

Integrated Performance Report (IPR) Report: Board meeting – 09 June 2021

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

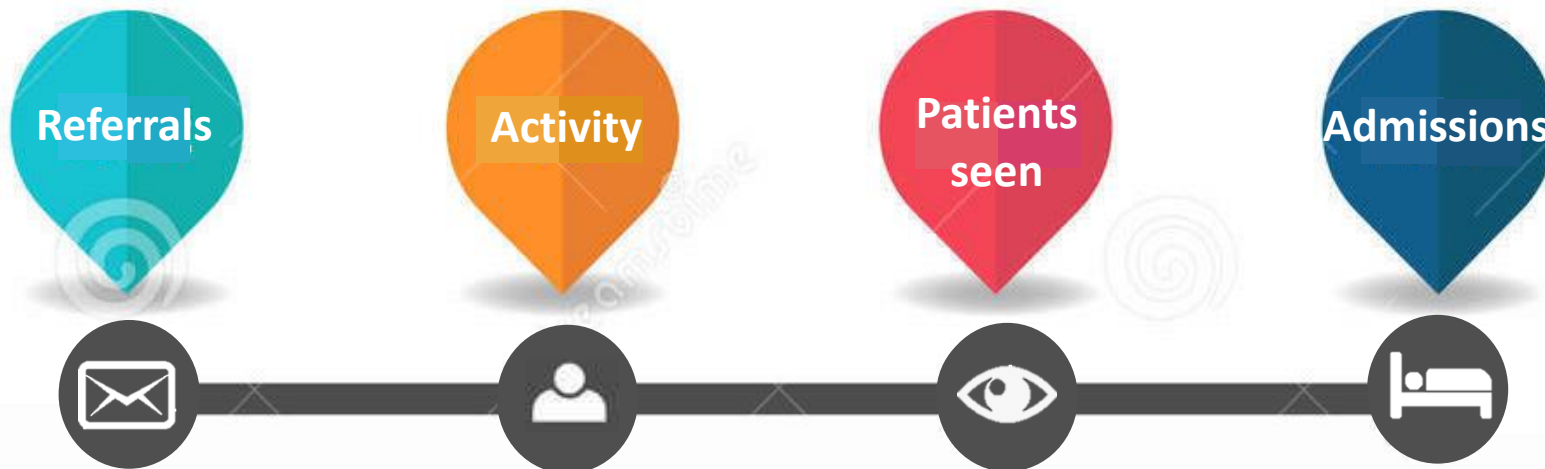
To move the strategy into a focus on delivery, each strategic objective has been developed into a set of key focus areas (workstream descriptors). The aim of the key focus areas is to identify priority activities and workstreams for the Trust over the coming years and to provide a bridge between the 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 April 2021



Referrals Received

↑ **5860 referrals to Adult Mental Health Services (incl. IAPT).** +9.4% increase on the 2019/20 monthly average of 5355

↑ **2446 referrals to Child & Adolescent Mental Health Services.** +4% increase on the 2019/20 monthly average of 2349

➔ **10947 referrals to Primary and Community Care Services (excl. OOH/MIU).** Which is broadly in line with the 2019/20 monthly average of 10,966

Attended contacts delivered

↑ **30,377 attended contacts in Adult Mental Health Services (incl IAPT).** +45% higher than the 2019/20 monthly average of 20,892

↑ **12,972 attended contacts in Child & Adolescent Mental Health Services.** +15.2 higher than the 2019/20 monthly average of 11,003

↓ **54940 attended contacts in Primary and Community Care Services (exc OOH/MIU).** -6/6% lower than the 2019/20 monthly average of 58,580

No. distinct patients seen

↑ **14,217 Adult Mental Health (incl IAPT) distinct patients seen.** +28.2% more than the 2019/20 monthly average of 11,088

↑ **5,383 CYP Mental Health distinct patients seen.** +8.1% more than the 2019/20 monthly average of 4945

↓ **31,004 Primary and Community patients seen.** -9.0% fewer than the 2019/20 monthly average of 33781

Admission & LOS

↓ **96 admissions to Adult/Older Adult Mental Health wards (incl rehab).** 5.9% fewer than the 2019/20 monthly average

↑ **125 admissions to Community Hospital wards.** +10.6% more than the 19/20 monthly average

↑ **63 ALOS on Adult/Older Adult Mental Health wards (incl Rehab, exc leave/delay).** +10.5% longer than the 19/20 average

↓ **21 ALOS on Community Hospital wards (exc delay).** -16% shorter than 19/20 average



Quality



SIs, Complaints & Compliments

↑ **5 Serious Incidents** occurred. +67% (2) more than the 2019/20 monthly average of 3

↓ **14 Complaints** received in April. +33% (7) fewer than the 2019/20 monthly average of 21

