Integrated Performance Report (IPR) Report: November 2023
October 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

Oxford Health **NHS**
NHS Foundation Trust

Section 1:

Introduction to the Trust strategy 2021-2026

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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:

'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)	3	63%	Overall performance is good, with the exception of the number of **inappropriate out of area placements (both Oxon and Bucks indicators) and MIU 4 hour performance**	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; • **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 12-18
Strategic Objectives - **People; be a great place to work**	9 (8 have a target)	6	25%	• **Agency usage, sickness rate, early turnover, vacancy rate, PDR compliance and Statutory and Mandatory training** are not yet achieving targets	Pages 19-24
Strategic Objectives - **Sustainability; make the best use of our resources and protect the environment**	4 excl. the NOF OKR (all have a target)	1	75%	The **CIP plan** at month 7 is £1.4m adverse	Pages 25-27
Strategic Objectives – **Research & Development**	2 (no targets)	-	-	The Trust is ranked 3rd Nationally for participants recruited to CRN Portfolio studies and 7th Nationally for CRN Portfolio studies that recruited this FY	Page 28

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

Executive Director commentary: Rob Bale, Consultant Psychiatrist and Interim Executive Managing Director for Mental Health & Learning Disability
Narrative updated: 20 November 2023
For reporting period ending: 31 October 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 team continue to support services in ensuring there is a rolling campaign to fill vacancies alongside exploring creative approaches to attraction. A range of initiatives are in process to support recruitment and retention across services. Temporary staff are used to maintain service levels and the agency management programme supports services to reduce reliance on, and cost of temporary workers sourced in this way.
Inappropriate Acute Out of Area Placements (OAPs)	Risk	The directorates are focused on reducing the use of OAPs to improve the quality of patient care and improve cost control. The use of inappropriate OAPs has reduced from the demand peak in December 22 and January 23 however numbers continue to fluctuate based on clinical demand and acuity.
Service pressures	Risk	Services remain under pressure due to acuity and demand. • The introduction of Primary Care mental health services is having a positive impact on capacity within adult mental health teams • CAMHS PICU now open and will build to full capacity • In Neurodevelopmental services (CAMHS and Adult) demand exceeds capacity. Work is underway across BOB to identify further mitigations .
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.

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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
Narrative updated: 20 November 2023
For reporting period ending: 31 October 2023

Headline	Risk, Issue or Highlight?	Description (including action plan where applicable and please quote performance/data where applicable)
Operational Update	Issue and Risk	• 0-19 Healthy Child Implementation plan establishing. • Partnership Local Area SEND Inspection Priority Action Plan submitted. • EMIS functionality remains in development. • Significant pressures remain in OOHs/ Podiatry and District Nursing • Significant challenges to access theatres at the OUH for Paediatric Dental Operations • Sessional staffing/operational issues with our external staffing partners remain problematic
Service Pressures	Risk	• OOHs and MIUs remain under pressure. Some success in recruitment for both clinical and leadership roles • Podiatry Improvement Plan is beginning to take form. We are engaging some external clinical support to assist us. • District nursing continue to be under extreme pressure. City traffic calming measures adding to their burden
System and financial pressures	Risk	• System urgent care Programme is developing led by our Transformation team (supported by PWC) Workstreams include SPA/ H@H and Integrated neighbourhood Team developments • 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. We are developing a I year fixed term post to bring capacity to support us accelerate operational improvements and focus on workforce developments in the widest sense including agency spend and rostering. • 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.

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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 (England)	Latest Trust Position	Trend
(N1) A&E maximum waiting time of four hours from arrival to admission/transfer/ discharge	95%	70.2% (Oct)	87.5% (Oct)	→
(N2) People with a first episode of psychosis begin treatment with a NICE-recommended care package within two weeks of referral (MHSDS) (quarterly)	56%	68.59% (June)	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%	89.8% (Jul)	99% (Jul)	→
(N6) IAPT - 18 weeks or less from referral to entering a course of talking treatment under IAPT	95%	98.5% (Jul)	100% (Jul)	→
(N7a) Inappropriate out-of-area placements (OAPs) for adult mental health services - OAP bed days used (Bucks) – local figures	0	n/a	73 (Oct)*	⬇
(N7b) Inappropriate out-of-area placements (OAPs) for adult mental health services – OAP bed days used (Oxon) – local figures	0	n/a	157 (Oct)*	⬇

