

# Report to the Meeting of the

# Oxford Health NHS Foundation Trust

**BOD 71/2022**

(Agenda item: 7(b))

# Board of Directors

**30 November 2022**

**Integrated Performance Report (IPR)**

**For: Information & Assurance**

**Executive Summary**

The Integrated Performance Report (IPR) report provides the Board of Directors with an integrated view of the strategic domains of Operational Performance, Quality, People, Finance and Research & Education.

**IPR - Performance Summary**

**Delivery of the NHS National Oversight Framework**

The Trust continues to perform well against the targeted metrics with the exception of;

1. Inappropriate OAPs bed days used
2. Minor Injury Units (MIU) 4-hour performance
3. IAPT; the percentage of people completing a course of IAPT treatment moving to recovery and
4. Data Quality Maturity Index (DQMI) MHSDS dataset score

Inappropriate OAPs bed days used

The Trust used **29 inappropriate OAP Bed days in October 2022** (0 inappropriate OAP bed days in Bucks, and 29 inappropriate OAP bed days in Oxon) which is an overall decrease on the previous month. The Trust agreed a trajectory to reduce the number of block purchased beds, with the aim to be down to 4 beds from 9 December 2022. The Trust is already down to 4 beds.

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Minor Injuries Unit (MIU) 4-hour performance

MIU performance at the last available reported position due to the clinical systems outage (July) was 88.8% which is 6.2% under the national target. However, in comparison, the national position is 71%.

The root cause of the variation is due primarily to:

* increased levels of activity (see visual below). Although Abingdon continues to see the highest numbers of patients, there has been an increase in virtually all MIUs
* 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.

Referrals to MIUs in July at **highest levels in last 4 years**:



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 negligible risk.

Data Quality Maturity Index (DQMI) MHSDS dataset score – reported quarterly

Performance was 94.3% in June (latest available reported position). This is slightly under the target of 95% but still performing well against the National average of 54.2%

**NHS Benchmarking**

A detailed report and action plan will be provided to the Board following receipt of the published annual benchmarking reports.

**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 September 2022. Some metrics in the regional performance report are impacted by the clinical systems outage and are not available.

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

The Trust has 32 OKRs (18 relating to quality, 9 to people and 5 to sustainability). 21 of the OKRs have targets (8 quality OKRs have targets, 8 people OKRs have targets and all of the 5 sustainability OKRs have targets).

The Trust has achieved 6 (29%) of the targeted OKRs as at the latest reported position.

Quality – 2 of the 8 targeted OKRs were achieved (25%)

People – 1 of the 8 targeted OKRs was achieved (13%)

Sustainability – 3 of the 5 OKRs with targets were achieved (60%)

The table below provides an overview of the 15 OKRs that are **not yet being achieved** and their performance compared to last month.

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| **Strategic objective** | **OKR** | **Target** | **Last month’s performance unless stated otherwise** | **This month’s performance unless stated otherwise** | **Status/Trend** |
| **Quality** | Clinical supervision compliance | 95% | 48% | 46% | **Fluctuating** performance |
| **Quality** | Lester Tool completion in the community | 75% | 66% (June performance) | 64% (July – latest available due to clinical systems outage) | **Declining** performance May-July |
| **Quality** | Lester Tool completion in the EIP service | 90% | 84.5% (June performance) | 80.5% (July – latest available due to clinical systems outage) | **Declining** performance May-July |
| **Quality** | Evidence patients have been involved in their care plans | 95% | 82% (May performance) | 83% (June – latest available due to clinical systems outage) | **Fluctuating** performance |
| **Quality** | Patient Safety Partners employed | 2 | 0 | 0  | JDs have been banded |
| **Quality** | 72 hours follow up for those discharged from mental health wards | 80% (National target) | 72% | 72% | No change |
| **People** | Reduce agency usage to NHSE/I target  | <10.2% | 9.5% | 11% | **Improving** performance |
| **People** | Staff sickness | <3.5% | 5.7% | 5.9% | **Fluctuating** performance |
| **People** | Reduction in turnover | <10% | 16.1% | 15.8% | **Fluctuating** performance |
| **People** | Reduction in early turnover | <9% | 18.3% | 18.7% | **Declining**performance |
| **People** | Reduction in vacancies | <9% | 12.6% | 12.2% | **Improving** performance since August |
| **People** | Personal Development Review (PDR) compliance | 95% | 30% | 29% | **Behind trajectory** |
| **People** | PPST compliance | 95% | 84% | 82% | **Fluctuating** performance |
| **Sustainability** | Delivery of cost improvement plan | £- | £3.1 adverse | £1.2m adverse | **Improving** position |
| **Sustainability** | Achievement of all 8 targeted NOF measures | 8 | 3/8 | 3/8 | No change |

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

**IPR Supporting Report - Performance Summary**

The IPR supporting report has been paused due to the clinical systems outage. This will be re-instated once data becomes available. In the meantime, the following summary information is provided;

**COVID-19:**

* The current number of inpatients with COVID-19 was 6 as of 15November. This is a fluctuating position as can be seen below, however, the numbers are currently low in comparison to recent weeks.

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* There has been a decrease in staff absent from work due to COVID.  41 staff as of 15 November (it was 46 staff as of 2September).  At the peak in wave 2, there were approx. 220 staff absent.
* COVID-19 vaccination uptake as at 15th November 2022:85.9% total staff, Patient Facing 86.0%

**Patient Activity and Demand:**

The IPR supporting report; a report that accompanies the IPR, provides an overview of activity levels by Directorate for referrals received, appointments delivered, inpatient admissions and inpatient length of stay. It has not been possible to provide an update since July 2022 due to the clinical systems outage. Below was the position as at end of July.

**Referrals:**

Overall, referrals to the Trust in July 2022 were consistent with the numbers reported in previous months. See slides 36- 41 in the IPR for a summary of where referral numbers or higher or lower than usual and it is an area of concern.

**Activity:**

Despite shortages in available workforce, as of July, the Trust was continuing to deliver overall activity in line with normal/expected levels. Where higher or lower volumes of activity have been identified as a concern these are summarised in in slides 36 – 41 in the IPR.

**Admissions & Length of Stay:**

Admissions and Length of Stay (LOS) across wards within the Trust were within normal ranges as of July. The number of patients medically optimised for discharge (MOFD) in community hospitals continues to reflect the considerable pressure within the Oxfordshire System, although there was a decrease in July compared to a peak in June 2022 (see below).



**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

Due to the outage of clinical information systems, we are not currently able to report waiting time information automatically. Services have additional measures in place to manage risks whilst patients are waiting to be seen.

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

The Trust achieved 78% of its contractual KPIs in July, this is a decrease from the 83% reported to Board in May. Information post August 4th is not available due to the clinical systems outage.



**Governance Route/Escalation Process**

The information that forms the basis for this report is part of the monthly monitoring in place with Directorates and overseen by the Executive Management Committee.

**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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