Integrated Performance Report (IPR) Report: July 2022

May 2022 data

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

Oxford Health **NHS**
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Section 1:

Introduction to the Trust strategy 2021-2026

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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.

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Section 2:

Trust Headlines;

Key risks, issues and highlights from Executive
Managing Directors

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Directorate highlights and escalations: Mental Health, Learning Disabilities and Autism

Executive Director commentary:
Grant MacDonald, Executive Managing Director, Mental Health, Learning Disabilities and Autism
Updated: 11 July 2022

Headline	Risk, Issue or Highlight?	Description (including action plan where applicable and please quote performance/data where applicable)
Workforce challenges	Issue	The central recruitment team have recovered capacity and capability as described below to support the services in ensuring there are a rolling campaign to fill vacancies alongside exploring creative approaches to attraction. Alongside this there are several 'new role' initiatives being pursued as well as opportunities for appropriate oversees recruitment; together with a range of organizational development activities to support retention. In particular, 32 training paces have been secured for Psychological Wellbeing Practitioners. Finally temporary staff are used to maintain service levels and the agency management work programme is aiming to reduce reliance on, and cost of temporary workers sourced in this way.
CIP programme	Risk	Initial progress has been made in identifying cost improvements in the directorates and further work is ongoing to identify recurrent savings from budgets to move towards targets.
Cost Control	Risk	Alongside the agency reduction programme and work to reduce out of area placements the key cost reduction work is aimed right sizing the requirements for additional staff to manage fluctuations in acuity.
Waiting times to assessment and treatment	Issue	The trust is taking part in a southeast region collaboration to benchmark waiting times and share learning on management strategies. The first draft of information is being used to improve and clarify definition of outputs. Alongside this the trust is engaging clinical colleagues in developing measures where no national measures exist to aid understanding of the issue and support decision making on resource allocation to address.
Acute Out of Area Placements	Risk	The directorates have been focused on reducing the use of OAP to improve the quality of patient care and improve cost control. May has seen a reduction in all Adult Acute OAP bed days (both inappropriate and appropriate) from just over 600 days to just over 400 days. This improvement has continued during June.

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Directorate highlights and escalations: Primary, Community and Dental Care

Executive Director commentary:
Dr Ben Riley, Executive Managing Director for Primary, Community and Dental Care
Updated: 08 July 2022

Headline	Risk, Issue or Highlight?	Description (including action plan where applicable and please quote performance/data where applicable)
Cost reduction programme	Risk	Identification of significant savings in community service budgets is proving challenging due to scale of the cost reduction targets at a time of unprecedented patient need, ongoing covid outbreaks and high patient acuity. The reduction in service budgets and decision to exclude agency reduction savings from the savings targets has resulted in substantial overspends against the 22-23 budgets in many community services. This issue has particularly affected our community hospital budgets due to the IQRA plan to increase the staffing establishment in order to reduce agency spend. As service budgets are mainly established staff costs, achieving the reduced budget targets will require significant reductions in established staffing levels in some services. A detailed plan setting out the options will be presented to the Exec team in the next few weeks.
Children we care for – initial health assessments	Risk	We have seen an unprecedented increase in the numbers of children 'new to care' in the past year, including unaccompanied asylum seeker children. Each of these children require an initial health assessment (c.65 referrals in June, compared to an average of c.25 per month). This is a specialised service which the Trust provides at a financial loss of approximately £1300 per assessment. The specialist nature of the assessments means the service has limited capacity and this rapid growth in need has led to us being unable to meet the statutory requirement to provide these children with an initial health assessment within 20 days of referral. Our request to commissioners for additional funding to support this work has been declined. The Trust is working on a response plan.
OOH GP service	Risk	There are ongoing risks with sustaining service at peak times due to very high demand and ongoing workforce recruitment, financial and rota challenges. An action plan with additional management support has been put in place to respond to identified issues, with work on rota brought forward

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Directorate highlights and escalations: Primary, Community and Dental Care

Executive Director commentary:
Dr Ben Riley, Executive Managing Director for Primary, Community and Dental Care
Updated: 08 July 2022

Headline	Risk, Issue or Highlight?	Description (including action plan where applicable and please quote performance/data where applicable)
Children's Therapy Service	Risk	Disappointingly the previous offer from OCCG for additional funding to address the CIT (children's therapy) waiting lists has been withdrawn due to financial constraints. This will have a negative impact on the long waiting times for children awaiting therapy. We are waiting for confirmation of the additional funding that was offered by OCC. The Trust is working on its response.
Addressing workforce challenges	Highlight	Following a successful international recruitment programme, the new nurses are progressing well through their orientation and induction programmes. Several are due to complete their assessments in July, at which point they will become part of the staffing establishment.
Intensive Community Care pathway	Highlight	A successful workshop was held in in May with Oxfordshire system partners to develop an outline proposal for the 'Intensive Community Care' pathway, including integration proposals for hospital at home, urgent community response and ambulatory care services. This is now being taken forwards by a joint working group as part of the multi-partner Oxfordshire Integrated Improvement Programme.
Integrated Improvement Programme and PMO development	Highlight	An Integrated Improvement Programme for Oxfordshire has been agreed by system partners, bringing together the community services strategy and urgent & emergency care transformation work. OH is jointly leading this work and is developing proposals to develop a PMO resource to deliver this programme (to be hosted by the Trust on behalf of the local system). This programme will be key to transforming community services to meet population health needs and to address quality, workforce and financial sustainability challenges.

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Section 3:

NHS Oversight Framework performance

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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% (May)	89.4% (May)	⬇
(N2) People with a first episode of psychosis begin treatment with a NICE-recommended care package within two weeks of referral (MHSDS) (quarterly)	56%	68.2% (Mar)	75.6% (Mar)	⬇
(N3) Data Quality Maturity Index (DQMI) MHSDS dataset score - reported quarterly	95%	64.6% (Mar)	97.9% (Mar)	⬆
(N4) IAPT - Percentage of people completing a course of IAPT treatment moving to recovery (quarterly)	50%	46.9% (Mar)	48% (Mar)	⬇
(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%	88.8% (Mar)	98.5% (Mar)	⬇
(N6) IAPT - 18 weeks or less from referral to entering a course of talking treatment under IAPT	95%	98.4% (Mar)	100% (Mar)	➡
(N7a) Inappropriate out-of-area placements (OAPs) for adult mental health services - OAP bed days used (Bucks) – local figures	0	n/a	55 (May)	⬆
(N7b) Inappropriate out-of-area placements (OAPs) for adult mental health services – OAP bed days used (Oxon) – local figures	0	n/a	124 (May)	⬇

Executive Summary: Martyn Ward, Director of Digital and Transformation
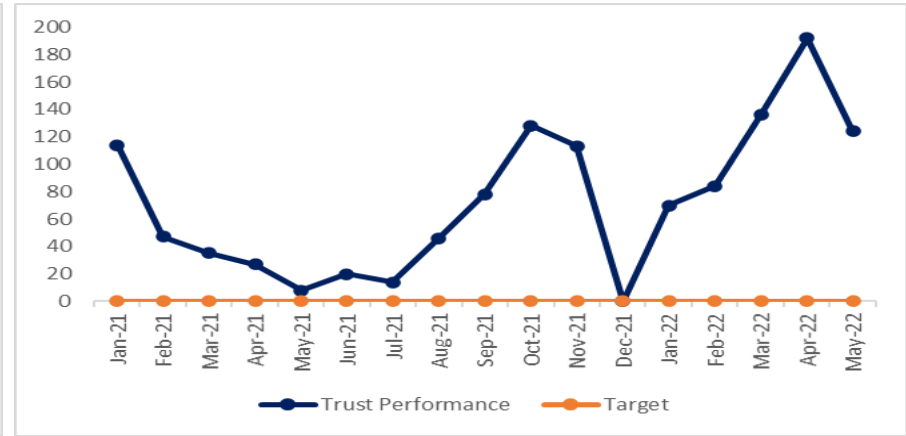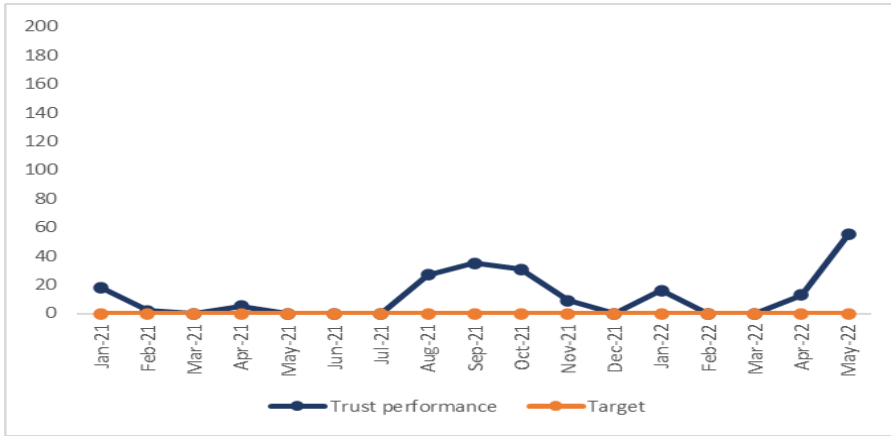**Narrative updated**: 29 June 2022

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 the exception of the number of inappropriate out of area placements, MIU 4 hour performance and IAPT. Please see overleaf for more information on OAPs. MIU performance is due to increased activity levels this year, increased appointment times due to patient complexity and staffing issues. The position is being monitored and action taken as appropriate. IAPT performance is being monitored but is not currently a cause for concern.

