

# Report to the Meeting of the

# Oxford Health NHS Foundation Trust

**BOD 45/2022**

(Agenda item: 7)

# Board of Directors

**20 July 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 NHS National Oversight Framework**

The Trust is performing well against the targeted metrics with the exception of;

1. Inappropriate OAPs bed days used
2. Minor Injury Units (MIU) 4 hour performance and
3. IAPT; the percentage of people completing a course of IAPT treatment moving to recovery

Inappropriate OAPs bed days used

The Trust used **199 OAP bed days in May; 55 in Bucks and 124 in Oxon** which is a slight reduction on the previous month.In April, changes to Infection Prevention Control (IPC) guidance allowed patients who have completed their 14-day period of isolation and are COVID negative to be repatriated to vacant Oxford Health beds; maximising bed capacity and reducing the need to purchase further OAP capacity. The Trust has an agreed trajectory to reduce the number of block purchased beds from an external provider. At 10 June there are 10 contracted beds with a plan to reduce by a further 5 by 22July 2022 and down to 3 beds from 9 December 2022.

In comparison to the 8 Trusts across the region, Oxford Health has low numbers of **inappropriate out of area placements.** The average for the Trust over the last 12 weeks was 4 patients and across the SE region, 4% of inappropriate OAPs relate to Oxford Health.

Minor Injuries Unit (MIU) 4 hour performance

MIU performance in May was 89.4% which is 5.6% under target. Abingdon MIU which accounts for 48% of MIU activity was able to deliver 87% against the target of 95%. As a comparison, the national position is 73%.

The root cause of the variation is due to increased levels of activity (+18% compared to this time last year), longer consultation times due to increased patient complexity, staff sickness and staff vacancies. Recruitment is underway and there is a 111 campaign promoting the appropriate use of emergency services.

IAPT; the percentage of people completing a course of IAPT treatment moving to recovery

Performance is slightly under target but higher than the national position. This will be monitored but is currently considered to be low risk.

**NHS Benchmarking (latest data – March 2022)**

Benchmarking data is now published on a quarterly basis. A detailed report and action plan will be provided to the Autumn Board following receipt of the next published data. Please refer to the IPR for a summary of our performance in relation to 4 key currencies.

**SE Regional Performance and how we compare**

Performance is reported quarterly. There has been no change in the Trust’s performance in relation to its peers since the last report in March 2022.

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

The Trust has 32 OKRs (18 relating to quality, 9 to people and 5 to sustainability). 20 of the OKRs have targets; the Trust has successfully achieved 8 of the targeted OKRs by May 2022.

The table below provides an overview of the OKRs that are not yet being achieved and their performance compared to last month.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Strategic objective** | **OKR** | **Target** | **Last month’s performance** | **This month’s performance** | **Status** |
| **Quality** | Clinical supervision compliance | 95% | 39% | 53.6% | Improved |
| **Quality** | Lester Tool completion in the community | 75% | 60.1% | 66% | Improved |
| **Quality** | Evidence patients have been involved in their care plans | 95% | 92% | 82% | Reduction |
| **People** | Reduce agency usage to NHSE/I target | Was <18.1%, revised to <12.3% | 13.9% | 13.1% | Improved |
| **People** | Staff sickness | <3.5% | 5.6% | 5.3% | Improved |
| **People** | Turnover | <10% | 14.1% | 14.5% | Reduction |
| **People** | Reduction in vacancies | <9% | 8.7% | 11.4% | Reduction |
| **People** | Personal Development Review (PDR) compliance | 90% | 32% | 29% | Reduction |
| **People** | PPST compliance | 90% | 73% | 78% | Improved |
| **Sustainability** | Achievement of financial plan | breakeven | £3.1m favourable | £0.3m adverse | Reduction |
| **Sustainability** | Delivery of cost improvement plan | £- | £2.8m adverse | £0.9m adverse | Improved |
| **Sustainability** | Achievement of all 8 targeted NOF measures | 8 | 6/8 | 4/8 | Reduction |

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

**IPR Supporting Report - Performance Summary**

**COVID-19:**

* At 12 July, the number of inpatients with COVID-19 as confirmed by IPC was 23 (an increase of 21 since 16 May)
* The cumulative number was 749 (an increase of 52 since 16 May)
* COVID-19 vaccination uptake as at 13 July 2022**:** Dose 1 = 90.6%, Dose 2 = 88.6% and Dose 3 (eligible staff only) 70.7%. Patient Facing Dose 1 = 90.6%, Dose 2 = 88.5% and Dose 3 (eligible staff only) 70.9%

**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 (24 months) is shown using statistical process charts to indicate where activity is outside of ‘usual/expected’ levels.

**Referrals:**

Overall, referrals to the Trust in May 2022 were consistent with the numbers reported in previous months. See slide 49 – 52 in the IPR for the high level summary with further detail available in the IPR supporting document showing service lines that have received increased referrals (above their average).

**Activity:**

Despite shortages in available workforce, the Trust continues to deliver overall activity in line with normal/expected.

The Performance & Information team are planning to undertake a one-off piece of analysis to look at the longer term impact of the pandemic and whether there has been a shift in activity levels and the creation of new activity ‘norms’. This report will be prepared for the September Board meeting.

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

Although Length of Stay (LOS) in Adult MH inpatient wards has seen consistent improvement in recent months, the number of patients medically optimised for discharge (MOFD) in community hospitals has seen a sharp increase in the past month or so. This increase is a consequence of considerable pressure within the Oxfordshire System.

Due to the reporting timescales for this paper, the issue will be visible within the data for the next Board meeting.

**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 May, 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 referrals (82% seen within 7 days)
* Community Services Directorate – urgent referrals (82% seen within 7 days – based on the generic waiting time standards)

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 and BSW Adults (at 10 June there were 44 urgent referrals waiting longer than 7 days)
* Oxon and BSW CAMHS (at 10 June there were 21 emergency referrals who have already waited longer than 48 hours and 37 urgent referrals waiting longer than 7 days)
* Community Services (at 10 June there were 106 emergency referrals who have already waited longer than 48 hours and 579 urgent referrals who have already waited longer than 7 days) Respiratory Services, Podiatry, Tissue Viability, Children’s Integrated Therapies

Services have additional mitigations in place to manage risks whilst patients are waiting to be seen.

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

The Trust achieved 83% of its contractual KPIs in May

**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**