↓ **93.5% positive overall patient experience** (average score 4.76 out of 5) (responses=784). 94% positive overall score 2019/20 (average score 4.77 out of 5) (responses=20,926)



Workforce



New starters, Leavers & HR mgmt. cases resolved

↑ **185 new starters** in month. +20% higher than the 2019/20 monthly average of 154

↑ **191 leavers** in month. +41% higher than the 2019/20 monthly average of 135

↓ **15 HR management cases resolved in month.** -37% fewer than the 2019/20 monthly average of 23.8



Finance



Finance

↑ **£488k spent on Out of Area Placements.** +110% higher than the 2019/20 monthly average of £232k

↑ **£4180k spent on Agency Staff.** +106% higher than the 2019/20 monthly average of £2034k

↓ **£113k spent on travel claims.** -53% lower than the 2019/20 monthly average spend of £238k



L&D



Appraisals, Supervision & Training

↑ **244 appraisals** completed in April 2021. 94% more than April 2020 at 126 completed

↑ **3274 Supervision sessions carried out in April 2021** +8% from April 2020 of 2314

↑ **3454 Training courses attended (digital and classroom).** + 59% compared to April 2020 of 2023 training courses

Section 3:

Delivery of the NHS Oversight Framework

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
(N1) A&E maximum waiting time of four hours from arrival to admission/transfer/ discharge	95%	85.4%	95.5% (Apr)
(N2) People with a first episode of psychosis begin treatment with a NICE-recommended care package within two weeks of referral (UNIFY2, moving to Mental Health Services Data Set – MHSDS) (quarterly)	56%	67.8% (Dec)	78.6% (Mar)
(N3) Data Quality Maturity Index (DQMI) MHSDS dataset score - reported quarterly	95%	68.5%	98.1% (Dec)
(N4) IAPT - Percentage of people completing a course of IAPT treatment moving to recovery (quarterly)	50%	47.2%	57% (Dec)
(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%	92.6%	98.5% (Feb)
(N6) IAPT - 18 weeks or less from referral to entering a course of talking treatment under IAPT	95%	98.6%	99.8% (Feb)
(N7a) Inappropriate out-of-area placements (OAPs) for adult mental health services - OAP bed days used (Bucks)	0	-	5 (Apr)
(N7b) Inappropriate out-of-area placements (OAPs) for adult mental health services – OAP bed days used (Oxon)	0	-	27 (Apr)

Governance:

Executive Director: Director of Strategy and CIO | **Responsible Committee:** Quality Committee | **Responsible reporter:** Claire Page

Executive Summary: Martyn Ward, Director of Strategy and CIO

About:

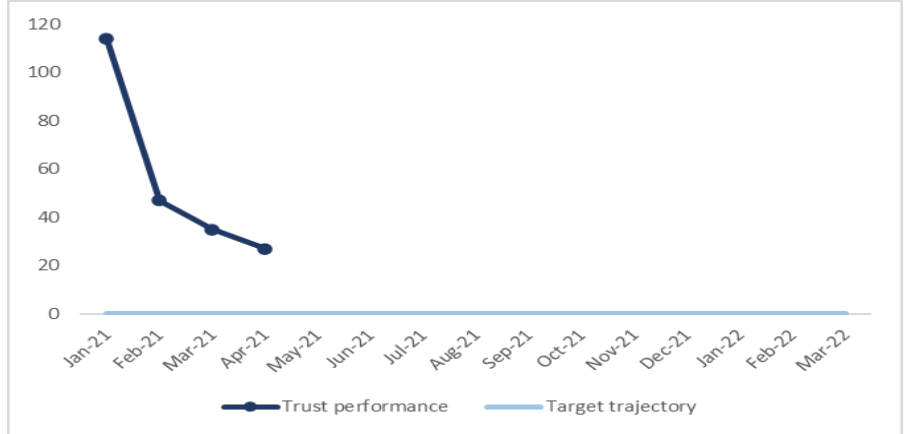
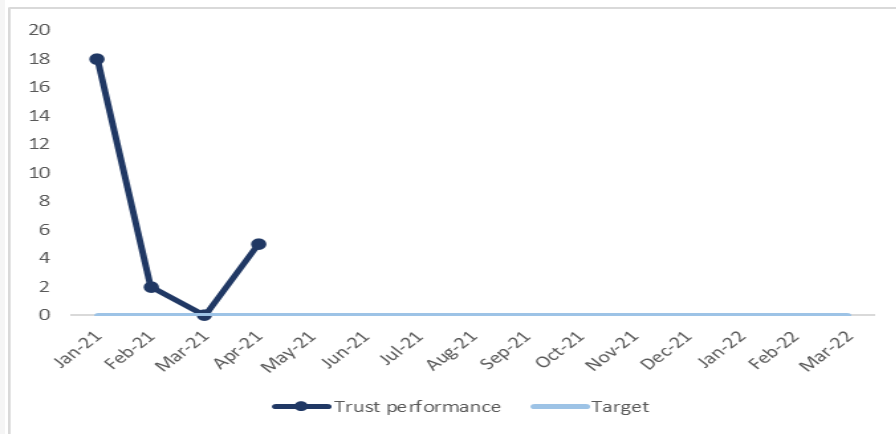
The NHS Oversight Framework replaced the provider [Single Oversight Framework](#) and the clinical commissioning group (CCG) [Improvement and Assessment Framework \(IAF\)](#) in 2019/20 and informs assessment of providers. It is intended as a focal point for joint work, support and dialogue between NHS 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 both Oxfordshire and Buckinghamshire. Please see overleaf for more information on the cause of underperformance and the plans to mitigate the issue.

