

Integrated Performance Report (IPR) Report:

November 2021

October 2021 data

Assuring the Board on the delivery of the
Trust's 4 strategic objectives; quality, people,
sustainability and research and education



Section 1:

Introduction to the Trust strategy 2021-2026

Introduction to the Trust Strategy 2021-2026

Executive Summary: Martyn Ward, Director of Strategy and CIO

Introduction to the Trust Strategy 2021-26

Oxford Health NHS Foundation Trust (OHFT, the Trust) has developed an organisational strategy for the five year period 2021-26. The aim of the strategy is to set the Trust's long-term direction, guide decision-making and address strategic challenges – for example rising demand for and complexity of healthcare, recruiting and retaining a stable workforce, and ensuring sufficient resourcing. Following the publication of the 2021 NHS White Paper, the NHS is likely to change over the period of the strategy - shifting from a commissioner/provider model to one characterised more by system working and collaboration with healthcare partners (NHS, local authority, independent and third sector) focused on collectively improving overall population health and addressing health inequalities.

The Trust's vision is Outstanding care by an outstanding team, complemented by the values of being Caring, Safe & Excellent. Flowing from the vision and values are four strategic objectives:

1. Deliver the best possible care and outcomes (Quality)
2. Be a great place to work (People)
3. Make the best use of our resources and protect the environment (Sustainability)
4. Become a leader in healthcare research and education (Research & Education)

Key focus areas and Objective Key Results

To move the strategy into a focus on delivery, each strategic objective has been developed into a set of key focus areas (workstream descriptors). The aim of the key focus areas is to identify priority activities and workstreams for the Trust over the coming years and to provide a bridge between the high-level ambitions of the strategic objectives and a set measures and metrics to track progress. Existing and new measures and metrics have been gathered and/or created using an Objective Key Results (OKRs) approach. OKRs allow for measurement of activities that contribute to key areas of focus and workstreams and will be reported to relevant Board committees and Board via an Integrated Performance Reporting approach.

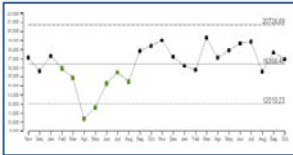
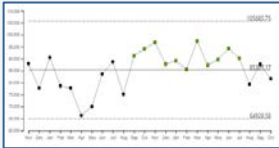
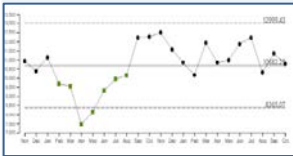
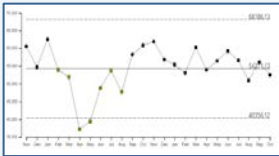
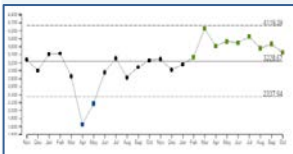
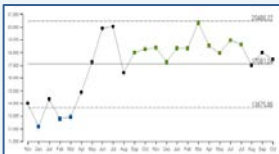
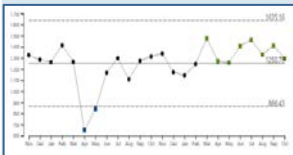
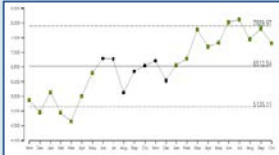
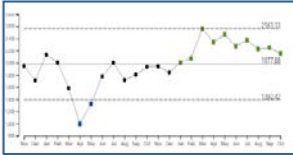
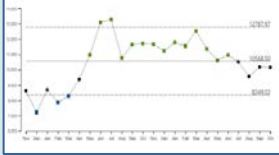
While the key focus areas are intended to be fixed for the lifespan of this strategy, the OKRs can be updated and added to as required. To enable this, the OKRs are an appendix to the main Trust strategy document. This approach allows for a consistency of approach for the strategy but the flexibility to adapt the metrics used to measure progress. For example, a specific OKR may be achieved and can then be replaced with a new target.

This report reports delivery of the strategy and performance against the OKRs. Supporting data and narrative is supplied where there is underperformance.

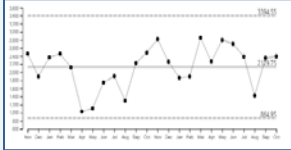
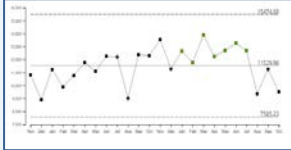
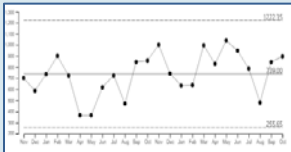
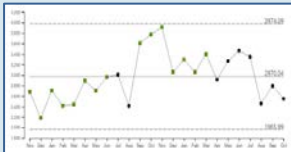
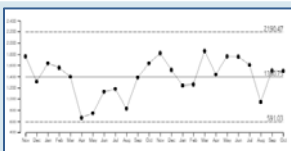
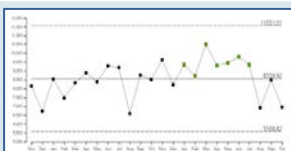
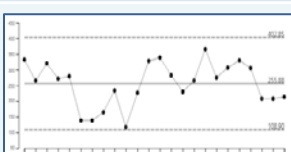
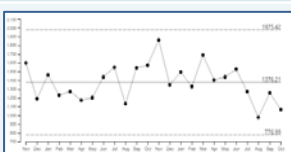
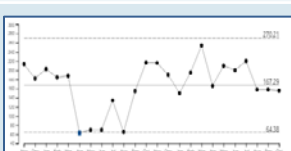

Section 2:

Trust Headlines

Patient Activity and Demand Overview: **Community** referrals and appointments

Specialty	Referrals				Appointments			
	Trend over time	Activity this month	2019/20 average	+/-%	Trend over time	Activity in month	2019/20 average	+/-%
Trust (excluding IAPT, Dental, OOH/MIU)		16,931	15,776	+7%		81,558	83,028	-2%
Community Services (excluding Dental, OOH and MIU)		10,783	10,190	+6%		52,532	57,372	-8%
Adult and Older Adult Mental Health (excluding IAPT)		3,499	3,142	+10%		17,452	13,482	+29%
Buckinghamshire		1,295	1,336	-3%		7,302	5,455	+34%
Oxfordshire		2,154	1,806	+19%		10,150	8,026	+26%

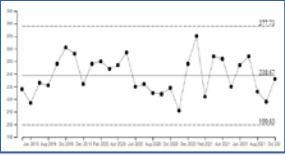
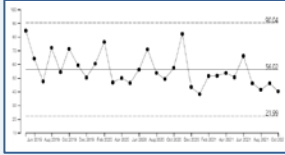
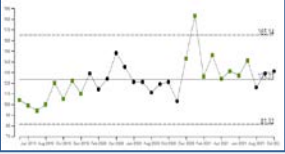
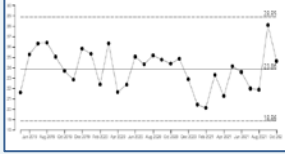
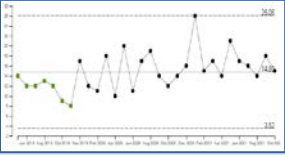
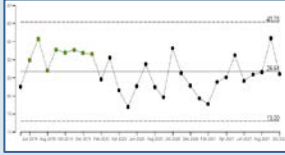
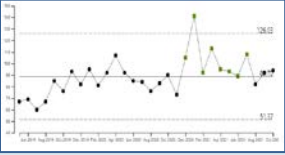
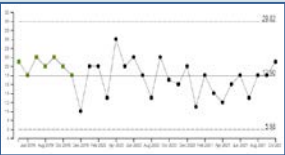
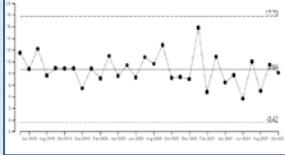
Patient Activity and Demand Overview: **Community** referrals and appointments

Specialty	Referrals				Appointments			
	Trend over time	Activity this month	2019/20 average	+/-%	Trend over time	Activity in month	2019/20 average	+/-%
Children and Young People - CAMHS		2,398	2,076	+16%		9,507	9,996	-5%
Buckinghamshire		896	615	+46%		2,550	2,203	+16%
Oxfordshire		1,502	1460	+3%		6,957	7793	-11%
Children and Young People - Neuro Developmental Services		213	295	-28%		1,065	1271	-16%
Buckinghamshire		155	185	-16%		434	399	+9%

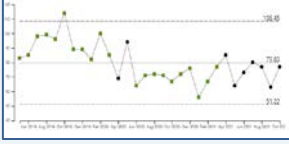
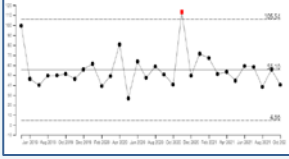
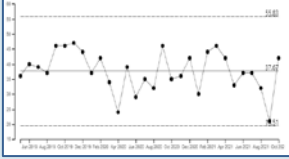
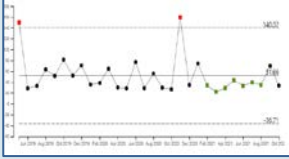
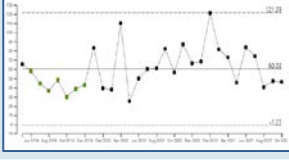
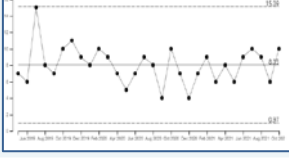
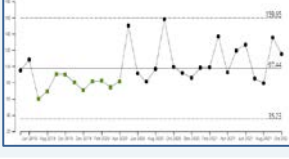
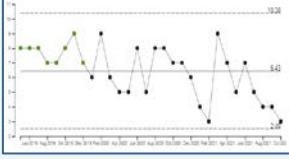
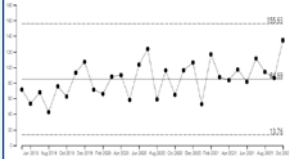
Patient Activity and Demand Overview: **Community** referrals and appointments

