

Integrated Performance Report (IPR) Report: September 2023

August 2023 data unless stated
otherwise

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



Section 1:

Introduction to the Trust strategy 2021-2026

Introduction to the Trust Strategy 2021-2026

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.

Section 2:

‘At a Glance’ Performance and Trust Headlines;

An overview of performance relating to;

- National Oversight Framework
- Delivery of the strategic objective key results (OKRs)

Key risks, issues and highlights are provided by the Executive Managing Directors (updated bi-monthly)

'At a glance' performance – delivery of strategic objectives and NHS oversight framework

This page provides a 'at a glance' view of performance against the **5 key sections of this report**. Further detail relating to performance of each section can be found on the report pages shown below.

Report Section	# of metrics	Targets not achieved	% OKRs achieved	Description	Report pages
NHS Oversight Framework (NOF)	8 (all have a target)	2	80%	Overall performance is good, with the exception of the number of inappropriate out of area placements (both Oxon and Bucks indicators) .	Pages 9-10
Strategic Objectives – Quality; Deliver the best possible care and outcomes	18 (9 have a target)	6	33%	We do not have up to date data for 2 of the 6 non-performing metrics due to the clinical information systems outage. Their last known performance, however, was non-compliant (improved use of the Lester Tool in EIP and AMHTs). The other areas of non-compliance are; <ul style="list-style-type: none"> • clinical supervision • evidence patients have been involved in their care • Reduction in the use of prone restraint and • % staff have completed the national autism/LD training 	Pages 12-19
Strategic Objectives - People; be a great place to work	9 (8 have a target)	7	22%	<ul style="list-style-type: none"> • Agency usage, Sickness rate, turnover, early turnover, vacancy rate, PDR compliance and Statutory and Mandatory training are not yet achieving targets 	Pages 20-26
Strategic Objectives - Sustainability; make the best use of our resources and protect the environment	4 excl. the NOF OKR (all have a target)	1	25%	The CIP plan at month 4 is £1.0m adverse	Pages 27-29
Strategic Objectives – Research & Development	2 (no targets)	-	-	The Trust is ranked 2nd Nationally for participants recruited to CRN Portfolio studies and 8th Nationally for CRN Portfolio studies that recruited this FY	Page 30

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

Executive Director commentary: Grant Macdonald, Chief Executive Officer

Narrative updated: 15 September 2023

For reporting period ending: August 2023

Headline	Risk, Issue or Highlight?	Description (including action plan where applicable and please quote performance/data where applicable)
Workforce challenges	Issue	The central recruitment are supporting the services in ensuring there is 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 overseas recruitment; together with a range of organizational development activities to support retention. In particular, 32 training places 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	The primary focus this year is on cost control therefore the directorates have worked successfully to minimise the CIP programme as part of financial planning for the year ahead.
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.
Inappropriate Acute Out of Area Placements (OAPs)	Risk	The directorates have been focused on reducing the use of OAPs to improve the quality of patient care and improve cost control. During Q1 23/24 the use of inappropriate OAPs has reduced from the demand peak in December and January, however during the first two months of Q2 the use has increased again due to clinical demand and acuity.

Directorate highlights and escalations: Primary, Community and Dental Care

Executive Director commentary: Dr Ben Riley, Executive Managing Director for Primary, Community and Dental Care

Narrative updated: 15th September

Headline	Risk, Issue or Highlight?	Description (including action plan where applicable and please quote performance/data where applicable)
Operational Update	Issue and Risk	<ul style="list-style-type: none"> • 0-19 Healthy Child and Young Person's tender successful. • Local Area SEND Inspection published 15/9/23. Significant work required across the partnership to improve outcomes for CYP and their families • EMIS functionality remains in development and requires more capacity/ engagement from EMIS • Significant pressures remain in OOHs/ Podiatry and District Nursing • Significant challenges to access theatres at the OUH for Paediatric Dental Operations • ID Medical and NHSP staffing issues remain problematic
First Contact Care Service Pressures	Risk	<ul style="list-style-type: none"> • Significant demand pressures continue to impact across both OOHs and MIUs. Despite some effective recruitment into GP roles in the OOHs service we are consistently seeing demand far higher than the established capacity we have to manage it. This is consistent with our partners in the BOB ICS footprint and driven by a range of issues including the pressure day time primary care are under. Leadership team robustness continues to develop. We are doing some work to review established staffing models in both services.
System and financial pressures	Risk	<ul style="list-style-type: none"> • Sustained pressure continues in planned and preventative care services. The Transfer of Care Hub continues to have positive impact, with reduced demand on our beds.. • We continue to focus efforts on Community Rehabilitation and First Contact Care pathways in terms of financial management and have seen a significant reduction in agency spend in Community Rehab. • NHSP operational issues continue to be problematic to services across the Directorate. Directorate wide issues log in situ and shared at fortnightly escalation meetings. • Ongoing challenges with recruitment of Special Care and Paediatric Dental Specialists impacting on performance and waiting list targets • Financial risk of £1.6m income still not received (£1.3m from ICB for H@H and UCR and £300k from OCC for CIT). The Trust's current reporting gap may impact H@H funding that is due.

Section 3:

NHS Oversight Framework performance

National objective: Compliance with the NHS Oversight Framework

This year, the NHS Oversight Framework indicators that have targets are;

	Target	National position (England)	Latest Trust Position	Trend
(N1) A&E maximum waiting time of four hours from arrival to admission/transfer/ discharge	95%	74% (July)	94.3% (July)	→
(N2) People with a first episode of psychosis begin treatment with a NICE-recommended care package within two weeks of referral (MHSDS) (quarterly)	56%	70.80% (March)	88.2% (June 22)	
(N3) Data Quality Maturity Index (DQMI) MHSDS dataset score - reported quarterly	95%	76.70% (March)	96.0% (July 22)	
(N4) IAPT - Percentage of people completing a course of IAPT treatment moving to recovery (quarterly)	50%	50.7% (Jun)	52.0% (Jun)	→
(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%	89.9% (Jun)	99% (Jun)	→
(N6) IAPT - 18 weeks or less from referral to entering a course of talking treatment under IAPT	95%	98.5% (Jun)	100% (Jun)	→
(N7a) Inappropriate out-of-area placements (OAPs) for adult mental health services - OAP bed days used (Bucks) – local figures	0	n/a	143 (Aug)*	↑
(N7b) Inappropriate out-of-area placements (OAPs) for adult mental health services – OAP bed days used (Oxon) – local figures	0	n/a	105 (Aug)*	↓

Executive Summary: Amélie Bages, Executive Director of Strategy and Partnerships

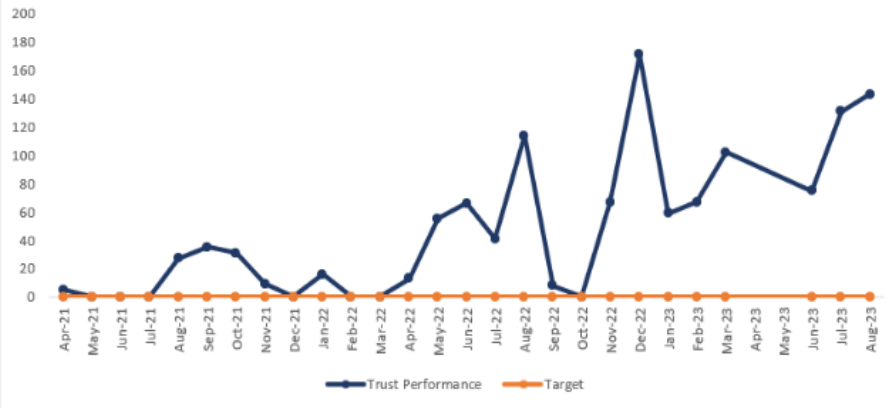
Narrative updated: 12 September 2023 for reporting period ending: **31 August 2023**

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, Integrated Care Systems (ICS), and NHS providers. The table above shows the Trust's performance against the **targeted** indicators in the framework. Areas of non-compliance are explained overleaf.