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	5	(N7b) Inappropriate out-of-area placements (OAPs) for adult mental health services – aim to reduce OAP bed days used (Oxon)	0	27



Executive Director commentary:

Martyn Ward, Director of Strategy and CIO

The issue and cause

Trust did not achieve the OAPs target. This was due to the ongoing changes in 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 of 10 beds, which incrementally increased to 18 beds by April 2021 with a private provider Elysium Healthcare.

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 will reflect this change, note this change when viewing performance against historical trend. April 2021 locally reported usage was 5 Bucks, and 27 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.

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

This year, our Objective Key Results (OKRs) are;	Target	Comm Services	Oxon & BSW	Bucks	Specialised	Corporate & Trading	Trust
(1a) Clinical supervision completion rate	85%	64%	53%	65%	73%	-	63.8%
(1b) Number of staff trained in restorative just culture in yr 1	20	-	-	-	-	-	8
(1c) 100% achievement of the Race Equality Framework actions detailed in that plan for year one – quarterly	100%	-	-	-	-	-	n/a
(1d) Cases of preventable hospital acquired infections (YTD)	<3	-	-	-	-	-	0
(1e) Reduction in use of prone restraint by 25% in year 1	<240 over 12mths	-	2	4	8	-	14
(1f) Patient safety partners employed to be part of the governance structure – quarterly	2	-	-	-	-	-	n/a
(1fa) Improved completion of the Lester Tool for people with enduring serious mental illness (EIP teams)	90%	-	62%	39%	-	-	52.8%
(1fb) Improved completion of the Lester Tool for people with enduring serious mental illness (Community teams)	75%	-	33%	53%	-	-	41.4%
(1g) Evidence patients have been involved in creating their care plan (bi-monthly audit)	95%	-	89%	68% (13/19)	92%	-	87%
(1h) 30% of clinical staff in non-learning disability services have completed internal eLearning on autism	30%	0%	0%	0%	0%	0%	0%
(1i) CPA review completed within last 12 months	95%	Indicator in development with data from CareNotes					
(1j) CPA risk assessment completed within last 12 months	95%	Indicator in development with data from CareNotes					

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

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 number of the key objectives 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 the issue.

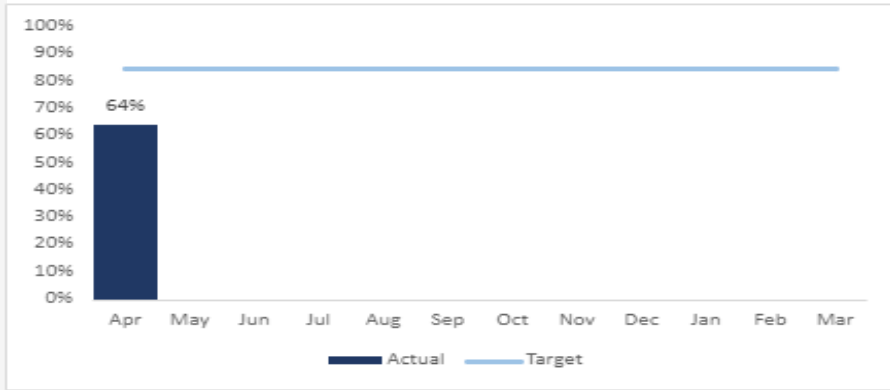
We are developing reporting from CareNotes to monitor the completeness of risk assessments and timeliness of CPA reviews, which will be included in future reports. The quarterly community mental health Care Programme Approach (CPA) clinical audit also looks at the quality of documentation for these measures which we will also use to assess and improve performance.

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
(1a) Clinical supervision completion rate	85%	63.8%



Executive Director commentary: Marie Crofts, Chief Nurse

The risk or issue

The completion and recording of clinical supervision is below target. The clinical directorates are reporting clinical supervision between 53%-73%. The risk is staff may be struggling in their role and feel unsupported to manage difficult situations.