Executive Summary: Amélie Bages, Executive Director of Strategy and Partnerships
Narrative updated: 13 November 2023 for reporting period ending: **31 October 2023**
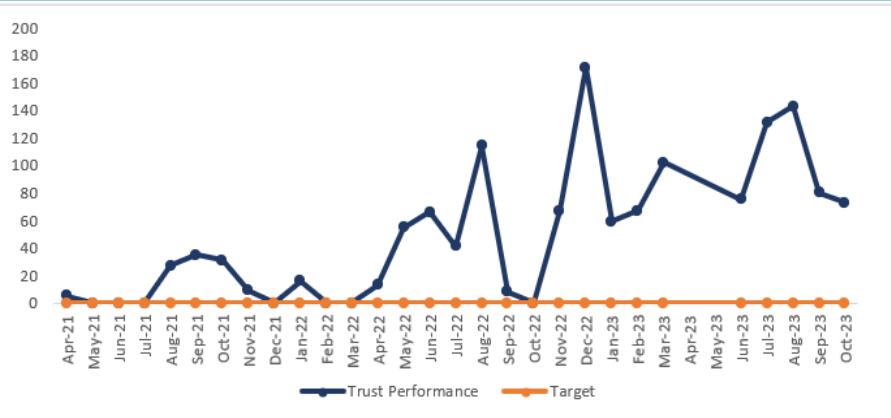
About: The NHS Oversight Framework replaced the provider Single Oversight Framework and the clinical commissioning group (CCG) Improvement and Assessment Framework (IAF) in 2019/20 and informs assessment of providers. It is intended as a focal point for joint work, support and dialogue between NHS England, 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.
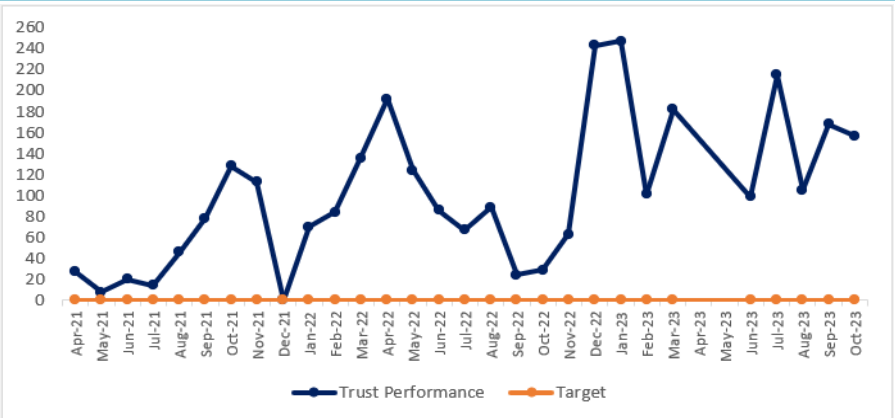
the figure provided is a local Trust figure owing to technical issues with the national submission. Indicators greyed out have not refreshed due to unavailability of data nationally following the clinical information systems outage therefore, no commentary is provided based on historical positions.

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National Objective: exception report

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	73	**(N7b) Inappropriate** out-of-area placements (OAPs) for adult mental health services – aim to reduce OAP **bed days used** (Oxon)	0	157

Executive Director commentary: Rob Bale, Consultant Psychiatrist and Interim Executive Managing Director for Mental Health & Learning Disability
Narrative updated: 08 November 2023
For reporting period ending: **31 October 2023**

The issue and cause
The use of Out of Area Placements increased in Q2 in comparison to Q1 due to clinical demand and activity.

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 October 2023 locally reported total bed day usage was 230 days (73 inappropriate OAP bed days in Bucks, and 157 inappropriate OAP bed days in Oxon).**

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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
Reported period: October 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%	67%	75%	71%	78%	78%	-	70%	➡️
(1b) Staff trained in restorative just culture	20	-	-	-	-	-	-	28	➡️
(1c) BAME representation across all pay bands including board level Q2	19%	16.4%	19.6%	30.2%	12.7%	45.4%	21.4%	21.57% (Q2)***	⬆️
(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 (107 YTD)	-	74	34	-	23	-	131 uses	**reducing**
(1f) Patient/carer safety partners	2 YE	-	-	-	-	-	-	2	➡️
(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%	93% n=42	81% n=277	84% n=110	-	-	-	83% n=429 (Sept & Oct)	➡️
(1h) % staff have completed the national autism/learning disabilities training	95%	65%	62%	70%	81%	78%	-	65% (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

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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: 9th November 2023
For reporting period ending: 31st October 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 improvements being taken.

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 have been reviewed and will be changing shortly in line with the Trusts strategic objectives.

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Objective 1: Quality; exception report

Objective Key Result (OKR)	Target	Actual
(1a) Clinical supervision completion rate	95%	70%
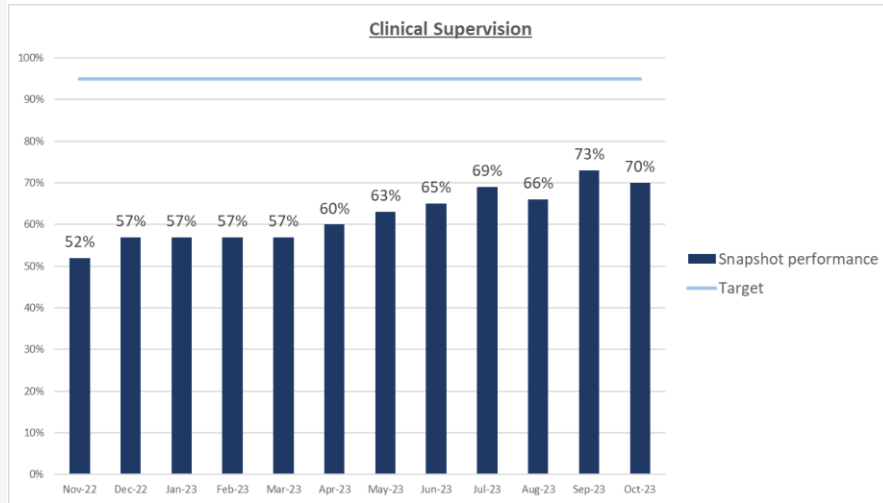
Executive Director commentary: Marie Crofts, Chief Nurse
Month narrative relates to: October 2023

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 remained similar for the last few months.

Supervision steering group is leading on the improvement plan. Some directorates are running local supervision forums to address the challenges locally and feedback to the steering group.

There is targeted work with the lowest performing teams 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.

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Objective 1: Quality – exception report

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)

Community Teams — Target

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)

EIP Actual — Target

Executive Director commentary: Marie Crofts, Chief Nurse
Month narrative relates to: October 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 soon.==

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.