Specialty	Referrals				Appointments			
	Trend over time	Activity this month	2019/20 average	+/-%	Trend over time	Activity in month	2019/20 average	+/-%
Oxfordshire		58	110	-47%		631	871	-28%
Learning Disabilities		56	43	+30%		639	692	-8%
Forensics		23	21	+10%		332	175	+90%
Dental	Not available data not yet in warehouse	299	762	-61%	Not available data not yet in warehouse	1906	1926	-1%
IAPT	Not available data not yet in warehouse	2704	2429	+11%	Not available data not yet in warehouse	12958	8785	+48%
MIU and OOH	Not available	12,780	12,896	-1%	Not available	17,327	17,535	-1%

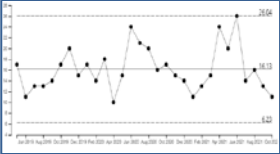
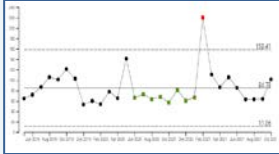
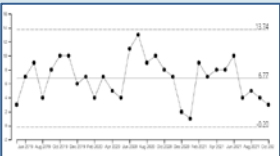
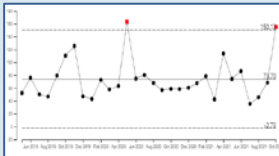
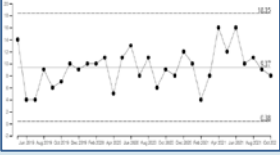
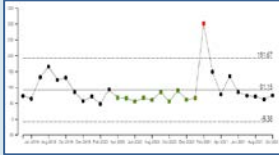
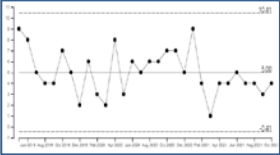
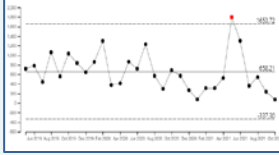
Patient Activity and Demand Overview: Inpatient admissions and length of stay (LOS)

Specialty	Admissions				Length of Stay			
	Trend over time	Activity this month	2019/20 average	+/-%	Trend over time	Activity in month	2019/20 average	+/-%
Trust		236	242	-2%		40	65	-38%
Community Services		131	112	+17%		25	25	0%
Community Stroke		15	13	+15%		26	29	-10%
Community Rehab		94	80	+18%		27	27	0%
Community EMU		21	18	+17%		8	9	-11%

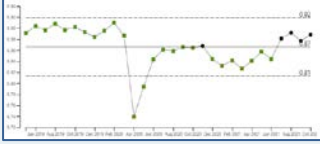
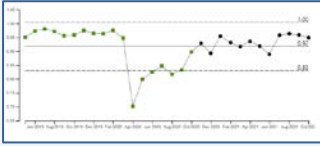
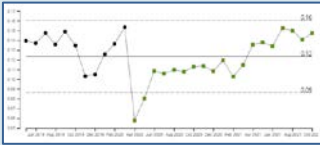
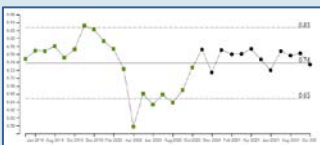
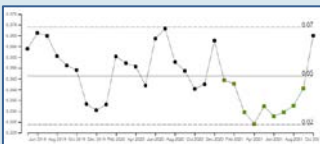
Patient Activity and Demand Overview: Inpatient admissions and length of stay (LOS)

Specialty	Admissions				Length of Stay			
	Trend over time	Activity this month	2019/20 average	+/-%	Trend over time	Activity in month	2019/20 average	+/-%
Adult Mental Health		77	91	-15%		40	51	-22%
Buckinghamshire (inc Opal)		42	41	+2%		33	57	-42%
Oxfordshire		35	50	-30%		46	46	0%
CYP Mental Health (information presented is OHFT provision only, use of resources is managed as part of a provider collaborative)		10	9	+11%		115	81	+42%
Eating Disorders (information presented is OHFT provision only, use of resources is managed as part of a provider collaborative)		3	7	-57%		135	76	+78%

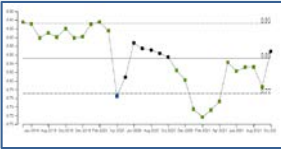
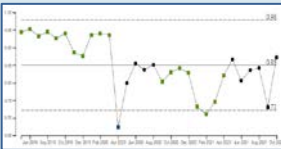
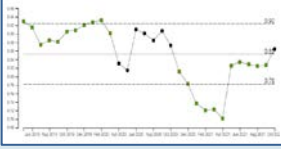
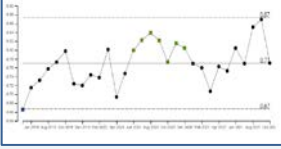
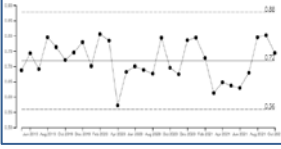
Patient Activity and Demand Overview: Inpatient admissions and length of stay (LOS)

Specialty	Admissions				Length of Stay			
	Trend over time	Activity this month	2019/20 average	+/-%	Trend over time	Activity in month	2019/20 average	+/-%
Older Adult Mental Health		11	15	-27%		101	85	+19%
Buckinghamshire		3	7	-57%		155	75	+107%
Oxfordshire		8	8	0%		75	92	-18%
Forensic		4	5	-20%		72	915	-92%

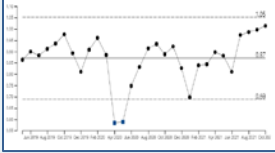
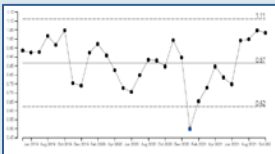
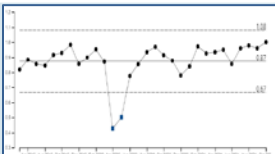
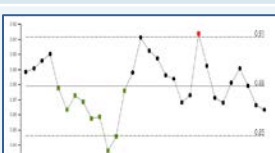
Patient Activity and Demand Overview: Inpatient bed occupancy

Specialty	Bed Occupancy			
	Trend over time	Activity this month	2019/20	Variance*
Trust		88.8%	89.6%	-1%
Community Services		94.8%	96.4%	-1%
Community Stroke		14.7%	13.3%	10%
Community Rehab		73.3%	77.5%	-5%
Community EMU		6.5%	5.0%	+30%

Patient Activity and Demand Overview: Inpatient bed occupancy

Specialty	Bed Occupancy			
	Trend over time	Activity this month	2019/20	Variance*
Adult Mental Health		86.7%	91.8%	-6%
Buckinghamshire		87.2%	93.0%	-5%
Oxfordshire		86.3%	91.0%	-6%
CYP Mental Health (information presented is OHFT provision only, use of resources is managed as part of a provider collaborative)		77.0%	73.6%	+5%
Eating Disorders (information presented is OHFT provision only, use of resources is managed as part of a provider collaborative)		74.3%	74.1%	0%

Patient Activity and Demand Overview: Inpatient bed occupancy

Specialty	Bed Occupancy			
	Trend over time	Activity this month	2019/20	Variance*
Older Adult Mental Health		101.3%	90.6%	+12%
Buckinghamshire		103.2%	92.0%	+12%
Oxfordshire		100%	89.7%	+11%
Forensic		86.3%	87.0%	-1%

The arrows indicate whether the trend is up or down against the previous last reported figure



Quality



Workforce



Finance



L&D



PSIs, Complaints & Feedback

↓ **7 Patient Safety Incidents** reported in Oct. Average 7 per month. Increase in PSI numbers since Dec 2020 (increase in overall incidents from Sept 2020 related to self-harm). The increase in PSIs is not related to any one type or team. YTD 51 PSIs declared excl. downgrades, compared to 34 last year.

↑ **22 Formal Complaints** received in Oct. Average 18 per month. YTD 129 complaints compared to 118 last year. Compared to other NHS Trusts (Berkshire, CNTW, East London) in 2020/21, OHFT received the lowest number of complaints per 1000 staff.

↑ **FFT patient feedback** - Oct 21 community services: 88% said Very Good (national ave. 83%). Mental health: 69% said Very Good (national ave. 62%).

New starters, Leavers & HR mgmt. cases resolved

↓ **105 new starters** in month October 21. Lower than September 21 (222) and 33% higher than the 2019/20 monthly average of 79

↓ **56 leavers** in October 21 lower than last month (78) and 11% lower than the 2019/20 monthly average of 63

↓ **15 HR management cases resolved.** Lower than last month (29) and -38% lower than the 2019/20 monthly average of 24

Finance

↓ **£597k** spent on **Out of Area Placements** in month 7. +142% higher than the 2019/20 monthly average of £232k and less than month 6, £646k)

↓ **£5,432k** spent on **Agency Staff** in month 7. +142% higher than the 2019/20 monthly average of £2,034k, and less than month 6 (£5,453k)

↑ **£125** spent on **travel claims.** -47% lower than the 2019/20 monthly average (£238k)

Appraisals, Supervision & Training

↓ **246 appraisals** completed in Oct 2021. -14% than Sept 2021 at 288 completed

↓ **3337 Supervision sessions** carried out in October 2021 -7% from September 2021 of 3636

↓ **3312 Training courses attended (digital and classroom).** -5% compared to September 2021 of 3521 training courses

Section 3:

Delivery of the NHS Oversight Framework and Comparative/Benchmarking Data

National objective: Compliance with the NHS Oversight Framework

This year, the NHS Oversight Framework indicators that have targets are;