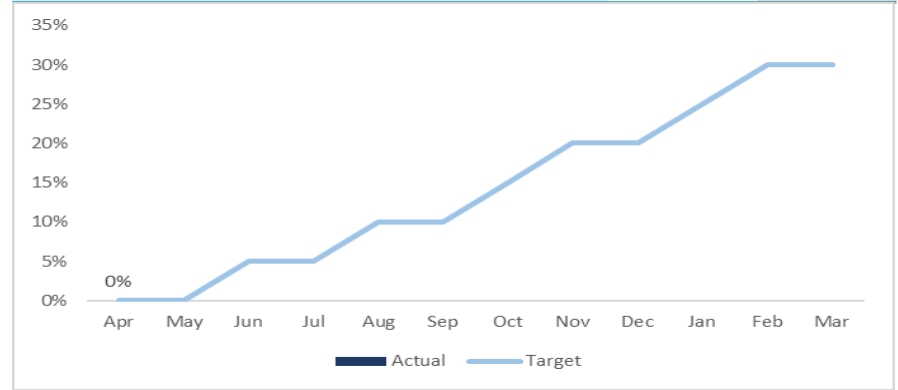
The cause

This is two-fold, supervision levels are likely to be higher than reported due to incomplete recording on OTR combined with operational pressures due to responding and recovering from COVID-19.

What is the plan or mitigation?

A permanent Trust Supervision Lead is being recruited in May 2021 to lead on embedding quality supervision and to improve recording. A new OTR system is also due to be implemented shortly.

Objective Key Result (OKR)	Target	Actual
(1h) Develop and launch a new e-learning course for all staff on an introduction to autism	30%	0%



Executive Director commentary: Marie Crofts, Chief Nurse

The risk or issue

Lack of awareness and reasonable adjustments being made for patients impacting on how they access and benefit from services.

The cause

2020/21 delay in developing and rolling out new internal training developed in partnership with Autism Oxford.

What is the plan or mitigation?

Tier 1 training on autism awareness has been developed and the plan is this will be mandatory for all patient facing staff. Due to launch in May 2021. The Trust has also developed an autism Master's module launching in Sept 2021. The Trust is part of the national pilots for tier 1 (patient facing but not direct care givers) and tier 2 (for direct care givers) autism training which will become mandated in 2022 – we have identified staff across the Trust to complete the training.

Objective 1: Quality – areas of underperformance

Objective Key Result (OKR)

Target Actual

(1fa) Improved completion of the Lester Tool for people with enduring serious mental illness (EIP teams)

90%

50.5%



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%

43%



Executive Director commentary: Marie Crofts, Chief Nurse

Context

The indicator is based on the completion of the comprehensive Lester physical health assessment tool covering smoking status, lifestyle, BMI, blood pressure, glucose and cholesterol, and the associated interventions. When looking at whether a basic physical health assessment is complete the performance is higher.

The risk or issue

Patients may not be receiving annual physical health checks in line with evidence-based practice. The checks will help to reduce mortality for people with mental illness.

The cause

The underperformance is due to a number of factors including leadership, staff capacity, equipment and a reduction in face-to-face work in 2020/21 due to COVID-19.

The plan or mitigation

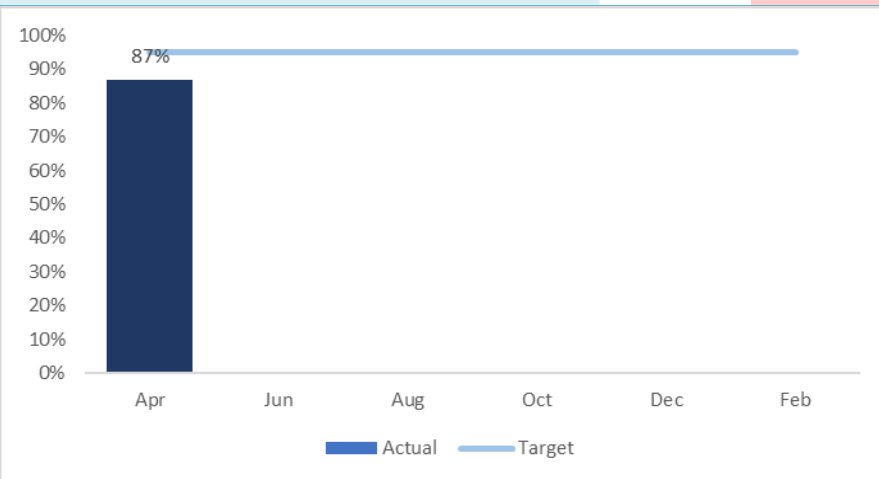
A recovery plan is in place being implemented by a task and finish group which reports monthly to the Quality and Clinical Governance Sub-Committee. Recent reports have also been presented on the work to the Quality Committee and Trust Board.

Key actions being taken are around recruiting new physical health 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 so that teams can monitor their performance more easily.

The actions so far have led to an improving trend from October 2020 across both the EIP and Community Teams.