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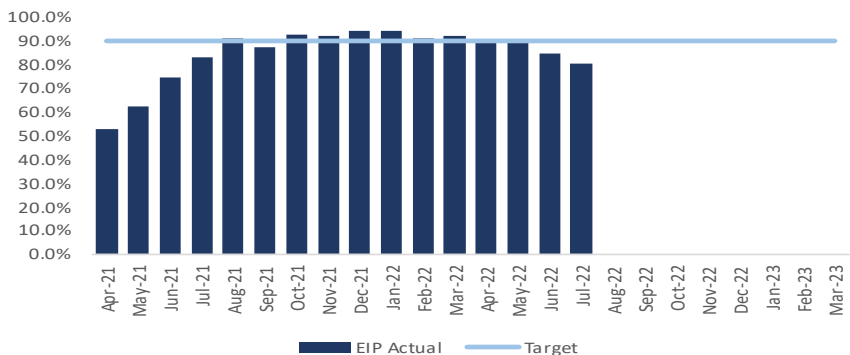
Objective 1: Quality; exception report

Objective Key Result (OKR)	Target	Actual
(1e) Reduction in use of prone restraint	25% reduction from 2022/23 (183 YE)	131 uses against YTD target of 107

Graph 1
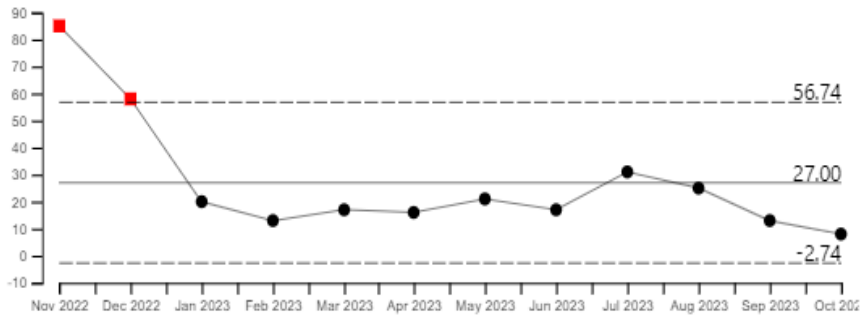
Executive Director commentary: Marie Crofts, Chief Nurse
Month narrative relates to: October 2023

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 to administer immediate IM.

What is the plan or mitigation?
Graph 1 shows the use of prone by month for all wards.

There has been a continued decline in use of prone restraint.

Compared to the same period last year (2022), excluding the uses for 1 patient in an exceptional situation, there were 161 uses of prone compared to 131 this year. Although the numbers are small this is a 19% reduction.

Every use of prone is reviewed by the ward Matron and there is a detailed questionnaire completed to review practice.

The use of the restraint positions standing, supine and safety pod have increased whilst prone has reduced.

The Positive and Safe Steering Group is overseeing and measuring the impact of an improvement plan.

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Objective 1: Quality; exception report

Objective Key Result (OKR)	Target	Actual
(1g) Evidence patients have been involved in their care (bi-monthly clinical audit)	95%	83% n=429

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

Clinical audit results

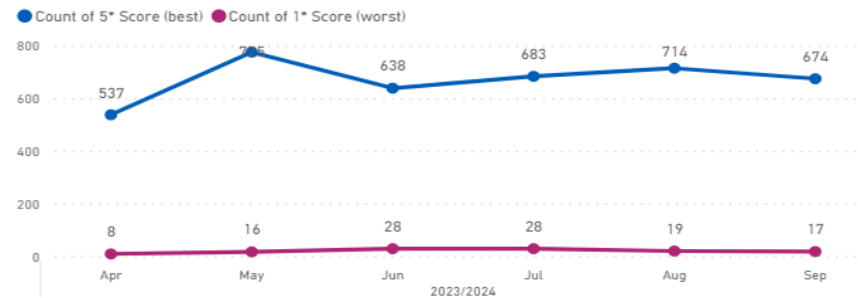Clinical audit results demonstrating patients had been involved in care planning
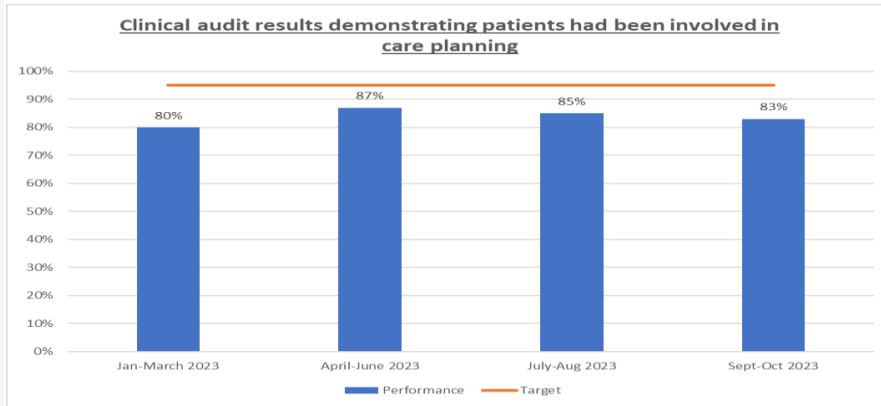
Patient/carer Surveys (IWGC);
The below graph shows the scores for the survey questions around being involved in care.

