

# Report to the Meeting of the

**BOD 67/2018** (Agenda item: 8)

# Oxford Health NHS Foundation Trust

# Board of Directors, 24th May 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**. Work is progressing with the CQC system inspection plan. System COOs (or equivalents) recently presented an update to CEOs which highlighted both key areas of progress and gaps in delivery. A cross-system group is going to be established, supported by a programme office, to ensure delivery is on track. We will ask this group once established to provide an update to Quality Committee each time it meets.

**Trust Well Led inspection.** As was reported verbally at last month’s Board, feedback from CQC inspectors was extremely positive, although there remain a small number of urgent, local actions that we need to complete to ensure that we consistently provide safe services. Each of these is being followed up quickly, and assurance of progress will be provided via the relevant Quality Committee sub-group.

**EDPS & CAMHS.** Oxford University Hospitals escalated some recent concerns about the pathway through the Emergency Department for young people with mental health problems. Whilst our services have performed consistently well (and in accordance with NICE guidance) it is recognised that a potential risk can arise for certain young people admitted to OUH who may be at risk of self-harm and could benefit from being risk-assessed by our psychiatric team prior in addition to being assessed by a paediatrician. We have therefore agreed some temporary enhancements to the pathway whilst a new service specification is developed. This has created some extra pressures for CAMHS consultants which are being monitored carefully.

**Quality risks**.I reported last month some concerns around ‘person in control’ for fire safety. I can now confirm that all lists have now been verified, amended where necessary and confirmed as being accurate. Clinical Directors have agreed to be responsible for ensuring that these are now kept up-to-date.

**People**

**Consultation.** Our ‘Phase 2’ consultation is now being considered by the Executive Team and SPNCC (staff side), with a target completion date of the end of June. We will also need to then launch ‘Phase 3’ for Directorate support staff.

**Agency HCAs**. After extensive planning we went live with our change to move as many agency Health Care Assistants to the staff bank. I am pleased to report that this has gone well, albeit that some particular ‘hotspots’ have proved quite difficult to manage. We remain committed to this approach, as well as to learning how we can subsequently apply it for other key staff groups and locations where agency spend is high.

**Older people’s mental health social work.** The decision has been made by Oxfordshire County Council to bring older people’s mental health social work back in house. This means that we will need to consult on approximately up to a dozen staff TUPEing to the Council. The Council have also confirmed that they have no intention to do anything similar with social work for adults of working age. There remain some funding, contractual and governance issues that we need to resolve with the Council, and all parties are sighted on these.

**Sustainability**

**Oxfordshire urgent care system.** The Oxfordshire urgent care system has now largely stepped down from winter escalation, including our reducing the number of community hospital beds. Over winter we also tested enhanced payments for community services staff to work extra shifts. Whilst many more such shifts were worked than previously, this is in line with the increase seen in other areas of the Trust suggesting that we should be cautious about implementing such enhancements in the future. That said, we have taken the decision to enhance bank pay rates for all substantive staff who offer to work extra shifts, which is a ‘win win’ that should benefit patients, staff and our financial position. I would again like to thank all staff who worked extremely hard to keep the system safe over winter and continue to do so – we are often reliant on staff going the ‘extra mile’ for patients to compensate for difficulties in a highly pressurised system.

Collaborative work continues with PML and Oxford University Hospitals to determine whether an ‘integrated front door’ can be provided at the Horton General Hospital, with recommendations expected towards the end of next month.

**LD low secure unit.** Plans for our new low secure learning disabilities unit are in the final stages. A further update will be provided in the Private session.

**Contracting.** Our key CCG contracts remain problematic, as will no doubt be covered both in the CEO report and the finance section of the Board. Pressures in mental health are particularly acute. We have had to notify Oxfordshire CCG of the requirement to extend waiting times for routine mental health assessments from 4 to 8 weeks in our City team to cope with unfunded rising demand. We have also observed a gradual increase in contract monitoring demands being made of services by Oxfordshire CCG. In response, we have strengthened our own contract management approach to reduce demands on operational and clinical leaders.

**‘Star chamber’.** We held a ‘star chamber’ to review all programmes and projects: these are now tracked (and typically resourced) centrally through the Performance Team rather than being distributed across Directorates. This has identified that additional resources will be required to deliver this year’s transformation and CIP programmes. I have recommended that we invest in additional capacity to support CIP projects, since these should be self-funding within the year. For other projects, we have been largely able to reprioritise work or redirect existing resources to meet services’ transformation programmes.

**Slade site.** The Executive Team has considered a range of options for the Slade site. Three developments have been given approval to move to the business case stage:

a pair of new flats for people with learning disabilities requiring a short period of intensive support, the creation of flexible clinic/consulting rooms that can be used by a range of services, and the relocation of County-wide CAMHS services to the site (these are currently provided from a number of different locations). A number of further schemes are also being considered as a second phase of development. These proposals will be brought forward to Finance & Investment Committee for consideration in due course.

**SPA business case.** The operational leadership team has approved in principle an investment in advanced telephony to support our community services Single Point of Access (SPA). Initially this will provide us with the opportunity to standardise the service offering across the county and track activity. Once we have collected some of this data we will then want to consider whether we should centralise some of this into a call centre, and whether such a call centre could potentially be expanded to cater for a much broader range of urgent care requirements.

**Key worker housing.** I presented at an Oxfordshire-wide key worker housing conference attended by the health sector, County and District councils and with some voluntary sector representatives. This was very helpful both in sharing the scale of our challenges but also creating positive energy for improvement. I have in particular been asked to lead on co-ordinating a piece of work about attracting external investors in to help us solve some of the ‘chicken and egg’ problems associated with key worker housing. I will keep the Board updated as this progresses.

**Dominic Hardisty, 25th May 2018**