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%	87%



Executive Director commentary: Marie Crofts, Chief Nurse

Context

The information reported is from the clinical audit for the children, adult and older adult mental health wards, including forensic. Sample size n=125 patient records. The results are only for inpatients.

The OKR will be based on the clinical audits completed in the reporting month, so the scope of services included will vary.

The clinical audits for the community hospital wards and on end of life care were paused during COVID-19 and are due to re-start in May 2021. The Q1 community mental health Care Programme Approach (CPA) audit should be ready to report in the next report. The CPA results in Q3 showed 86% of records demonstrated patient involved in creating their care plan, n=304.

The risk or issue

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

The cause

The reason is being explored further as it is unclear if this underperformance relates to practice by staff or how/ where involvement is documented.

When comparing the clinical audit to feedback received from patients through IWGC, in April 2021 675 patients Trust-wide responded to this question and overall rated their involvement in care as 4.78 out of 5.0.

The plan or mitigation

To understand better the reasons for the clinical audit results.

A QI programme has been started to improve patient and family involvement in their care.

Objective 2: People – be a great place to work

This year, our Objective Key Results (OKRs) are;	Target	Community Services	Oxon & BSW MH	Bucks MH	Specialised	Corporate & Trading	Trust
(2a) Staff engagement index score (annual) to increase by 1% each year (to 74% by 2022)	>/=73%	73.1%	73.0%	68.9%	70.0%	73.2%	73.0%
(2b) Reduce agency usage to NHSE/I target	TBC	£803,667	£1,160,362	£633,099	£359,511	£89,826	£3,046,464
(2c) Reducing staff sickness to 3.5% over 2021/22	</=3.5%	4.7%	3.5%	3.6%	4.7%	3.5%	4.08%
(2d) EDI OKR under review	TBC						
(2e) Reduction in % labour turnover	</=10%	11.4%	12.4%	11.0%	9.2%	13.4%	11.7%
(2f) Reduction in % vacancies	</=9%	8.1%	13.1%	13.1%	16.3%	7.2%	10.9%
(2g) PDR compliance	>=90%	83%	74%	75%	86%	47%	71%
(2h) PPST compliance	>=90%	86%	80%	83%	88%	74%	83%
(2i) Number of Apprentices as % substantive employees	>=2.3%					21.54%	3.99%

Governance

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

Executive Summary: Mark Warner, Interim HR Director

Vacancy rates remain the key risk for the Trust and resulted in continued high use of agency staff to maintain safe staffing levels. Good progress has been made in relation to international nurse recruitment and further recruitment campaigns commenced to focus specific business units. The Programme Board is scheduled to re-start following Covid focus. Turnover for new starters remains a particular concern and reasons for this are being assessed. Sickness levels remain above target and the national benchmark, although the First Care initiative will not have showed benefits in these metrics yet as they represent a rolling 12 month period.

PDR compliance remains a concern at 71% and further action will take place to promote and re-launch appraisals and development discussions. This will also be one of the 3 key focus areas in relation to the 2020 Staff Survey.

Objective 2: People; areas of underperformance

Objective Key Result (OKR)	Target	Actual
(2b) Reduce agency usage to NHSE/I target	TBC	£3,046,464



Executive Director commentary:

Mark Warner, Interim Director of HR

The risk or issue

Financial strain on the Trust of high agency spend. Impact on quality due to transient workforce. Impact on engagement and motivation as team not stable.

The cause

High vacancy levels. Budgeted establishments are not reflecting workforce demand and therefore not being recruitment on a permanent basis. Recruitment challenges nationally and regionally have impact on our ability to recruit permanent staff.

The plan or mitigation

International Recruitment Project. Established 3 workforce transformation projects to secure quality staff to vacancies and review agency supply. Programme Board for Improving Quality and Reducing Agency in June. Process started to ensure vacancies are within budgeted establishments.

Objective Key Result (OKR)	Target	Actual
(2c) Reducing staff sickness to 3.5%	<=3.5%	4.08%



Executive Director commentary:

Mark Warner, Interim Director of HR

The risk or issue

Sickness absence rate has increased from 3.8% last month.

The cause

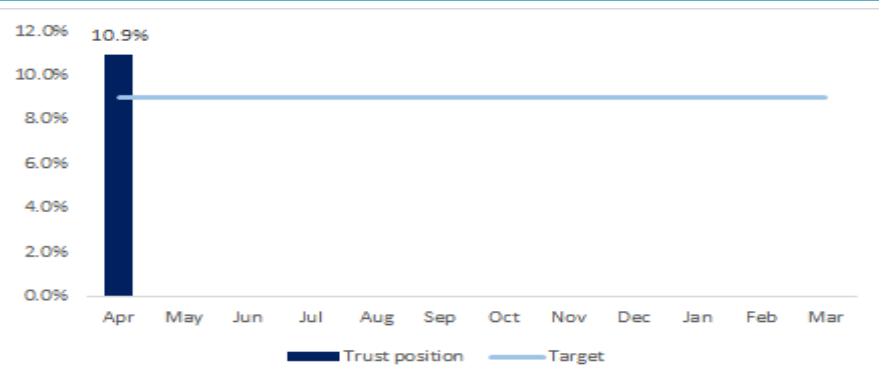
This has been driven by increased short term absence. The most common reasons for short term absence are headache/migraine and flu-like symptoms. It is likely this is linked to COVID19 vaccinations.

