

# Report to the Meeting of the

**BOD 92/2018** (Agenda item: 5)

# Oxford Health NHS Foundation Trust

# Board of Directors, 26th July 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**

**School Health Nursing End of Year Meeting.** Pauline Scully and I were delighted to attend, with commissioners and regulators, the Oxfordshire School Health Nursing End of Year Meeting at County Hall. This included presentations from our school nursing teams illustrating the hugely important work that they undertake, which is both evidence-based and also co-produced with children and young people. There was a wonderful positive energy in the room, as well as plenty of evidence of innovation. It does strike me that a formal ‘annual review’ of services is a very good way of getting a snapshot of where services are in a holistic sense and is something that we should perhaps encourage across the Trust as good practice.

**‘Leading Together Programme.’** Kerry Rogers and I attended our second ‘Leading Together’ co-production training with experts-by-experience from the My Life My Choice patient support group. Each of us has now been paired with a My Life My Choice representative and are in the process of planning a quality improvement project. My ‘buddy’ and I are looking into how we can provide better support for those who have graduated from the Complex Needs Service but feel that they might occasionally need further peer support.

**CQC Well Led Inspection.** As will no doubt be reported by colleagues we are gearing up for the publication of our CQC Well Led Inspection and resultant action plan. This is hugely important both as the core standard for which we are held to account but also as the driver of quality improvement across all of our services.

**People**

**LD transition – one year on.** I attended a wonderful ‘bring and share lunch’ with the learning disability team to celebrate the first anniversary of the transition. It was fantastic to see such an energised team that is committed to providing the best possible care despite having experienced some significant challenges along the way.

**CAMHS consultants meeting.** I attended a meeting of our CAMHS consultants to explain some of the contextual challenges faced by the service, talk about our approach to rising to these, and assist them in considering how best to structure an away-day to help the consultant body step forward to lead our service transformation programme. We are lucky to have such a group of talented, patient-centred and forthright consultants – the key is for us to learn how to galvanise this energy into a positive and coherent leadership coalition from what has historically been quite a disparate group.

**Consultation.** The formal part of the Phase 2 consultation for operational leadership is now almost complete and an outcomes paper will be issued shortly. This will be followed by appointment processes for these senior leadership roles. I believe that, in the vast majority of cases, we will be able to find a good fit between people’s abilities, experiences and aspirations and the types of role that we have to offer.

We are also using the opportunity to strengthen specialty and professional leadership across the board. Some of this will take time to realise since we do not currently have the budget available to fund all of the posts that we would like to appoint to. It is expected that, over time, we will be able to redeploy funding from posts held by people who are coming up for retirement but that will not be replaced on a like-for-like basis, meaning that we should be able to reach a full complement of clinical leaders within 12-18 months without creating material cost pressures.

**Agency usage.** We have managed to sustain our excellent reduction in agency HCAs. However, what is becoming clear is that this has not resulted in an equivalent reduction in costs. This is due to a combination of using a richer skills mix than our establishment to compensate for the lack of bank HCAs, and greater use of high cost and off-framework agencies. Whilst this is beneficial from a quality point of view – and indeed staff report that it has created much-needed extra headroom within the wards – it is obviously not a sustainable position. We have a pipeline of HCAs awaiting training that should help alleviate matters, but remain concerned that there remains an imbalance between supply and demand. We will continue to monitor the situation closely.

Our attention is now moving to agency administrative staff as the next area of focus. This will require hiring 100+ new administrative staff and we are looking into creative ways of doing this.

**Avon & Wiltshire Partnership COO.** I attended, as external assessor, the interview panel for the new COO for Avon & Wiltshire Partnership. I am delighted to inform the Board that Mathew Page has been appointed as COO – Mathew has been a Deputy Director of Operations at AWP since 2014.

**OMT away-day.** We recently held an externally-facilitated away-day for our senior team to which we also invited HR, learning & development and the Improvement Centre. This focused on short, medium and long-term priorities, and the different ways we need to behave as we are entering these different modes of decision-making. This material is being written up and will be shared with the Executive Team shortly. If others find it as helpful as we did then it may well be worth considering using a similar methodology for a Board away-day as well as in other parts of the Trust – certainly the feedback from participants was that they found it helpful.

**Sustainability**

**Funding.** As will no doubt be reported in the Chief Executive’s report and finance section of the Board we remain concerned about funding levels for both mental health and community services. We need a fundamental ‘re-set’ in investment for these services if we are to be able to meet rising demand and increasing needs, as well as to move to community (rather than hospital-based) models of care.

Whilst the new financial settlement for the NHS is of course welcome, it has been widely reported nationally that it gives little or no headroom for improvement or development of new care models. This risks becoming increasingly problematic over time after such a long period of financial austerity, workforce shortages and pressure on social care. Whether integration in and of itself is enough to close the gap remains a matter for debate, but continues to be the local and national direction of travel.

**Urgent care.** The urgent care system remains under significant pressure, including due to the heatwave, which can cause dehydration and heat exhaustion in older people, and subsequent related infections. Paradoxically, we have in parallel been working extensively on plans for next winter – earlier and in more detail than in previous years – reflecting that last winter was particularly challenging and is not something that any of us would wish to experience again.

I apologise that I am not able to attend Board in person today: this is due to my presence being required at an NHSI-sponsored event looking at improving urgent care to which all Oxfordshire statutory organisations have been requested to send Board level representatives. Donan Kelly, our Joint Service Director for Oxfordshire, should be able to represent me well, and it should also provide him with good experience of how an NHS Board operates – something that I am increasingly keen to expose more of my senior leadership to as part of their career development.

**Dominic Hardisty, 26th July 2018**