Performance: The Trust is compliant with the targets in the Framework, with the exception of the number of inappropriate out of area placements (OAPs). Please see overleaf for more information. MIU attendance wait time is slightly below target and this is being monitored in operational services but are not considered a risk. *the figure provided is a local Trust figure owing to technical issues with the national submission. Indicators greyed out have not refreshed due to unavailability of data nationally following the clinical information systems outage therefore, no commentary is provided based on historical positions.

National Objective: areas of underperformance

NHS Oversight Framework Metric	Target	Actual	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	143	(N7b) Inappropriate out-of-area placements (OAPs) for adult mental health services – aim to reduce OAP bed days used (Oxon)	0	105



Executive Director commentary: Grant MacDonald, Executive Managing Director, Mental Health, Learning Disabilities and Autism
Narrative updated: 12 September 2023
For reporting period ending: 31 August 2023

The issue and cause

The use of Out of Area Placements decreased in Q1 in comparison to Q4 as a result of continued focus by Directorates on reducing the use of OAPs. Nonetheless demand remains extremely volatile.

The plan or mitigation

Following NHSE 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 trends. **In August 2023 locally reported total bed day usage was 248 days (143 inappropriate OAP bed days in Bucks, and 105 inappropriate OAP bed days in Oxon).**

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
Reported period: August 2023 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	95%	56%	74%	70%	79%	74%	-	66%	↑
(1b) Staff trained in restorative just culture	20	-	-	-	-	-	-	28	→
(1c) BAME representation across all pay bands including board level	19%	15.6%	19.0%	30.2%	12.6%	44.8%	26.8%	20.9% (Q1)***	↑
(1d) Cases of preventable hospital acquired infections	<3 YE	-	-	-	-	-	-	0* YTD	→
(1e) Reduction in use of prone restraint by 25% from 2022/23	183 YE (77 YTD)	-	64	30	-	16	-	110 uses	→
(1f) Patient/carer safety partners	2 YE	-	-	-	-	-	-	2 YE	n/a
(1fa) Improved completion of the Lester Tool for people with enduring SMI (EIP)	95%	-	88%	70%	-	-	-	81% (July 22**)	n/a**
(1fb) Improved completion of the Lester Tool for people with enduring SMI-AMHT	95%	-	66%	61%	-	-	-	64% (July 22**)	n/a**
(1g) Evidence patients have been involved in their care (clinical audit result) reported bi-monthly	95%	No breakdown						80% (Q4)	→
(1h) % staff have completed the national autism/learning disabilities training	95%	57%	53%	61%	61%	67%	-	57% (all staff in Trust)	↑

* Health economy review meeting held quarterly

** Latest available data due to Carenotes outage.

*** Although overall target being reached, representation is quite varied when viewed by pay band

The arrows indicate the trend against the last reported position and the colour is the RAG status against the target

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: 14th September 2023

For reporting period ending: 31st August 2023

Four OKRs are underperforming YTD, although positive improvement can be shown. Please see overleaf for more information by measure on the cause of the underperformance and the plans to mitigate and improve performance.

Two OKRs are not RAG rated as there has been no data available to measure performance for over a year, since July 2022, due to the IT outage and change in electronic patient health record. An exception slide is provided to share the work that is still continuing although it is harder to measure the change at the moment. Clinical audit results are being used to help steer the actions.

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

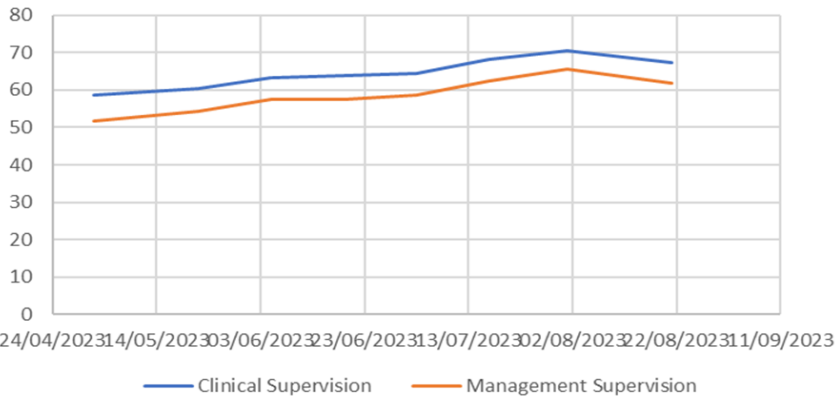
- Positive and Safe – reducing restrictive interventions including use of prone restraints
- Working with families and carers, alongside implementing the Carers, Friends and Family Strategy 2021-2024
- Improving co-production in care planning, which is a core part of the co-produced Patient Experience and Involvement Strategy being finalised
- Equality, Diversity and Inclusion programme

The indicators here are being reviewed to bring in line with the Trust's strategic objectives for Quality and the new objectives identified for 2023/24 in the Quality Account.

Objective 1: Quality; areas of underperformance

Objective Key Result (OKR)	Target	Actual
(1a) Clinical supervision completion rate	95%	66%

Supervision Rates



Executive Director commentary: Marie Crofts, Chief Nurse
Month narrative relates to: August 2023

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 on clinical teams, poor central recording and issues with accuracy of reporting.

What is the plan or mitigation?

Rates of compliance have steadily increased.

Supervision steering group has finalised the supervision plan and is now working to socialise the document across services and will oversee the plan to reach 95% compliance. Some directorates are running local supervision forums to address the challenges locally and feedback at the steering group.

Additional recording issues noted from teams and L&D through the portal are on track to resolve. This includes ensuring it is easy to record where clinical staff who receive both management and clinical supervision from the same person.