The plan or mitigation

The Trust implemented First Care in February 2021. A small dedicated Absence Team was also established in Human Resources. This team runs training sessions for managers to help them optimise the use of First Care, action alerts and support staff in the informal stages of absence management processes

Objective 2: People; areas of underperformance

Objective Key Result (OKR)	Target	Actual
(2e) Reduction in % labour turnover	<10%	11.7%



Executive Director commentary:

Mark Warner, Interim Director of HR

The risk or issue

Staff turnover has remained unchanged from last month (11.7%). It is noted that throughout most of 2020 the turnover rate was above 12%. High levels of turnover will impact on agency spend and quality.

The cause

The most common reason for leaving the Trust's employment is voluntary resignation. This can be for a number of reasons and the most common are work/life balance, relocation, health and other / unknown. High vacancy levels will also impact on turnover levels.

The plan or mitigation

Exit interview process being 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.

Objective Key Result (OKR)	Target	Actual
(2f) Reduction in % vacancies	<=9%	10.9%



Executive Director commentary:

Mark Warner, Interim Director of HR

The risk or issue

The vacancy rate has varied over the past 12 months (9.8% to 11.9%). The headline figure will mask spikes in turnover which require focus.

The cause

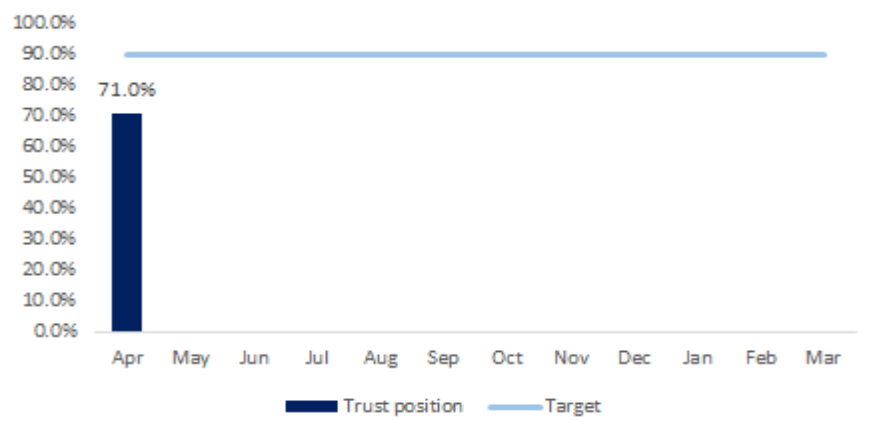
The vacancy rate is based on budgeted establishments which may not be an accurate reflection of actual vacancies.

The plan or mitigation

Significant recruitment activity in train: advertised vacancies 141; shortlisting stage 42; interview stage 80; pre-employment check stage 247. 220 offers were sent to successful candidates in April 2021. Virtual recruitment fair launched in OBSW area. International nurse recruitment campaign underway with new starters joining the Trust

Objective 2: People; areas of underperformance

Objective Key Result (OKR)	Target	Actual
(2g) PDR compliance	>/=90%	71%



Executive Director commentary:

Mark Warner, Interim Director of HR

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 end of June)

Objective Key Result (OKR)	Target	Actual
(2h) PPST compliance	>/=90%	83%



Executive Director commentary:

Mark Warner, Interim Director of HR

The Risk or issue

Compliance does not achieve 90%
Information Governance rates not at 95% by end of June

Reason

Existing OTR system is not recording achievement automatically.
Focus on PPST reduced during pandemic
Some teams not seeing compliance as an issue.

Mitigations

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;	Community Services	Oxon & BSW MH	Bucks MH	Specialised	Corporate & Trading	Trust
(3a) Favourable working capital position reported against plan						Plan not yet set
(3b) Favourable performance against financial plan						£0.4m adverse
(3c) Cost Improvement Plan (CIP) delivery						£0.1m adverse
(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 (please see section 2 of this report)	-	-	-	-	-	6/8 achieved

Governance

Executive Director: Director of Finance | **Responsible Committee:** Finance and Investment Committee | **Responsible reporter:** Alison Gordon/Christina Foster

Executive Summary: Mike McEnaney, Director of Finance

There is not yet a plan for working capital for FY22 but month 1 is showing a positive £0.1m working capital position.

