

**Report to the Meeting of the**

BOD 58(i)/2019

(Agenda item: 7)

# Oxford Health NHS Foundation Trust

# Board of Directors

**24th May, 2019**

**Chief Executive’s Report**

**For Discussion**

**Overview**

I highlighted last month that in mental health a start has been made in addressing the historic underfunding in Oxfordshire, sufficient to allow the Trust to accept its control total for 2019/20, and I confirmed 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 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.

Board will 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 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. **Financial Performance FY20**

The detail of our financial performance is routinely included in the finance report, but the headline result for the year to the end of April 2019 is an Income & Expenditure deficit of £0.9m, which is £0.3m adverse to plan.  After adjusting for items excluded from measuring performance against the Trust’s Control Total (mainly excluding Provider Sustainability Funding (PSF) and Financial Recovery Fund (FRF)) the underlying performance is a deficit of £1.1m, which is £0.3m adverse to the Trust’s Control Total for the year. The main reasons for the adverse position are operational pressures created by high levels of demand and activity in adult mental health services, resulting in mental health Out of Area Treatments and increased residential care placements; and in Oxfordshire CAMHS services; and lower than planned additional income from commissioners largely in relation to Mental Health Five Year Forward View and core service sustainability investment. The year-end forecast is an Income Expenditure position of break-even, including PSF and FRF, which is in line with the plan submitted to NHSI.

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 since my last report.

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.

Work is ongoing to consider how to replace the COO and Deputy COO. Discussions with their direct reports are taking place as well as discussions with Commissioners.

Agency use and Bank spend both declined in April compared to the previous month, most notably in the Oxford and West Mental Health Directorate. The detail of this is in the HR Director’s report. This is believed to be due to reduced demand (ie patient acuity) and tighter control of agency use on some units following review meetings, particularly around the use of Thornbury.

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

As recently discussed with members of the Board, it is necessary for us 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.

Patients currently at City will be individually assessed and transferred according to their needs.  It is predicted that four of these will transfer home with the remainder moving to community hospitals in Abingdon or Witney, which will each open more beds to accommodate them. Consistently half of City patients are from the wider county, half from Oxford City.

The overall community hospital bed stock across all sites will be maintained at an average of 138 beds subject to seasonal factors. This will be reviewed in September as part of winter planning to ensure that there are sufficient beds to meet anticipated increases in demand. This will include a full review of City Community Hospital bed provision and staffing.

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.

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

At the beginning of the month 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.

Our teams are working to develop our response to the qualitative and quantitative information submission by the required date and I will review the draft prior to submission to the CQC this month.

1. **Research & Development (R&D)**
	1. **Academic Health Science Centre (AHSC)**

The most recent update from the AHSC is provided below:

The preparation of the Annual Report for submission in June 2019 to include a five year summary of activities since designation on 1 April 2014 is being prepared and will be included in this submission. The Universities across the OxBridge corridor are working together on the development of this with particular attention being paid to the need for additional housing, including housing for key NHS and academic staff, along this important corridor.

A second meeting between the Oxford AHSC and the Cambridge University Health Partners has been arranged to discuss areas of mutual benefit and collaboration including mental health and wellbeing, cancer services and cardiovascular medicine.

Partners agreed that they would work together to develop common approaches to HR/access issues to enable services to be delivered.  The Board agreed that the real problem to be tackled would be the matter of professional leadership for radiographers working within Oxford Health linking with the OUH Radiographers.

The Research and Innovation Oversight Group had met in February for the first time.  This Group is chaired by Professor Chas Bountra, Pro Vice-Chancellor for Innovation at the University of Oxford.

The Board noted that the AHSC vision continued to develop with its three themes, linking of Infection, Immunity and Inflammation, Chronic Disease, Multi-Morbidity and Ageing and Cognitive and Mental Health and Wellbeing with key work areas of Big Data and Clinical Informatics, Clinical Research and Translation and Gene and Nucleic Acid Therapies.

The AHSC has supported two events held by the Hill – for further information about events see <https://www.oxfordahsc.org.uk/about-us/the-hill-digital-health-innovation-community/>

Oxford Academic Health Partners (OAHP) (Reg Charity #1174725) will be collaborating with the University of Oxford, OUH, King’s College London and the Oxfordshire County Council Obesity team to undertake a series of workshops and literature reviews into the use of the internet of things to promote healthy diet and exercise in children and developing a free set of tools for schools and families.  The short programme of work was designed by Drs Ryan Pink, Glenn Wells and Anant Jani and is funded by the PITCH-IN project (Research England CCF funding to Sheffield) and OAHP will be responsible for managing the majority of the funds on behalf of the collaborators.