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

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 4.65 for the question 'were you involved as much as you wanted to be in your care' from April-Sept 2023. The graph below shows the average score per month for the last 6 months, out of a maximum score of 5.
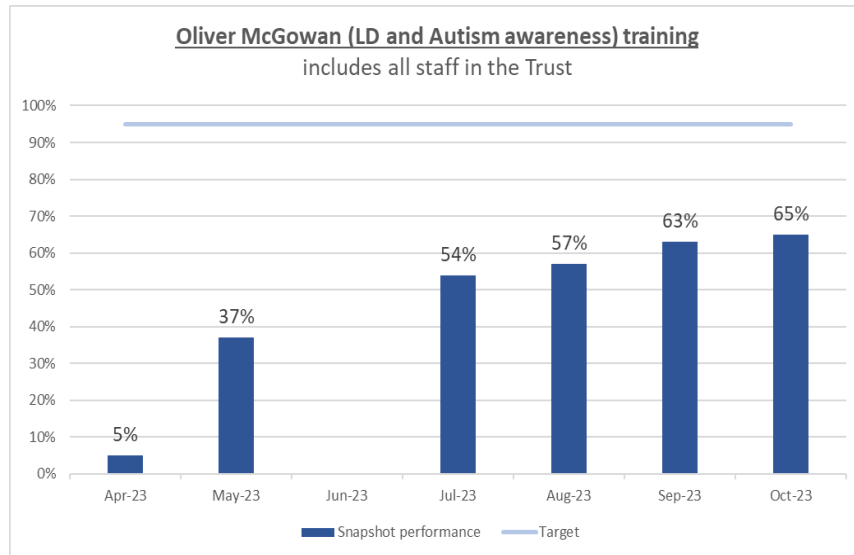
The plan or mitigation

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

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Objective 1: Quality – exception report

Objective Key Result (OKR)	Target	Actual
(1h) % staff have completed the national autism/learning disabilities training	95%	65%

Oliver McGowan (LD and Autism awareness) training
includes all staff in the Trust

Bar chart values: Apr-23: 5%, May-23: 37%, Jun-23: (none), Jul-23: 54%, Aug-23: 57%, Sep-23: 63%, Oct-23: 65%

Legend: ■ Snapshot performance — Target

Executive Director commentary: Marie Crofts, Chief Nurse
Month narrative relates to: October 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. It is on the essential training matrix for all staff. The performance reported here is based on completion of part 1 of the national training provided on-line. Tier 2 of the training is being developed with partners in the BOB ICS as it requires the provision of face to face teaching. The Trust is identifying staff to attend the lead trainer sessions nationally as they will lead on the roll out of Tier 2 of the training.

The L&D Team have also liaised with higher education leads to ensure they have plans for pre-registration programmes to complete the training.

Performance against the national training is improving across all areas, current position at 65%. Active promotion is happening. Our performance is monitored by NHS England at regional and national level.

The Trust has set up an Autism Strategy Steering Group to coordinate and prioritise broader improvement work including development of skills.

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Objective 2: People – be a great place to work

Governance: Executive Director: Chief People Officer | **Responsible Committee**: People, Leadership and Culture Committee
Reported period: **October 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	</ 8.5%	15.2%↑	6.5%↑	0.3%↑	12.3%↑	51.2%↑	0.0%→	13.2%↑	0.0%→	0.0%→	10.0%	ModHos Peer Avg 5.1% - National Value 5.4 %	⬆
(2c) Reducing staff sickness to 4.5%	</=4.5%	6.1%↑	6.6%↑	4.4%↑	5.98%↑	4.7%↓	3.2%↓	5.8%↑	0.6%↓	3.2%↑	5.7%	ModHos Peer Avg 4.4% - National Value 4.9 %	⬆
(2e) Reduction in % labour turnover	</=14%	13.1%↓	15.6%↑	11.2%↓	13.9%↑	18.7%↑	10.3%↓	13.8%↓	9.5%↓	21.4%↑	13.83%	ModHos Peer Avg 19.4% - National Value 18.0 %	⬇
(2f) Reduction in % **Early** labour turnover	</=14%	10.7%↓	23.0%↑	17.1%↓	23.7%↑	16.8%↑	0.0%→	14.8%↓	16.4%↓	11.0%↑	17.2%		⬇
(2g) Reduction in % vacancies	</=9%	15.0%↓	9.0%↑	0.5%↑	22.7%↓	17.6%↑	41.9%→	19.7%↓	-13.3%↓	47.4%↓	15.5%	ModHos Peer Avg 9.8% - National Value 9.7%	⬇
(2h) PDR compliance	>=95%	89%↑	91.6%↑	89.6%↓	96.9%↑	96.1%↓	90.9%↓	90.2%↑	93.3%↑	89.3%↑	91.0%	None	⬆
(2i) S&MT (Stat and Mandatory training)	>=95%	89%↑	90.3%↑	86.8%↑	92.7%↑	90.4%↑	94.3%↑	86.83%↑	94.4%↑	86.2%↑	88.8%	None	⬆
(2j) Number of Apprentices as % substantive employees	>=2.3%	7.5%↑	5.8%↑	10.0%↓	6.2%↑	23.2%↑	21.7%→	0%→	0%→	2.8%	5.5%	None	⬆

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Objective 2: People; exception report

Objective Key Result (OKR)	Target	Actual
(2b) Reduce Agency Usage to Target	</=8.5%	10.0%

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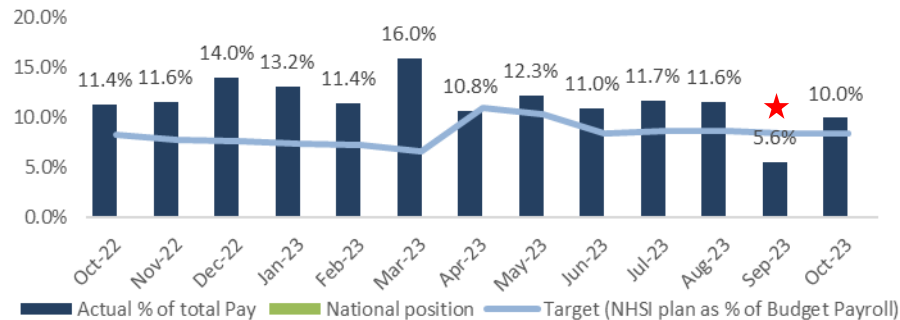
Executive Director commentary:
Charmaine De Souza, Chief People Officer

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.