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National Objective: areas of underperformance

NHS Oversight Framework Metric	Target	Actual
(N7a) Inappropriate out-of-area placements (OAPs) for adult mental health services – aim to reduce OAP **bed days used** (Bucks)	0	55

NHS Oversight Framework Metric	Target	Actual
(N7b) Inappropriate out-of-area placements (OAPs) for adult mental health services – aim to reduce OAP **bed days used** (Oxon)	0	124

Executive Director commentary: Martyn Ward, Director of Strategy and CIO
Narrative updated: 29 June 2022

The issue and cause
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.
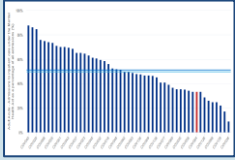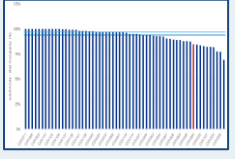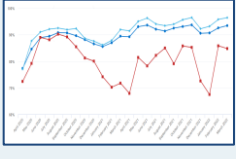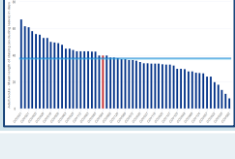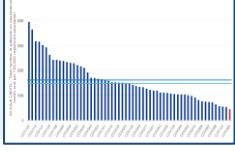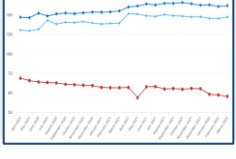
The plan or mitigation
Following recent NHSE/I guidance the Trust has reviewed the use of OAPs and is assured that continuity of care principles are adhered to. Reporting from April 2021 reflects this change and please note this change when viewing performance against historical trend. **May 2022 locally reported usage was 55 OAP bed days in Bucks, and 124 OAP bed days in Oxon.** In April, changes to IPC guidance have allowed 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 capacity. The Trust has an agreed trajectory to reduce the number of block purchased beds. At 10th June there are 10 beds contracted with a plan to reduced by a further 5 by 22nd July 2022 and down to 3 beds from 9th December 2022.

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Section 4a:

Comparative/Benchmarking Data

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How do we benchmark (March 22* MH & LD Covid-19 Benchmarking) *latest data available. Published quarterly

Service Area / Currency	Latest Trust Position OHFT Red bar, other Trusts in blue	Trust Trend OHFT red line, national averages in blue	Latest Trust Position	National average (mean)	OHFT versus National	Commentary
Admissions to inpatient care under the MHA as a % of all admissions			33.33%	50.97%	Lower	In March admissions under the MHA were lower than the national average for the first time in 12 months. The annual benchmarking indicates that the Trust bed provision is more costly per OBD than the national average.
Adult Acute Bed Occupancy (%)			84.77%	93.41%	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 May 21 to April 22 average is 80.51% compared to 81.95% in Bucks.
Adult Acute Mean LOS (exc leave) in Days			40.00	37.75	Higher	OHFT LOS in March 22 was higher than national average. There is variation month on month in LOS. Operational services are exploring ways of reducing LOS in Oxfordshire. In the annual benchmarking for the same measure the Trust was the highest nationally based on 20/21 data
Adult CMHTs Total number of patients on caseload at month end per 100,000 reg pop			449.20	1613.58	Lower	This monthly benchmarking exercise only counts as being on caseload where there are two face to face contacts delivered. A potential error in the coding is being investigated and further feedback will be provided by P&I. Any errors identified will be addressed for the first quarterly submission for FY 22/23.

Benchmarking reports are now published quarterly. An annual report will be provided to the Autumn Board meeting.

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Section 4b:

SE Regional Performance
including Provider Collaborative Performance

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Mental Health - pressures

Weekly data 12 weeks to 16 June 2022

Provider	Bed occupancy - adult						Bed occupancy - older adult						Bed occupancy - psychiatric ICU						Covid occupied confirmed or suspected						Closed beds					
	Latest Week	Variation	Target <85%	Mean	Lower Process Limit	Upper Process Limit	Latest Week	Variation	Target <85%	Mean	Lower Process Limit	Upper Process Limit	Latest Week	Variation	Target <85%	Mean	Lower Process Limit	Upper Process Limit	Latest Week	Variation	Mean	Lower Process Limit	Upper Process Limit		Latest Week	Variation	Mean	Lower Process Limit	Upper Process Limit	
SE	94.0%			93.7%	91.5%	95.8%	91.0%			89.0%	86.8%	91.2%	73.5%			79.9%	69.9%	89.9%	35		59	16	101		33		40	33	47	
	98%			97%	89%	100%	100%			92%	80%	100%	82%			95%	79%	100%	3		3	0	9		9		13	7	20	
Oxford Health	85%			87%	85%	88%	92%			92%	92%	92%	64%			64%	64%	64%	17		24	13	35		17		17	16	17	
	86%			90%	65%	100%	55%			51%	39%	62%	69%			61%	28%	95%	0		4	0	13		0		1	0	1	
	90%			90%	83%	98%	85%			84%	78%	90%	64%			74%	49%	100%	11		6	0	13		0		0	0	0	
	100%			98%	88%	100%	0%			42%	0%	100%	40%			92%	66%	100.0%	0		0	0	1		1		1	0	2	
	96%			95%	88%	100%	99%			90%	79%	100%	55%			63%	37%	90%	2		8	0	16		5		6	2	10	
	100%			99%	96%	100%	97%			92%	85%	98%	92%			97%	86%	100%	0		3	0	10		0		0	0	1	
	97%			96%	91%	100%	96%			96%	92%	100%	95%			95%	88%	100%	2		10	0	29		1		3	0	5	

Provider	People (no.) awaiting admission					Inappropriate out of area placements							Availability of 136 Suite/HBPoS					Medically fit and ready for discharge %				
	Latest Week	Variation	Mean	Lower Process Limit	Upper Process Limit	Latest Week	Variation	Target 0	Mean	Lower Process Limit	Upper Process Limit		Latest Week	Variation	Mean	Lower Process Limit	Upper Process Limit	Latest Week	Variation	Mean	Lower Process Limit	Upper Process Limit
SE	72		74	46	101	42			62	44	81		41%		39%	16%	62%	11.8%		11.5%	8.1%	14.8%
	6		6	0	12	4			3	0	5		33%		47%	0%	100%	9%		8%	6%	11%
Oxford Health	2		2	0	5	4			4	0	11		100%		75%	22%	128%	1%		1%	1%	1%
	0		0	0	0	0			0	0	0		100%		67%	0%	100%	14%		9%	1%	17%
	2		2	0	7	0			0	0	0		33%		47%	0%	100%	10%		11%	10%	12%
	0					0			0	0	0		0%		0%	0%	0%	13%		14%	5%	22%
	10		18	7	30	4			4	3	5		75%		29%	0%	65%	13%		14%	11%	16%
	14		13	5	21	8			35	18	51		0%		27%	0%	100%	30%		29%	14%	45%
	38		33	8	57	22			17	12	23		0%		11%	0%	43%	15%		14%	8%	20%

Please see the following slide for performance headlines in relation to the above.

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Bed Occupancy (Adult Acute):

- Oxford Health adult bed occupancy was the lowest in the region, averaging 87% over the past 12 weeks compared to the region average of 93.7%.
- 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.

Bed Occupancy (Older Adult):

- Oxford Health older adult bed occupancy was among the highest in the region, averaging 92% over the past 12 weeks compared to the region average of 89.0%.

Bed Occupancy (Psychiatric Intensive Care Unit):

- Oxford Health Psychiatric ICU bed occupancy was among the lowest in the region, averaging 64% over the past 12 weeks compared to the region average of 79.9%. Occupancy has been low due to clinical operational reasons.

Mental Health No. of People Awaiting Admission:

- The number of people awaiting admission to Oxford Health is low in the region, averaging 2 people over the past 12 weeks.
- Across 7 providers the total number of people awaiting admission is 74 on average.

Inappropriate Out of Area Placements (OAPs):

- Oxford Health had low numbers of inappropriate OAPs; the average of last 12 weeks was 4.
- Across 8 providers the average number of inappropriate OAPs was 62.

Availability of 136 suite:

- 136 suite availability in Oxford Health is one of the highest in the region averaging 75% availability over 12 weeks as at the weekly snapshot position compared to the regional average of 39%.

