirmed that the Slade site will transfer to the Trust if and when these two services transfer. We are still working to a target mobilisation date of 1<sup>st</sup> July.

**'Accountable Care System'.** NHS England has announced that there will be up to nine, first wave 'Accountable Care Systems' nationally. Buckinghamshire has submitted a bid to be in the first wave. Discussions have begun in Oxfordshire about whether this might be something that we wish to pursue at a point in the future. This will need to be subject of a discussion at a future Board meeting or seminar.

Dominic Hardisty, 19<sup>th</sup> May 2017