The plan or mitigation
The Improving Quality and Reducing Agency Programme has a number of workstreams which aim to improve the quality of our services whilst reducing agency spend. The recruitment workstream has roadshows planned across the Trust for November 2023. The workstream has completed the initial phase of the internal mobility programme, the pre-employment check and onboarding process has been streamlined and there is a separate dashboard to provide more effective monitoring and reporting.

The international recruitment workstream has seen 8 nurses commence employment with the Trust, 4 nurses are awaiting their visas, 31 nurses are going through the pre-employment check process and 11 interviews are taking place in November 2023. The IR programme is on track to meet the target of 45 nurses arriving in the UK by the 31st December 2023. The retention workstream has started seeing improvements in nursing retention. HCA's across community hospitals is currently at 15.2WTE ahead of plan, Mental Health HCA's are currently 14.8WTE ahead of plan. Registered nurse retention has remained a challenge throughout the year. Community hospital retention is current 6.6WTE away from plan and for Mental Health 5.4WTE away from plan.

The medical workforce workstream has completed the draft job planning policy, this is with the Chief Medical Officer for review. Initial discussions held with international recruitment providers regarding a recruitment programme for Consultant Psychiatrists.

ID Medical have migrated 33 workers (28 medical and 5 AHPs) to the Direct Engagement (DE) Model, there are a further 34 medics to be migrated. There have been 9 lines of work placed at the Highfield Unit and 5 with the Meadow Unit as part of the targeted intervention undertaken by ID Medical and the temporary staffing team to cover the identified workforce gap.

ID Medical have generated continued to generate CV's and there are currently 24 GP out of hours services awaiting feedback from the service. A further 9 CV's for Mental Health have been generated over the past 2 weeks and are currently awaiting feedback from service and interviews arranged.

A task and finish group was convened to review the process for the Trust in accessing addition medical CV's under the new contractual arrangements with ID Medical. A clear standard operating procedure identifying roles and responsibilities with clear timeframes has been developed and signed off by the group.

Overall, total agency spend in September was £2,456K against an NHSE/I target of £2,695k, this gives a revised straight line forecast at month 12 £31,874k. The target was £32,022k therefore this is predicting Oxford Health to be just under the NHSE/I target at month 12. It is anticipated that this number will improve throughout quarter 3 and 4.

★ After the ledger position was finalised for month 5 (August), ID Medical provided more accurate information on agency spend. Finance have reviewed these figures and updated the ledger. This has resulted in a reduction in YTD agency spend of £2.1m. £1.0m of this is a reduction for April – July due to updated hourly pay rates (hours have not changed). No information was available for accruals in August and therefore used YTD average plus a 10% contingency with a view to correcting to accurate data for month 6. The actual spend in August is £1.0m lower. Month 6 (September) shows a reduced Agency spend to correct the August discrepancy.

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Oxford Health **NHS**
NHS Foundation Trust

Objective 2: People; exception report

Objective Key Result (OKR)	Target	Actual
(**2c**) Reducing staff sickness to 3.5%	</=4.5%	5.73%
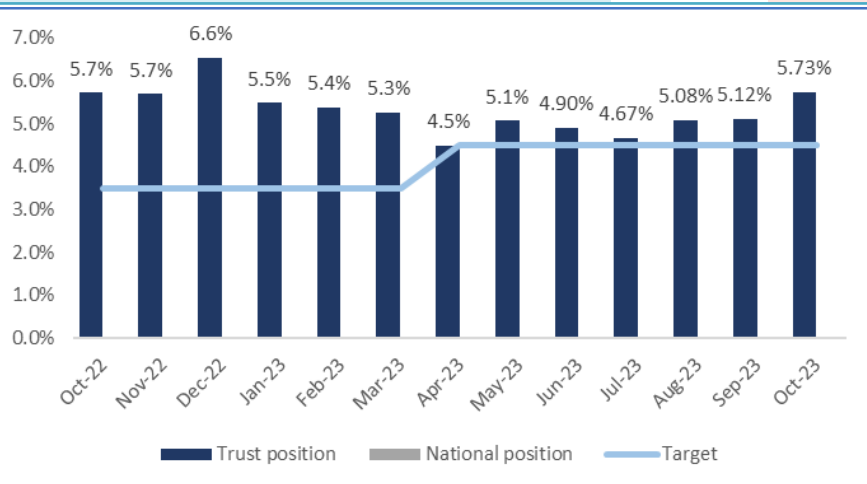
Legend: Trust position, National position, Target

Executive Director commentary:
Charmaine De Souza, Chief People Officer

The risk or issue
The sickness absence increased from 5.12% to 5.73% and has remained slightly above target. Excluding Covid absences the rate was 5% (4.5% 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 Cough/Cold, Covid 19 confirmed, Flu, Gastrointestinal, and Headache.

The plan or mitigation

Absence has risen from the previous month but is consistent with levels from the same month (October) in 2022.

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 recently agreed a renewal of the Goodshape contract and will be onboarding a new app which will support users in reporting absence efficiently. We expect the app to go live before the end of 2023. We continue to carefully performance manage Goodshape's delivery as part of the contract extension.

Dedicated support from the HR Advisory team supports managers both with the management of individual sickness absence cases, and through proactive measures to upskill managers, including manager briefings and bespoke absence management training.

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 the You Matters service across BOB) and recruitment is underway to these posts with a view to launching an enhanced offer to OHFT staff later this year.