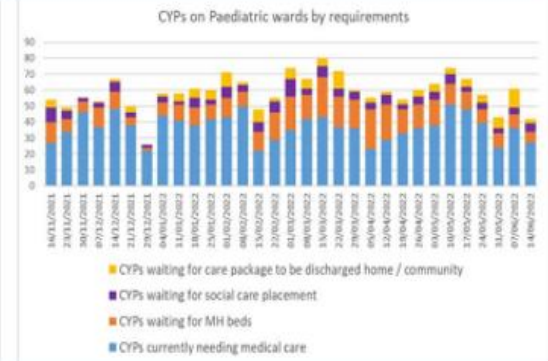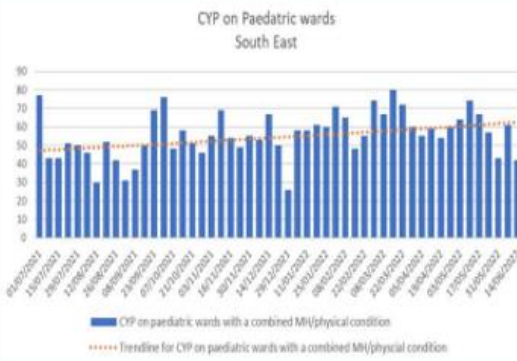# Mental Health – Children and Young People Services

CAMHS T4 bed occupancy

NB the table below does not count temporarily closed beds as occupied, and so should not be taken as showing the proportion of beds that are currently available

Weekly data 12 weeks to 16 June 2022

Provider	CAMHS bed occupancy					
	Latest Week	Variation	Target <85%	Mean	Lower Process Limit	Upper Process Limit
SE	88%			87%	82%	92%
	100%			100%	100%	100%
	88%			89%	88%	90%
	91%			83%	30%	100%
Oxford Health	100%			100%	100%	100%
	71%			80%	72%	87%
	88%			84%	78%	90%

CYP on acute paediatric wards

CYP on Paediatric wards South East

CYPs on Paediatric wards by requirements

- CYPs waiting for care package to be discharged home / community
- CYPs waiting for social care placement
- CYPs waiting for MH beds
- CYPs currently needing medical care

Number of CYPs on Paediatric wards: 42 ↓

CYPs currently needing medical care: 27 ↓   CYPs waiting for transfer to MH bed: 7 ↓
CYPs waiting for social care placement: 5↑   CYPs waiting for MH community care package to be discharged home: 3 ↓

Number of CYPs currently waiting/admitted to s.136 suite or waiting in A&E 7 ↑
Number of CYPs waiting in the community for MH bed: 5 ↑

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Commentary by:
Gillian Combe, Consultant Child and Adolescent Psychiatrist

Demand:

- Referrals into Tier 4 inpatient care remain high. The Provider Collaborative has continued to keep the number of inappropriate out of area admissions down despite insufficient beds and high numbers of referrals

- There has been an increase in waiting time from referral to admission

- The focus on delayed discharges is having a positive impact

Initiatives:

- Hospital@Home for Eating Disorders has proved extremely successful. The pilot is coming to an end and we aim to embed this as a core service and increase the number of young people treated

- Hospital@Home for moderate to severe learning disabilities and autism. We are building the therapeutic model and starting to recruit, aiming to launch in the autumn

- Rolling out the ALPINE guidelines for the treatment of young people with eating disorders on Paediatric wards across the PC footprint

Current pressures:

- Ongoing quality improvement work at Huntercombe Maidenhead following CQC inspections and the death of a young person

- Lack of social care provision leading to delayed discharges

- Workforce pressure due to lack of trained staff across most disciplines

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Section 5:

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 **May** unless otherwise indicated in brackets in the penultimate column

This year, our Objective Key Results (OKRs) are;	Target	Comm Services	Oxon & BSW	Bucks	LD	Forensics	Pharm	Trust*	Trust Trend
(1a) Clinical supervision completion rate	85%	33.4%	55.1%	50.1%		58.8%		53.6% (June)	⬆
(1b) Staff trained in restorative just culture	TBC	-	-	-	-	-	-	26 (Q4)	➡
(1c) BAME representation across all pay bands including board level	19% (TBC)	13.4% ↑	17.9% →	31.2% ↓	11.2%↓	45.1% ↑	23.9%↑	19.7% (Q4)	n/a
(1d) Cases of preventable hospital acquired infections - YTD	<3 (TBC)	-	-	-	-	-	-	0 YTD	➡
(1e) Reduction in use of prone restraint	TBC	-	-	-	-	-	-	35 uses (May)	⬆
(1f) Patient safety partners employed to be part of the governance structure by August 22	2	-	-	-	-	-	-	0 (Q4)	n/a
(1fa) Improved completion of the Lester Tool for people with enduring SMI (EIP)	90%	-	-	-	-	-	-	90% (May)	➡
(1fb) Improved completion of the Lester Tool for people with enduring SMI-AMHT	75%	-	-	-	-	-	-	66% (May)	⬆
(1g) Evidence patients have been involved in their care (clinical audits) reported bi-monthly	95%	90% (27/30)	77% (30/39)	70% (7/10)	-	90% (42/50)	-	82% (March-May)	➡
(1h) Clinical staff in non-learning disability services have completed internal eLearning on autism	TBC	-	-	-	-	-	-	See narrative	➡

The arrows indicate the trend against the last reported position

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

Governance: Executive Director: Chief Nurse | **Responsible Committee**: Quality Committee
All data relates to **May** 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	Trust*	Trust Trend
(1i) Numbers of Pressure Ulcers developed in service category 3 and grade 4	TBC	10	0	0	0	0	10	⬇
(1j) 48 hour follow up for those discharged from mental health wards	TBC	-	-	-	-	-	-	-
(1k) 72 hour follow up for those discharged from mental health wards	80% (national)	-	86% (30/35)	83% (20/24)	-	-	85% (May)	⬇
(1l) Inpatient Length of Stay (LOS) excl delay/leave – Mental Health Adult Acute	TBC		57 days	52 days			55 days	⬆
(1m) Inpatient Length of Stay (LOS) – EMU	TBC	10 days	-	-	-	-	10 days	➡
(1n) Inpatient Length of Stay – Stroke	TBC	28 days	-	-	-	-	28 days	⬇
(1o) Inpatient Length of Stay – Rehab	TBC	29 days	-	-	-	-	29 days	⬆
(1p) Medically fit for discharge (MFFD) – Community	TBC	72	-	-	-	-	72	⬇

The arrows indicate the trend against the last reported position.

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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: June 2022

Three of the OKRs are highlighted as underperforming:

• Clinical supervision
• Completion of the Lester physical health tool for relevant patients on the AMHT caseloads
• Autism training across non-learning disability services

Please see overleaf for more information by measure on the cause of the underperformance and the plans to mitigate and improve performance. We are also reporting on the position on the use of prone restraint and patients are being involved in their care.

The Chief Nurse and Chief Medical Officer are reviewing the current Quality OKRs in line with the quality objectives approved for 2022/23 which are published in the Quality Account.

The Trust is carrying out Quality Improvement Projects in the following areas relevant to the Quality OKRs:

• Positive and Safe – reduction in restrictive practice
• Risk Assessment formulation and documentation
• Working with families and carers
• Measuring success of race equality framework for change
• Improving co-production in care planning

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Oxford Health **NHS**
NHS Foundation Trust

Objective 1: Quality; areas of underperformance

Objective Key Result (OKR)	Target	Actual
(1a) Clinical supervision completion rate	85%	53.6%

Supervision Compliance Trajectory
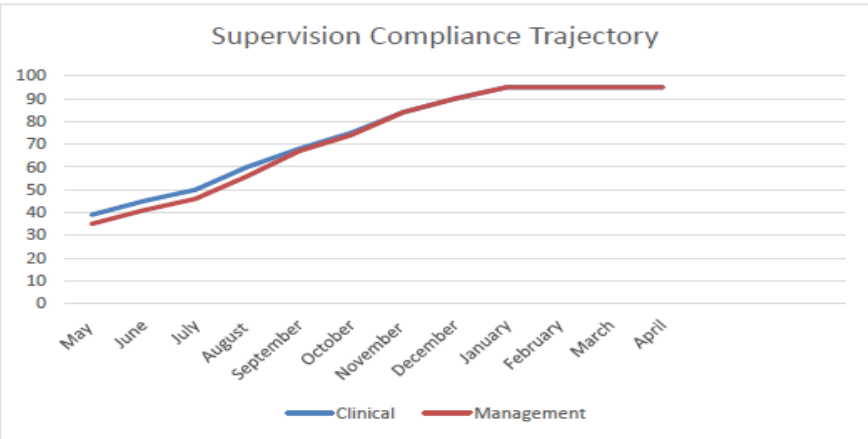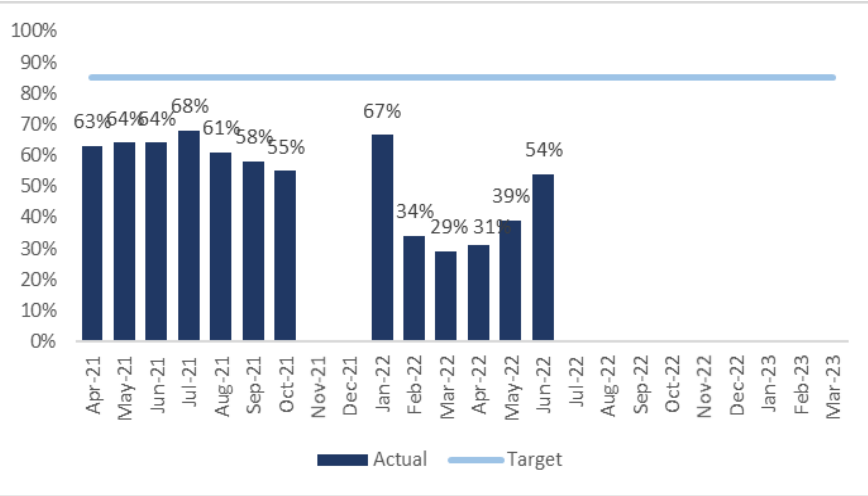
Executive Director commentary: Marie Crofts, Chief Nurse

The risk or issue
The risk is staff may be struggling in their role and be unsupported to manage difficult situations which may then impact on their well-being.