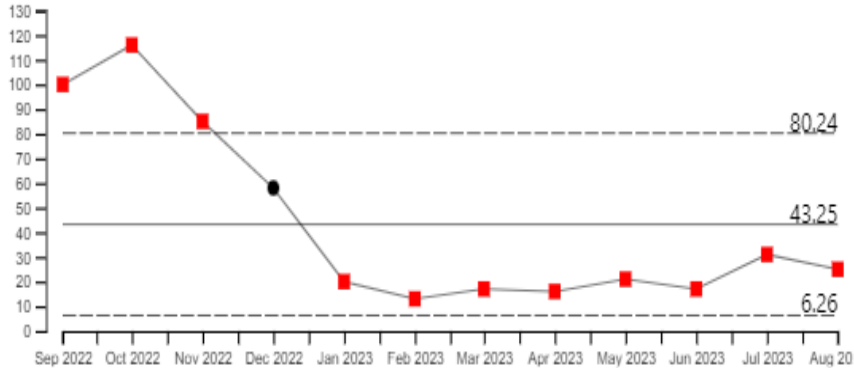
Targeted work with lowest performing teams has commenced including attendance at team meetings by the Trust Lead, Deputy Director of Quality and steering group members to understand where challenges lie and remedy accordingly.

Data cleansing is ongoing and is taking time.

Objective 1: Quality; areas of underperformance

Objective Key Result (OKR)	Target	Actual
(1e) Reduction in use of prone restraint	25% reduction from 2022/23 (183 YE)	110 uses against YTD target of 77

Graph 1



Executive Director commentary: Marie Crofts, Chief Nurse
Month narrative relates to: August 2023

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?

Graph 1 shows the use of prone by month for all wards. Over 3 years from 2020/21 to 2022/23 we demonstrated a 15% reduction in use of prone restraint.

For 2023/24 we have reset the target and baseline to focus on a 25% reduction in use from last year (2022/23).

The use of physical restraint has continued to decline over the last 12 months, including a reduction in use of prone restraint in the last 6 months, seclusion use is similar and the use of rapid tranquilisation has continued to reduce over the last 12 months.

Actions;

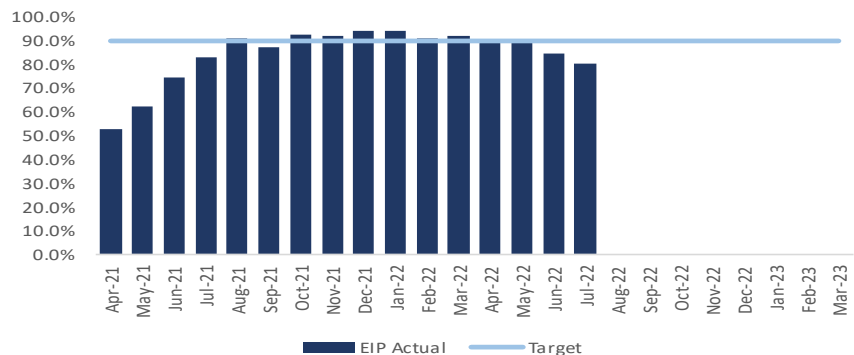
- Full review of policies with the outcome of a new overarching Use of Force policy and a new managing blanket restrictions policy to be developed. The following policies have been reviewed and revised on seclusion, long term segregation and physical restraint.
- A new Positive and Safe strategy is also in development.
- The governance and oversight structure for restrictive practice has been reviewed and slightly changed to improve local engagement from patient facing staff.

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)	95%	64% (July 2022)



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)	95%	81% (July 2022)



Executive Director commentary: Marie Crofts, Chief Nurse
Month narrative relates to: August 2023

Please note performance is not RAG rated because the last data available is from July 2022. In 2022/23 the target was 90% for EIP and 75% for AMHTs. The revised target for 2023/24 is 95%. We hope to be able to start reporting again from Q3.

An exception slide is provided to describe the work that is happening.

Context

The indicator is based on the completion of the 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 plan or mitigation

Local intelligence from teams is there has been an increase in reviews and availability of physical health clinics. Clinical audits are supporting where to focus improvement work. We have some patient reported outcomes which show patients reporting feeling more supported with managing their physical healthcare.

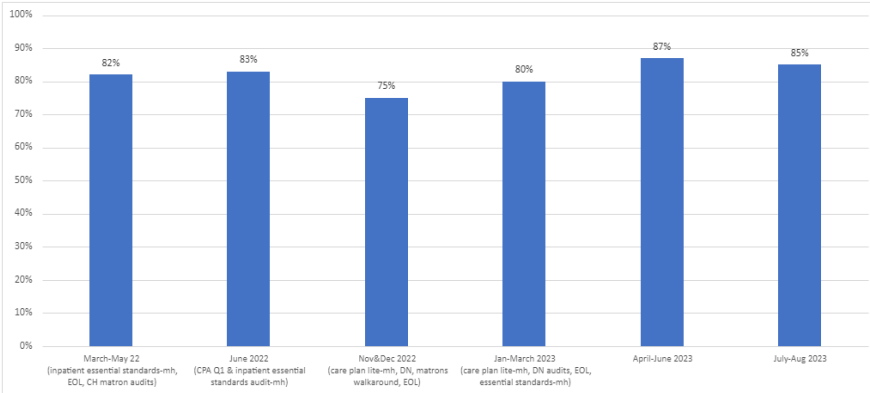
The focus in 2023 is on:

- Purchase of additional physical healthcare equipment.
- Diabetes management on the wards
- Physical health skills training for community mental health teams/ ward staff
- Developing patient information to support conversations and promote improving health
- An inpatient referral pathway to embed a care treatment programme for tobacco dependency has been developed. 4 new tobacco dependency advisors employed.
- Improve flexibility and mobility of testing through mobile clinics and point of care testing kits
- Make changes to the physical health forms on the electronic patient record.

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%	80%

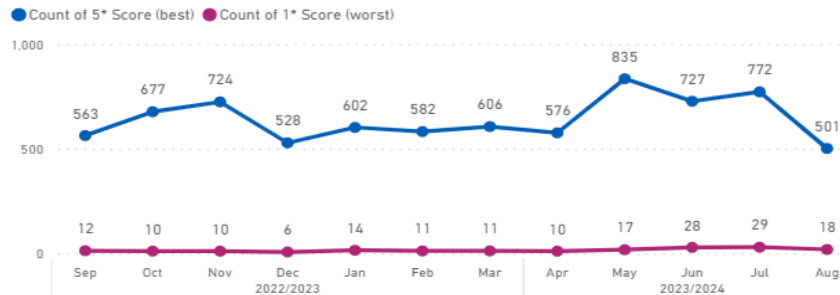
Clinical audit results (July-Aug 2023 n=523 records)



Patient/carer Surveys (IWGC):

The below graph shows the scores for the survey questions around being involved in care.

What are the counts of 5* and 1* scores? (counts total of the scores for each...)



Executive Director commentary: Marie Crofts, Chief Nurse
Month narrative relates to: August 2023

Slide not updated from last month as no new clinical audit results are available.
The context

The most recent national annual community mental health survey results (n=266) showed small improvements in patients feeling involved in care planning and making decisions together when reviewing care, although our local survey results via IWGC and evidence in clinical records (via audits) shows our performance around consistently involving a patient in their care planning remains quite static.

