

**CoG 12/2019**

(Agenda item: 9)

# Report to the Meeting of the

# Oxford Health NHS Foundation Trust

# Council of Governors

**12 June 2019**

**Update Report on Key Issues from Chief Executive**

**For: Information**

**Overview**

Since the last meeting of the Council of Governors much has occurred in addressing the historic underfunding in Oxfordshire, sufficient to allow the Trust to accept its control total for 2019/20, albeit more work is required to obtain a recurring position where demand and capacity are matched sustainably to the growing needs of the population across all age groups.

Of our main contracts, that with Buckinghamshire CCG is now completed and signed. However, in negotiations with Oxfordshire CCG we have agreed the FY20 terms but have yet to finalise the arrangements for OCCG to work with OHFT to increase the funding level in FY21. We will be in a position to sign FY20 contracts when that is concluded. As NHSE Specialist Commissioning engaged late in the contract review process, there remain some fundamental contractual matters to be resolved. There have been a significant number of personnel changes at NHSE Specialist Commissioning and a loss of records at NHSE which has required additional time to bring the new team up to speed.

In light of the challenges our teams face in mental health services in Oxfordshire, I have written to all staff to acknowledge personally my appreciation for what they are doing to manage rising demand with increased activity.

I have recently apprised teams of our shared recognition with Oxfordshire CCG that there is an £18-28m mental health funding gap in the county, and that we are working closely with commissioners to develop a joint plan to reduce that gap and bring the position in line with other similar CCGs’ spending, to make mental health services more sustainable for the longer term.

We need to take some immediate steps to ensure that services are consistently available to patients with the greatest need. Waiting times for people to access psychological therapy have been increasing recently. To help reduce waits we have written to all GPs to make them aware of the situation advising them of the long waits for both assessment and treatment. We have also written to all patients affected to explain why and to reassure them we are recruiting staff to help reduce waits.

To help tackle the backlog, we are in discussions with an online provider to see what they can offer to increase access to assessment and treatment, while our psychological therapy staff work to reduce the waiting list for treatment. For a period however, this means that people will continue to have to wait for longer than any of us would like until the waiting list work is complete. During that period, we will put in place measures to monitor the waiting list in order to track and minimise the risk of harm.

The Council may recall that we increased the length of time for patients in Oxfordshire to be seen for a routine assessment within the AMHT from 4 weeks to 8 weeks last year. In addition, we want to take some of the pressure off teams by obtaining more complete information at the point of routine referral, so they do not have to waste valuable clinical time chasing additional information. We also want to see alternative pathways for patients with specific needs which the teams are not commissioned to provide.

Additional funding for this year has been identified to add capacity to the Oxfordshire Mental Health Partnership by providing more Mind embedded workers in AMHTs. We intend that this increased resource will help to alleviate some of the pressure in AMHTs and ensure that people receive support more quickly; Response will increase staffing at the recovery campus in Littlemore, with four senior support workers leading on substance misuse and physical health for residents in Rowan House and Morrell Crescent. Elmore has extra funding to ensure people are seen more quickly, which will help to increase flow through the AMHTs.

We also have additional money to continue with the Safehaven for the next 12 months and to set up more Housing First projects in Oxfordshire for people with serious enduring mental illness who have no other local housing options and otherwise end up homeless or stranded on inpatient wards.

A demand and capacity model is being developed to help fully demonstrate the number and type of staff we need in each AMHT. This is important because an increase in referrals of around 30% over the past years has not been matched by an increase in funding, and that, in large part, has led to the increased pressures staff are experiencing. The demand and capacity work will mean that we will be able to be clear what commissioned capacity is available and to identify the gap between that and our ability to meet demand sustainably.

We are doing everything possible with our partners in the county to address immediate challenges and develop a stronger more sustainable position for the future, which should improve the quality and experience of services for all concerned.

It is notable that NHS Providers’ recent survey of mental health trust leaders found significant unmet need across the country for a number of mental health conditions, as well as commissioning decisions resulting in services being cut or reduced. Demand for services is outstripping supply and socio-economic factors are contributing to this. Underscored as important in implementing the NHS long term plan for mental health was the following priorities:

* **recognition of sustained increases in demand**, and a continued focus on reducing the number of out of area placements and addressing inpatient capacity problems
* **meeting providers’ capital investment needs** so that urgent improvements can be made to estates
* **promoting careers in mental health** and retaining the current financial incentives to recruit mental health professionals
* **continuing the progress already made on data collection and data quality** to give a better understanding of mental health activity, access and outcomes that can then enable better commissioning of services.