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Oxford Health **NHS**
NHS Foundation Trust

Objective 2: People; exception report

Objective Key Result (OKR)	Target	Actual
(2e/f) Reduction in % labour turnover	<14%	13.8%
Early Turnover	<14%	17.2%
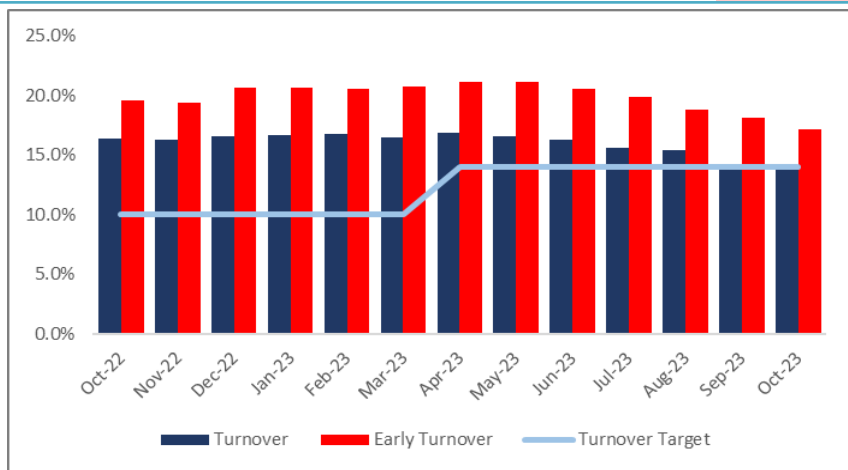
Executive Director commentary:
Charmaine De Souza, Chief People Officer

The risk or issue
Staff turnover decreased to 13.8% , below the 14% target. Early labour turnover has decreased to 17.2%. 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

There has been a steady in decline in Early and Normal Labour Turnover. 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. The ongoing piece of work, aimed at creating a smooth and enjoyable onboarding experience for all, is ongoing to tackle early turnover,

Career questionnaires continue to be sent out and signposted to L&D for structured career conversations.

The retention team have also been contacting all leavers to ask for further feedback and to support them to stay.
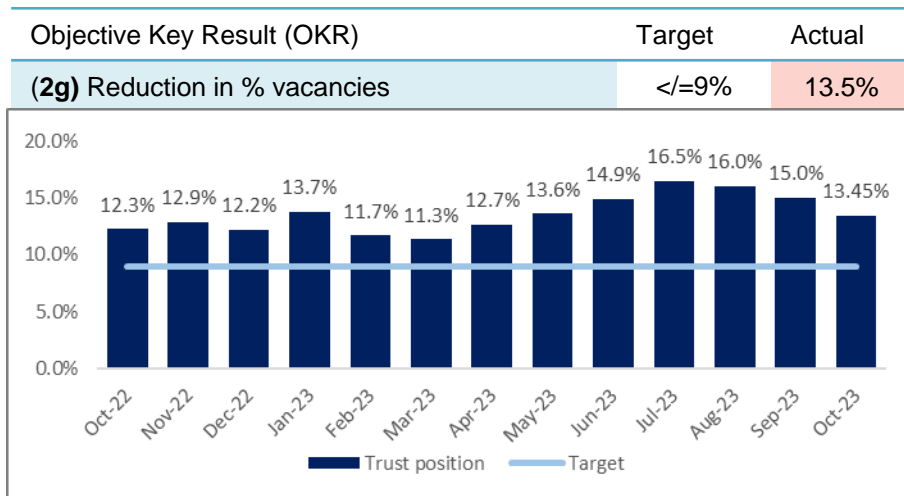
The Retention Hub is now up and running with contact forms and links to resources. Posters have been displayed around wards with a QR code to allow staff to request a call from the Retention team.

The Retention Team have joined the wider OD Team and are visiting sites and meeting managers and staff as part of the Staff Survey season across September, October and November

The team are developing the next PDR season which will build on the successful 2023/24 season by adding talent management processes into place which will enable the organisation to begin to understand the learning and career aspirations of its staff.

A focus remains on B5 nursing turnover as that remains a significant challenge, although it is good to see the drop in HVA turnover which was resulted in the Trust meeting its turnover target for the second month in a row.

Oxford Health **NHS**
NHS Foundation Trust

Objective 2: People; exception report

Objective Key Result (OKR)	Target	Actual
(2g) Reduction in % vacancies	</=9%	13.5%

Chart showing Trust position vs Target:
- Oct-22: 12.3%
- Nov-22: 12.9%
- Dec-22: 12.2%
- Jan-23: 13.7%
- Feb-23: 11.7%
- Mar-23: 11.3%
- Apr-23: 12.7%
- May-23: 13.6%
- Jun-23: 14.9%
- Jul-23: 16.5%
- Aug-23: 16.0%
- Sep-23: 15.0%
- Oct-23: 13.45%

Legend: Trust position — Target

Executive Director commentary:
Charmaine De Souza, Chief People Officer

The risk or issue
The vacancy rate has decreased from 15% to 13.5.%; 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
Overview:
The Trust establishment has continued to increase, from 5,746 FTE in October 2022 to 5,972 FTE in September 2023, an increase of 225 over the same period last year

The vacancy rate has dropped from the summer months, there is usually a slow-down in hiring over the summer period as staff focus on covering holiday rather than recruiting to posts. In addition, the Resourcing team were short staffed by 4 wte over the summer period due to a finance error relating to establishment, this has now been resolved and 2 new staff have been appointed so far, new team members are due to start in November with training completed by the end of calendar year.

Priority:
Recruitment for the PICU remains a priority, in particular Band 5 nurses. The campaigns team will continue to support the unit until it is fully staffed. They will also continue to support the Highfield unit which has been impacted by the opening of the Meadow unit and now needs to recruit urgently.