The cause
Increased demand and issues with accuracy of reporting from OTR.

What is the plan or mitigation?
This is a quality objective for 2022/23.

- Actions around supervision practice and safety are being led and monitored by a supervision steering group. Each directorate also has a task and finish group which reports into the steering group. The group have developed a driver diagram to identify the actions to take. The four key drivers of the workplan are;
    - compliance with professional standards
    - Training
    - policy and definitions
    - staff experience and quality of supervisions.
- A task and finish group has been established to oversee a recovery plan to address accuracy of supervision requirements attached to each staff member, targeting services with the poorest rates to carry out deep dives and address the issues raised about recording on OTR.
- Supervision week held from 27th June to 1st July to raise awareness and provide learning sessions.
- The following actions reported in previous reports continue; the introduction of the role of Professional Nurse Advocates to deliver restorative supervision, QI projects to understand and overcome barriers and training on providing clinical supervision.

The trajectory for improvement planned for May and June has been achieved for clinical supervision.

Oxford Health NHS

NHS Foundation Trust

Objective 1: Quality; areas of underperformance

Objective Key Result (OKR)	Target	Actual
(1e) Reduction in use of prone restraint	To be confirmed	In May 35 uses of prone

Number of uses of Prone Restraint all wards

How many incidents involved prone restraint?
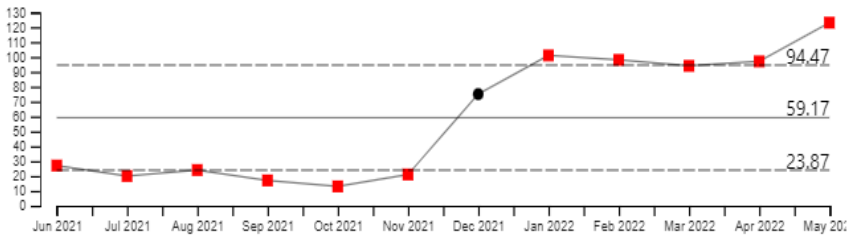
Number of uses of Prone Restraint all wards, excluding 1 patient
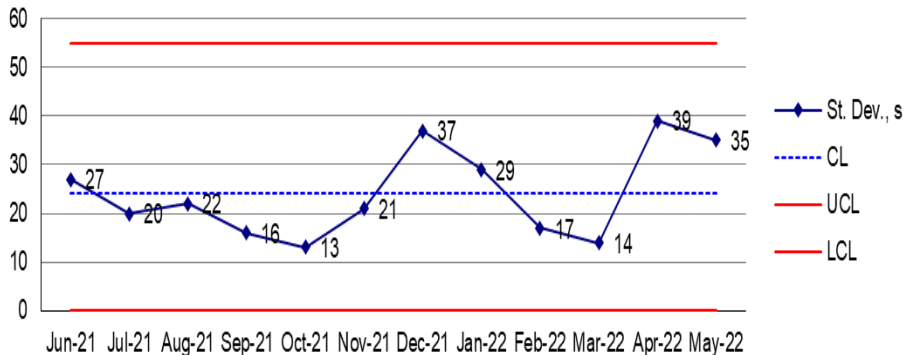
Executive Director commentary: Marie Crofts, Chief Nurse

The risk or issue
Use of prone restraint carries increased risks for patients and should be avoided and only used for the shortest possible time.

The cause
The most common cause for this type of restraint is violence, followed by self-harm. The position is used mostly as part of a seclusion procedure, planned care or to administer immediate IM.

What is the plan or mitigation?
This is a quality objective for 2022/23.

The first SPC chart shows the use by month for all wards, since January 2022 the upper threshold has been exceeded. The increase relates to a particular patient on a forensic ward who is very unwell and has been waiting for a more suitable placement since December 2021. The second SPC chart shows the information excluding this one patient to give a better view of the position and trend. The use and duration of prone restraint is reviewed Trust-wide weekly.

In May there were 35 uses of prone across 11 wards and affecting 21 patients.

A large-scale QI programme is underway to reduce the use of restrictive interventions, including prone restraint. This is part of the national mental health patient safety programme.

In addition to the QI work on the 6 test wards there is also Trust-wide work happening around using alternative injection sites for rapid tranquilisation/ immediate IM including roll out of training for staff as well as the introduction of safety pods to reduce the need for prone restraint.

Oxford Health **NHS**
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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 (AMHTs for patients on CPA)	75%	66%

Objective Key Result (OKR)	Target	Actual
(1fa) Improved completion of the Lester Tool for people with enduring serious mental illness (EIP teams for patients on CPA)	90%	90% achieved
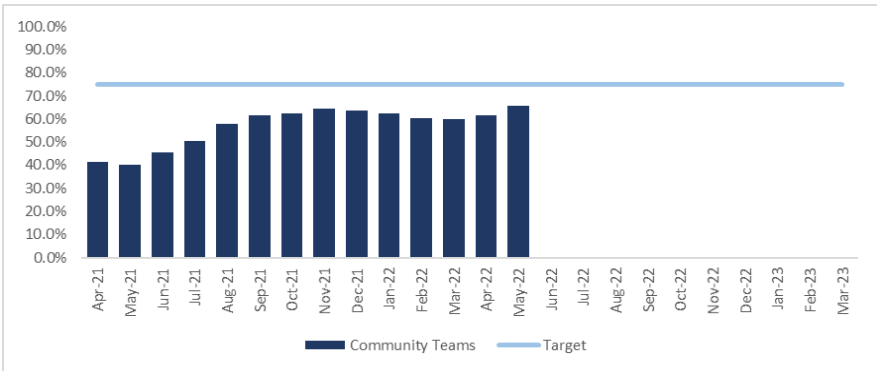
Executive Director commentary: Marie Crofts, Chief Nurse

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
People with severe mental illness (SMI) die on average 15-20 years sooner than the general population. They are dying from physical health causes, mostly commonly respiratory, circulatory diseases and cancers

**The cause**
This is due to a number of reasons, including:
- Poor control of risk factors such as smoking, alcohol, physical inactivity and unhealthy diets
- Adverse effects of antipsychotic drugs
- Poor access to healthcare

The plan or mitigation
This is a quality objective for 2022/23 which the new Deputy Director of Quality is leading on.

We have seen improvements in the last year but need to continue with the momentum. Three workstreams will be focused on for the next 2 years;
- Workstream 1. Access to equipment for teams, increase in clinic spaces, training for the wider team on physical health assessments and standardised resources for patients
- Workstream 2. Developing new volunteer-led health champions to buddy with patients to increase engagement and better liaison between agencies
- Workstream 3. Digital development so patients can view and input into their own record, access apps and improve information sharing when appropriate across agencies.

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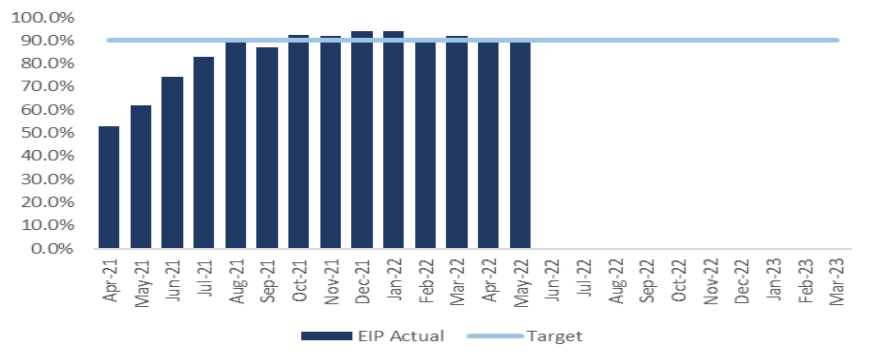
Objective 1: Quality; areas of underperformance

Objective Key Result (OKR)	Target	Actual
(1g) Evidence patients have been involved in their care (bi-monthly clinical audit)	95%	82% (March-May 22)

Chart: Actual vs Target
- July-Sept 21 (CPA Q1 & inpatient essential standards audit-mh): 86%
- Oct & Nov 21 (CPA Q2, inpatient essential standards - mh and physical): 81%
- Dec 21 (CPA Q3 & inpatient essential standards audit-mh): 86%
- Jan & Feb 22 (inpatient essential standards audit-mh): 92%
- March-May 22 (inpatient essential standards-mh, EOL and CH matron audits): 82%

Legend: Actual — Target

Based on local patient and carer survey results;
The below graph shows the number of scores of 5 (best) and 1 (worst) by month against the survey question- **were you involved** as much as you wanted to be in your care and treatment?