	Target	National position	Latest Trust Position	Trend
(N1) A&E maximum waiting time of four hours from arrival to admission/transfer/ discharge	95%	73.9% (Oct)	93.9% (Oct)	↑
(N2) People with a first episode of psychosis begin treatment with a NICE-recommended care package within two weeks of referral (MHSDS) (quarterly)	56%	65.2% (Jun)	82.1% (Oct)	↓
(N3) Data Quality Maturity Index (DQMI) MHSDS dataset score - reported quarterly	95%	68.4% (Jun)	97% (Jun)	↓
(N4) IAPT - Percentage of people completing a course of IAPT treatment moving to recovery (quarterly)	50%	48.8% (Jun)	49.0% (Jun)	↓
(N5) IAPT - Percentage of people waiting six weeks or less from referral to entering a course of talking treatment under Improving Access to Psychological Therapies (IAPT)	75%	92.2% (Jul)	99.0% (Jul)	→
(N6) IAPT - 18 weeks or less from referral to entering a course of talking treatment under IAPT	95%	98.7% (Jul)	100.0% (Jul)	→
(N7a) Inappropriate out-of-area placements (OAPs) for adult mental health services - OAP bed days used (Bucks) – local figures	0	n/a	31 (Oct)	↓
(N7b) Inappropriate out-of-area placements (OAPs) for adult mental health services – OAP bed days used (Oxon) – local figures	0	n/a	128 (Oct)	↑

Governance:

Executive Director: Director of Digital and Transformation | **Responsible Committee:** Quality Committee | **Responsible reporter:** Claire Page

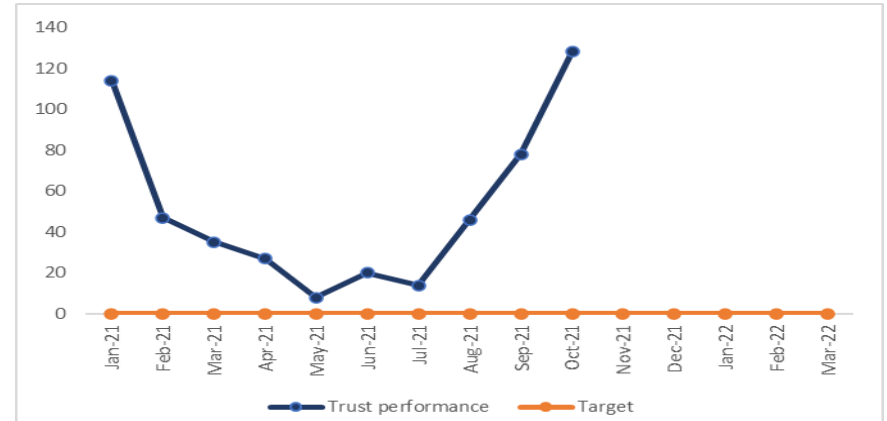
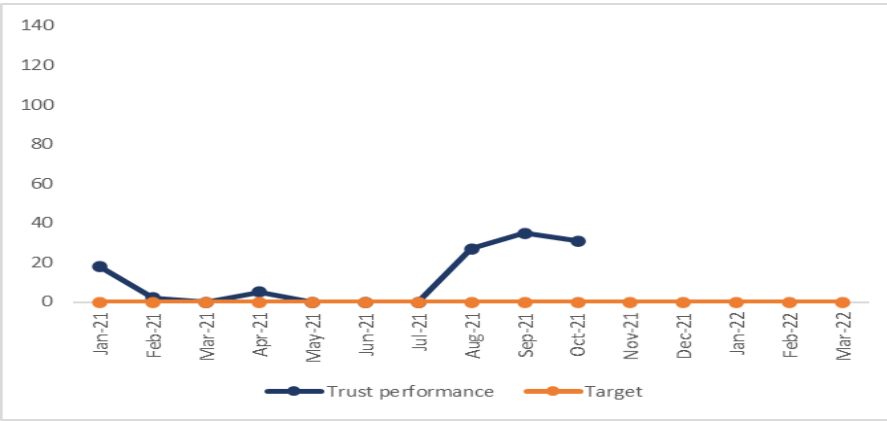
Executive Summary: Martyn Ward, Director of Digital and Transformation | **Narrative updated:** end of September 2021

About: The NHS Oversight Framework replaced the provider [Single Oversight Framework](#) and the clinical commissioning group (CCG) [Improvement and Assessment Framework \(IAF\)](#) in 2019/20 and informs assessment of providers. It is intended as a focal point for joint work, support and dialogue between NHS England and NHS Improvement, CCGs, providers and sustainability and transformation partnerships, and integrated care systems. The table above shows the Trust's performance against the **targeted** indicators in the framework. Areas of non-compliance are explained overleaf.

Performance: Overall performance is good with all indicators consistently achieved over the past 12 months, with the exception of the number of inappropriate out of area placements in Oxfordshire. Please see overleaf for more information

National Objective: areas of underperformance

Objective Key Result (OKR)	Target	Actual	Objective Key Result (OKR)	Target	Actual
(N7a) Inappropriate out-of-area placements (OAPs) for adult mental health services – aim to reduce OAP bed days used (Bucks)	0	31	(N7b) Inappropriate out-of-area placements (OAPs) for adult mental health services – aim to reduce OAP bed days used (Oxon)	0	128



Executive Director commentary: Martyn Ward, Director of Strategy and CIO
Narrative updated: end of October 2021

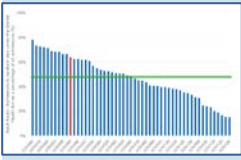

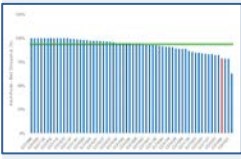

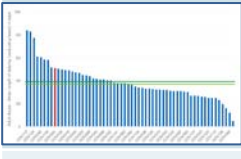

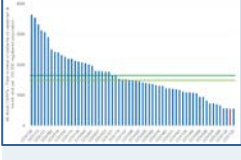

The issue and cause

The Trust did not achieve the OAPs target in October. The Trust continues to have reduced bed capacity as a result of Infection Prevention Control (IPC) guidance. The Trust has been operating throughout the year with up to 15% less capacity in the Adult and Older Adult Mental Health wards. The interim closure of beds has resulted in additional Out of Area placements which the Trust has mitigated by purchasing a block contract beds.

The plan or mitigation

Following recent NHSE/I guidance the Trust has reviewed the use of OAPs and is assured that continuity of care principles are adhered to. Reporting from April 2021 reflects this change and please note this change when viewing performance against historical trend. **October 2021 locally reported usage was 31 OAP beddays in Bucks, and 128 OAP beddays in Oxon.** In April, changes to IPC guidance have allowed the facilitation of patients who have completed their 14-day period of isolation and are COVID negative to be repatriated to vacant Oxford Health beds. Therefore, maximising bed capacity and reducing the need to purchase further inappropriate OAP.

How do we benchmark (Sept 2021 MH & LD Covid-19 Monthly Benchmarking)

Service Area / Currency	Latest Trust Position	Trust Trend	Latest Trust Position	National average (mean)	OHFT versus National	Commentary
Admissions to inpatient care under the MHA as a % of all admissions			63.64%	47.28%	Higher	OHFT has a low number of adult acute beds when benchmarked nationally. 12.62 OHFT adult acute beds per 100,000 registered population compared to national mean of 20.56. This impacts on the acuity of patients admitted with higher numbers being detained under the MHA.
Adult Acute Bed Occupancy (%)			79.07%	92.43%	Lower	OHFT has continued to have reduced bed occupancy to facilitate compliance with infection prevention controls. This has more impact in Oxon where the age of estate presents greater challenges. Oxon adult acute wards occupancy April to Sept 21 average is 80.72% compared to 80.89% in Bucks.
Adult Acute Mean LOS (exc leave) in Days			51.00	38.84	Higher	OHFT has a higher LOS than other adult acute providers. LOS is impacted by acuity of patients which as highlighted above is impacted by our bed stock and high number of admissions under the MHA. Operational services are exploring ways of reducing LOS in Oxfordshire.
Adult CMHTs Total number of patients on caseload at month end per 100,000 reg pop			550.28	1629.24	Lower	<p>This monthly benchmarking exercise only counts as being on caseload where there are two face to face contacts delivered. There are a number of factors why this approach would make OHFT lower:</p> <ul style="list-style-type: none"> • Our high use of digital method of delivery • Our system configuration does not allow for transfer from team to team so we may not achieve 2 contacts within a referral as quickly as other Trusts who can transfer the referral from one service to another • Challenges in some services with accurately recording all appointments delivered. Planned system development late 2021 will support easier recording of this information.

Section 4:

Delivery of our four strategic objectives

Objective 1: Quality - Deliver the best possible care and outcomes

Governance: Executive Director: Chief Nurse | **Responsible Committee:** Quality Committee

All data relates to **October** unless otherwise indicated in brackets in the penultimate column

This year, our Objective Key Results (OKRs) are;	Target	Comm Services	Oxon & BSW	Bucks	LD	Forensic	Pharm	Trust*	Trust Trend
(1a) Clinical supervision completion rate	85%	Unable to get breakdown at the moment from system							
(1b) Staff trained in restorative just culture	25 year end	-	-	-	-	-	-	27 YTD	↑
(1c) BAME representation across all pay bands including board level – quarterly - Q2	19%	11.4% ↑	17.0% ↑	31.9% ↑	13.7% ↓	44.1% ↑	22.8% ↑	18.8% (Q2)	↑
(1d) Cases of preventable hospital acquired infections - YTD	<3	-	-	-	-	-	-	0 YTD	n/a
(1e) Reduction in use of prone restraint by 25% in year 1 – YTD	<140 YTD	-	64	38	-	32	-	134 YTD	↑
(1f) Patient safety partners employed to be part of the governance structure – quarterly	2 partners year end	-	-	-	-	-	-	0 (Q2)	n/a
(1fa) Improved completion of the Lester Tool for people with enduring serious mental illness (SMI) (EIP teams)	90%	-	93%	91%	-	-	-	92.4%	↑
(1fb) Improved completion of the Lester Tool for people with enduring SMI (Community)	75%	-	61% ↓	64% ↑	-	-	-	62.5%	↑
(1g) Evidence patients have been involved in creating their care plan (clinical audits) - bi-monthly	95%	80%	78%	75.5%	-	95%	-	81% (Bi-mth)	↓
(1h) 30% of clinical staff in non-learning disability services have completed internal eLearning on autism	30% year end	-	-	-	-	-	-	1% YTD	→

* **No national comparator/benchmarks available.** The arrows indicate the trend against the last reported position.