**Local issues**

1. **FY19 reflections**

With continued pressures, particularly on the local mental health systems, we continue to work with our commissioners and with our system partners to develop secure financial underpinning for the levels of service required to respond to demand, and, most immediately, to ensure that there is a sustainable level of workload across services. It is very helpful that this issue has been given public recognition and is identified as a national and local priority. Nevertheless, considerable further work is required to support the right care in the right place and we to maintain focus on the need for mental health investment to support our staff who are dealing day to day with the pressures of caseload and acuity levels.

In that context, I would first of all comment on my appreciation for the way in which Oxfordshire CCG have supported the joint approach between our two organisations to address the issue of mental health funding in Oxfordshire. We have now established the case and the extent of the issue, though we obviously still need to finalise a plan which will get us back on a sustainable footing in the short term and correct the historic underfunding over a two to three-year period. We should not underestimate the challenge which this poses to the wider Oxfordshire system. In this context there are some very encouraging discussions taking place about developing a more integrated approach to mental health in the context of wider integrated care system working across Oxfordshire and Buckinghamshire

The new financial year began in the period since the governors last met, and the moves to implement the NHS Long Term Plan have been gathering pace.

The Forensic New Care Model has achieved a great deal in its two year pilot phase and will be rolled on for a further year until such models become ‘business as usual’ for specialist mental health services. As this develops we will move to a broader risk and gain share with our consortium partners. New Care Models in Adult Eating Disorders, Tier Four CAMHS and Specialist Dentistry are all at various stages of development and are expected to go live over the course of the year.

The collaborative approach to the management of ‘Winter’ in Oxfordshire saw much improved responsiveness to the needs of patients over a year ago, and better collaboration which has been noted by the recent CQC system inspection. That is despite continued growth in demand, and in contrast with the experience across much of the rest of the country. We expect to see the ‘Winter’ model of collaboration developed as a year-round Urgent Care Integrated Care subsystem.

There has already been a considerable amount of work put into the development of the Oxfordshire Care Alliance and that provides a platform which can be adapted to embrace the advent of Primary Care Networks as described in the NHS Long Term Plan.

Finally FY20 will see the need for the Trust to take major decisions in relation to the plans for the redevelopment of the Warneford Hospital site.

1. **Workforce: Recruitment and Retention**

The focus and impetus to this important area for the Trust and its services continues, and below are some of the key developments.

We published our Gender Pay Gap (GPG) data for the year 2017-18. Our mean GPG figure increased significantly from the previous figure due mainly to having brought a number of high cost people such as Out of Hours GPs and specialist consultants onto our payroll. This was done to comply with HMRC’s IR35 regulations. We are broadly in line with other local NHS Trusts.

TRAC, our new recruitment and candidate management system, has gone live and more information along with a link to our refreshed recruitment website is in the HR Director’s report. Initial feedback from managers is being followed up to make sure the new system is well understood and that any problems are addressed promptly.

Work is ongoing to respond to the issues raised by our staff in the Staff Survey, including a focus on the “involvement” questions. The responses to these questions indicate that staff feel less involved in and consulted about changes which impact them than they should do. One of the workstreams under our Stress programme is about change and we are involving Oxford Healthcare Improvement to do some analysis of recent change projects to explore this issue further. Staff side remain very committed to this work and keen to contribute to improving staff engagement in general.

1. **Temporary Closure of City Community Hospital**

The Governors were appraised by the Director of Corporate Affairs that the Board had confirmed it necessary to temporarily close our City Community Hospital Ward at the end of May, which is a 12-bedded unit at the Fulbrook Centre on the Churchill Hospital site. This closure is for patient safety reasons, as there are insufficient registered nursing staff (RNs) to ensure safe staffing of the unit across all shifts, due to two thirds of substantive posts falling vacant by month end. Nationally prescribed Safer Staffing Guidelines require two RNs per shift to ensure safe patient care for people who are typically frail with complex physical needs.

City has had high vacancy rates in registered nursing with around half of posts vacant since 2016. Additional nursing cover has been provided by two senior staff, equivalent to one more post. With staff leaving at the end of May, almost two-thirds of posts will be vacant. Redeployment will be offered to all remaining staff (around 30, including RNs), and with no shortage of vacancies, Oxford Health will continue to recruit vigorously to its community hospital staff.

Staff shortages at City are despite strenuous efforts to recruit through fairs, open days and online campaigns. For example, previous job adverts that have had over 700 views, have not converted to a single application. The most recent has had 290 views since early April and no applicants.

