

# Report to the Meeting of the

# Oxford Health NHS Foundation Trust

**BOD 25/2021**

(Agenda item: 08)

# Board of Directors

**25th May 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

**IPR - Performance Summary**

**Delivery of the National Oversight Framework**

The Trust is performing well against all targeted metrics with the exception of **Inappropriate OAPS bed days used.** The Trust used 205 bed days in April (13 Bucks and 192 Oxon CCG patients). This is due to ongoing service delivery challenges with reduced bed capacity as a result of Infection Prevention Control (IPC) guidance.

**SE Regional Performance and how we compare**

Key headlines from the regional report:

* In comparison to the 8 Trusts across the region, Oxford Health has low numbers of **inappropriate out of area placements.** On average, 4% of inappropriate OAPs in the SE region relate to Oxford Health.
* Oxford Health **Psychiatric Intensive Care Unit (Adult) bed occupancy** was among the lowest in the region, averaging 64% over the past 12 weeks compared to the regional average of 78.1%.
* The number of **people awaiting admission** in Oxford Health is low in comparison with regional peers.

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

* **Quality:** There are 18 Quality OKRs, of which 11 have a target. The Trust is not achieving 5 which are:
  + Clinical supervision compliance
  + Reduction in use of Prone restraint
  + Patient safety partners employed to be part of the governance structure
  + Lester Tool completion in the community
  + Evidence patients have been involved in their care plans
  + Autism e-learning training compliance.
* **People:** There are 9 People OKRs, the Trust is not achieving 5 which are:
  + Staff sickness
  + Turnover
  + Reduction in vacancies
  + Personal Development Review (PDR) compliance
  + PPST compliance
* **Sustainability**: There are 5 Sustainability OKRs, the Trust is not achieving 3:
  + Achievement of financial plan
  + Delivery of the cost improvement plan (CIP)
  + Achievement of all 8 targets NOF measures

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 is 2 (at 16 May)
* The cumulative number was at 697 cases on 16 May
* COVID-19 vaccination uptake at 16 May 2022:Dose 1 = 91.7%, Dose 2 = 89.8% and Dose 3 (eligible staff only) 70.1%. Patient Facing Dose 1 = 91.7%, Dose 2 = 89.7% and Dose 3 (eligible staff only) 70.4%

**Patient Activity and Demand:** The report that accompanies 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.

**Referrals:**

Overall, referrals to the Trust in April 2022 are in line with the normal variation based on pre-pandemic levels, however, there has been an increase in a number of service lines. See slide 49 – 52 in the IPR with further detail in the supporting document.

**Activity:**

Despite shortages in available workforce, the Trust continues to deliver overall activity in line with normal/expected levels. Activity in Adult MH services continues to be a 20-30% above 19/20 volumes. These increases are directly linked to the use of alternative ways of working that include the continued use of telephone/digital consultations.

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

Overall Length of Stay (LOS) in both Adult MH and Community services has reduced over the past few months. Compared to pre-pandemic levels, there has been a considerable improvement in LOS (LOS trustwide is 45% lower than the 2019/20 average). Bed Occupancy within the Trust’s estate in many areas is lower than historical levels in accordance with infection control measures. However, there is continued use of beds from private providers (Elysium).

**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 April, 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) – Urgent waits
* Community Services Directorate

There continue to be pressures in both the Buckinghamshire and Oxfordshire Children’s and Young People Neuro Diagnostic Conditions (NDC) 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;

* Oxon Adults
* Oxon and BSW CAMHS
* Community Services – Respiratory Services, Podiatry, Tissue Viability, Children’s Integrated Therapies, Falls Service.

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

The Trust achieved 81% of its contractual KPIs in April

**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**