Objective 1: Quality - Deliver the best possible care and outcomes

Governance

Executive Director: Chief Nurse | **Responsible Committee:** Quality Committee

Executive Summary: Marie Crofts, Chief Nurse

Narrative updated: November 2021

The Quality OKRs are a sub-list of the quality objectives which form the annual Quality Account. The objectives were identified following a review of our risks, themes from quality information, recovery work and feedback from stakeholders. A progress update on all of the quality objectives for 2021/22 was presented at the Quality Committee in November. The Committee in November also received the Quality and Safety Dashboard which looks at particular teams/ wards struggling and the improvement plans put in place.

There has been improvement made in five of the OKRs. However, five out of the ten OKRs are underperforming at this point in time. Please see overleaf for more information by measure on the cause of the underperformance and the plans to mitigate and improve performance.

The P&I Team and BI Team are developing reporting from CareNotes to monitor the completeness of risk assessments and timeliness of CPA reviews across mental health teams, which will be included in future reports. In the interim the quarterly community mental health Care Programme Approach (CPA) clinical audit looks at the quality of documentation for these measures (risk assessments and CPA reviews). The Q2 results (n=360) show 89% of records had a full and complete risk assessment, in 83% of cases the care plan addressed current/ relevant risks, and 77% showed a CPA review in the last 12 months. There was little change from the results in Q1 to Q2.

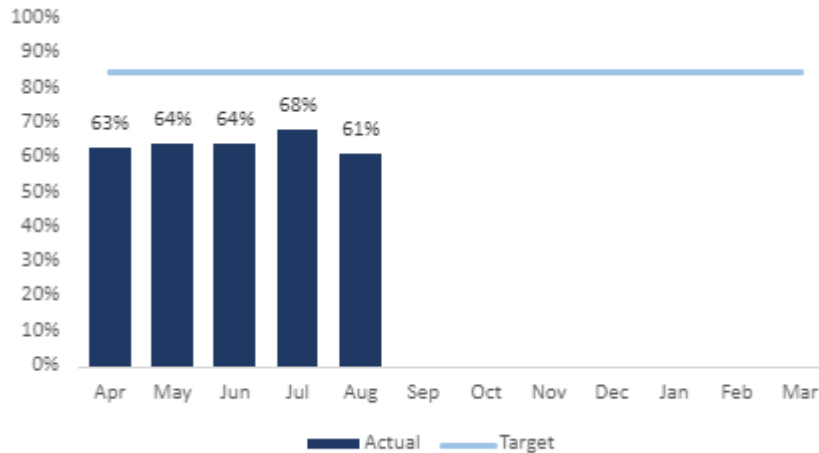
The Trust has started the following Quality Improvement Projects to address the relevant OKRs in the Quality section;

- Positive and Safe – reduction in restrictive practice
- Improving the Physical Health monitoring of patients with SMI
- Risk Assessment formulation and documentation
- Working with families and carers
- Measuring success of race equality framework for change

Objective 1: Quality; areas of underperformance

Objective Key Result (OKR)	Target	Actual
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(1a) Clinical supervision completion rate	85%	Unable to report
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Executive Director commentary:
Marie Crofts, Chief Nurse

The risk or issue

The risk is staff may be struggling in their role and feel unsupported to manage difficult situations.

Unable to accurately report on performance since change to new OTR system in August 2021.

The cause

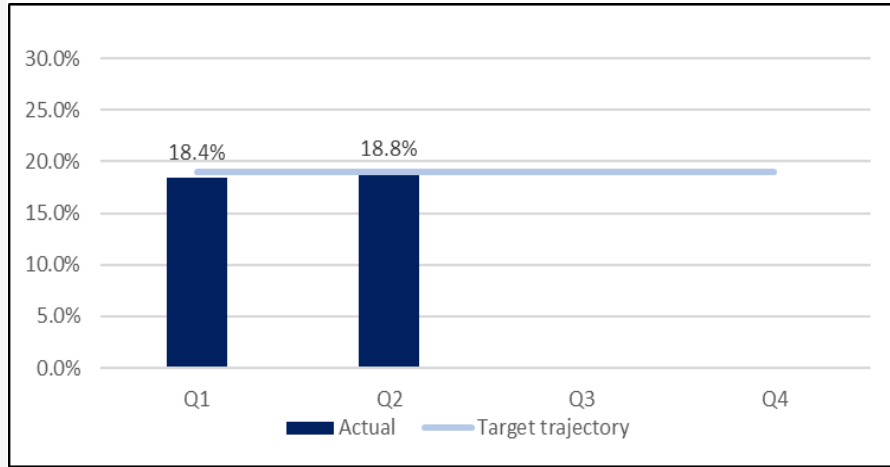
supervision levels are likely to be higher than reported due to incomplete recording, current manual recording process since move to new OTR system and the operational pressures due to responding and recovering from COVID-19.

What is the plan or mitigation?

- Manual recording process in place and relaunch of new reporting dashboard due in December 2021. Position for all inpatient wards reported in the most recent Quality and Safety dashboard.
- A new Trust clinical supervision lead has started to help embed supervision structures and to develop the quality of sessions. Working group set up.
- NHSE/I are funding Professional Nurse Advocates (PNAs) and we have a range of nurses on these courses which will support embedding of Restorative Supervision across our Trust.
- The forms for supervision and appraisals are being reviewed to support staff and make the processes easier launching new on-line dashboard for recording in December 2021.

Objective 1: Quality; areas of underperformance

Objective Key Result (OKR)	Target	Actual
(1c) BAME representation across all pay bands including board level - quarterly	19%	18.8% Q2



Executive Director commentary:
Marie Crofts, Chief Nurse

The risk or issue

The target is to achieve 19% representation across all bands by 2025.

Based on modelling from the 2011 census the Joint Strategic Needs Assessments show 16% of the Oxfordshire population are from ethnically diverse backgrounds and 14% of the Buckinghamshire population are from ethnically diverse backgrounds.

The target is not being met in the Oxon Community Services Directorate (11%); Oxon & BSW Directorate (17%); and Learning Disability services (14%), as well as across higher pay (8a and above) Trust-wide. Our organisation would benefit from a ethnically diverse workforce which represents the diversities of the communities we serve.

The cause

The under-representation of ethnic minority groups in certain bands and occupational groups within the NHS is widely known.

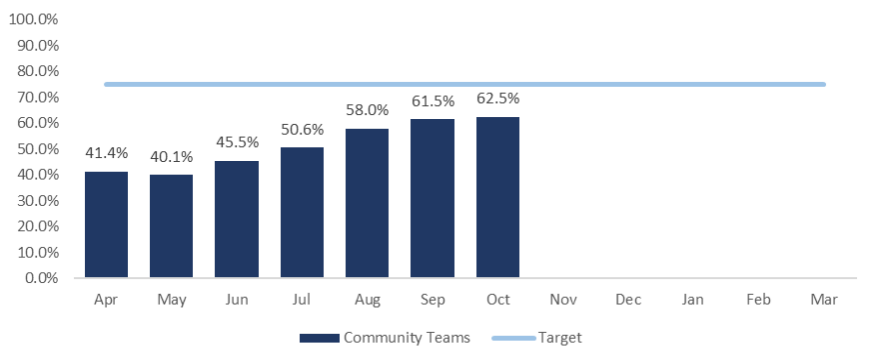
What is the plan or mitigation?

There is an ICS BOB level action plan to improve the race disparity ratio and meet the 6 national EDI actions. One proposal being considered by the group is developing an ICS pool of inclusion champions/ ambassadors who will participate in future recruitment and selection activity.

The Trust also has a Race Equality 'Framework for Change' Strategy and a Race Equality Staff Network to support the work. Recent funding has been secured to offer staff the opportunity to work part-time on delivering the strategy. Training session targeted for managers on inclusive recruitment was ran in Oct and is on-line. Monitoring progress of all the commitments is now in place.

Objective 1: Quality – areas of underperformance

Objective Key Result (OKR)	Target	Actual
(1fb) Improved completion of the Lester Tool for people with enduring serious mental illness (Community teams for patients on CPA)	75%	62.5%



Executive Director commentary: Marie Crofts, Chief Nurse

Context
The indicator is based on the completion of the comprehensive Lester physical health assessment tool for patients with a serious mental illness. The tool covers 8 elements including smoking status, lifestyle, BMI, blood pressure, glucose and cholesterol, and the associated interventions.

The risk or issue
There is significant evidence that people with mental health issues are at higher risk of morbidity and mortality, resulting in a life expectancy of 15-25 years compared to the general population.

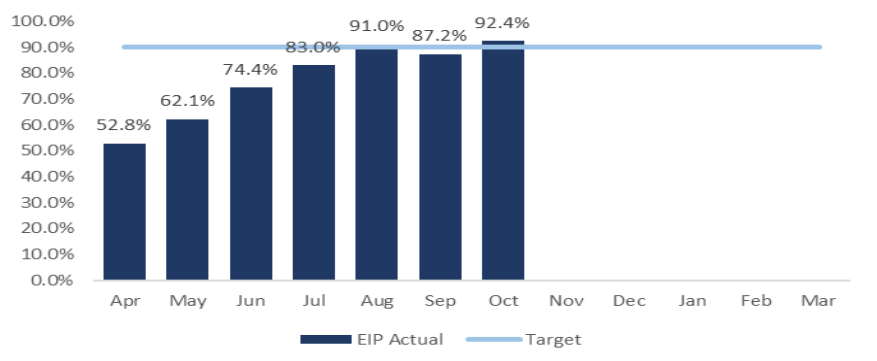
The cause
There was a lack of focus on implementing the Lester tool across directorates which has resulted in a compliance rate below expected.