The reasons for this are thought to include the unit’s relatively isolated location on the site of an attractive alternative employment environment and the high cost of living in Oxford. For existing staff, shortages have created additional pressure while caring for patients who have more acute needs than in the past. Agency cover relieves some of this but does not provide the consistency of care that these patients need from permanent staff with local expertise and experience. While staff have worked extra hours and managed agency cover, that is not sustainable and employment opportunities in the acute and nursing home sector have made it difficult to retain staff indefinitely.

The Fulbrook Centre will continue to host older adult mental health wards provided by Oxford Health.  The Director of Corporate Affairs has also appraised Governors of the response from the Health Overview and Scrutiny Committee (HOSC) and if helpful I can update governors post the meeting with HOSC on 31st May.

1. **Care Quality Commission: Routine Provider Information Request**

At the beginning of May I received our Routine Provider Information Request (RPIR) which is sent once annually. As set out in CQC’s guidance for NHS trusts, within six months of the date of this letter they will carry out an inspection of well-led at the trust-wide level, along with an inspection of at least one core service. The CQC will use the information in our response to this request to help decide their inspection approach.

1. **Crisis resolution and Home Treatment**

In Buckinghamshire resources have been agreed to start the development of a Crisis Resolution/Home Treatment team. This will take a couple of years to become fully functional but is a major addition to our ability to provide crisis support across the county and to reduce avoidable out of area placements. It is our aim to bring similar developments to Oxfordshire once we can be confident that the underlying position is secured. In both counties we need particularly to develop an improved response to the needs of people with ADHD and Autism, especially where there are comorbid mental health problems.

As part of the plan to support these changes we are developing a new approach to the coordination of integrated care for mental health in conjunction with Oxfordshire and Buckinghamshire CCGs.

1. **Warneford master plan**

We continue to progress exciting and ambitious plans which I am happy to expand upon at the meeting.

1. **Service Investments**

We have been finalising business cases for our planned investment in a 10-bed low secure inpatient unit designed to provide accommodation for patients with autism and learning disabilities, and also a new build 8 bedded CAMHS Psychiatric Intensive Care Unit (PICU) adjacent to the existing Highfield general adolescent unit in Oxford, with an additional place of calm suite which may provide for a temporary assessment/crisis facility or de-escalation area for a short period.

1. **National and Regional issues and transformation developments**

Developments worthy of reference are as included below:

**System Integration**

BOB STP continues to focus on the development of plans to enable Oxfordshire to move towards developing a place based integrated care model and as part of the requirement for health economies to create five-year plans by autumn 2019. STPs will become Integrated Care systems from the end of May; current ICS’s will become Integrated Care Partnerships.

An external part-time independent Chair is being recruited to which will provide leadership and high-level constructive challenge to the STP/ICS leaders. The Independent Chair will take a lead role in shaping the long-term requirements of a Partnership Board. They will work with the STP/ICS Lead to engage key stakeholders across and outside the STP, including, for example, politicians and the media. Sir Jonathan Asbridge has participated in the appointment process on behalf of the Oxfordshire system.

There is a strong expectation that the 5 big service changes/local priorities to be delivered across the ICS in association with the NHS 10 Year plan are as follows:

1. Boost out-of-hospital care
2. Redesign and reduce pressure on emergency hospital services
3. More personalised care
4. Digitally-enabled primary and outpatient care
5. Focus on population health
6. **Announcements**

I would wish to pay tribute to Pauline Scully who will retire from the Trust this month after more than forty years in the NHS. Pauline’s tireless commitment to improving services for patients and for staff has benefitted many and she will be greatly missed. I would also like to thank Kate Riddle for acting up as Director of Nursing and Clinical Standards and would wish to welcome Marie Crofts to her first Council meeting since taking up post as Chief Nurse at the beginning of June. Kate has made an impressive contribution during the period she has covered the role and we all look forward to working with Marie.

I would also wish to extend sincere thanks to Dominic Hardisty who will leave the Trust mid-July to take up his position as Chief Executive of Avon and Wiltshire Mental Health Partnership NHS Trust, making this his last Council of Governors’ meeting. Dominic has made a significant contribution to developments in the Trust and I am personally most appreciative for his support and commitment to the improvements delivered.

Finally, on behalf of the Board of Directors and Council of Governors I would extend a warm welcome to our new Chairman, David Walker, for whom this is his first Council meeting.

**Lead Executive Director:** Stuart Bell, Chief Executive