A paper went to ELMT on Monday 6th November which outlined 3 options to transform the way OHFT recruits to its vacancies, these options will reduce time to hire (ensuring we lose less candidates in the recruitment process), attract more suitable candidates, provided higher levels of support and take admin work away from hiring managers, and ensure a fairer, more inclusive recruitment process, allowing less bias creep.

Option one is currently being fully scoped out, a follow up paper is being presented to Executives on Monday 6th December.

Current Campaign Focus:
1. Proactive recruitment campaigns are taking place for priority areas including Littlemore Forensic units, Bucks Older Adult, Oxford City, Meadow PICU, Highfield CAMHS, Podiatry and Corporate Estates. Childrens Community Nursing and Didcot Community recruitment open days are being held in Oct and Nov. Funding has been secured for a Forensic recruitment video to be filmed in Nov. Indeed Nursing Hiring Events and Jobs have been sponsored for Highfield and for Primary care and Adult City and North-East Adult Community teams.
2. Recruitment Branding is in full swing with photos being taken across the Trust, this is expected to be signed off and launched by end of November.
3. University / student recruitment events are being prioritised with events through October and November at UEA, Cardiff & Southampton. A Mental Health Student Recruitment Day is booked at Oxford Brookes on 24 March and Bedford University on 9 Feb.
4. Nursing recruitment continues to be a priority and events are being attended in Belfast, Dublin & Glasgow with an Occupational Therapist event booked for Nov. Trust wide recruitment roadshows are taking place in Oct and Nov, the first in Wallingford (13/11) was very successful.

Objective 2: People; exception report

Objective Key Result (OKR)	Target	Actual
(2i) Statutory and Mandatory training	>/=95%	88.8%
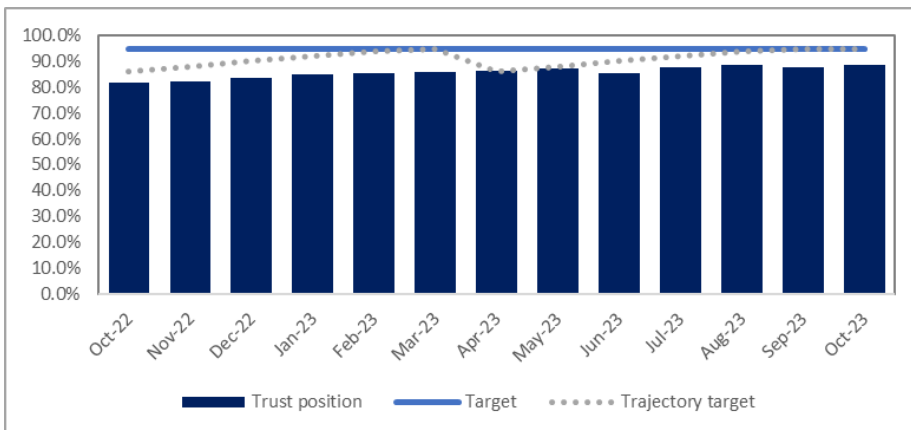
Executive Director commentary:
Charmaine De Souza - Chief People Officer

The risk or issue
The percentage of Statutory and Mandatory training modules reported as complete at the end of October has increased from 87.5% 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.

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.

- There are 8 pieces of Mandatory training that have a compliance rate of circa 90% and for the other 3 clear understanding of the existing risks and barriers and plans in place to address these.

- Trust has rolled out the Level 1 Oliver McGowen training to be included on all staff training records and the Trust is currently at 65.8%. This will be added to statutory and mandatory training reporting once the Trust is above 85% compliance. The Trust are

- L&D are hosting task and finish group for moving and handling training review with 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.

- Focused work on Resus continues; Training now scheduled up until the end of Dec with over 1300 spaces available for staff to complete resus training and nearly 700 staff already booked in to complete, L&D team are booking staff onto courses targeting areas of poorer compliance and higher risk areas and e-learning package review to be completed year end. L&D team increasing training places for ILS in response to service need.

- 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.

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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;	Trust	Trust Trend
(3a) **Favourable** performance against financial plan (YTD)	£1.0m Fav	⬆
(3b) Cost Improvement Plan (CIP) delivery (YTD)	£1.4m Adv	➡
(3c) **95%** of estate to achieve condition B rating by 2025 (75% in 2021)	98%	⬆
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: November 2023
For reporting period ending: 31 October 2023

I&E £2.9m surplus, £1.0m favourable to plan. This includes some significant areas of year-to-date overspend which need to be addressed: Block income £1.0m (due to underperformance on the Eating Disorders & Secure contracts) and Learning Disabilities £0.7m due to expensive out of area placements.

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 £4.9m has been delivered: £1.0m from the temporary staffing team following the NHSP transfer and £3.9m from clinical directorates through the planning of new investment.
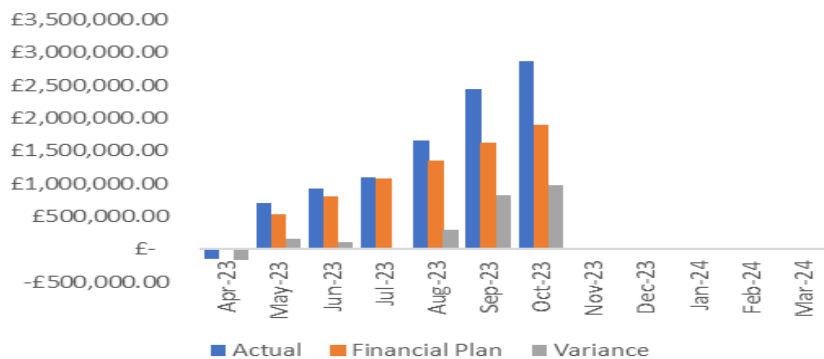
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Oxford Health **NHS**
NHS Foundation Trust