The plan or mitigation
A recovery plan and trajectory is in place and delivered through a task and finish group led by a senior clinician. This group reports regularly to the Quality and Clinical Governance Sub-Committee.

Key actions being taken include recruiting new physical health HCAs and leads, embedding consistency across the physical health clinics and ensuring teams have the appropriate monitoring equipment. There is also work underway to improve the access to data on TOBI so that teams can monitor their performance more easily.

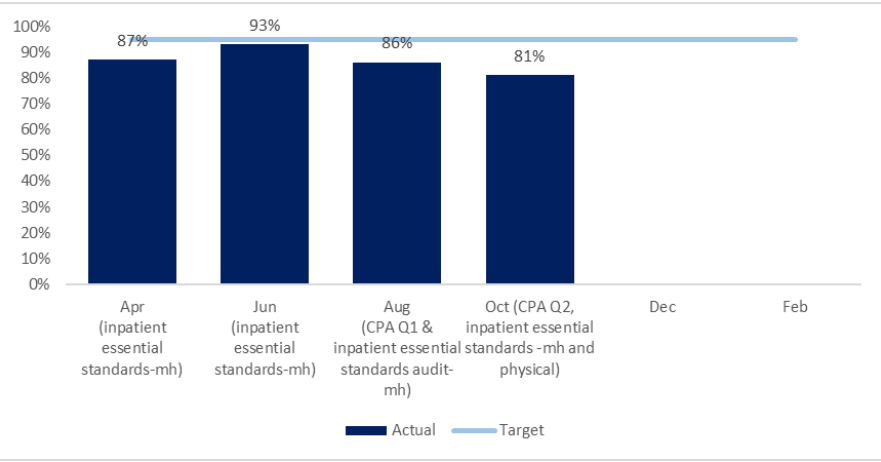
The actions are resulting in a steady improvement. The EIP teams have achieved target.

Objective Key Result (OKR)	Target	Actual
(1fb) Improved completion of the Lester Tool for people with enduring serious mental illness (EIP teams for patients on CPA)	90%	92.4% achieved



Objective 1: Quality; areas of underperformance

Objective Key Result (OKR)	Target	Actual
(1g) Evidence patients have been involved in creating their care plan (bi-monthly clinical audit)	95%	81%



Executive Director commentary: Marie Crofts, Chief Nurse

Context
 The information reported is from the relevant clinical audits completed in Sept or Oct 2021. In this report the information is taken from the community hospital essential standards audit, the mental health inpatient essential standards and the mental health community CPA Q2 audit (n=519). The position across the community teams and wards is similar, as well as across the different services.

This area for improvement is also identified as a theme in concerns/complaints, feedback from IWGC and the results from the national patient survey.

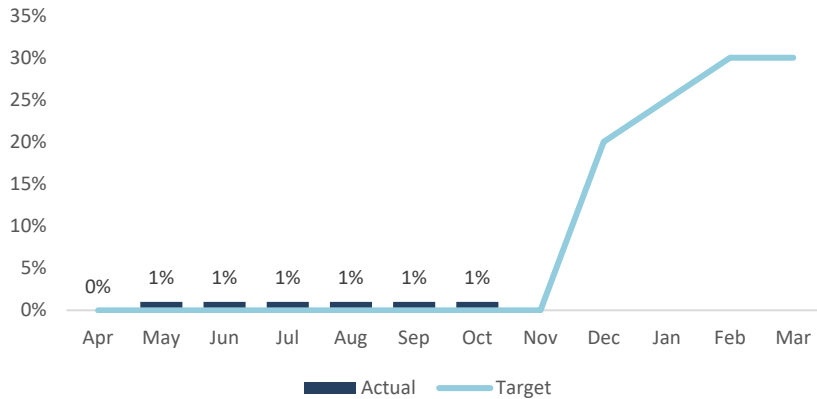
Executive Director commentary: Marie Crofts, Chief Nurse

The risk or issue
 Patients are not always being involved in their plan of care impacting on their experience and outcomes.

- The plan or mitigation**
- Peer support workers and new paid roles for people with a lived experience are being increased to start to change and challenge how we approach working with patients. Achieving provider status to deliver HEE peer support training will help achieve our aim.
 - Co-production training for all staff has been tested, developed and is being rolled out from Nov 2021. The training has been designed and is delivered by both experts by experience and staff.
 - As well as specific projects including;
 - o CAMHS staff have worked with young people to develop a care plan template that is more accessible and focuses on their needs and goals. This is being rolled out across all Counties.
 - o Patient centred care in community hospital wards
 - o Improving pre-appointment planning in Dental services and information for patients with autism so that they can be more involved.
 - o Collaborative care planning with patients embracing the use of digital technology, piloting in an AMHT and CMHT
 - o Forensic services are working on needs led care planning with patients

Objective 1: Quality – areas of underperformance

Objective Key Result (OKR)	Target	Actual
(1h) 30% of clinical staff in non-learning disability services have completed internal eLearning on autism	30% year end	1% YTD



Executive Director commentary: Marie Crofts, Chief Nurse

Context

New internal training was being developed to support staff with communicating effectively with people with Autism and making the adjustments needed to support with access to health care. This training has been put on temporary hold **as the Trust is part of the national Oliver McGowan Autism training pilot. Following the pilot, the national training will be rolled out to all staff in 2022/23.**

The plan or mitigation

As the internal training has been put on temporary hold. Below are some of the other activities we are doing to improve how we work with and support people with autism.

- **112 staff** are completing the national pilot training in Oct and Nov 2021.
- The Reasonable Adjustment Service is supporting mental health clinicians to better understand and support the needs of autistic individuals with reasonable adjustments and adaptations.
- 6 autism webinars were delivered in Q1 for staff.
- Bespoke training sessions are being delivered to mental health wards and community teams, as well as regular support sessions for inpatient staff to discuss specific patients.
- Working with our autistic experts by experience we are developing an autism reasonable adjustment passport to support access to mental health services. This is being piloted at the moment.
- Resources have been developed to support clinical teams with making communication more autistic inclusive.
- We are also providing consultation and support from an adjustment perspective to individuals who do not meet the criteria for LD services but our mental health services are inaccessible.
- There has been work from an employee perspective ie supporting the employee dyslexia support group and autism support group.

Objective 2: People – be a great place to work

Governance: Executive Director: Chief People Officer | **Responsible Committee:** People, Leadership and Culture Committee

All data relates to **September** unless otherwise indicated in brackets in the penultimate column

This year, our Objective Key Results are;	Target	Comm Services	Oxon & BSW	Bucks	LD	Forensic	Pharm	Corporate & Trading	Trust	National comparator	Trust Trend
(2a) People Pulse Q2	>=								6.79	n/a	n/a
(2b) Reduce agency usage to NHSE/I target Excludes covid spend	<=21.5%	12.2% ↑	18.8% ↑	20.4% ↑	14.0% ↓	-1.0% ↓	1.0% ↑	2.4% ↑	12.5%	ModHos 4.9%/ Peer 6.8%	↓
(2c) Reducing staff sickness to 3.5% over 2021/22	<=3.5%	6.1% ↓	5.4% ↑	6.0% ↓	4.3% ↑	9.5% ↑	3.2% ↓	4.4% ↓	5.8%	Peer 4.29%	↓
(2e) Reduction in % labour turnover	<=10%	13.0% ↓	13.3% ↓	12.0% ↓	21.0% ↑	10.3% ↑	3.9% ↓	9.6% ↑	12.1%	ModHos 0.98% Peer 1.02%	↓
(2f) Reduction in % Early labour turnover		18.6% ↓	24.6% ↓	14.0% ↓	31.7% ↓	8.5% ↓	15.7% ↑	11.2% ↓	17.3%	None	↓
(2g) Reduction in % vacancies	<=9%	4.5% ↓	9.5% ↓	13.4% ↓	15.7% ↑	19.7% ↓	-10.5% ↓	8.2% ↓	9.1%	ModHos 7.90% Peer 11.03%	↓
(2h) PDR compliance	>=90%	75% ↑	66% ↓	73% →	90% →	81% →	75% ↓	38% ↓	64%	None	↑
(2i) PPST compliance	>=90%	62% ↑	59% ↑	61% ↑	64% ↑	60% ↑	53% ↓	60% ↑	61%	None	↑
(2j) Number of Apprentices as % substantive employees	>=2.3%	5.4% ↑	3.6% ↓	15.1% ↑	9.2% ↑	1.8% ↑	0.0% →	2.4% ↑	5.68%	None	↑

Objective 2: People – be a great place to work

Governance

Executive Director: Chief People Officer | **Responsible Committee:** People, Leadership and Culture Committee

Executive Summary: Charmaine De Souza, Chief People Officer

Narrative updated: November 2021

The sickness absence rate has decreased slightly to 5.8% (50/50 split between long term and short term absence). The Trust has sickness policies and processes, as well as its Occupational Health Department, to support staff with health conditions (49 members of staff being supported at the time of writing). The GoodShape service (formerly First Care) provides first line advice through its team of qualified nurses working to the same standards as NHS 111 and this should offer guidance to employees about managing their health condition. Anxiety, stress, depression & other psychiatric conditions continue to be a significant cause of absence; staff uptake of the services provided by the Employee Assistance Programme is high.

The Improving Quality and Reducing Agency Programme has several workstreams which aim to improve the quality of our services whilst reducing agency spend. One of the workstreams, Recruitment and Retention will focus on improving retention which will be supported by the new HR Structure with a greater emphasis on organisational development, culture, development and succession planning. Work is also in progress to review the budgeted establishments across inpatient units this is likely to result in an increase in vacancies. A Workforce Planning role is being recruited to which will support the process to ensure budgets are accurate. 2 Recruitment Campaign Consultants will focus on proactive recruitment in hotspot areas will commence in post soon.

Staff turnover has remained unchanged from last month, whilst early turnover (people leaving within the first 12 months of employment) has reduced slightly.