Our local patient survey data through IWGC shows an average score of 4.73 for the question 'were you involved as much as you wanted to be in your care'. In May 2023 there were 1,652 responses from patients/families. The graph below shows the average score per month over the last year out of a maximum score of 5.

The plan or mitigation

Ensuring care is always co-produced is a primary objective of the new Experience and Involvement Strategy 2023-2025.

A number of quality improvement projects are underway with a focus on person centred care planning, including;

- Forensic inpatient services have focused on needs led care planning in collaboration with patients.
- A community hospital ward completed a quality improvement project to better involve their patients in care planning and the use of patient boards. The positive outcome of the work is now being spread across the other community hospital wards.
- An adult community mental health team used an appreciative inquiry model to engage staff and patients to co-design a new care plan format which could better improve coproduction in care planning. The pilot has been successful and the learning is being shared across teams.
- The community dental services have introduced the Patient Bridge, a cloud-based platform which has a patient portal so that our patients, parents and carers can complete their pre-assessment forms before attending their appointment. We can also send messages to patients through the portal to improve communication.
- The Urgent Community Response team has been trialing joint visits with the care team from Oxford University Hospitals so that a patient can be assessed for reablement at the same time as a patient receives treatment. This supports better coordinated care planning between provider.

Objective 1: Quality – areas of underperformance

Objective Key Result (OKR)	Target	Actual
(1h) % staff have completed the national autism/learning disabilities training	95%	57%

Executive Director commentary: Marie Crofts, Chief Nurse

Month narrative relates to: August 2023

The Context and plan

The Trust participated in the 2022 pilot of the new national training on autism and learning disabilities (Oliver McGowan) to help shape the content, which 125 staff attended. The Trust also developed internal short training videos as an interim while waiting for the national training to be released.

Tier 1 of the new national training has now been released and all staff are expected to complete the training. The performance reported here is based on completion of part 1 of the national training provided on-line. Part 2 of the training is being developed with partners in the BOB ICS as it requires the provision of face to face teaching.

Performance against the national training is improving across all areas, current position at 56.5%. Active promotion is happening.

In addition to training, other activities carried out to support people with autism;

- The Green light Toolkit has been completed across the Buckinghamshire mental health wards, with actions focusing on establishing autism champions in teams and sensory surveys of the ward environments. The audits are underway across the community teams.
- 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 adaptations. The service in Oxfordshire and Buckinghamshire is being expanded. Bespoke training sessions have been delivered to mental health wards and community teams, as well as regular support sessions.
- Working with our autistic patients/ experts by experience we have developed and piloted an autism reasonable adjustment passport in Oxfordshire to support access to mental health services.
- Resources have been developed to support clinical teams with making communication more autistic inclusive.
- We are providing consultation and support from an adjustment perspective to individuals struggling to access mental health services and who do not meet the criteria for learning disability services.
- A new BOB ICS ASD patient forum has been developed to work on improving the experiences of people when they access services.

The Trust has set up an Autism Strategy Steering Group to coordinate and prioritise improvement work, coproduced with users and carers.

Objective 2: People – be a great place to work

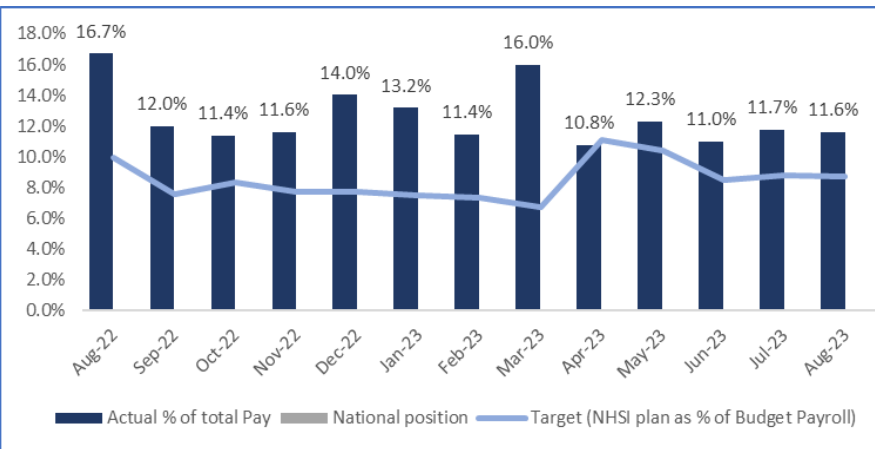
Governance: Executive Director: Chief People Officer | **Responsible Committee:** People, Leadership and Culture Committee

Reported period: **August 2023** unless otherwise indicated in brackets in the penultimate column

This year, our Objective Key Results are;	Target	Buckinghamshire Mental Health	Community Services	Corporate	Forensic Services	Learning Disabilities	Oxford Pharmacy Store	Oxfordshire & BSW Mental Health	Provider Collaborative Commissioning	Research & Development	Trust	National comparator	Trust Trend
(2a) Staff Survey- Staff Engagement score July Pulse 23	>/?	6.63↑	6.50↓	6.89↓	7.14			7.1↑			6.83↑	6.45	↑
(2b) Reduce agency usage to NHSE/ target	</ 8.7%	19.3%↓	6.8%↑	1.5%↑	15.1%↓	32.7%↓	0.0%→	15.9%↓	0.0%→	0.0%→	11.6%	ModHos Peer Avg 6.4% - National Value 6.2 %	↓
(2c) Reducing staff sickness to 4.5%	</=4.5%	5.3%↑	6.2%↑	3.9%↑	6.3%↑	4.1%↓	7.4%↑	4.6%↑	0.3%↓	1.4%↓	5.1%	ModHos Peer Avg 4.0% - National Value 4.4 %	↑
(2e) Reduction in % labour turnover	</=14%	15.6%↓	15.9%↓	13.0%↓	14.3%↓	16.3%↑	19.1%↓	15.7%↓	8.0%↑	20.0%↓	15.1%	ModHos Peer Avg 19.7% - National Value 18.2%	↓
(2f) Reduction in % Early labour turnover	</=14%	14.2%↓	20.0%↓	20.4%↓	26.1%↓	16.5%→	19.3%↓	18.0%↓	17.1%↑	10.5%↓	18.9%	None	↓
(2g) Reduction in % vacancies	</=9%	18.0%↓	10.0%↓	2.9%↓	22.2%↑	18.6%↓	41.9%↑	24.1%↑	-56.0%↓	49.8%↑	15.9%	ModHos Peer Avg 10.8% - National Value 10.1%	↓
(2h) PDR compliance	>=95%	91.4%↑	92.9%↑	90.8%↑	97.3%	97.4%↑	95.2%↓	91.5%↑	86.7%↑	89.8%↑	92.3%	None	↑
(2i) S&MT (Stat and Mandatory training)	>=95%	89.8%↑	90.0%↑	86.1%↑	91.2%↑	91.4%↑	93.4%↑	87.7%↑	91.2%↑	86.6%↑	88.8%	None	↑
(2j) Number of Apprentices as % substantive employees	>=2.3%	5.6%→	4.0%→	10.8%↓	5.7%→	17.2%↓	17.4%↓	0.0%→	0.0%→	2.5%↓	4.6%	None	↓

Objective 2: People; areas of underperformance

Objective Key Result (OKR)	Target	Actual
(2b) Reduce Agency Usage to Target	<=8.7%	11.6%



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.