What are the counts of 5* and 1* scores?
- Count of 5* Score (best)
- Count of 1* Score (worst)

	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
5*	506	720	654	271	339	698	511	652	714	724	680	511
1*	6	5	10	8	8	12	6	5	7	11	12	10

(2021/2022) ... (2022/2023)

Executive Director commentary: Marie Crofts, Chief Nurse

The context
The feedback we receive and the clinical audit information, detailed below, tells us patients are not always and consistently being involved in their care or care planning. This affects a patient's experience, the outcomes they can achieve and their safety.
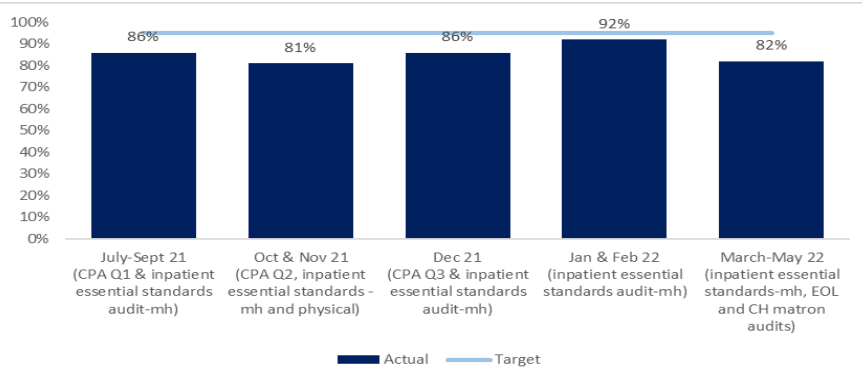
The plan or mitigation
This is a quality objective for 2022/23.

A number of quality improvements projects are underway with a focus on patient involvement and co-production in care. There is also a QI programme on better involving and engaging friends, families and carers which is linked to the implementation of the Strategy with the same name.

The Trust's new Experience and Involvement Strategy is in development being co-produced with patients. The key areas identified by patients, service users, experts by experience, and staff for improvement are;
- Care is person-centred
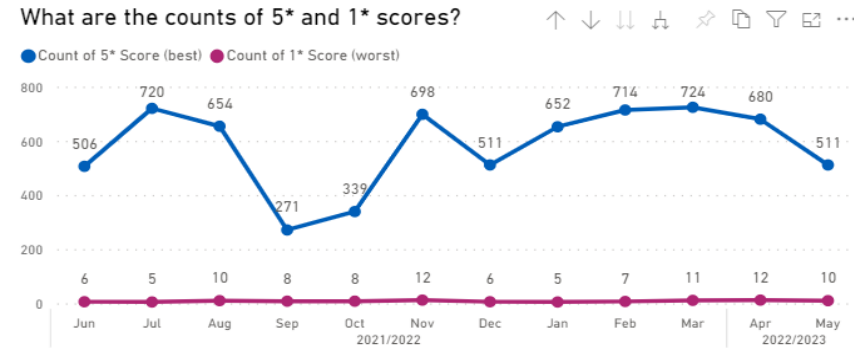- Everyone can access services
- Services are co-designed and co-produced
- Feedback is used to make a difference

The Strategy will set out our ambitions, measures and milestones for the next 3 years. Once the Strategy is finalised each Directorate will develop an implementation plan with patients and staff relevant to their services.

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Oxford Health **NHS**
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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	TBC	See narrative

Executive Director commentary: Marie Crofts, Chief Nurse

The Context and plan

New internal training was developed to support staff with communicating effectively with people with Autism and making the adjustments needed to support with access to health care. The training is available to staff to complete via the Trust's learning and development portal. The roll out of the training to make it mandatory for all staff was put on hold as pilots for the new national (Oliver McGowan) training started. Therefore, we have not achieved our local target by March 2022 to achieve 30% of staff trained from outside the Learning Disability and Autism services.

The Trust was involved in the pilot of the new national training, which 125 staff attended. The new national training will be organised into tiers; Tier 1 awareness training for all staff, Tier 2 for champions identified in teams and, Tier 3 training for staff working within Autism services (this is in place now). Tier 1 awareness training should be made available in 2022/23.

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

- The Reasonable Adjustment Service at the Trust is supporting mental health clinicians to better understand and support the needs of autistic individuals with reasonable adjustments and adaptions. The service is being expanded with additional funding and recruitment is underway.
- Autism webinars were delivered for staff and recorded for people to watch later (around 45 staff attended the live sessions).
- 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 patients/ experts by experience we are developing an autism reasonable adjustment passport to support access to mental health services. This is being piloted.
- 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 Learning Disability services but our mental health services are inaccessible.
- There has also been work from an employee perspective, for example setting up an employee dyslexia support group and autism support group.

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NHS Foundation Trust

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 **May 22** 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 Staff Engagement scoreQ1(2022)	>/=?	6.76↓	6.85↓	6.44↑	Only available at directorate level 6.71%↓ for Specialised Services			6.75↓	6.73	n/a	🔻
(2b) Reduce agency usage to NHSE/I target Excludes covid spend	</=12.3%	7.6%↓	18.4% ↑	24.0%↑	-2.5%↓	16.6%→	3.0%↓	4.0%↑	13.1%	ModHos 7.7%/ Peer 11.8%	⬇
(2c) Reducing staff sickness to 3.5% over 2021/22	</=3.5%	6.2%↓	4.8 %↓	5.3%↑	4.6%↑	6.9%↓	4.4%↑	3.9%↓	5.3%	ModHos 5.1%/ Peer 5.7%	⬇
(2e) Reduction in % labour turnover	</=10%	14.7%↑	14.6%↑	15.0%↑	24.6%↑	17.2%↑	5.5%↑	12.4%↑	14.5%	ModHos 17.8% Peer 16.8%	🔺
(2f) Reduction in % Early labour turnover		17.7%↓	20.1%→	17.8%↑	19.4%↓	22.2%↑	0.0%→	11.8%↓	17.4%	None	⬇
(2g) Reduction in % vacancies	</=9%	3.4%↑	16.6%↓	9.1%↓	19.8%↓	21.3%↑	-0.5%↑	14.3%↑	11.4%	ModHoss 8.8%Peer 14.2%	🔺
(2h) PDR compliance	>=90%	27%↓	29%↓	36%↑	29%↑	30%↑	21%↓	27%↓	29%	None	⬆
(2i) PPST compliance	>=90%	79%↑	76%↑	77%↑	78%↑	82%↑	82%↑	80%↑	78%	None	⬆
(2j) Number of Apprentices as % substantive employees	>=2.3%	6.4% ↑	2.7% ↑	9.8% ↑	3.6% ↑	5.5% ↑	0.0% →	2.3% →	5.7%	None	⬆

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Oxford Health **NHS**
NHS Foundation Trust

Objective 2: People – be a great place to work

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

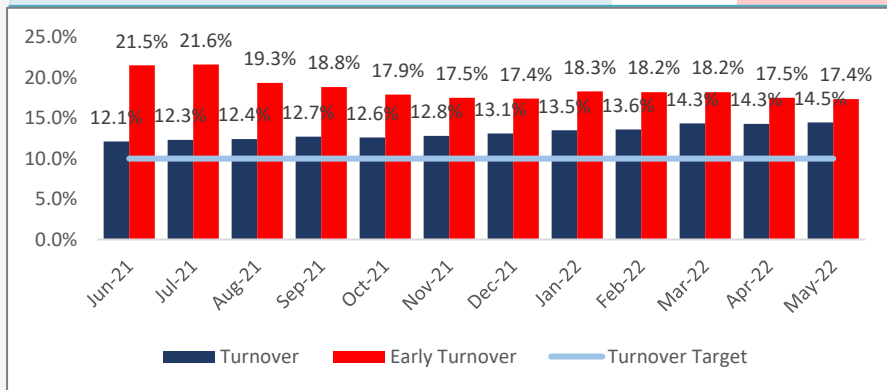**Executive Summary:** Charmaine De Souza, Chief People Officer,
Narrative updated: May 2022

As we enter Q2 of 2022/23 year, the focus across the HR function is a move to *delivery* of key priorities for the year ahead. The senior HR leadership team have spent time together in person to refine the priorities for the year ahead and this work is due to be discussed at PLC on the 7 July 2022. Three cross cutting themes of work have been identified to address the most pressing priorities – upskilling line managers to lead teams and increase engagement; a focus on new joiners – from advert to the 12 months point and lastly strengthening our data and systems to free up clinicians time maximise self service capabilities.   All of the key priorities require a *collective effort* across the specialisms within HR with cross team working. There is activity across all areas with specific focus on deliverables that support the **attraction and retention** of staff which corresponds directly to our highest workforce risk – this work takes different forms e.g. improving recruitment blockages; getting the right structure in place to support recruitment of bank staff; corporate induction redesign; PDR redesign; agreeing definition of statutory and mandatory training and agreeing creative ways to reward staff with cash and non cash benefits.

The over-riding risk that will permeate the 12 months ahead is the pressure of cost of living increases – we have already taken some action to reward staff with one off payments; covering cost of Blue Light discount cards; temporary uplifts in mileage rates and additional annual leave but there is more to do on financial wellbeing as we move into the autumn and winter period with particular focus do all we can to support staff with fuel costs. We need to work closely with Trust partners across the system and local authorities to support staff given our wide geographical spread.

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Oxford Health **NHS**
NHS Foundation Trust

Objective 2: People; areas of underperformance

Objective Key Result (OKR)	Target	Actual
(2e/f) Reduction in % labour turnover	<10%	14.5%

Executive Director commentary: Charmaine De Souza, Chief People Officer

The risk or issue
Staff turnover has increased to by 0.2% to 14.5%. High levels of turnover will impact on vacancies, agency spend, quality of patient care and staff experience.