Performance against financial plan has not been reported by Directorate for month 1 as budgets have not been finally agreed yet. The plan for H1 is a £3.0m surplus based on the FY21 Q3 performance where the Trust had slippage on Mental Health investment funding. The adverse variance is driven by agency and bank spend in Oxon & BSW MH and Bucks MH directorates which last year was partly offset with this slippage in investment funding.

The CIP plan for the year is £3.5m with £1.3m to be delivered in H1. £0.1m has been delivered in month 1 and delays are due to Covid-19.

Objective 3: Sustainability – areas of underperformance

Objective Key Result (OKR)	Trust
(3b) Favourable performance against financial plan	£0.4m adverse



Executive Director commentary:
Mike McEnaney, Director of Finance

The risk or issue

Financial performance against plan is £0.4m adverse at month 1.

The cause

This is due to bank and agency spend which has not been mitigated by underspends elsewhere in the Oxon & BSW MH and Bucks MH directorates.

The plan or mitigation

The Trust's programme to improve quality and reduce agency spend should help reduce this pressure. Plans and budgets have not yet been agreed for new mental health investment funding for FY22 which once in place may help reduce the need for bank and agency staff particularly in community teams.

Objective Key Result (OKR)	Trust
(3c) Cost Improvement Plan (CIP) Delivery	£0.1m adverse



Executive Director commentary:
Mike McEnaney, Director of Finance

The risk or issue

CIP Performance against plan is £0.1m adverse at month 1.

The cause

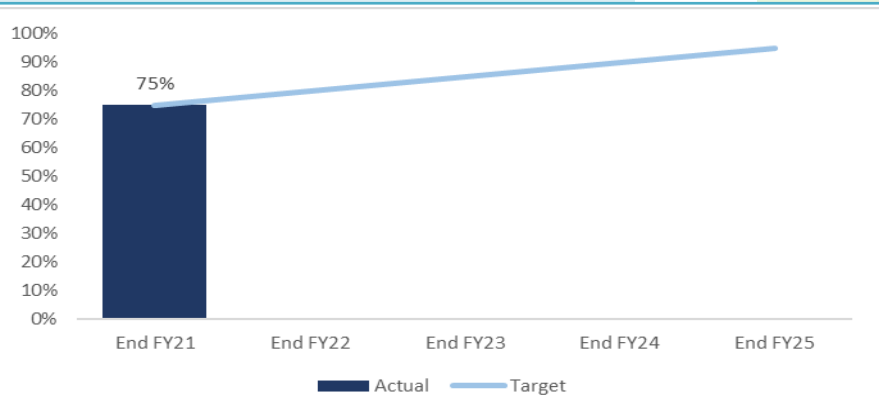
Engagement with the CIP Programme and the main scheme of reducing agency have been delayed due to Covid-19

The plan or mitigation

International Recruitment programme to reduce agency spend
Further engagement required for further 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 April 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

Section 5:

Highlights from the Executive Managing Directors

Directorate highlights: Buckinghamshire Mental Health

Executive Director commentary:

Debbie Richards, Executive Managing Director, Mental Health & Learning Disabilities

- **South Bucks Community Mental Health Hub** (Easton Street); works almost complete; staff to start relocating from Albert House, Valley Centre, Harlow House & Shrublands week beginning 24 May with patient services commencing beginning of June; staff OD plan being developed including Health & Wellbeing Events over the summer; formal opening scheduled for September
- **Workforce**; wards at the Whiteleaf Centre are all now fully recruited; pressures resulting from unfilled vacancies/high use of agency in community teams with introduction of a recruitment & retention premium (on a pilot basis) for designated hard to recruit to posts in South Bucks
- **Neuro-developmental joint pathway with community paediatrics (BHT)**. Joint review both providers and commissioners (CCG and LA) to scope and find further solutions for significant gap between demand and capacity resulting in long waits for ASD and ADHD assessments

Directorate highlights: Oxon & BSW Mental Health

Executive Director commentary:

Debbie Richards, Executive Managing Director, Mental Health & Learning Disabilities

- **Workforce** – significant vacancies/high use of agency in City AMHT; specific plan to address risks; significant vacancies in Adult Eating Disorders (Adult In-patient Oxford & community teams Oxford & Bucks adults & CYP) – remedial plan in place & recruitment incentives to be trialled; Virtual Recruitment Fair 9th & 12th June
- **CAMHS Tier 4 Provider Collaborative** went live 1st April; continued pressures on waits for CAMHS beds across our PC foot print and SE Region (due to rise in demand, rise in acuity & loss of beds due to unit closures) – support is in place with NHSE. As at 2 June, the position had improved with 47 CYP currently waiting admission/transfer to Tier 4 (previous week 57): 32 (previous week 44) awaiting admission to CAMHS T4 of which 19 (last week 26) are on an acute paediatric ward/s136/MoJ setting. The table below highlights the Thames Valley position in relation to waiting admission and waiting transfer.