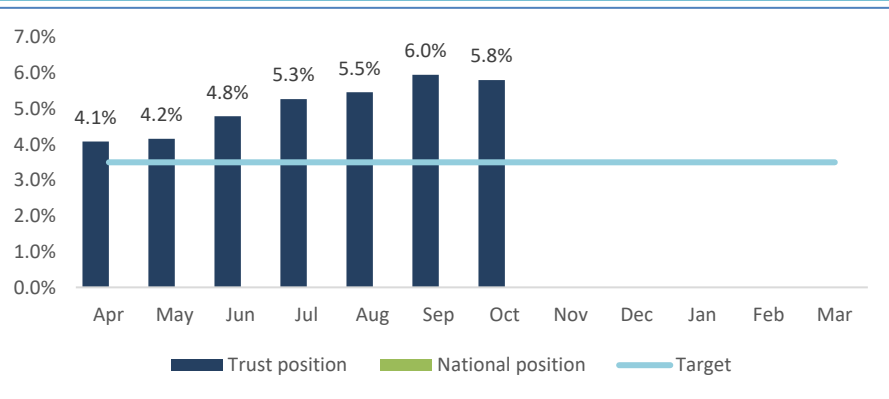
Vacancy rates remain the key risk for the Trust and resulted in continued high use of agency staff to maintain safe staffing levels. The vacancy rate is based on budgeted establishments which may not be an accurate reflection of actual vacancies.

Agency spend has reduced in month by £465k however remains a key priority for the Trust. International nurse recruitment has made good progress and remains to key initiative to reduce vacancies for Registered nurses.

PDR compliance reduced to 65% with corporate functions performing poorly. Managers will be able to complete PDR's online from November through the Online Training Record (OTR) which will result in automatic recording of their completion which should increase the compliance level as it is believed that many PDR's are completed but not recorded on the OTR system. Support and guidance will be given to teams where compliance remains low.

Objective 2: People; areas of underperformance

Objective Key Result (OKR)	Target	Actual
(2c) Reducing staff sickness to 3.5%	<=3.5%	5.8%



Executive Director commentary:

Charmaine De Souza, Chief People Officer

The risk or issue

The sickness absence rate remains above target.

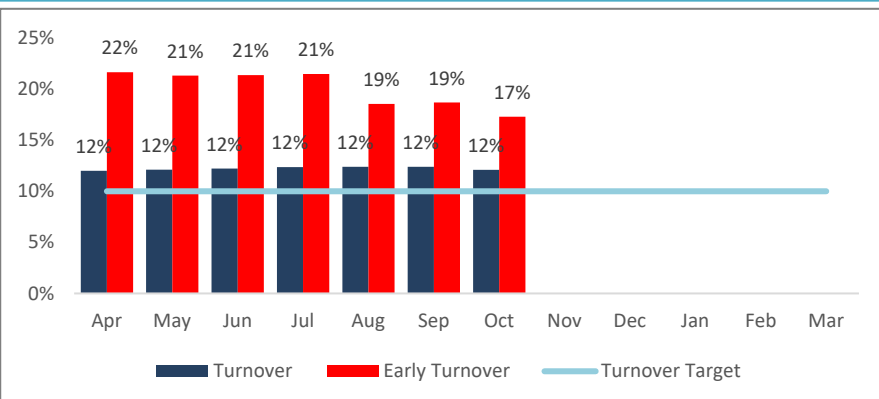
The cause

There is a 50/50 split between long term and short term absence. COVID related absence (medical and non-medical) has been reducing since February 2021. In September 2021 the most common causes of sickness absence were “unknown”, headache / migraine and anxiety, stress, depression and other psychiatric disorders.

The plan or mitigation

Continue to provide support for staff suffering ill health through the Good Shape advice service, HR processes, Occupational Health and the Employee Assistance Programme. You Matter has been promoted and HR staff have been briefed on the service in order to signpost managers and staff. Continue to rollout Health & Wellbeing initiatives such as Wellbeing Conversations.

Objective Key Result (OKR)	Target	Actual
(2e/f) Reduction in % labour turnover	<10%	12.1%



Executive Director commentary:

Charmaine De Souza, Chief People Officer

The risk or issue

Staff turnover has remained unchanged from last month (12%). The early turnover rate has reduced.

The cause

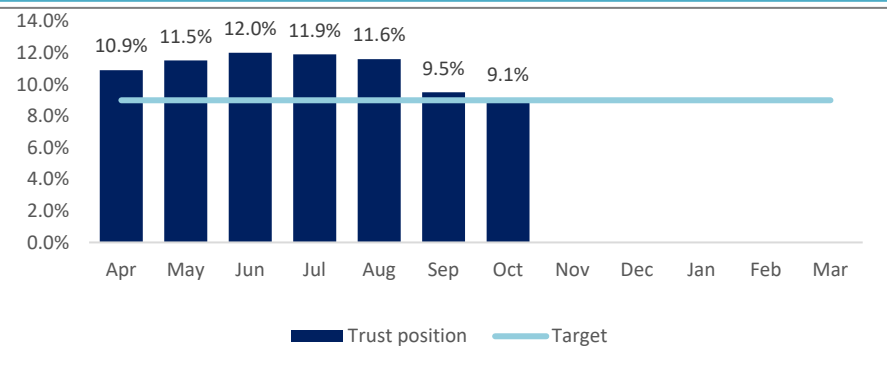
The most common reasons for leaving the Trust's employment over the past year have been voluntary resignations due to relocation or promotion and retirement.

The plan or mitigation

The Recruitment and Retention workstream of the Improving Quality Reducing Agency Programme will focus on improving retention which will be supported by the new HR Structure with a greater emphasis on organisational development, culture, development and succession planning.

Objective 2: People; areas of underperformance

Objective Key Result (OKR)	Target	Actual
(2g) Reduction in % vacancies	</=9%	9.1%



Executive Director commentary:

Charmaine De Souza, Chief People Officer

The risk or issue

The vacancy rate has varied over the past 12 months; reducing in September.

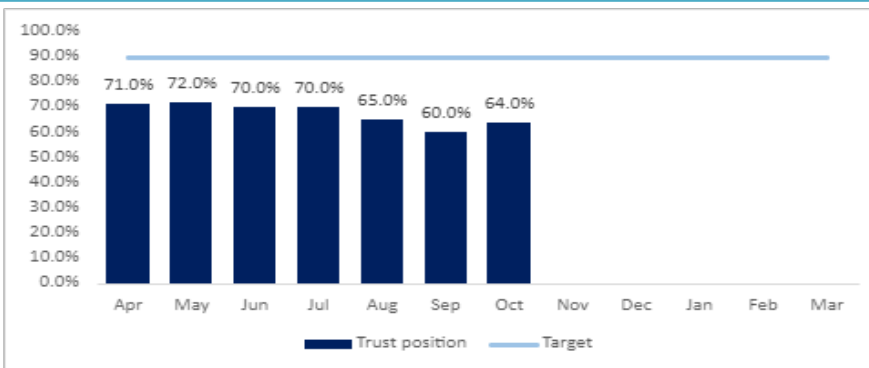
The cause

The vacancy rate is based on budgeted establishments which may not be an accurate reflection of actual vacancies.

The plan or mitigation

Work has been undertaken as part of the IQRA programme to review the budgeted establishments across inpatient units this is likely to result in an increase in vacancies. A Workforce Planning role is being recruited to which will support the process to ensure budgets are accurate. 2 x Recruitment Campaign Consultants who will focus on proactive recruitment in hotspot areas will commence in post in the near future.

Objective Key Result (OKR)	Target	Actual
(2h) PDR compliance	>/=90%	64%



Executive Director commentary:

Charmaine De Souza, Chief People Officer

The Risk or Issue

PDR compliance does not improve and there will be no assurance that individuals are receiving appropriate feedback, support and development.

The Cause

Some of the low compliance may be an issue of lack of recording rather than undertaking, which will be investigated. PDR were not seen as a priority during the COVID 19 pandemic.

Mitigation

Work with teams where compliance is low to provide guidance Move to on-line PDR so that recording is automatic (this will be possible with the new OTR introduced by the beginning of December)

Objective 2: People; areas of underperformance

Objective Key Result (OKR)	Target	Actual
(2i) PPST compliance	>/=90%	61%



Executive Director commentary:

Charmaine De Souza, Chief People Officer

The risk or issue

Overall compliance does not achieve 90% and Information Governance rates not at 95% by end of October

The cause

Focus on PPST reduced during pandemic

Some teams not seeing compliance as an issue.

Existing OTR failed 6th August 2021 new OTR compliance issues at beginning of launch in signing off compliance. Manual process in recording in place and relaunch of new dashboard December 2021.

The plan or mitigation

Introduction of new OTR which records training in real time

Work with teams who have low compliance to promote training

Ensure appropriate classes are available

Objective 3: Sustainability; make the best use of our resources and protect the environment

This year, our Objective Key Results (OKRs) are;	Comm Services	Oxon & BSW	Bucks	LD	Forensics	Pharm	Corporate & Trading	Trust	Trust Trend
(3a) Favourable working capital position reported against plan								5.6m fav	↑
(3b) Favourable performance against financial plan (YTD)	£0.8m adv ↓	£4.0m adv ↓	£0.6m fav ↑	£0.8m adv ↓	£0.4m adv ↑	£0.1m fav ↑	£6.2m fav ↑	£0.9m fav	↑
(3c) Cost Improvement Plan (CIP) delivery (YTD)								£0.8m adv	↓
(3d) 95% of estate to achieve condition B rating by 2025 (75% in 2021)								75%	→
(3e) Delivery of estates related CO2 reduction target of 1623 tonnes by 2025 (10,862 in 2021)	-	-	-	-				10,862 tonnes	→
(3f) Achievement of all 8 targeted measures in the NHS Oversight Framework (see section 2 of this report)	-	-	-	-				6/8 achieved	→

Governance

Executive Director: Director of Finance | **Responsible Committee:** Finance and Investment Committee | **Responsible reporters:** Paul Pattison/ Christina Foster

All data relates to the position as at **end of October** unless indicated in the penultimate column

Executive Summary: Mike McEnaney, Director of Finance

Narrative updated: end of October 2021

The working capital position is a positive £5.3m which is £5.6m favourable to plan. I&E is £0.9m favourable to plan driven by investment slippage and underspend against the Covid allocation, despite high level of agency and bank spend, particularly in the Oxon & BSW MH directorate, and under-delivery on CIP. The CIP plan for the year is £3.5m with £1.3m to be delivered in H1 and £2.2m in H2. £0.9m has been delivered at month 7. This is £0.8m adverse to plan due to delays in implementation of agency savings as a result of Covid-19.

