

# Report to the Meeting of the

**BOD 76/2017**

(Agenda item: 6)

# Oxford Health NHS Foundation Trust

# Board of Directors

# 

# 28th June 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**

**ICareYouCare.** I am delighted to announce the launch of our new strategy for friends, families and carers, *ICareYouCare*. Building on our Triangle of Care ‘two star’ accreditation (which we are one of only ten trusts in the country to have) this sets our path towards ‘three star’ accreditation (currently no trusts have this accreditation). A copy of the strategy is attached as an appendix to this document. We also created a very powerful video featuring carers (<https://www.youtube.com/watch?v=p_Hfbri3ixA>) which has been distributed to all staff. This month’s Linking Leaders events also focused on carers and featured something called ‘forum theatre’ in which leaders were able to interact with and direct actors on the stage to improve the journey of a patient and his daughter. We will be collating feedback from these and reporting back on progress over the coming months.

**FNP annual review.** I was delighted to attend the Family Nurse Partnership annual review where I met staff, participants and graduates of the programme. The FNP partnership supports teenage mums and their babies, over two years and according to an internationally accredited model in order to give these children better life chances. The service is a truly exceptional one, and it was delightful to meet these young families, hear their stories and see the positive impact that the programme has.

**Sandford Ward.** Following one of our Quarterly Performance Reviews Mark Hancock and I visited Sandford Ward (mental health inpatient unit for older men) to sit in on one of their multi-disciplinary team meetings. A number of concerns had been escalated to us regarding violence and aggression on the ward. What we saw was an extremely well-run MDT, focused on person-centred care planning, and dealing with some very sad and difficult patient situations. We have developed a number of key lines of enquiry that we are further exploring with staff: I am due to spend some time on a day shift and a night shift in the next few weeks to follow these up.

**Centre for Quality Improvement.** We heard from Professor Charles Vincent and Jill Bailey all about plans for the new Centre. The key concern from an operational point of view is that there is a pressing need to develop and deploy a ‘mass engagement improvement methodology’ across the Trust.

**People**

**Stonewall event.** I was invited to attend an event to feedback on the results of our first Stonewall survey, which also took the form of a diversity celebration with our LGBT network. Whilst on the one hand it is disappointing to have received such a poor Stonewall ranking, it was energising to understand the simple steps that we can take to improve things. The event also featured a powerful speech from Ruth Hunt, CEO of Stonewall, and my own presentation ended up in us all joining together to sing Labi Siffre’s ‘Something Inside So Strong’ (which had also been covered by the NHS Choir). Altogether a thoroughly moving and motivating event – I would like to take this opportunity to commend Mohamed Patel for his exceptional work in this area.

**Operational organisation structure.** Unfortunately one of my senior team needs to take an extended period of leave for personal reasons: our thoughts are with the family. This means that we have needed to make a number of interim arrangements. In doing so we are using the opportunity to align better the existing organisational structure with the direction of travel for the proposed new structure, upon which we will shortly go out to consultation. I will provide full details in the Private section.

**OMT away-day.** We held a team away-day, facilitated by Sue Llewellyn and featuring something called the Realise2 Strengths Profiler, in order better to understand the unique contribution that each team member can make, and how our strengths/weaknesses mesh together. It may not surprise Board colleagues to learn that, although we are resilient group of good change agents, narrators and explainers with a strong sense of morality and mission; we are (with one notable exception) less good at adherence, order and detail. This identifies clearly where we need to focus on providing additional support for the leadership team. I would also commend this approach to other teams, since it is a useful diagnostic tool and way of further cementing team relationships.

**Sustainability**

**Budgets, CIPs and Strategic Transformation.** After an extensive piece of work with the finance team, new draft budget baselines have been created at service and directorate level and will be considered shortly by the Extended Executive. This should ensure more robust budgeting, which will in turn lead to better financial accountability across the organisation. We need to move away from thinking about ‘CIPs’ per se and move instead to ownership of the full budget, including any agreed savings targets that may be required from time-to-time. This will then also ensure full alignment with service line reporting, which also has benefits in improving performance more generally, as well as commissioners’ desire for cost transparency.

As we will discuss later, we remain concerned about delivery of this year’s CIP plan. However, we expect to report next month report both that our Children’s and Young People’s Directorate has proactively identified some new CIPs, and that we have been awarded several new contracts which are not in the budget. These should significantly help us to close the gap. Nonetheless we continue to remain vigilant on this matter. We have also agreed a new way of working with Internal Audit: they will now visit the CIP programme quarterly to test regularly whether we are doing the right things, and in the right way.

**DTOCs.** Significant work continues on DTOC. This has included responding at system level to feedback from the national team, holding a facilitated away-day for system COOs to look at how we can work better together, and developing a new ‘rehabilitation pathway’ (as discussed at this month’s Board Seminar). It is too soon to say whether these interventions will be fully effective but we have reason to be optimistic.

**RTT.** A Q2 RTT plan has been agreed by the system, which is all about delivering maximum activity within available resources. After a competitive dialogue process McKinsey has also been appointed to lead on future RTT improvement work for the system, although the funding arrangement for this has yet to be agreed.

**Risk share agreement.** Major concerns remain regarding the Oxfordshire system risk share which will no doubt be discussed further during the private section.

**Tenders.** We were delighted to have been successful in our partnership bid to provide a tertiary Eating Disorders network covering a population of 6.3m across from Bristol and Somerset all the way across to Oxfordshire, Buckinghamshire and Berkshire. Partners in the bid are AWP, Berkshire Health, Southern Health, Surrey and Borders, 2gether and the Priory. The proposed model of care is predicated on a shift away from a service model based according to setting to a needs-driven, stepped care pathway which views inpatient treatment as a relatively short intervention. We are confident that the new model will ultimately provide a much better service for patients.

We are also working on a number of other business development opportunities that we will provide further updates on in the coming months. These include the announcement by Simon Stephens that Buckinghamshire has been successful in its bid to become one of the first eleven ‘Accountable Care Systems’ in the country.

We understand that Oxfordshire CCG has now awarded the integrated MSK tender to a private provider. At the time of writing we have not had a formal response to our letter regarding this situation almost a month later.

**Learning Disability Service.** I am delighted to confirm that we have reached agreement with NHS England for the transfer of the Evenlode forensic learning disability service. The agreement also supports the creation of a new low secure pathway which would require the build out of several new wards at our Littlemore site. These services are expected to transfer on 1st July to coincide with the transfer of CCG-commissioned services. We have also been asked slightly to expand our provision of community LD services to include a small service (a dozen staff) which provides respite care for patients with learning disabilities and is commissioned by Oxfordshire County Council. Based on the above taking place on 1st July we also expect the Slade site to transfer to Oxford Health: an options appraisal is being conducted on the site jointly with the Estates team.

**UTCs.** We have been exploring the NHS England initiative to create new Urgent Treatment Centres in Oxfordshire. Preliminary analysis suggests that there may be enough demand to support new centres in several parts of the County.

**Oxfordshire development workshop.** I attended on Stuart’s behalf a development workshop with health partners, the County Council, District Councils and Local Enterprise Partnership. It was fascinating to hear about the huge growth plans for the County, and support for our own and OUH’s development strategy moving forwards. We also took the opportunity to enlist the support of these partners in helping to solve the workforce crisis facing the health and care economy through the provision of more affordable housing, better transport links and so on.

**Dominic Hardisty, 20th June 2017**