Current Position: 02/06/2021	Bed Type	Waiting Admission Demand (awaiting a CAMHS Tier 4 bed that have yet to be admitted)	Waiting Transfer Demand (currently in an inappropriate CAMHS Tier 4 placement and require the following bed types)	Sub Total by Provider Collaborative
Thames Valley	PICU	0	1	1
<i>Pre- admission location:</i>	ED:	3	0	3
<i>Home = 2</i>	<i>Disordered Eating</i>	0	0	0
<i>Paed Ward = 2</i>	<i>NG in situ</i>	0	0	0
	GAU	1	0	1
	LSU	0	2	2
	Children's Under 13	0	0	0
	Medium Secure	0	1	1
	Subtotal	4	4	7

- **High use of Out of Area Placements** for adults of working age – in very large part due to IPC constraints especially on admission beds where patients required to isolate pending COVID test results x3

Directorate highlights: Specialised (Learning Disabilities & Forensic)

Executive Director commentary:

Debbie Richards, Executive Managing Director, Mental Health & Learning Disabilities

Specialised LD

- Positive system performance in Oxfordshire with 83% annual health checks completed against target of 76%; no outstanding LEDR reviews; continued performance below expected numbers of in-patient admissions and in-patient LOS
- Workforce pressures – vacancies/upcoming vacancies in Intensive Support Team equating to >50% which impacts on capacity to keep people out of hospital; urgent recovery plan in development
- Significant cost pressure within delegated placement budget – escalated to Director of Finance as will require commissioner support

Specialised – Forensic

- Clinical supervision, PDR compliance and mandatory training very close to compliance across medium secure and low secure services
- International recruitment - 9 new starters
- Cultural Improvement Programme KPIs – evidence of steady improvement on work to date; to be presented to BAME Staff Network and next monthly Executive Management Committee to seek further observations/input and share learning
- 4 Thames Valley & Wessex Provider Collaborative went live 1st May

Directorate highlights: Primary Care & Community

Executive Director commentary:

Ben Riley, Managing Director, Primary, Community and Dental Care Services

- **Community Services Strategy** – there has been good progress on developing the system engagement plan for the community services strategy following the Oxfordshire HOSC in April. Work has also progressed on data modelling and NHS Benchmarking have been commissioned to undertake work. Development of test and learn outpatient service pilots is progressing well in collaboration with OUH and MH service colleagues, with the aim of launching these in the late summer.
- **Children’s and Young People’s universal services** remain under considerable pressure following the return to school post-lockdown. **Children’s Integrated Therapy (CIT)** caseloads are unsustainable due to the volume of statutory Education, Health & Care Plan assessment requests (mainly relating to children with speech and language problems) – short-term measures have been taken to increase capacity but securing engagement with commissioners on moving to a more sustainable model is currently proving challenging.
- **Urgent Community Response** – the new national 2-hour response requirement for older people experiencing a health or care crisis continues to be rolled-out across Oxfordshire. The number of patients using this new pathway is currently low, although the focus of the team’s work at this point has been on setting up and streamlining the process and also on picking up Emergency Department referrals. Work will be undertaken over the summer to promote the new pathway to referring clinicians (e.g. GPs) and drive up usage.
- **Community Dental Care** – we have very recently welcomed the Dental Services team to the Directorate. The team will continue to operate under its existing structure while we identify the opportunities to integrate areas of work. Work continues to develop plans with regional provider partners to develop a Provider Collaborative in preparation for the re-tendering process being taken forward by commissioners across the Thames Valley region this autumn. Further updates on this process will be provided to the Board in due course.

Directorate highlights: Primary Care & Community

Executive Director commentary:

Ben Riley, Managing Director, Primary, Community and Dental Care Services

Directorate leadership changes – discussions are underway to reconfigure some of our senior service leadership and management arrangements, to clarify roles and expectations. This is in response to the considerable change management challenges brought about by the pandemic, some planned senior role retirements, and the longer-term need to refocus work to deliver the Trust strategy.

The new arrangements will bring about better alignment between operational and strategic objectives and also join up clinical and operational decision-making. Services will be brought together into five integrated pathways that need particular development focus, each under the remit of an identified senior Clinical Lead and Head of Service, namely: Children and Young People; Anticipatory Care and LTCs; First Contact Care; Intensive Community Care; and Community Rehabilitation (including community hospital inpatients).

There will also be more clearly identified leadership roles within the Directorate's senior management team with explicit focus on delivering the key outcomes in the Trust strategy – Quality Improvement and Patient Experience; Research; and People/Workforce Development. These refreshed roles will act as Directorate champions and contact points to steer and coordinate the work between our clinical service leads and the corresponding Corporate Directorate colleagues in each area.