The cause
Work / life balance is reported as the highest reason for staff voluntarily leaving the Trust (besides unknown) alongside the wider market factors of the Thames Valley in terms of job availability and proximity to London. To retain staff we need to ensure they feel highly valued and engaged

The plan or mitigation
- The exit survey process and questionnaire has been reviewed and a new questionnaire launched. This has spilt some of the leaving reasons to allow greater insight into why people are leaving and therefore enable better counter measures to be put into place.
- A process has been set up to enable staff to request an exit interview with the HR Business Partners to discuss the reasons why they are leaving so mitigations can be found.
- The staff bank is promoted on the exit form to encourage staff who are leaving but would like to continue to undertake bank work to notify the Trust before they leave so that a contract can be set up which ensures a continued relationship which will may encourage them to return to the Trust in a substantive position in the future.
- The new exit survey is being built into the leavers process and will be promoted to continue to drive uptake

Objective Key Result (OKR)	Target	Actual
(2g) Reduction in % vacancies	</=9%	11.4%
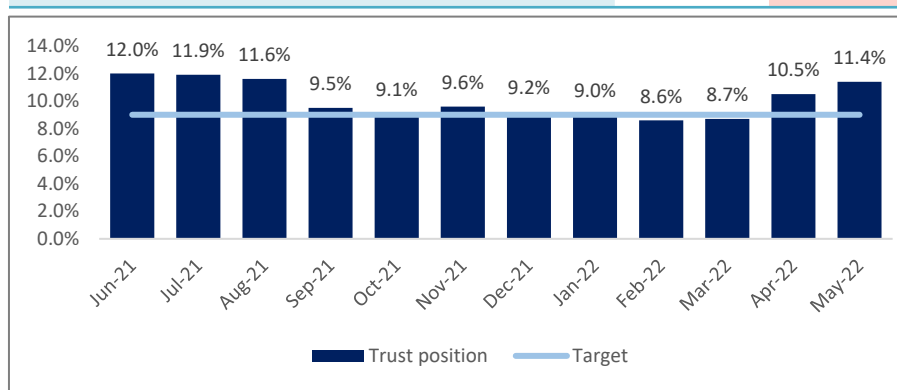
Executive Director commentary: Charmaine De Souza, Chief People Officer

The risk or issue
The vacancy rate has increased from 10.5% to 11.4%; high vacancy rates will impact on staff wellbeing and retention, agency spend, and the quality of care provided to patients.

The cause
Vacancies and absence in the recruitment team between January and March resulted in delays in clearing pre-employment checks and confirming start dates for new employees. The team is now fully recruited however 70% are new and therefore significant training has been required. This has resulted in delays in processing pre-employment checks and supporting managers with the recruitment process. The team process employment checks for 450 to 500 candidates each month with an additional 300 to 400 candidates in authorisation, advertising and selection stages.

The plan or mitigation
The Recruitment team is now fully recruited and absence is being managed closely for the two staff members on mid to long-term sick leave. Role changes have been integrated and the team has stabilised. New team members have all completed initial training, however ongoing, developmental training is required to increase accuracy and efficiency.The backlog of delayed pre-employment checks has been cleared and new staff members are being onboarded in a timely manner. As a result, there should be a steady decrease in vacancy rates over the coming months.

The Recruitment campaigns team are developing proactive recruitment campaigns for areas of high vacancy and agency spend, to reduce vacancy rates in the most difficult areas.

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Oxford Health **NHS**
NHS Foundation Trust

Objective 2: People; areas of underperformance

Objective Key Result (OKR)	Target	Actual
(2h) PDR compliance	>/=90%	29%
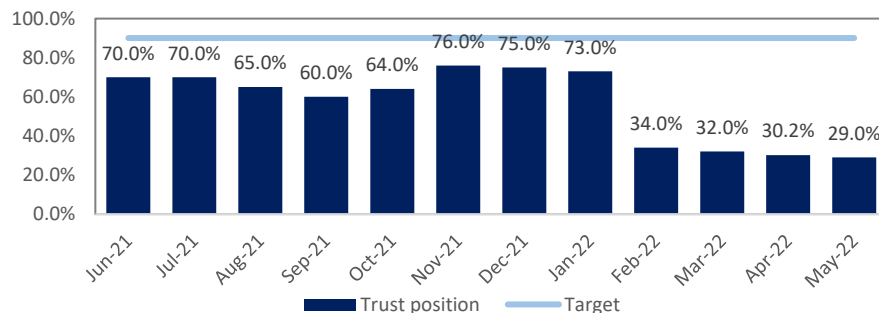
Chart: Trust position vs Target (Jun-21 to May-22)
- Jun-21: 70.0%
- Jul-21: 70.0%
- Aug-21: 65.0%
- Sep-21: 60.0%
- Oct-21: 64.0%
- Nov-21: 76.0%
- Dec-21: 75.0%
- Jan-22: 73.0%
- Feb-22: 34.0%
- Mar-22: 32.0%
- Apr-22: 30.2%
- May-22: 29.0%

Objective Key Result (OKR)	Target	Actual
(2i) PPST compliance	>/=90%	78%

Chart: Trust position vs Target (Apr-21 to May-22)
- Apr-21: 83%
- May-21: 84%
- Jun-21: 89%
- Jul-21: 84%
- Aug-21: 84%
- Sep-21: 50%
- Oct-21: 61%
- Nov-21: 65%
- Dec-21: 64%
- Jan-22: 66%
- Feb-22: 70%
- Mar-22: 73%
- Apr-22: 74%
- May-22: 78%

Executive Director commentary: Charmaine De Souza - Chief People Officer

The risk or Issue
The percentage of staff receiving a PDR in the past 12 months has further decreased in May. Individuals who do not receive a PDR may not be supported to access professional and personal development opportunities which maybe a risk to retention.
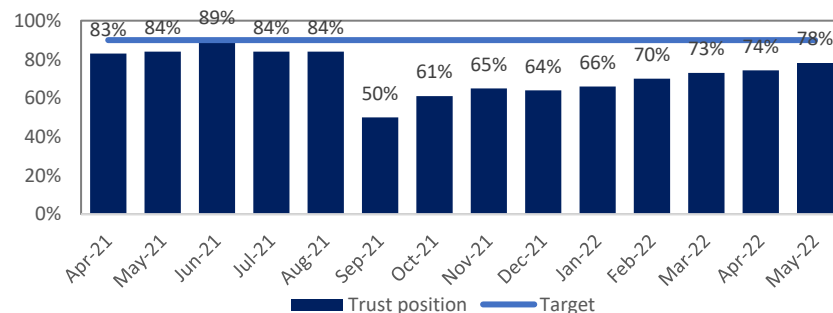
The cause
Several factors are contributing to this including OTR systems issues, a lack of trust in and knowledge of using the OTR system which may have led to individuals not recording PDR's centrally and the PDR form being time consuming to complete. It is likely that the number of PDR's completed dropped during the pandemic due to service pressures The recording method on OTR has been updated and despite guidance being issued, there is some reticence to use the online system

The plan or mitigation
The PDR process is being reviewed. This is being led by the OD team with input from operational staff and the systems team to ensure it meets the needs of the organisation. Once work on mandatory training has concluded in the OTR system the focus will shift to ensure the PDR element of the system is fit for purpose and accurate.

Executive Director commentary: Charmaine De Souza - Chief People Officer

The risk or issue
The percentage of PPST (Personal, patient safety training) completed in May has increased by a further 4.3% to 78.6%. This still does not meet Trust compliance target of 90%. Individuals who have not completed their PPST training may not have the skills and knowledge to carry out their role safely.

The cause
Several factors are contributing to this including OTR systems issues including the correct training matrices not being attached to staff and inaccuracies in the recording of training. The most significant impact to training figures is the poor attendance to booked training. In a recent report it was noted that some training runs with a 60% of individuals failing to attend on the day.