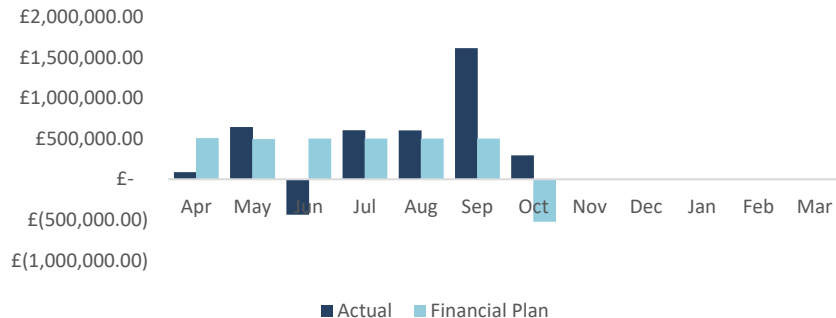
Objective 3: Sustainability – areas of underperformance

Objective Key Result (OKR)

Trust

(3b) Favourable performance against financial plan

£0.9m
favourable

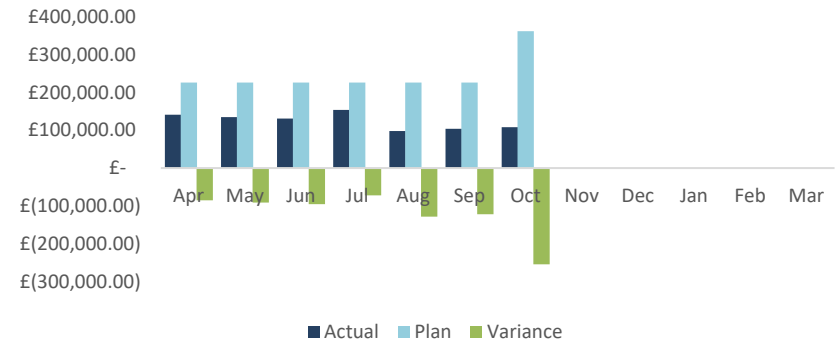


Objective Key Result (OKR)

Trust

(3c) Cost Improvement Plan (CIP) Delivery

£0.8m
adverse



Executive Director commentary:

Mike McEnaney, Director of Finance

The risk or issue

Financial performance against plan is £0.9m favourable at month 7.

The cause

Overspends in Community, Specialised and Oxon & BSW MH directorates and under-delivery of CIP offset by slippage on investment plans.

The plan or mitigation

The Trust's programme to improve quality and reduce agency spend should help reduce this pressure. Finance will work with directorates to understand the causes of the overspend and develop plans to bring the spend back in budget. Plans and budgets have not yet been agreed for new mental health investment funding for FY22. Any slippage on these plans will help offset overspends elsewhere.

Executive Director commentary:

Mike McEnaney, Director of Finance

The risk or issue

CIP Performance against plan is £0.8m adverse at month 7.

The cause

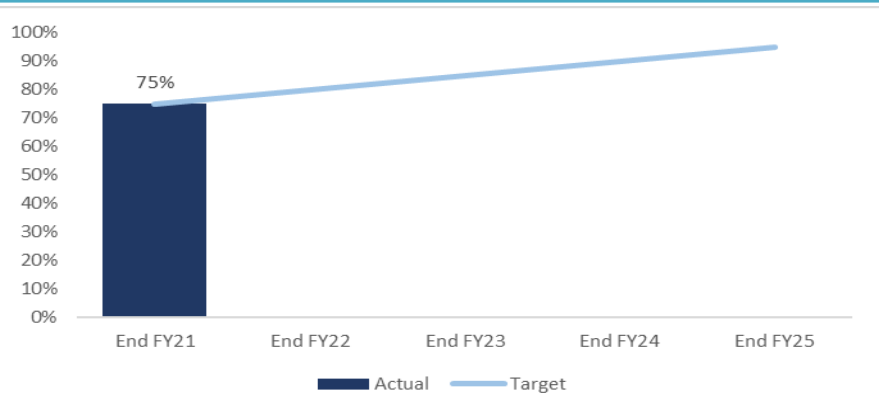
Engagement with the CIP Programme and the main scheme of reducing agency have been delayed due to Covid-19

The plan or mitigation

International Recruitment programme and other plans as part of the Improving Quality, Reducing Agency programme to reduce agency spend
Further engagement required for additional schemes to meet the plan

Objective 3: Sustainability – areas of underperformance

Objective Key Result (OKR)	Target	Actual
(3d) 100% of estate to achieve condition B rating by 2025	75%	75%



Executive Director commentary:
Mike McEnaney, Director of Finance

The risk or issue

In May 2021, 75% of the Trust estate has a condition B rating. The intention is to achieve 80% by 2025. The improvement trajectory is shown on the graph above

The cause

Lack of investment. In recent years the operational capital budget has been reduced by substantial amounts due to the Trust's financial position. This has impacted upon our ability to carry out works to maintain the condition of the estate.

What is the plan or mitigation?

A capital investment plan has been developed.

Objective Key Result (OKR)	Target	Actual
(3e) Delivery of estates related Co2 reduction target of 1623 tonnes by 2025	10,862	10,862



Executive Director commentary:
Mike McEnaney, Director of Finance

The risk or issue

In FY21, the Trust consumed 10,862 tonnes of Co2. The aim is to reduce consumption to 9030 by 2025. The improvement trajectory is shown on the graph above.

The cause

The Trust has an obligation under Statute and the NHS Contract to reduce carbon emissions generally, becoming a net carbon organisation by 2045. This objective relates only to plans to reduce carbon emissions linked to the estate

What is the plan or mitigation?

The estates department has an action plan detailing potential schemes and associated investment required to reduce our carbon emissions.

Objective 4: Research & Education – Become a leader in healthcare research and education

This year, our Objective Key Results (OKRs) are;

Trust

OKRs to be provided following Exec approval of R&D Strategy

Governance

Executive Director: Chief Medical Officer | **Responsible Committee:** Quality Committee

Executive Summary: Karl Marlowe, Chief Medical Officer

Summary Action Plan - for all underperforming OKRs

Objective	OKR	Target	Actual	Plan	Resolved by?	Plan last reviewed & updated on and by
National	(N7b) Inappropriate out-of-area placements (OAPs) for adult mental health services (Oxon)	0	8	In April, changes to IPC guidance have allowed the facilitation of patients who have completed their 14-day period of isolation and are COVID negative to be repatriated to vacant Oxford Health beds. Therefore, maximising bed capacity and reducing the need to purchase further OAP beds.		Claire Page on 30 Sept 2021
Deliver the best possible care and outcomes (Quality)	(1a) Clinical supervision completion rate	85%	Data not available	<ul style="list-style-type: none"> Manual recording process in place and relaunch of new reporting dashboard due in December 2021. Position for all inpatient wards reported in the most recent Quality and Safety dashboard. A new Trust clinical supervision lead has started to help embed supervision structures and to develop the quality of sessions. Working group set up. NHSE/I are funding Professional Nurse Advocates (PNAs) and we have a range of nurses on these courses which will support embedding of Restorative Supervision across our Trust. The forms for supervision and appraisals are being reviewed to support staff and make the processes easier launching new on-line dashboard for recording in December 2021. 		
Deliver the best possible care and outcomes (Quality)	(1c) BAME representation across all pay bands including board level - quarterly	19%	18.8%	<p>There is an ICS BOB level action plan to improve the race disparity ratio and meet the 6 national EDI actions. One proposal being considered by the group is developing an ICS pool of inclusion champions/ ambassadors who will participate in future recruitment and selection activity.</p> <p>The Trust also has a Race Equality 'Framework for Change' Strategy and a Race Equality Staff Network to support the work. Recent funding has been secured to offer staff the opportunity to work part-time on delivering the strategy. Training session targeted for managers on inclusive recruitment was ran in Oct and is available to rewatch. Monitoring progress of all the commitments is now in place.</p>		
Deliver the best possible care and outcomes (Quality)	(1fb) Improved completion of the Lester Tool - Community teams for patients on CPA	75%	62.5%	<p>A recovery plan and trajectory is in place and delivered through a task and finish group led by a senior clinician. This group reports regularly to the Quality and Clinical Governance Sub-Committee.</p> <p>Key actions being taken include recruiting new physical health HCAs and leads, embedding consistency across the physical health clinics and ensuring teams have the appropriate monitoring equipment. There is also work underway to improve the access to data on TOBI so that teams can monitor their performance more easily.</p> <p>The actions are resulting in a steady improvement. The EIP teams have achieved target.</p>		

Summary Action Plan - for all underperforming OKRs

Objective	OKR	Target	Actual	Plan	Resolved by?	Plan reviewed & updated on and by
Deliver the best possible care and outcomes (Quality)	(1g) Evidence patients have been involved in creating their care plan (bi-monthly clinical audit)	95%	81%	<ul style="list-style-type: none"> - Peer support workers and new paid roles for people with a lived experience are being increased to start to change and challenge how we approach working with patients. Achieving provider status to deliver HEE peer support training will help achieve our aim. - Co-production training for all staff has been tested, developed and is being rolled out from Nov 2021. The training has been designed and is delivered by both experts by experience and staff. - As well as specific projects including; <ul style="list-style-type: none"> o CAMHS staff have worked with young people to develop a care plan template that is more accessible and focuses on their needs and goals. This is being rolled out across all Counties. o Patient centred care in community hospital wards o Improving pre-appointment planning in Dental services and information for patients with autism so that they can be more involved. o Collaborative care planning with patients embracing the use of digital technology, piloting in an AMHT and CMHT o Forensic services are working on needs led care planning with patients 		
Deliver the best possible care and outcomes (Quality)	(1h) 30% of clinical staff in non-learning disability services have completed internal eLearning on autism	30%	1%	<p>As the internal training has been put on temporary hold. Below are some of the other activities we are doing to improve how we work with and support people with autism.</p> <ul style="list-style-type: none"> • 112 staff are completing the national pilot training in Oct and Nov 2021. • The Reasonable Adjustment Service is supporting mental health clinicians to better understand and support the needs of autistic individuals with reasonable adjustments and adaptations. • 6 autism webinars were delivered in Q1 for staff. • Bespoke training sessions are being delivered to mental health wards and community teams, as well as regular support sessions for inpatient staff to discuss specific patients. • Working with our autistic experts by experience we are developing an autism reasonable adjustment passport to support access to mental health services. This is being piloted at the moment. • Resources have been developed to support clinical teams with making communication more autistic inclusive. • We are also providing consultation and support from an adjustment perspective to individuals who do not meet the criteria for LD services but our mental health services are inaccessible. • There has been work from an employee perspective ie supporting the employee dyslexia support group and autism support group. 		

