

# Report to the Meeting of the

**RR/App-CoG 15/2022**

(Agenda item: 18)

# Oxford Health NHS Foundation Trust

# Council of Governors

**23rd November 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 to July/August 2022.

This update is based on the Integrated Performance Report (IPR) that was presented at the public session of the Board of Directors in September as that is the most recent information publicly available.

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

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

Section 2: Highlights from the Executive Managing Directors - 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 4a: Comparative/Benchmarking data

Section 4b: SE Regional Performance including Provider Collaborative Performance

Section 5: Measuring the Trust’s performance against its strategic objectives using the Objective Key Results (OKRs) agreed during the development of the Trust’s strategy

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:**

**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 Out of Area Placements (OAPs) bed days used

The Trust used **203 inappropriate OAP bed days in August; 114 in Bucks and 89 in Oxon** which is an increase on the previous month. This was due to demand outstripping capacity for inpatient beds. In September, the numbers reduced to more normal levels (total of 32 days).

Due to the increase in August, Oxford Health were reported as having the second highest number of inappropriate out of area placements in the South East region.

Nb: inappropriate OAPs are where the Trust did not have capacity to meet the demand for a service it would normally provide.

Minor Injuries Unit (MIU) 4-hour performance

MIU performance in July was 88.8% which is 6.2% under the national target. However, in comparison, the national position was 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**:



Improving Access to Psychological Therapies (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**

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 May 2022. Some metrics in the regional performance report are impacted by the clinical systems outage and is 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). 20 of the OKRs have targets; the Trust has successfully achieved 7 of the targeted OKRs by July 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% | 44% | 48% | Improved position |
| **Quality** | Lester Tool completion in the community | 75% | 66.1% | 64% | Declining position |
| **Quality** | Lester Tool completion in the EIP service | 90% | 84.5% | 80.5% | Declining position |
| **Quality** | Evidence patients have been involved in their care plans | 95% | 92% | 82% | Declining position |
| **People** | Reduce agency usage to NHSE/I target  | <10.2% | 15.3% | 14.8% | Improved position |
| **People** | Staff sickness | <3.5% | 6.2% | 5.3% | Improved position |
| **People** | Turnover | <10% | 15.1% | 14.9% | Improved position |
| **People** | Reduction in vacancies | <9% | 12.6% | 13.5% | Declining position |
| **People** | Personal Development Review (PDR) compliance | 95% | 27% | 29% | Improved position |
| **People** | PPST compliance | 95% | 82% | 84% | Improved position |
| **Sustainability** | Delivery of cost improvement plan | £- | £1.5m adverse | £3.1m adverse | Declining position |
| **Sustainability** | Achievement of all 8 targeted NOF measures | 8 | 5/8 | 5/8 | No change |

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

**IPR Supporting Report - Performance Summary**

**COVID-19:**

* The current number of inpatients with COVID-19 has reduced to 6 as of 15th November (it was 13 as at 2nd Sept)



* There has also been a decrease in staff absent from work due to COVID. 41 staff as at 15th November (it was 46 staff as at 2nd September). 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%

**Operational Performance Summary:**

**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 and inpatient length of stay.

**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 were higher or lower than usual and if it is an area of concern.

**Activity:** Despite shortages in available workforce, the Trust continues 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 slides 36–41 in the IPR.

**Admissions & Length of Stay (LOS):**  Admissions and Length of Stay (LOS) across wards within the Trust are within normal ranges. 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.



**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.

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