The plan or mitigation
A task and finish group has been set up to identify and address all issues impacting on compliance with mandatory training targets. This includes a superuser group to feedback on accessibility and useability. Management of the OTR system has moved to HR Systems and Reporting team and a project is underway to resolve the system issues. The Trust board have approved a new approach to mandatory training which aligns this with CSTF UK Core Skills Training Framework (CSTF) - Skills for Health

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Oxford Health **NHS**
NHS Foundation Trust

Objective 2: People; areas of underperformance

Objective Key Result (OKR)	Target	Actual
(**2c**) Reducing staff sickness to 3.5%	</=3.5%	5.3%
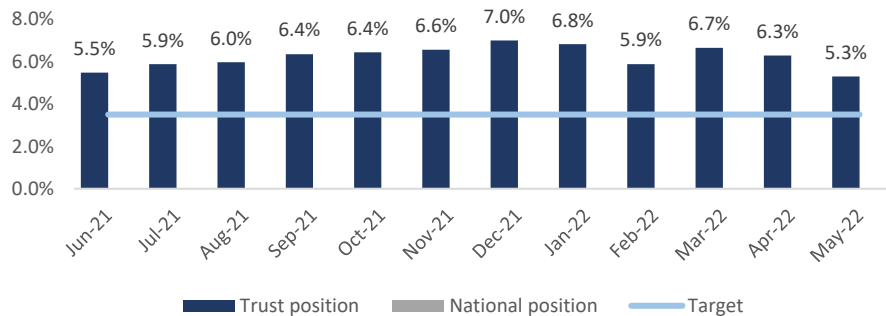
Chart — Staff sickness rate (Trust position with Target line):

Month	Trust position
Jun-21	5.5%
Jul-21	5.9%
Aug-21	6.0%
Sep-21	6.4%
Oct-21	6.4%
Nov-21	6.6%
Dec-21	7.0%
Jan-22	6.8%
Feb-22	5.9%
Mar-22	6.7%
Apr-22	6.3%
May-22	5.3%

Legend: Trust position ■ National position ■ Target ——

Executive Director commentary: Charmaine De Souza, Chief People Officer

The risk or issue
The sickness absence rate has decreased in May from 6.3% to 5.3%. Excluding Covid absences the rate was 4.42% (4.52% last month) or 0.92% above the target

The cause
COVID confirmed sickness remained the top cause of absence in May, with the second highest absence reason being Special Leave (leave for an urgent unplanned crisis) and the third headache-migraine. In May there was a significant decrease in the number of COVID confirmed absence spells with 104 cases in May compared to 279 in April and 508 in March. There has been a slight decrease in the number of staff off on long term absence, with 157 employees being absent for >4 weeks in May compared with 173 in April.

The plan or mitigation
Work is ongoing to ensure that RTW/Wellbeing conversations are taking place after every absence event. This will ensure appropriate referrals are made and signposting to the various support/assistance programmes that are available
.
Additional support is being provided to services with high absence levels to ensure appropriate measures are in place to address short- and long-term absences.

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Oxford Health **NHS**
NHS Foundation Trust

Objective 2: People; areas of underperformance

Objective Key Result (OKR)	Target	Actual
(**2b**) Reduce Agency Usage to Target	</=12.3%	13.1%

Chart data labels: 10.3% (Jun-21), 12.2% (Jul-21), 10.7% (Aug-21), 11.3% (Sep-21), 12.5% (Oct-21), 10.9% (Nov-21), 10.9% (Dec-21), 9.8% (Jan-22), 15.1% (Feb-22), 13.9% (Mar-22), 13.20% (Apr-22), 13.1% (May-22)

Legend:
- Actual % of total Pay
- National position
- Target (NHSI plan as % of Budget Payroll)
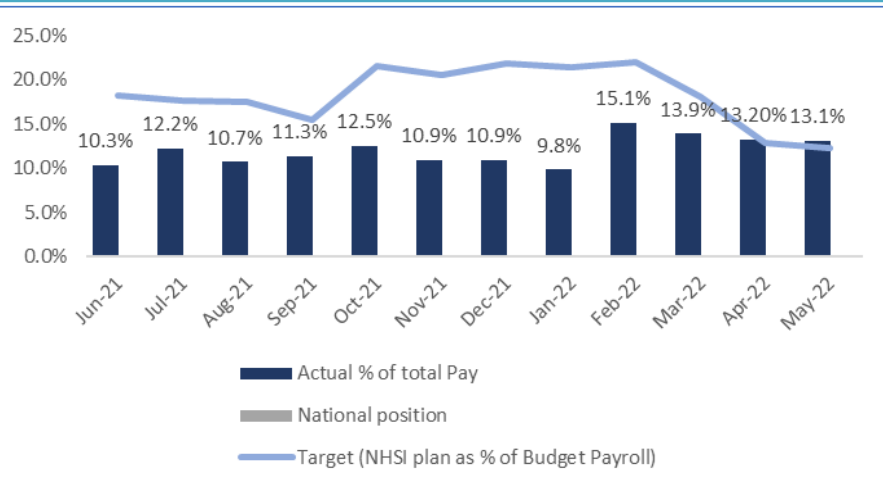
Executive Director commentary:
Charmaine De Souza, Chief People Officer

The risk or issue

Agency use in the Trust is extremely high which increases costs and impacts quality and safety of patient care and staff wellbeing.

The cause

The causes are multifaceted and are being addressed by the Improving Quality Reducing Agency programme which has several workstreams and aims to improve the quality of our services whilst reducing agency spend.

Executive Director commentary:
Charmaine De Souza, Chief People Officer

The plan or mitigation

The Improving Quality and Reducing Agency Programme has several workstreams which aim to improve the quality of our services whilst reducing agency spend. The retention workstream has completed an audit of the flexible working arrangements that are in place across the Trust and have launched a PDR survey for staff that are in band 8 roles. The recruitment workstream is undertaking a piece of work to map out the career pathways for clinical registered, non-registered and administrative staff, this will identify any gaps with the training that is available as well as become a tool to facilitate career conversations with both new and existing staff which will feed through to a talent pipeline.

The e-rostering workstream has launched a pilot of inpatient roster review and upskilling in Lambourne House and Cherwell Ward, communication and engagement with the remaining teams has commenced to plan in roster reviews and upskilling. The agency management workstream has developed a strategic partnership with Medacs Healthcare to scope out a targeted approach for sourcing RMNs for lines of work within the inpatient and community teams. Within Community Hospitals there has been a reduction of agency usage from 25 WTE in April to 19 WTE in May and there has been a reduction in average hourly pay rates from £41 in April to £36 in May. The international recruitment workstream has seen 69 nurses commence employment with the Trust (58 RNs and 11 RMNs), 36 of these nurses are undertaking band 5 registered nursing roles, 22 are taking their OSCEs in June and 11 in July.

A piece of work has been undertaken to map out the workforce requirements for inpatient units for the next 5-7 years, this will support future workforce planning decisions. The budgets have been realigned to reflect this resulting in an investment of circa £2 million. A KPI performance dashboard has been developed to report monthly progress against the cost avoidance that has been set for FY22/23.

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Oxford Health **NHS**
NHS Foundation Trust

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) **Adverse** performance against financial plan (YTD)	£1.4m adv ↓	£0.3m adv ↑	£0.6m adv ↓	£0.2m fav ↑	£0.6m adv ↑	£0.0m fav	£2.4m fav ↑	£0.3m adv ↓	⬇
(3b) Cost Improvement Plan (CIP) delivery (YTD)								£0.9m adv ↓	⬇
(3c) **95%** of estate to achieve condition B rating by 2025 (75% in 2021)								75%	➡
(3d) Delivery of estates related CO2 reduction target of 1623 tonnes by 2025 (**10,862** in 2021)	-	-	-	-			-	10,862 tonnes	➡
(3e) **Achievement of all 8 targeted measures** in the NHS Oversight Framework (see section 2 of this report)	-	-	-	-			-	5 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 April** unless indicated in the penultimate column

Executive Summary: Mike McEnaney, Director of Finance
Narrative updated: end of May 2022

I&E is £0.3m adverse to plan driven by under delivery of CIP £0.9m, continuation of high level of agency and contracted OAPS (c.£2.6m) both reported as Covid spend in FY22 partially mitigated by release of covid funding c.£1.3m in expectation of the tapering down of these expenditure items and release of reserves and deferred income, c.£1.9m. The CIP plan for the year is £7.9m with delivery profiled evenly over 12 months. £0.5m has been delivered at month 2, this is £0.9m adverse to plan due to delay in CIP engagement as a result of Covid-19.

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Objective 3: Sustainability – areas of underperformance

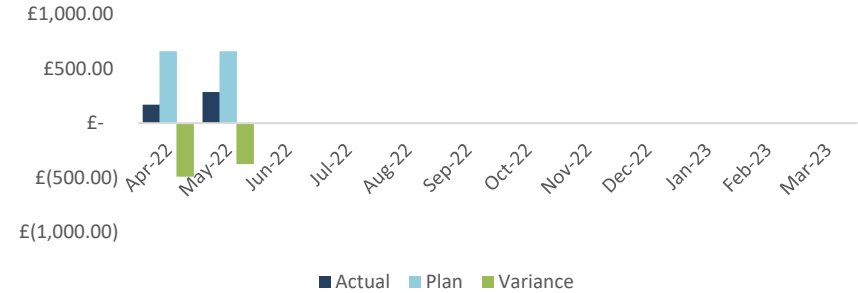| Objective Key Result (OKR)	Trust
(3b) Adverse performance against financial plan	£0.3m adverse

Legend: ■ Actual ■ Financial Plan

Objective Key Result (OKR)	Trust
(3c) Cost Improvement Plan (CIP) Delivery	£0.9m adverse

Legend: ■ Actual ■ Plan ■ Variance

Executive Director commentary:
Mike McEnaney, Director of Finance

The risk or issue
Financial performance against plan is £0.3m adverse at month 2.
The cause
Overspends in all 4 clinical directorates due to under delivery of CIP, continuation of high level of agency and contracted OAPS (£3.5m). Partially mitigated by reserves (£3.2m).
The plan or mitigation
Reliance on the Trust's programme to improve quality, reduce agency and CIP will be crucial to delivering the FY23 plan. Finance will continue to work with directorates with emphasis on Directorate forecasts: focusing on drivers of overspends, directorate plans to address them, the impact on service delivery and monitoring and challenge where plans are failing, at a Directorate and Executive level. The process will be supported by consideration of contracted activities and the associated unit costs as a means of controlling cost and measuring productivity.