Summary Action Plan - for all underperforming OKRs

Objective	OKR	Target	Actual	Plan	Resolved by?	Plan reviewed & updated on and by
Be a great place to work (People)	(2c) Reducing staff sickness to 3.5%	<3.5%	5.5%	Ongoing absence monitoring and utilisation of Goodshape data to inform support and management. Return To Work Interviews – compliance by managers is low and will be an area of focus for the Absence Team. Discussed at User Group and additional time to complete has been implemented.	Oct 21	
Be a great place to work (People)	(2e/f) Reduction in % labour turnover	<10%	12%	Exit interview process has been refined. Retention of staff is a key challenge for NHS employers particularly after the difficulties many staff have experienced over the past 14 months: further analysis will be conducted to understand hot-spot areas needing particular focus.	Apr 22	
Be a great place to work (People)	(2g) Reduction in % vacancies	<9%	11.6%	Significant recruitment activity in train: advertised vacancies 204; shortlisting stage 46; interview stage 103; pre-employment check stage 257. 252 offers were sent to successful candidates in May 2021.	July 22	
Be a great place to work (People)	(2h) PDR compliance	90%	64%	<ul style="list-style-type: none"> Work with teams where compliance is low to provide guidance Move to on-line PDR so that recording is automatic (this will be possible with the new OTR introduced by the end of August) 	Apr 22	
Be a great place to work (People)	(2i) PPST compliance	90%	61%	Introduction of new OTR which records training in real time Work with teams who have low compliance to promote training Ensure appropriate classes are available		
Make the best use of our resources and protect the environment (Sustainability)	(3b) Adverse performance against financial plan (YTD)	On plan	£1.0m adverse	The Trust's programme to improve quality and reduce agency spend should help reduce this pressure. Finance will work with directorates to understand the causes of the overspend and develop plans to bring the spend back in budget. Plans and budgets have not yet been agreed for new mental health investment funding for FY22. Any slippage on these plans will help offset overspends elsewhere.		
Make the best use of our resources and protect the environment (Sustainability)	(3c) Cost Improvement Plan (CIP) Delivery	On plan	£0.5m adverse	International Recruitment programme and other plans as part of the Improving Quality, Reducing Agency programme to reduce agency spend Further engagement required for additional schemes to meet the plan		

Section 5:

Highlights from the Executive Managing Directors – Nov 2021 (Oct data)

Updates are provided every other month. The next update is due in January 2022

Directorate highlights: Buckinghamshire

Executive Director commentary:

Tehmeena Ajmal, Executive Managing Director, Mental Health & Learning Disabilities

- **Urgent care and In-patient acuity** - Admission capacity to Sapphire and Ruby Wards in the last month has been impacted by bed closures due to COVID (Sapphire) and loss of senior medical staff (Ruby). Colleagues have been working closely with Oxfordshire on mutual support but overall Bucks has seen an increase in use of OAPs. Amber ward the in-patient ward in Bucks for older adults continues to experience very high levels of demand and acuity and the team are managing a number of patients with co-morbid mental health and physical health presentations.
- **Delayed discharges and flow** - the Service Director and Clinical Director are overseeing work to improve flow as the service has seen an increase in the number of patients whose discharges are delayed waiting for packages of care/placements in the community
- **Neuro-developmental conditions** – Collaborative pathway with BHT: Despite additional non-recurrent investment from commissioners to support waiting list reduction, demand continues to exceed clinical workforce capacity on a weekly basis. Work continues at Place to find an immediate solution, while developing a longer term approach across the Trust.
- **South Bucks Community Mental Health Hub** - Saffron House was formally opened by Sir Steve Redgrave, and staff were delighted to meet him and share their work

Directorate highlights: Oxon & BSW Mental Health

Executive Director commentary:

Tehmeena Ajmal, Executive Managing Director, Mental Health & Learning Disabilities

- **Inpatient services** - Admission capacity to Wintle ward in the last month has been impacted by a lack of consultant cover. Colleagues have been working closely within Oxfordshire to ensure cover. The directorate team has carried out a deep dive of all patients with a length of stay over 56 days to expedite discharge and reduce the average length of stay
- **Workforce** – this continues to be a key concern and the directorate is investing in some short term support to develop a recruitment campaign and support managers in managing the recruitment process, working with the corporate recruitment team. In the meantime the directorate is working with the director of workforce to reduce agency spend
- **IAPT** – The Talking Space Plus service is an integrated partnership between the Trust, Oxfordshire MIND and PML; however performance continues to be compromised and the partnership working continues to be challenging. Work is ongoing with the two organisations to find an acceptable solution, and to review future arrangements
- **Clinical Services in business continuity:** the directorate continues to implement its recovery plan for the City AMHT, however the service remains in business continuity; additional senior management support continues to be provided to our Eating Disorders services. BSW teams that were in business continuity are now in recovery except for Swindon CAMHS where the staffing situation remains challenging

A piece of work is underway to define a clear escalation process/set of triggers to enable more rapid and focused escalation and mitigating actions..
- **Provider Collaboratives – HOPE Eating Disorders** – this provider collaborative went live as planned, and the Trust now has three well-functioning provider collaboratives in place.

Directorate highlights: Specialised: Learning Disabilities & Forensic

Executive Director commentary:

Tehmeena Ajmal, Executive Managing Director, Mental Health & Learning Disabilities

- **Specialised LD** - the team continues to support a complex patient in the community, with an escalation plan in place. The team are developing our learning to ensure we can support patients with similar needs/presentations in the future.
- **Specialised Forensic** – the FIND team was highly commended in Exceptional People awards. The service has welcomed overseas nurses to its team and has received positive feedback about their welcome and reception. The success of the NAT scheme in the service will continue to put pressure on establishments until their training is complete, which may result in additional agency spend

Directorate highlights: Primary, Community and Dental Care

Executive Director commentary:

Dr Ben Riley, Executive Managing Director for Primary, Community and Dental Care

Community Services - The pressure on primary and community care services has continued across the Oxfordshire system. This situation is being actively managed through Trust operational processes and actions taken to improve staffing challenges have had some success and are ongoing. A longer-term workforce and transformation plan will be taken forward as part of the community services strategy.

Significant pressures remain in particular in the District Nursing and podiatry services, as well as Children's Integrated Therapies. Teams are actively managing the risks arising from demand exceeding capacity through QIA processes, frequent review and regular discussion with commissioners and other system partners.

Hospital flow and reablement – Lengths of stay in community hospitals remain broadly stable, following an increase for a period in the later summer. The change of reablement providers to the new model procured by OCCG and OCC is underway and the Trust's CCS (reablement) team have been successfully redeployed to support the urgent community response.

Urgent care - Our Out Of Hours GP, Minor Injury Units, and ambulatory care pathways remain busy. Activity in the developing 2-hour pathway continues to grow and the '2-day' urgent response numbers significantly exceed the targets agreed with NHSEI. There has been particular focus on progressing an expanded community medical care model with OUHFT and primary care partners.

Discussions are underway with system partners to develop alternative urgent care/same day care services for patients with minor illness, as a significant number of patients with self-limiting illnesses are attending ED or calling on 999 – particularly in the evenings and weekends.

The Oxfordshire Care Integration Board has been established – this is a subcommittee of the Place-based Partnership Board with the remit for progressing the Ageing Well programme, community services strategy and Primary Care Network development. Engagement with system partners continues through this and related workstream meetings.

Directorate highlights: Primary, Community and Dental Care

Executive Director commentary:

Dr Ben Riley, Executive Managing Director for Primary, Community and Dental Care

Vaccination – The rollout of Flu and Covid jabs has progressed well across schools and the teams have achieved one of the highest uptake rates in the region. The school health nurses and immunisation teams were awarded an Exceptional Team Award by the Trust in November.

Dental Services – The situation is similar to the previous report, although we are also working with the OUH managers to develop additional access to theatres for some Saturday operating over the next few months to keep driving down our Paediatric General Anaesthetic lists. NHSE Dental commissioners have agreed to support these financially.

Community Services Strategy – The community strategy work continues to progress as planned; clinical workshops have been held and members will recall the engagement process on case for change and principles to inform decision making has concluded. The document published can be found here:

[Improving Community Health and Care Services - Oxfordshire Clinical Commissioning Group \(oxfordshireccg.nhs.uk\)](https://www.oxfordshireccg.nhs.uk)

Reflecting on the feedback we have made some proposals for adjustment clarifying some wording and reducing the principles down from 12 to 10.

This paper seeks recommendation of the proposed principles arising from the engagement exercise to be recommended to the Oxfordshire Health and Well-being Board in December for final sign off.