

# Report to the Meeting of the

# Oxford Health NHS Foundation Trust

**BOD 04/2021**

(Agenda item: 6)

# Board of Directors

**26th January 2022**

**Integrated Performance Report (IPR) and IPR Supporting Report**

**For: Information & Assurance**

**Executive Summary**

The Integrated Performance Report (IPR) report provides the Board of Directors with a Trust wide view of the strategic domains of Operational Performance, Quality, People, Finance and Research & Education in a ‘joined up’ way.

The IPR supporting report provides further, more detailed, information and assurance in relation to COVID-19, patient activity and demand, patients waits and contractual KPI Performance

Both reports have been updated to include statistical process control charts (SPC) that show performance over time and where available, a small selection of nationally available indicators to show how the Trust compares with its peers.

**IPR - Performance Summary**

**Delivery of the National Oversight Framework**

The Trust is performing well against all targeted metrics with the exception of **IAPT, % of people completing a course of IAPT treatment moving to recovery.** The Trust is slightly below the 50% target for Qtr 2 (latest nationally published data available) at **49%**. Bucks CCG provision remains above target, but Oxon CCG provision is below. This is due to ongoing service delivery challenges within the step 2 part of the service. There have been longer than expected waits for interventions and higher levels of patient dropout. The waits are due to staffing challenges. The Trust is working with its partner, Oxfordshire Mind to jointly resolve the issues.

**Delivery of strategic objectives (Objective Key Results (OKRs)**

* **Quality:** The Trust is achieving 5 of the 10 OKRs. Areas of underperformance are;
	+ Clinical supervision compliance
	+ Reduction in use of Prone restraint
	+ Lester Tool completion in the community
	+ Evidence patients have been involved in their care plans
	+ Autism e-learning training compliance.
* **People:** The Trust is achieving 3 of the 9 OKRs. Areas of underperformance are:
	+ Staff sickness
	+ Turnover
	+ Vacancy reduction
	+ Personal Development Review (PDR) compliance
	+ PPST compliance
* **Sustainability**: The Trust is achieving 4 of the 5 OKRs. The area of underperformance is delivery of the cost improvement plan (CIP)

Please see the report for further information and plans to address.

**IPR Supporting Report - Performance Summary**

**COVID-19:**

* The current number of inpatients with COVID-19 has increased to 23 (at 17 Jan)
* The cumulative number was at 486 cases on 17 January
* COVID-19 vaccination uptake at 14 January 2022:Dose 1 = 90.9%, Dose 2 = 88.1% and Dose 3 (eligible staff only) 59.4%. Patient Facing Dose 1 = 90.4%, Dose 2 = 87.4% and Dose 3 (eligible staff only) 59.3%

**Patient Activity and Demand:** The IPR provides an overview of activity levels by Directorate for referrals received, appointments delivered, inpatient admissions, inpatient length of stay and inpatient bed occupancy. Activity over time is shown using statistical process charts to indicate where activity is outside of ‘usual/expected’ levels. Icons are used to highlight these (see slides in documents for further details). Narrative regarding noteworthy exceptions are provided by operational services, see support document.

**Referrals:**

The Trust continues to receive a higher number of referrals than it has seen in previous years in some services. These noteworthy exceptions are highlighted in the IPR supporting report. Overall, referrals are in line with normal variation based on last 2 years, with December’s monthly referrals up 2% compared to pre-pandemic levels in 2019/20. Referrals in the Learning Disabilities service have been above average for the last 7 months. This is due to changes and impact for service users following lockdowns/restrictions. This is being monitored and although there is an impact on waiting lists this is being managed at local team level.

**Activity:**

Despite shortages in available workforce, the Trust continues to deliver overall activity in line with normal/expected levels. Activity in Forensic services appears to have increased however further analysis has revealed that this is due to recent improvements in recording of activity. There are also notable increases when comparing activity in December against the FY19/20 average with Adult MH in both Oxon and Bucks and Bucks CAMHS circa 30% higher. These increases are directly linked to the use of alternative ways of working that include the expanded use of telephone/digital consultations.

**Admissions, Length of Stay (LOS) & Bed Occupancy:**

Admissions to the Trust’s Community services increased in December as the service flexed their bed stock to respond to system demands associated with winter/Covid. Mental health inpatient wards in December were below previous months but still within normal range.

Overall Length of Stay (LOS) in both Adult MH and Community services has reduced. Bed Occupancy in many areas is lower than historical levels in accordance with infection control measures.

**Waiting Times\*:**

\*against generic Trust wait time of >48 hour for emergency & >7 days for urgent, work is underway to develop service specific waiting time standards

In December, the following areas are showing the greatest pressure in relation to waiting times for emergency/urgent referrals **seen**.

* Oxon and BSW Child and Adolescent Mental Health Services (CAMHS)
* Community Services Directorate

There continue to be pressures in both the Buckinghamshire and Oxfordshire Children’s and Young People Neuro Diagnostic Conditions wait times for referrals.

In terms of emergency and urgent patients **still waiting** to be seen, the following areas are reporting the longest waits or highest number of patients waiting;

* BSW CAMHS
* Community Services – Respiratory Services, Podiatry, Integrated Children’s Therapies and Tissue Viability
* Eating Disorders – Cotswold House

**Contractual Key Performance Indicator (KPI) Performance**

The Trust achieved 68% of its contractual KPIs in December

**Governance Route/Escalation Process**

The information that forms the basis for this monthly report is presented to the Operations Management Team and Executive Management Committee on a weekly basis. The report is also presented at the Directorate Performance Management meetings and at the Board Committees as required.

**Recommendation**

The Board of Directors are asked to note the contents of this report and provide further feedback for continuous development.

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**Executive Director – Digital & Transformation**

**Lead Executive Director: Martyn Ward.**

**Executive Director – Digital & Transformation**