

# Report to the Meeting of the

**RR/App\_CoG 01/2022**

(Agenda item: 16)

# Oxford Health NHS Foundation Trust

# Council of Governors

**24th March 2022**

**Integrated Performance Report (IPR)**

**For: Information**

**Executive Summary**

This report is intended to provide the Council of Governors with an overview of the Trust’s overall performance.

This update is based on the Integrated Performance Report (IPR) that was presented at the public session of the Board of Directors in January as that is the most recent information publicly available. The March IPR will be presented to the Board of Directors at the end of the month.

For information, the IPR has been developed to provide an integrated view of the performance domains of Quality, People, Sustainability and Research & Education. The report is divided into five sections, each with a Executive owner.

Section 1: A narrative that describes the Trust strategy and the key objectives

Section 2: Key headlines to help set context on what the Trust has delivered during the reporting period

Section 3: Delivery against the targets set nationally in the NHS Oversight Framework

Section 4: Measuring the Trust’s performance against its strategic objectives using the Objective Key Results (OKRs) agreed during the development of the Trust’s strategy

Section 5: Highlights from the Executive Managing Directors

The IPR should be read alongside the standard reporting on each specific area (Quality, Workforce, Finance and Operational Performance).

**Key Headlines for the Council of Governors:**

**COVID-19:**

* The current number of inpatients with COVID-19 has increased to 26 (at 18th March) There has been a sharp increase over the past 2 weeks
* There has also been a rapid rise in staff absent from work due to COVID. 110 staff as at 18th March. This is compared to C60 2 weeks ago. At the peak in wave 2, there were approx. 220 staff absent.
* COVID-19 vaccination uptake at 10th March 2022:Dose 1 = 92.7%, Dose 2 = 90.6% and Dose 3 (eligible staff only) 69.7%. Patient Facing Dose 1 = 92.8%, Dose 2 = 90.8% and Dose 3 (eligible staff only) 70.0%

**Delivery of the National Oversight Framework**

The Trust is performing well against all targeted metrics with the exception of **Out of Area Placements** and **IAPT, % of people completing a course of IAPT treatment moving to recovery.**

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

**OAPs:** The use of inappropriate Out of Area Placements (OAPs) has decreased in the quarter with none reported in December. There has been an increased in January and February. This was primarily due to winter pressures and COVID.

**Delivery of strategic objectives (Objective Key Results (OKRs) at end Qtr3 (Dec 21 data)**

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

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

**Operational Performance Summary:**

**Referrals**

The Trust continues to receive a higher number of referrals than has been seen in previous years.

The increase in referrals has had a significant impact on waiting times across virtually all service areas. In many cases, waits for routine referrals have been most affected as the operational priority remains on Emergency and Urgent referrals.

From the analysis of the data in quarter, the following areas have been escalated to the Operations Management Team as exceptions for awareness and action:

* Increased referrals in Learning Disability services
* Increased referrals in Adult & Older Adult MH in Oxfordshire
* Increased referrals in Bucks CAMHs
* Decrease in demand in Dental services as high street dental services (main referrers) continue to return to pre pandemic practices.
* Increased activity in Forensic service, further analysis has revealed that this is due to improvements in recording of activity
* Increased activity in IAPT

Admissions to the Trust’s mental health inpatient wards has been consistent with previous quarters.

Admissions to the Trust’s Community services increased in December as the service flexed their bed stock to respond to system demands associated with winter/Covid.

Average length of stay is generally in line with historical trends, with monthly variation attributed to discharge of patients with exceptional long length of stay. There has been an improvement in the LOS for Adult MH acute and also Community Hospitals, both being below average in the quarter.

There continues to be lower Bed Occupancy in many areas in accordance with infection control measures.

**Waiting Times\*:**

\*against generic Trust wait time of >48 hour for emergency & >7 days for urgent, work is underway to develop service specific waiting time standards, these will be available from April 2022.

Following discussion at the last Council of Governors meeting below is a summary of waiting times for assessment within Psychological Therapies, CAMHS and Adult Eating Disorders. There was a request to report on autism assessments, information is shown below for CYP Neuro development pathway which would include CYP autism assessments.

**Psychological Therapies**

April 21 to Feb 22: average wait times for all Psychological Services Assessment teams:

**Emergency** referrals 21 hours

**Urgent** referrals 58 days

**Routine** referrals 42 days.

**CAMHs**

April 21 to Feb 22: average wait time for all CAMHS services (excluding NDC):

**Emergency** Referrals 2 hours

**Urgent** Referrals 1 day

**Routine** Referrals 30 days.

**CYP NDC**

April 21 to Feb 22: average wait time for all CYP NDC services:

**Urgent** Referrals 18 days

**Routine** Referrals 170 days.

**Adult Eating Disorders**

April 21 to Feb 22: average wait time for all Adult ED teams:

**Emergency** Referrals 524 hours (this related to 1 patient)

**Urgent** Referrals 18 days

**Routine** Referrals 38 days.

**Remedial actions:** Waiting times are monitored by operational services as part of daily clinical/operational processes. In addition, the weekly performance report presented to OMT and the Exec team highlights team level exceptions where patients are waiting longer than the generic waits standards. Teams can review this information further in the TOBI Patient Activity and Demand app and take appropriate action.

**Neuro Developmental Conditions (NDC)**

Bucks Collaborative pathway with BHT: Despite additional non-recurrent investment from commissioners to support waiting list reduction, the backlog/demand continues to exceed clinical workforce. A proposal is being developed for commissioner consideration that could reduce the longest wait to 1 year in a year. This is a regional and national pressure and in addition to work at “place” a BOB-wide review is to be undertaken to explore more radical options at scale.

**Governance Route/Approval Process**

The IPR is produced monthly for the Executive Team and presented to the Board of Directors meetings on a bi-monthly basis.

**Recommendation**

The Council of Governors is invited to note the report.

**Author and Title: Claire Page – Head of Performance & Information**

**Lead Executive Director:**

**Martyn Ward - Executive Director: Digital & Transformation.**