

# Report to the Meeting of the

**BOD 49/2018**

(Agenda item: 5)

# Oxford Health NHS Foundation Trust

# Board of Directors, 25th April 2018

**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**

**CQC system inspection action plan**. The system’s response to the CQC system inspection has now been discussed at length with stakeholders including the Health Overview and Scrutiny Committee and A&E Delivery Board. The piece that I and my team are most involved in – the Urgent Care Improvement Plan – has evolved significantly since last month and is now becoming more tightly honed. One outstanding issue remains the lack of a defined programme management methodology, and support to the programmes from a central programme management office - I expect this to be resolved in the next month. I am also currently leading work-streams around avoiding unnecessary A&E attendances and non-elective admissions and have commented more on this below under the Urgent Care section of my report.

**Trust Well Led inspection.** As has been covered in the Chief Executive’s report we have now completed our CQC Well Led Inspection. I would like to thank all staff involved in the inspection for their hard work as well as for showing the CQC all of the many amazing things we are doing to try to improve care for patients. This does not mean that there isn’t room for improvement – there always is – and our commitment is to continually improving until all of our services provide truly excellent care at all times and in every domain.

**QISMET award.** I am delighted to announce that the Trust’s diabetes team has been awarded QISMET (Quality Institite for Self-Management and Training) and DSME (Diabetes Self-Management Education) accreditation after an extensive quality improvement process. Perdy van den Berg and Pam Dyson are both to be commended for their work on this project – the documentation in particular was singled out by the assessor as ‘the best that I have seen so far.’

**Quality risks**.A number of new risks to our quality systems have been identified in the period which are being investigated, and corrective/preventive actions taken.

Firstly, it has transpired that, whilst Directorate risk registers are reviewed by the Estates department, ward and department risk registers are not. It is not really practical to ask the Estates team to scan through all of our different risk registers, which means that we need a more systemic and ‘closed loop’ approach to managing risk. There is enthusiasm for deploying a more automated risk management system rather than the current approach which utilises multiple spreadsheets. This will take time to explore as an option so, in the mean-time, we intend to use our monthly, joint Ops and Estates session to scrutinise line items in the capital programme more closely to ensure that it is responding to local needs.

Also, despite a significant initiative earlier in the year to ensure accurate recording and training of the ‘person in control’ at each site for fire safety, within less than 6 months the current register appears to be out of date. This again highlights the ‘open loop’ nature of some of our quality systems, which require extensive manual workarounds in order to remain effective. At the time of writing we are still investigating the best solution to this problem. I will provide a further, verbal update during the Board itself.

**GDPR.** The Ops team received a detailed briefing on GDPR (General Data Protection Regulation) which comes into effect from May, and were assured that the Trust is taking all necessary steps to ensure its preparedness.

**East Oxford Health Centre.** Growing parking pressures at East Oxford Health Centre are causing us to reconsider which services should be based there. We are currently reviewing options and will bring forward recommendations in the next few months.

**People**

**Consultation.** With Phase 1 of the consultation complete we have now embarked upon Phase 2. Directorates are engaging with their leadership team to come up with either consultation proposals or where necessary consultation options. The revised timeline for this is that we now expect the process to be largely complete by the end of June, to allow plenty of time for discussion with affected staff as well as adherence to the Trust’s Organisational Change Policy.

**Agency HCAs**. We remain committed to ceasing usage of agency HCAs in mid May. A list of 125 HCAs that provide the majority of agency hours has been created and these individuals contacted to support them in moving across to Bank.

**Sustainability**

**Oxfordshire urgent care system.** The system is now stepping down from winter escalation, and we expect to reduce the number of community beds back to below plan by mid May (allowing for escalation back up next winter). This has been a very tough winter and, as discussed at Board previously, we all remain extremely concerned about the system’s ability to step up for next winter given financial and workforce pressures.

There is now a comprehensive Urgent Care Improvement Plan, which forms part of our CQC Action Plan. This includes actions for all partners. Our key areas of focus, some of which I have been asked personally to lead on for the system, include:

* Avoiding unnecessary attendances – refining our MIU offer so that it can support ‘illness’ as well as ‘injury’ in line with the national transition towards an Urgent Treatment Centre Model;
* Avoiding unnecessary admissions – piloting a new ‘community frailty pathway’;
* HART subcontract – working with OUH to support the delivery of additional reablement capacity across the County; and
* ‘Rehab at Home’ – taking community hospital patients home as soon as they are ready to go and closing DTOC beds on the back of this so that we move to a more home-based model.

These will all be key areas of focus for the coming year and I will provide regular updates to Board as we go.

**Oxfordshire Care Alliance.** We are close to beginning to mobilise the Oxfordshire Care Alliance (previously described as the ‘Joint Enterprise’). This was discussed at the April Board Seminar, and a detailed paper is being provided to Private Board later today for discussion and approval.

**LD low secure unit.** We are now close to finalising the business case for the proposed new learning disability low secure unit at Littlemore. Due to the size of this investment it will need to come to Board in May or June.

**Contracting.** As will have been reported in the CEO report and no doubt discussed further in the finance section, we remain extremely concerned about funding for mental health in Oxfordshire in particular. We are also now in the process of mobilising the ‘New Care Models’ for Eating Disorders and CAMHS. Early indications from the first year of the Forensics New Care Model are that it has improved quality and flow as well as generating net savings.

**Finances.** Finances for this year remain finely balanced, and our operational focus remains on agency spend, non-pay, new income streams and opportunities created by new productivity analysis that we expect to come on stream later in the year.

**Dominic Hardisty, 25th April 2018**