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 recruitment workstream has relaunched the internal recruitment bulletin which is emailed to all staff weekly. Recruitment events will be taking place with the University of East Anglia (all healthcare subjects) and Cardiff University (Podiatry) in October. The Trust will also be taking part in the Oxford Careers Fair in October with a focus on estates and admin and clerical roles.

The international recruitment workstream has seen 5 nurses commence employment with the Trust, 1 nurse is awaiting their visa and 17 nurses are going through the pre-employment check process.

The retention workstream is reviewing the structure of the group to ensure that mini retention programmes are being set up and run across the Trust with the progress and outcome being reported to the workstream with a view to rolling out across the organisation.

The medical workforce workstream is in the process of agreeing and finalising the medical workforce recruitment strategy and priority work plan.

Objective 2: People; areas of underperformance

Objective Key Result (OKR)

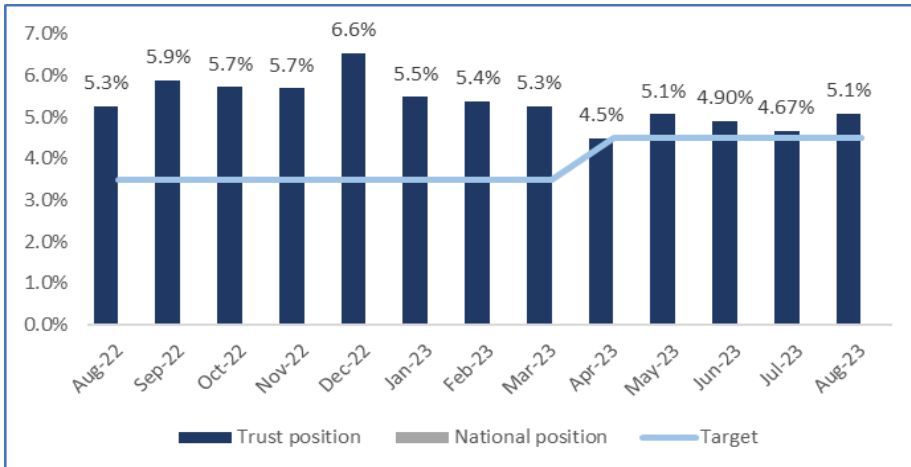
Target

Actual

(2c) Reducing staff sickness to 3.5%

</=4.5%

5.08%



The plan or mitigation

Work continues to ensure that return to work and wellbeing conversations are taking place after every absence event between line managers and employees. This is a key enabler to ensure that appropriate referrals are made, including signposting to the various support/assistance programmes that are available (e.g. our Employee Assistance Programme). The absence team continue to run workshops to support new managers with using the GoodShape system and in managing absence. We have just agreed a renewal of the Goodshape contract and onboarding a new App which will support users in reporting absence efficiently.

Dedicated support from the HR Advisory team, managers briefings and bespoke absence management training remain in place to support the management of absence. Whilst absence has increased this month, when compared with August 2022 the overall position has improved by 0.2%.

Executive Director commentary:

Charmaine De Souza, Chief People Officer

The risk or issue

The sickness absence increased from 4.6% to 5.1% and has remained slightly above target. Excluding Covid absences the rate was 4.6% (4.3% last month). High sickness absence rates result in increased temporary staffing use and pressure on colleagues.

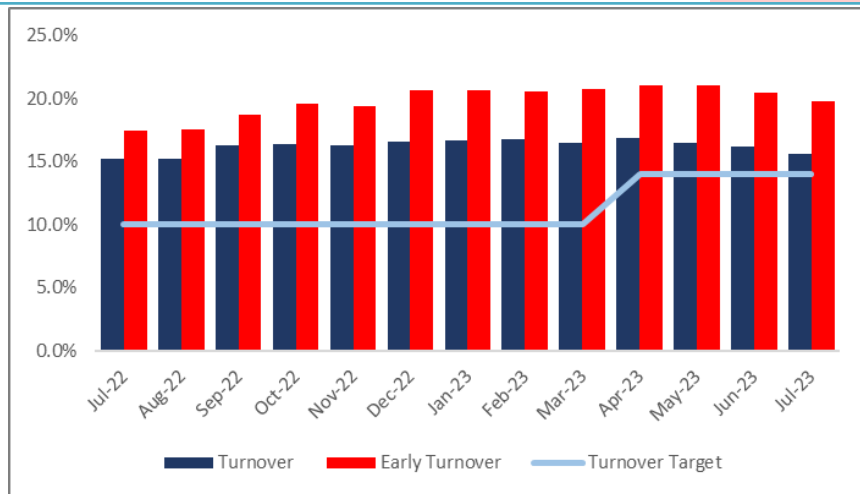
The Cause

Whilst sickness absence remains above target the proportion of long term versus short term cases remains broadly consistent with the previous month. The most common reasons for absence were Gastrointestinal, Headache, Ax/Stress Non-work related, Cough/Cold, and Covid 19 confirmed.

Increased investment was made into Occupational Health for this financial year : 2023/24 to support psychological wellbeing (which came on the back of the national NHSE funded offer ending for You Matters service across BOB) and recruitment is underway to these posts with a view to launching an enhanced offer to OHFT staff this autumn.

Objective 2: People; areas of underperformance

Objective Key Result (OKR)	Target	Actual
(2e/f) Reduction in % labour turnover	<14%	15.1%
Early Turnover	<14%	18.9%



Executive Director commentary:

Charmaine De Souza, Chief People Officer

The risk or issue

Staff turnover decreased to 15.1% this is slightly lower than that across the South East region (15.3%). Early labour turnover has decreased to 18.9%. High levels of turnover will impact on vacancies, agency spend, quality of patient care and staff experience.

The cause

The cost-of-living crisis and the below inflation pay offer is impacting on staff retention (especially in the lower bands) with wage increases in other sectors increasing rapidly. Staff are still leaving based on promotion in different Trusts, work life balance and access to flexible working

The plan or mitigation

A multi-disciplinary meeting has been established with members of OD and HR to review monthly areas with the highest turnover, agree actions and track performance.

In response to the new starter feedback received from the questionnaires a New starter onboarding experience QI project has been created with representation from each department or team with involvement in the new starter journey. A process mapping meeting was held in August and areas for improvement have been identified. This is an ongoing piece of work aimed at creating a smooth and enjoyable onboarding experience for all and contributing to a reduction in our early turnover.

Career questionnaires have been sent out to all staff to improve our understanding of the workforce and how they feel in their current role. Individuals who expressed a desire to progress or to have a career conversations were referred to learning and development team who have offered support and advice on potential opportunities.

New starter and exit questionnaires have been reviewed and updated to include wellbeing and ED&I related questions.