Executive Director commentary:
Mike McEnaney, Director of Finance

The risk or issue
CIP Performance against plan is £0.9m adverse at month 2.

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.
CIP targets devolved to Directorates to facilitate engagement and accountability.

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Objective 3: Sustainability – areas of underperformance

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

Objective Key Result (OKR)	Target	Actual
(3e) Delivery of estates related Co2 reduction target of 1623 tonnes by 2025	10,862	10,862
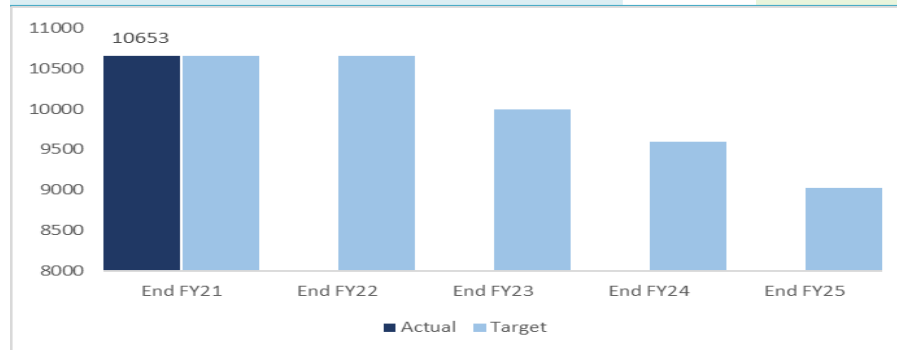
Executive Director commentary:
Martyn Ward – Executive Director: Digital & Transformation

The risk or issue
It has now been several years since the Trust completed a condition rating survey. Although work to maintain a safe estate has been regularly carried out, there is a risk that some buildings may now be classified as condition rating C or D.

The cause
Limited investment, shortages in skilled workforce and competing priorities.   This, along with difficulties maintaining sites during COVID has resulted in a backlog/shortfall of maintenance and repair.

What is the plan or mitigation?
Work is now underway to carry out a six-facet survey to understand the current building condition ratings. This indicator will be updated once that work is complete.

Executive Director commentary:
Martyn Ward – Executive Director: Digital & Transformation

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 describing potential schemes and a new 'Green Plan' has been produced for the Trust.

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

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

This year, our Objective Key Results are;	Previous FY	Community Services	Oxon & BSW	Bucks	Corporate Inc R&D	Trust	National comparator
Participants recruited to CRN Portfolio studies	2254 4th Nationally	15	31	7	84	137 9th Nationally	No.1 ranked Trust 1461
CRN Portfolio studies running as at month end	72 2nd Nationally	1	6	2	24	39 5th Nationally	No. 1 ranked Trust 72

Executive Summary: Karl Marlowe, Chief Medical Officer
Narrative updated: June 2022

The National ranking compares research active Mental Health Trusts. In some Trusts this will include Community based and non-mental Health studies.

Note: 1270 recruits for previous FY came from one study led by Prof Keith Hawton the "Oxford Monitoring System for attempted Suicide".

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Section 6:
Did you know?

Facts and figures for your information

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Introduction and Headlines – as at May 2022

The following activity levels are monitored using statistic process control (SPC) charts which indicate whether activity is outside of 'usual/expected' levels. This month's activity is compared to the pre-COVID 2019/20 monthly average (which is the Trust's current benchmark of 'normal' activity levels (unless specified otherwise).

- Referrals received
- Appointments delivered
- Admissions
- Inpatient length of stay
- Bed occupancy

Headlines:

- There are **30 services/teams that have HIGHER than usual/expected activity levels**; 14 in community services, 7 in Bucks Mental Health, 9 in Oxon and BSW Mental Health and 0 in Specialised Services. Please see the following two slides which provides the list of services and levels of activity above the Trust's benchmark or 'normal' activity.

- There are **15 services/teams that have LOWER than usual/expected activity levels**; 5 in community services, 1 in Bucks Mental Health, 1 in Oxon and BSW Mental Health and 1 is Specialised Services. Please see the following slides which provides the list of services and levels of activity below the Trust's benchmark or 'normal' activity.

For detailed information, please refer to the IPR Supporting Report. Commentary for each of the service lines is provided that states whether this level of activity is expected, is a problem and whether any action is required.

Activity Exceptions May 2022: High compared to 19/20 levels (normal)

The following services/teams have higher levels of activity than pre-pandemic levels

Directorate	Service	Currency	Activity this month compared to 19/20 monthly average	No. this month /19/20 monthly ave
Community	Children's Community Nursing	All referrals	**+225%**	71 / 20
Community	Respiratory	Emergency referrals	**+1214%**	92 / 7
Community	District Nursing	All referrals	**+28%**	3076 / 2409
Community	Childrens Integrated Therapies	All referrals	**+47%**	463 / 315
Community	Nutrition & Dietetics	All referrals	**+10%**	192 / 174
Community	Tissue Viability	Emergency referrals	**+969%**	139 / 13
Community	Urgent Care – EMU, RACU & H@H	Emergency referrals	**+106%**	35 / 17
Community	Podiatry	Urgent referrals	**+26%**	58 / 46
Community	MIU Abingdon	All referrals	**+35%**	2001 / 1481
Community	MIU Witney	All referrals	**+24%**	1417 / 1140
Community	Care Home Support Service	Appointments	**+967%**	1206 / 113
Community	Tissue Viability	Appointments	**+40%**	452 / 323
Community	MIU Abingdon	Appointments	**+33%**	2910 / 2181
Community	MIU Witney	Appointments	**+42%**	2400 / 1694

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Activity Exceptions May 2022: High compared to 19/20 levels (normal)

The following services/teams have higher levels of activity than pre-pandemic levels

Directorate	Service	Currency	Activity this month compared to 19/20 monthly average	No. this month /19/20 monthly ave
Bucks Mental Health	ADHD and Autism Service	All referrals	**+198%**	128 / 43
Bucks Mental Health	Memory Assessment Service	All referrals	**+29%**	185 / 143
Bucks Mental Health	OA CMHT	Appointments	**+9%**	1233 / 1132
Bucks Mental Health	Crisis Teams	Appointments	**+219%**	1276 / 400
Bucks Mental Health	Memory Assessment Service	Appointments	**+27%**	545 / 430
Bucks Mental Health	Reconnect	Appointments	**+100%**	104 / 52
Bucks Mental Health	CAMHS SPA	Appointments	**+97%**	228 / 116
Oxon & BSW Mental Health	ADHD	Routine referrals		155 / 0
Oxon & BSW Mental Health	SCAS Triage	All referrals	**+1026%**	473 / 42
Oxon & BSW Mental Health	Memory Assessment Services	All referrals	**+26%**	142 / 113
Oxon & BSW Mental Health	CAMHS Youth Liaison and Diversion	All referrals	**+471%**	40 / 7
Oxon & BSW Mental Health	SCAS Triage	Appointments	**+627%**	426 / 116
Oxon & BSW Mental Health	Specialist Psychological Intervention Team	Appointments	**+150%**	10 / 4

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Activity Exceptions May 2022: High compared to 2019/20 levels (normal)

The following services/teams have higher levels of activity than pre-pandemic levels

Directorate	Service	Currency	Activity compared to 19/20 monthly average	No. this month / 19/20 monthly average
Oxon & BSW Mental Health	CAMHS O MHSTs	Appointments	**+952%**	442 / 42
Oxon & BSW Mental Health	CAMHS O SPA	Appointments	**+715%**	277 / 34
Oxon & BSW Mental Health	CAMHS BaNes Community	Appointments	**+63%**	444 / 272

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Activity Exceptions May 2022: Low compared to 2019/20 activity levels (normal)

The following services/teams have lower levels of activity than pre-pandemic levels

Directorate	Service	Currency	Activity in month compared to 19/20 monthly average	No. this month / 19/20 monthly average
Community	Community Therapy Service	Emergency referrals	-96%	3 / 84
Community	Phlebotomy	All referrals	-15%	99 / 139
Community	SPA	Routine referrals	-29%	98 / 139
Community	Diabetes	Appointments	-4%	556 / 582
Community	Adult Speech and Language	Appointments	-40%	446 / 745
Bucks Mental Health	CAMHS Learning Disabilities	Appointments	-2%	116 / 118
Oxon & BSW Mental Health	CAMHS W Melksham Community	All referrals	-5%	90 / 95
Oxon & BSW Mental Health	Complex Needs	Appointments	-84%	42 / 257
Oxon & BSW Mental Health	CAMHS O Forensic (CABS, Forensic & Specialist Housing)	Appointments	-92%	42 / 257
Oxon & BSW Mental Health	Getting Help Teams	Appointments	-42%	467 / 639
Oxon & BSW Mental Health	CAMHS O Perinatal	Appointments	-12%	30 / 34
Oxon & BSW Mental Health	CAMHS BSW Swindon Community	Appointments	-19%	790 / 975
Oxon & BSW Mental Health	CAMHS Wiltshire Risk	Appointments	-85%	65 / 429
Oxon & BSW Mental Health	ED Cotswold House Oxford	Admissions	-75%	1 / 4
Specialised Services	Forensic Oxford Clinic Team	Appointments	-50%	5 / 10

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