* 1. **Academic Health Science Network (AHSN)**

The most recent update from the AHSN is provided below:

* The Oxford AHSN has published its annual report for 2018/19. Read it [here](https://protect-eu.mimecast.com/s/aZSbCZ8jBs5M1Z8tzoyXA?domain=oxfordahsn.org). It has also published its Business Plan for 2019/20. Read it [here](https://protect-eu.mimecast.com/s/r4WVC16RlTMpryBUGSgqG?domain=oxfordahsn.org).
* A survey commissioned by the AHSN Network in partnership with NHS England and the National Institute for Health Research has identified key areas for future NHS innovation and research. [A national report](https://protect-eu.mimecast.com/s/czfLC28VmspkLqZiBzpoH?domain=oxfordahsn.org) outlines the main findings from the survey of local health and social care stakeholders. Common themes emerged which reflect wider challenges facing the NHS and align with the priorities of the [NHS Long Term Plan](https://protect-eu.mimecast.com/s/SIx8C36WnTpmj19iD0XPd?domain=longtermplan.nhs.uk). These include:
	+ addressing workforce challenges;
	+ delivering mental health services and providing care for patients with mental health needs, particularly children and young people;
	+ integrating services to provide effective care for patients with complex needs – including multimorbidity and frailty;
	+ using digital and artificial intelligence technology

More [here](https://protect-eu.mimecast.com/s/BQyyC46XoTBJZN9uVOk4E?domain=oxfordahsn.org)

* A new regional collaboration which seeks to improve care for people who frequently attend emergency departments met on 2 May. It aims to share best practice, better understand patient flow and design shared strategies based on collective knowledge. Further information [here](https://protect-eu.mimecast.com/s/9I0UC57YpSZ0ympI8zXWf?domain=patientsafetyoxford.org)
* More than 6,000 people in Oxfordshire, Buckinghamshire and Berkshire have taken advantage of a new free web-based sleep improvement programme: [www.sleepio.com/NHS](https://protect-eu.mimecast.com/s/3eYhC6WZqTroR20hBJ-10?domain=sleepio.com). As part of the first NHS rollout of direct-access digital medicine, Sleepio has been available free across the Thames Valley since its launch in October 2018 through a unique partnership between the NHS, employers and Big Health, the company behind Sleepio. Oxford Health is one of the employers supporting the project which is funded by Innovate UK and led by the Oxford AHSN. More [here](https://protect-eu.mimecast.com/s/uZJ0C794rsAmr5Vf2eOCC?domain=oxfordahsn.org).
* **Applied Research Collaboration (ARC) Bid**

I will update the Board at the meeting.

1. **Visiting children in residential special schools and colleges**

The Children’s Commissioner for England has written to all CAMHS tier 4 units, both NHS and private hospitals, in England that provide hospital services for children to raise awareness of our responsibilities under S.85 and 86 of the Children Act 1989, and to share information about their *Help at Hand* advice and representation service. The Legal and Regulatory update provides more information but as a provider of a tier 4 CAMHS unit we will enter into dialogue with our local authority children’s services to establish the best route for referrals and liaison, so that there is a robust system to carry out these duties.

1. **CEO Stakeholder meetings and visits**

Since the last meeting, key stakeholders with whom I have met, visits I have undertaken and meetings that I have attended have included:

* BRC Steering Committee
* Joint Trust/University of Oxford planning group
* Oxfordshire local authorities Chief Executives’ workshop on growth and the ARC
* Presentation to HealthWatch Oxfordshire in Abingdon
* BOB STP CE’s meeting
* Oxford AHSN Board
* Warneford Foundation
* Integrated Mental Health Transformation meeting with OCCG
* Chief Executive’s surgery
* Operations SMT
* Chief Constable of Thames Valley Police
* Workshop on the future of mental health delivery in Oxfordshire
* Primary Care Network workstream lead for Oxfordshire Integrated Care System
* Department of Psychiatry event at the Royal Society on Digital Mental Healthcare
* NIHR meeting for CE’s of Trusts with NIHR infrastructure
* Oxfordshire Mental Health Partnership CE’s meeting
* SE Region MH operating model workshop
* Oxfordshire ISDB
1. **National and Regional issues and transformation developments**

A helpful digest of national and legal issues and guidance emerging since the last report is routinely attached as an appendix. Other key developments worthy of reference are as included below:

* 1. **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 this month; current ICS’s will become Integrated Care Partnerships.

An external part-time independent Chair is currently 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 will be participating in the appointment process on behalf of the Oxfordshire system.

1. **Announcements**

I would wish to pay tribute to Pauline Scully who will retire from the Trust in June 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 am sure Board will join me in wishing Pauline the very best for the future. I would also like to thank Kate Riddle for acting up as Director of Nursing and Clinical Standards, as this will be her last Board meeting before Marie Crofts takes up post as Chief Nurse on 3rd June. Kate has made an impressive contribution during the period she has covered the role.

1. **Consultant appointments**

There have been two new consultant appointments since my last report to Board. Mark Hancock chaired both panels.

Dr Mike Pearce is a current ST7 trainee with the trust and is about to complete his dual training in general and old age psychiatry. Mike was interviewed on 7th May for an Old Age Consultant Psychiatrist post in South Oxon CMHT. He began his career by completing a degree in economics at the University of York before going on to complete his medical degree at the University of Brighton. Mike has completed the majority of his post-graduate medical training with the trust apart from a 12-month placement with Berkshire Healthcare in 2015. We are very pleased that he has chosen to continue his career with the Trust and wish him all the best in his new role.

Dr Lucy Caswell has been appointed to a consultant psychiatrist post on 13th May with the Oxon Perinatal team. Lucy is an experienced clinician following achievement of her CCT in 2004. She began her career with a degree in Infection and Immunity before going on to complete her medical degree in London in 1992. Lucy has most recently been practicing as an independent consultant in old age psychiatry but also previously trained as a GP and a paediatrician, so she joins us with a wide range of skills and experience. Following successful completion of a training course in perinatal psychiatry, Lucy decided to opt for a change in specialty. We look forward to welcoming her to the Trust.

 7. **Recommendation**

The Board is invited to ratify the consultant appointments and to note this report seeking any necessary assurances arising from it or its appendices.

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