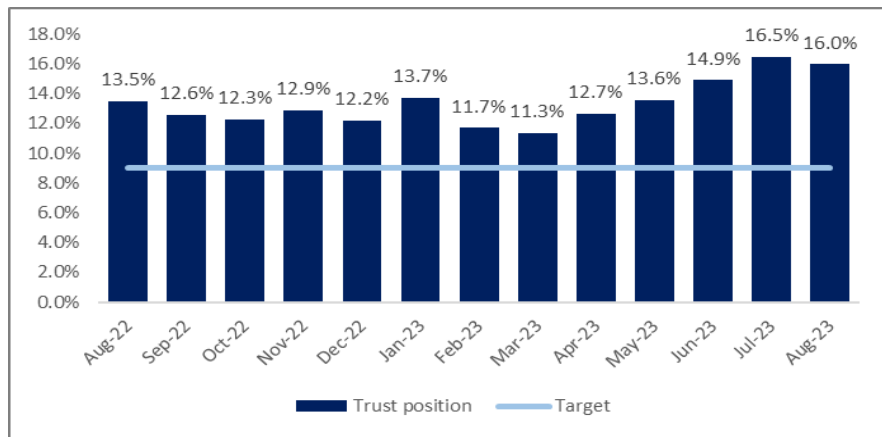
Meetings have been held with ward managers to introduce the retention team and advise how we can support. Useful information and feedback has been obtained as to what they thought we could improve to retain our staff.

The retention team have also been contacting all leavers to ask for further feedback and to support them to stay.

The Retention Hub is now up and running with contact forms and links to resources. Posters have been displayed around wards with a QR code to allow staff to request a call from the Retention team.

Objective 2: People; areas of underperformance

Objective Key Result (OKR)	Target	Actual
(2g) Reduction in % vacancies	<=9%	15.99%



Executive Director commentary:

Charmaine De Souza, Chief People Officer

The risk or issue

The vacancy rate has decreased from 16.5% to 15.9%; high vacancy rates will impact on staff wellbeing and retention, agency spend, and the quality of care provided to patients. The lengthy time that it is taking to hire an employee results in candidates withdrawing from recruitment process or securing roles in other organisations.

The cause

Hiring challenges due to low unemployment, increased number of budgeted posts across the Trust, talent market conditions, talent and skills shortages in key areas such as nursing alongside the high cost-of-living and below inflation pay offer is impacting on staff recruitment.

The plan or mitigation

The Trust establishment has continued to increase, from 6395 FTE in August 2022 to 6927 FTE in August 2023, this has created an additional 532 vacancies across the Trust (762 new roles in last 17 months), in addition to a turnover rate at an average of 16.3% in the same period. This has put additional pressure on the resourcing team without adding additional resource.

Recruitment conversion data has been developed to identify gaps in the recruitment process, this has indicated that whilst we do attract candidates (candidates look at our adverts), in the past 6 months only 5% convert to an application, the data has also highlighted stages where we lose candidates. The application and selection process is now being reviewed and recommendations will be presented by October 2023.

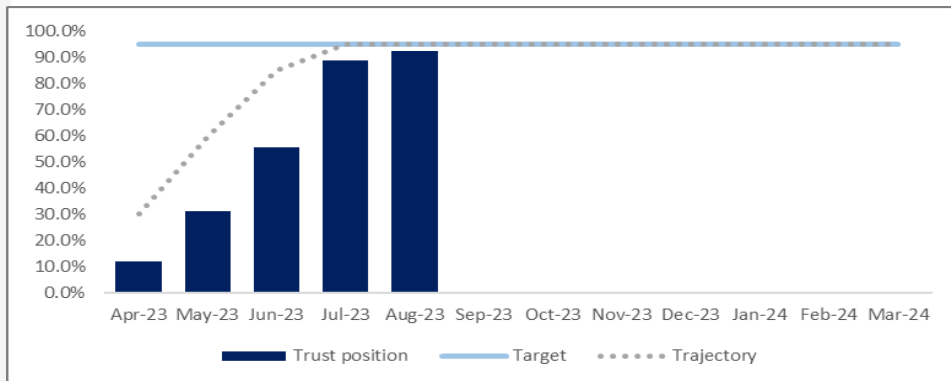
The PICU Recruitment program is almost at a conclusion with 52.65 wte recruited out of an establishment of 56.72, most roles across the unit successfully hired to with HCA's overrecruited by 8.38 wte, the recruitment priorities continue to be B5 nurses (10 wte to be recruited). The campaigns team will continue to support the unit until it is fully staffed. The campaigns team have begun to support the Highfield unit which has been impacted by the opening of the Meadow unit and now needs to recruit urgently.

The next 12-week phase of the IQRA Programme is to be defined; the focus is currently on:

1. Hotspot areas | Proactive recruitment campaigns for priority areas including Littlemore Forensic units, Bucks Older Adult, Oxford City, Meadow PICU, Highfield CAMHS, Podiatry and Corporate Estates. Hotspot areas are identified using a combination of high vacancy rate and high agency usage data.
2. Developing consistent brand messages and images, along with creating visual career pathways for the areas of high vacancy rates / talent shortage. A recruitment branding concept is being created, one that will speak to our target market as well as ensure buy-in from colleagues across the Trust, to ensure the brand represents our communities
3. University / student recruitment events are being prioritised with events through October and November
4. Nursing recruitment continues to be a priority, the campaigns team are attending nursing recruitment events in new locations where talent pools have been identified, in Belfast, Dublin & Glasgow in October/November.

Objective 2: People; areas of underperformance

Objective Key Result (OKR)	Target	Actual
(2h) PDR compliance	>/=95%	92.3%



Executive Director commentary:

Charmaine De Souza - Chief People Officer

The risk or Issue

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 NHS Staff Survey shows that our staff do not find PDR's valuable or useful. PDR's are a central part of the Trust culture and Retention programmes

The cause

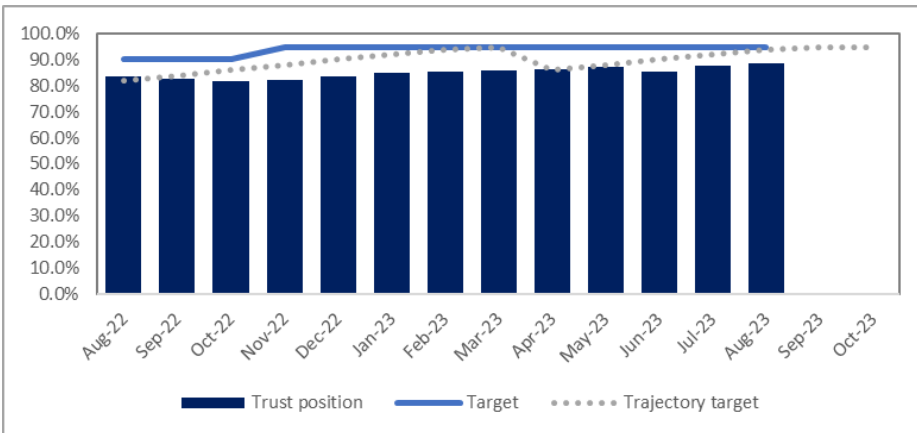
Several historical factors have contributed to this including Learning & Development system issues, a lack of trust in and knowledge of using the L&D system which may have led to individuals not recording PDR's centrally and the PDR form being time consuming to complete. These have been resolved through the Quality Improvement Programme and it is now important to change the culture regarding the value in completing PDRs.