Objective 3: Sustainability – exception report

Objective Key Result (OKR)	Trust
(3a) Favourable performance against financial plan	£1.0m favourable

Objective Key Result (OKR)	Trust
(3b) Cost Improvement Plan (CIP) Delivery	£1.4m adverse

Executive Director commentary:
Heather Smith, Chief Finance Officer

The risk or issue
Financial performance is £1.0m favourable to plan at month 7, 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 £1.0m (due to underperformance on the Eating Disorders & Secure contracts), Learning Disabilities £0.7m, Forensics £0.1m and Buckinghamshire Mental Health £0.1m.
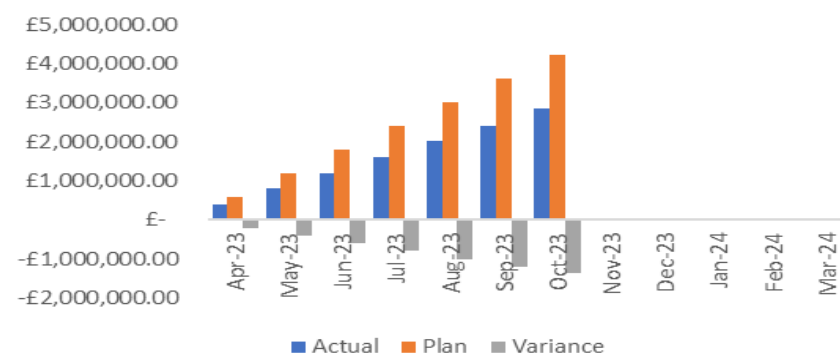
The plan or mitigation
Agency control panels have been set up monthly
Finance Deep Dive meetings have taken place with Directorates and action plans produced.

Executive Director commentary:
Heather Smith, Chief Finance Officer

The risk or issue
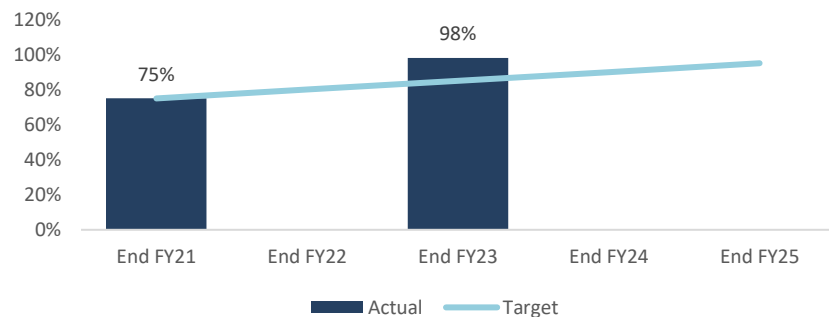CIP Performance against plan is £1.4m adverse at month 7.

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 and to develop CIP plans for the next financial year. As part of this Finance are in the process of recruiting to a new post to co-ordinate the CIP programme and provide analysis to support it.

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Oxford Health **NHS**
NHS Foundation Trust

Objective 3: Sustainability – exception report

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

Objective Key Result (OKR)	Target	Actual
(3d) Delivery of NHS Direct carbon footprint of 47% reduction by 2028 compared to 2019-20 baseline year	4508	4,960

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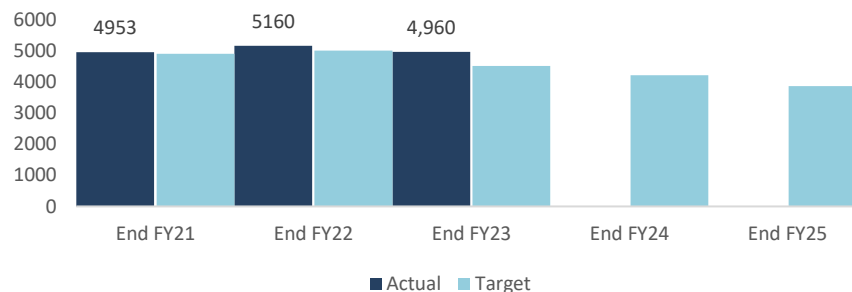
The cause
Lack of future investment will impact upon the condition of the estate.

What is the plan or mitigation?
Investment requirements are set out in the Trust Capital Investment Plan

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

Oxford Health **NHS**
NHS Foundation Trust

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

Studies	FY24 - TD				FY23 for reference
	Opened (currently active)	Closed	Studies that recruited	National comparator	
CRN Portfolio	14 (69 inc.7 students)	5	Community Services 6 Oxon & BSW 7 Bucks 4 Corporate inc. R&D 21 TOTAL 38	OHFT 3rd nationally – 38 studies 1st Trust – 55 studies	OHFT 4th nationally – 46 studies 1st Trust – 72 studies
Non-Portfolio	11 (26 inc.12 students)	8	12	n/a	n/a

	FY24 - TD		FY23 for reference
	Recruited participants to the above studies	National comparator	
CRN Portfolio	Community Services 62 Oxon & BSW 103 Bucks 54 Corporate inc. R&D 257 Oxford Monitoring System for attempted Suicide 617 TOTAL 1093	OHFT 7th nationally – 1093 participants 1st Trust – 3165 participants	OHFT 5th nationally – 1789 participants 1st Trust – 6598 participants
Non-Portfolio	188	n/a	n/a

Executive Summary: Karl Marlowe, Chief Medical Officer \ Vanessa Raymont, R&D Director   **Data cut:** 8th November 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)

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