

# Report to the Meeting of the

**BOD 79/2018** (Agenda item: 6)

# Oxford Health NHS Foundation Trust

# Board of Directors, 27th June 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.** A cross-system governance group has now been established to monitor and provide assurance to stakeholder organisations on our response to the CQC system inspection earlier this year. Ros Alstead will lead this work for the Trust, reporting into Quality Committee.

**Trust Well Led inspection.** As will no doubt be covered in both the CEO report and Director of Nursing update we have now received our draft inspection report from our CQC Well Led inspection. Teams are now involved in the detailed ‘factual accuracy’ checking and forming a view as to whether the evidence available confirms draft ratings across services, or whether we feel we should provide supplementary evidence and/or challenge draft ratings. We expect this process to be completed in mid July; the final report is likely to be published later in August.

**ICareYouCare.** Stuart and I were delighted to host our first Carers Conference, for staff, stakeholder organisations and carer representatives. At this we presented our progress with the ICareYouCare initiative, heard first-hand some powerful carer stories, and heard from our own teams about some of their innovative practice. We have also launched ‘Chris’ story’ – a video for all staff and stakeholders showing how important it is to involve carers in care planning and delivery. The video can be accessed from our website here: <https://www.oxfordhealth.nhs.uk/news/trust-marks-carers-week-and-anniversary-of-carers-strategy/>

A survey that we completed in preparation for this has also highlighted that the lack of dedicated roles to support carers is the key enabler identified by teams to be able to move this agenda forward. This is something that we will investigate further with a view to trying to ring-fence suitable resources for this purpose.

**Mental health urgent care.** Discussions are ongoing with OUH and Oxfordshire CCG regarding mental health urgent care, in particular for children and young people. It ia recognized by all parties that the current model falls short what we would want for our patients, and so we are working to design integrated pathways that enable a 24/7 response especially in the context of system financial constraints. The commitment from all parties is to define the right clinical pathways, determine the appropriate level and type of resource to respond to demand, and then work to resolve outstanding resource issues collaboratively. The CCG has made the helpful suggestion that an independent chair be appointed to convene a cross-system group that would be tasked to come up with a satisfactory resolution.

**‘Leading Together.’** Kerry Rogers and I were delighted to join the Oxfordshire Leading Together programme. This programme puts a blend of health and learning disability leaders together to build a shared purpose and work on an improvement project together. I am working with colleagues on a project around person-centred care, and Kerry is working with a different group on wellbeing signposting. It was fascinating to see how much we all have in common despite our differing backgrounds and perspectives, and is a welcome reminder that co-production is the very best way to design service improvements.

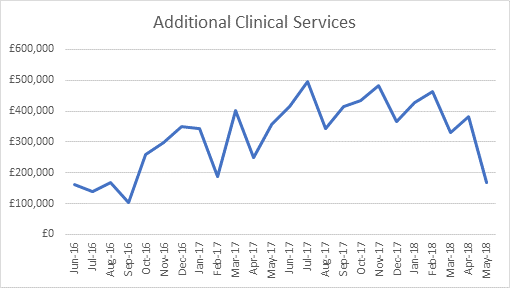
**People**

**Consultation.** We have now launched the Phase 2 consultation on the restructuring of Operations and are running a series of engagement events for affected staff. I expect to be able to provide a full report at the next Board meeting.

**Clinical Director for Forensic Services.** After careful consideration Sukh Lally has decided to stand down as CD for Forensic Services to focus on other activities. I would like to take this opportunity to thank Sukh for his contribution over the years and to wish him well in his future work, both within and beyond the Trust. We will decide shortly (after taking soundings from clinical leaders in the service) whether to make interim arrangements for his replacement or whether to commence a substantive (and probably external) recruitment process.

**OBE for Wendy Woodhouse.** As Stuart will no doubt have noted in his report, we were delighted that Wendy Woodhouse has been awarded an OBE for her services for children and young people. I would like to add my thanks and commendations for Wendy’s contribution – she has been an exemplary clinical leader and represents a standard that all of us aspire to emulate.

**Agency HCAs.** Our initiative to bring as many agency HCAs onto the bank as possible from mid-May seems to have been highly effective. The chart below shows our run rate on ‘Additional Clinical Services’ spend (which is 95% HCAs) over the past two years. It can be seen that this has dropped dramatically in May even with a part-month effect, and we expect this to continue. I would like to thank and commend all of the teams who have pulled this off – it is an exceptional piece of improvement work. The focus will now move to other agency ‘hot spots’.



**Aspiring COOs programme.** I participated in two national interview panels for an aspiring COO programme being run jointly by NHSI and the Leadership Academy. It was wonderful to see such phenomenal talent coming through, as well as being able to participate in such a useful networking and learning opportunity.

**Sustainability**

**Oxfordshire urgent care system.** I reported last month that we have stepped down from winter pressures. The focus now is on planning for next winter. There is much excellent collaborative work taking place across the system including on a new, ‘integrated front door’ for the Horton, a strengthening of the HART reablement service, and the development of a frailty step-up pathway jointly with the GP federations under the auspices of the Oxfordshire Care Alliance. However, there is still more work to do, as we do not yet have robust enough plans in place to respond well to expected surges in demand. This is a subject we will no doubt return to several times in the run-up to next winter.

**LD low secure unit.** We presented the draft business case at a Board Seminar earlier this month and the final business case will be coming to Private Board later for approval. This is a very exciting new development for the Trust, and very much needed by the patients that we serve.

**Contracting.** As will no doubt be covered in the Director of Finance update we remain concerned about the lack of resolution of our key commissioner contracts, in particular for mental health services.

**Dominic Hardisty, 27th June 2018**