The plan or mitigation - UPDATED JS 11.09.23

- The PDR season launched on the 1st April 2023 when all recorded PDRs turned 'red' on the Learning & Development System and staff and managers were provided support and resources to complete their PDRs with the deadline of 31 July 2023.
- The PDR season has now ended with 91.46% of staff having completed a PDR at 18 August, with 92.3% being recorded at the end of August after a data review was completed.
- The board risk log has been updated to downgrade the risk to the Trust.
- The Staff Survey is being promoted across the organisation 18 September – 30 November as the PDR approach has been a great example of 'you said – we did'.
- The results of the staff survey (expected end of January 2024) in relation to our staff experience of PDR is an essential metric and one the project team are very keen to look at.
- The next PDSA cycle starts in August and looks to build on the experience of staff of the PDR including improving reporting, adding career/talent management questions into the L&D System and adapting the PDR forms to be more accessible and user friendly for equality networks. There will also be a focus on the "quality" of the discussions.
- We will continue to monitor PDR completion rates as they will fluctuate due to new starters and leavers.

Objective 2: People; areas of underperformance

Objective Key Result (OKR)	Target	Actual
(2i) Statutory and Mandatory training	>/=95%	88.8%



Executive Director commentary:

Charmaine De Souza - Chief People Officer

The risk or issue

The percentage of Statutory and Mandatory training modules reported as complete at the end of August has increased from 87.6% to 88.8%. Individuals who have not completed their training may not have the skills and knowledge to carry out their role safely.

The cause

There is an increase in the overall compliance rates, with reports that attendance to face to face skills-based training is improving. Staff continue to report that at times due to ongoing staffing pressures, they are not being released to attend. Work continues to correct anomalies in job roles to ensure accurate training is allocated to each staff member as this remains an issue.

Executive Director commentary:

Charmaine De Souza - Chief People Officer

The plan or mitigation

- There are now 6 Directorates in the Trust at circa 90% with improvements across all training requirements. Areas that continue to require further improvement and targeted support are Corporate and Ox & BSW MH directorates.
- Queries regarding errors in the L&D system continue to be reported by all staff through the HR Systems Service desk.
- Work continues to improve Resus compliance that currently sits at 71%. Training is scheduled for the rest of the year with 1100 spaces available including increased spaces on higher risk ILS training. A QI project is investigating the reasons for non-attendance & e-learning is being re-written by resus team.
- Focused work on Moving and handling provision is to commence in October which is currently at 86.95% compliance. Services report that the current training provided by a private company is not fit for purpose. It is intended that the provision of training will be brought inhouse with inhouse specialist trainers. A task and finish group has been established by the new Trust Lead AHP as subject matter expert. QI project to review impact of the use of new equipment within the District nursing service underway.
- The Oliver McGowen training has been rolled out across the Trust and currently at 57.7% - plan to be added to overall S&M reporting from April 2024.
- Work with other BOB ICB Trusts (including Berkshire and OUH) is underway to agree a system-wide definition of Statutory and Mandatory training enabling effective passporting of training for staff across the BOB and creating systems that will allow for better use of resources.

Objective 3: Sustainability; make the best use of our resources and protect the environment

This year, our Objective Key Results (OKRs) are;

	Trust	Trust Trend
(3a) Favourable performance against financial plan (YTD)	£0.3m Fav	↑
(3b) Cost Improvement Plan (CIP) delivery (YTD)	£1.0m Adv	↑
(3c) 95% of estate to achieve condition B rating by 2025 (75% in 2021)	75%	→
3d) Delivery of estates related NHS Carbon Footprint reduction target of 2879 tonnes by 2028 ,Reach net zero NHS Carbon Footprint Plus by 2045, reducing emissions by at least 73% by 2036-2038. (25,550 C02t)	5160 tonnes	→
(3e) Achievement of all 8 targeted measures in the NHS Oversight Framework (see section 2 of this report)	2 not achieved	→

Governance

Executive Director: Heather Smith | **Responsible Committee:** Finance and Investment Committee | **Responsible reporters:** Alison Gordon/ Christina Foster

Executive Summary: Heather Smith, Chief Finance Officer

Narrative updated: September 2023

For reporting period ending: 31 August 2023

I&E £1.7m surplus, £0.3m favourable to plan. This includes some significant areas of year-to-date overspend which need to be addressed: Block income £0.7m (due to underperformance on the Eating Disorders contract), Forensics MH Services (£0.7m), Learning Disabilities £0.5m, Buckinghamshire (£0.5m) and Corporate (£0.5m).

The CIP target allocated to directorates for FY24 is £7.2m, made up of £5.1m for FY24 and £2.1m unmet from FY23, So far £4.8m has been delivered: £1m from the temporary staffing team following the NHSP transfer and £3.8m from clinical directorates through the planning of new investment.

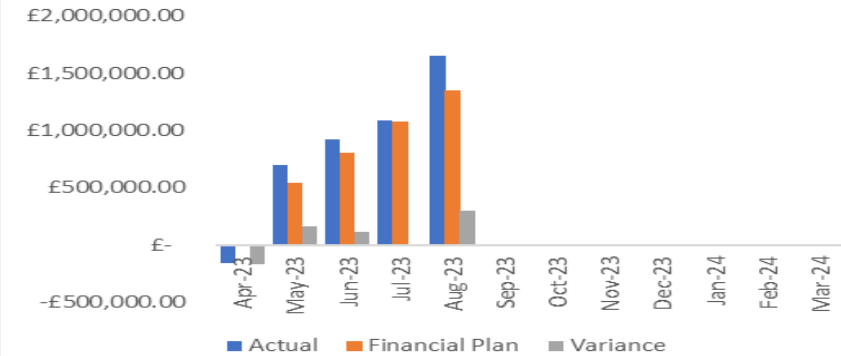
Objective 3: Sustainability – areas of underperformance

Objective Key Result (OKR)

Trust

(3a) Favourable performance against financial plan

£0.3m favourable



Executive Director commentary:

Heather Smith, Chief Finance Officer

The risk or issue

Financial performance is £0.3m favourable to plan at month 5, but there are significant overspends in some directorates. The Trust is also spending more on agency staff than the target set by NHSE.

The cause

Directorates with year-to-date overspends: Block income £0.7m (due to underperformance on the Eating Disorders contract), Forensics MH Services (£0.7m), Learning Disabilities £0.5m, Buckinghamshire (£0.5m) and Corporate (£0.5m).

The plan or mitigation

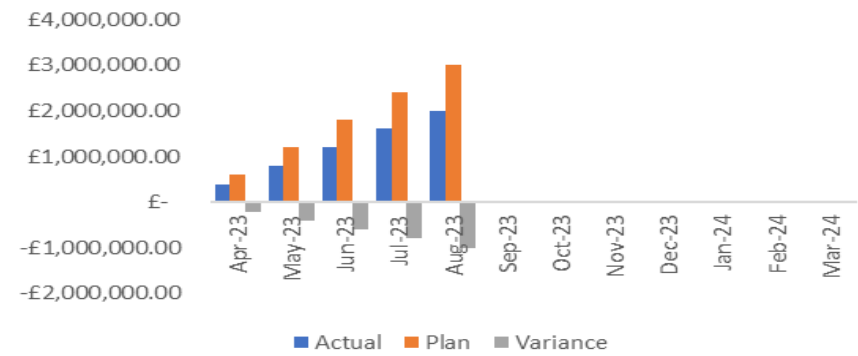
Agency control panels have been set up monthly
Finance Deep Dive meetings have been arranged with Directorates.

Objective Key Result (OKR)

Trust

(3b) Cost Improvement Plan (CIP) Delivery

£1.0m adverse



Executive Director commentary:

Heather Smith, Chief Finance Officer

The risk or issue

CIP Performance against plan is £1.0m adverse at month 5.

The cause

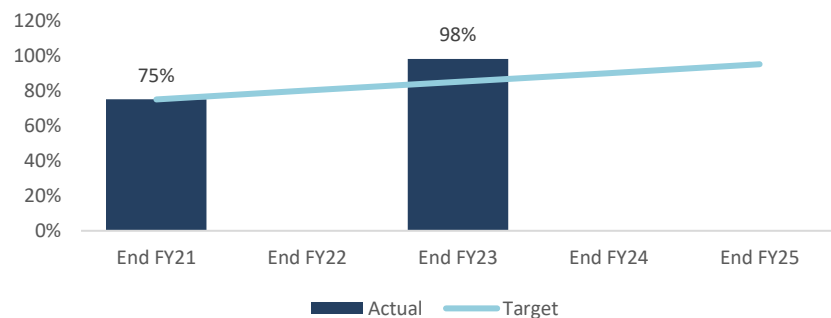
CIP schemes have not been developed yet for the full CIP target.

The plan or mitigation

Finance will work with directorates over the next few months to identify schemes for the remaining CIP target. As part of this Finance will recruit to a new post to co-ordinate the CIP programme and provide analysis to support it.

Objective 3: Sustainability – areas of underperformance

Objective Key Result (OKR)	Target	Actual
(3d) 100% of estate to achieve condition B rating by 2025	85%	98%



Executive Director commentary:
Heather Smith, Chief Finance Officer

The risk or issue

The condition of the estate can have serious impact upon its safety and useability. Guidance sets out a requirement for the NHS Estate to be rated as Condition. An updated 6 facet survey has been undertaken by Gleeds. The survey identified that the estate mainly achieving condition B. There are some elements and sites within individual buildings that fall short of this and investment is required to rectify this and also to enable the maintenance of the estate at the appropriate level.

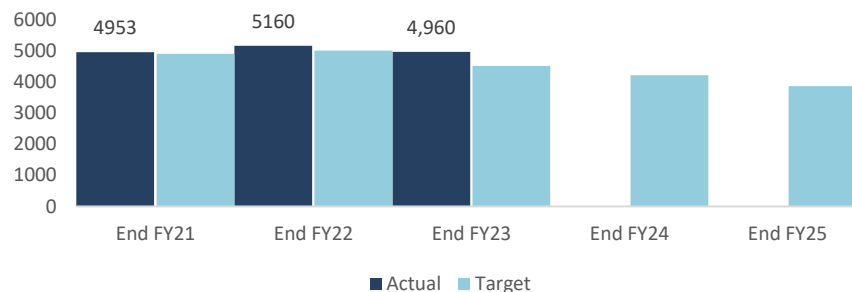
The cause

Lack of future investment will impact upon the condition of the estate.

What is the plan or mitigation?

Investment requirements are set out in the Trust Capital Investment Plan

Objective Key Result (OKR)	Target	Actual
(3e) (2e) Delivery of NHS Direct carbon footprint of 47% reduction by 2028 compared to 2019-20 baseline year ,	2028	4,960



Executive Director commentary:
Heather Smith, Chief Finance Officer

The risk or issue

In FY23, the Trust consumed 4,960 tonnes of Co2 (NHS Carbon Direct Footprint only) . Which translates to 19% reduction in NHS Direct Carbon Footprint when compared to the 2019 baseline year. The actual consumption falls short of the annual 5% target for South East region to meet Net Zero by 2040. Total Carbon Emissions consumed (Supply Chain/Medicines) is 54,836 tonnes.

The cause

Q1 FY24 saw 12% reduction in overall carbon emissions (58tCo2)when compared to Q1- FY23.However Fossil fuel burning Gas consumption increased by 7 % (17tCo2).

Staff Business mileage increased by 533,996 miles, increasing the travel related carbon footprint by 17% (147 tCO2e)

What is the plan or mitigation?

The estates department has an action plan describing potential schemes and a 'Green Plan' has been produced for the Trust. A key objective for FY24 to review modal shift to more sustainable travel. Report with recommendations to support modal shift of travel into sustainable alternatives to be considered by Green Task Force

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

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

	FY24 - TD				FY23 for reference	
Studies	Opened (currently active)	Closed	Studies that recruited		National comparator	
CRN Portfolio	11 (65 inc.7 students)	4	Community Services Oxon & BSW Bucks Corporate inc. R&D TOTAL	3 7 4 19 33	OHFT 4 th nationally – 33 studies 1 st Trust – 49 studies	OHFT 4 th nationally – 46 studies 1 st Trust – 72 studies
Non-Portfolio	9 (25 inc.12 students)	7	12		n/a	n/a

	FY24 - TD			FY23 for reference	
	Recruited participants to the above studies		National comparator		
CRN Portfolio	Community Services Oxon & BSW Bucks Corporate inc. R&D Oxford Monitoring System for attempted Suicide TOTAL	36 77 41 153 410 717	OHFT 9 th nationally – 717 participants 1 st Trust – 2531 participants	OHFT 5 th nationally – 1789 participants 1 st Trust – 6598 participants	
Non-Portfolio	136		n/a	n/a	

Executive Summary: Karl Marlowe, Chief Medical Officer \ Vanessa Raymont, R&D Director

Data cut: 4th September 2023

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

Impact of limited Electronic Health Records access

Being unable to review patient records is delaying or prevent recruitment of patients to clinical studies. The impact of this will be, reputational, if we fail to meet national deadlines and financially, if will fail to recruit to funded studies and where the recover excess treatment costs are based on patient recruitment.

The Trust hosts the National Institute for Health Research (NIHR), Oxford Health Biomedical Research Centre (BRC), Oxford Clinical Research Facility (CRF), Oxford Applied Research Collaboration Oxford and Thames Valley (ARC) and NIHR Community Healthcare MedTech and IVD Co-operative (MIC)