General Meeting of Council of Governors

12 June 2024

AGENDA

**A general meeting of the
Council of Governors will take place on
Wednesday 12 June 2024
from 17:30-19:30**

at

**The Conference Room, The Whiteleaf Centre, Bierton Road,
Aylesbury, HP20 1EG**

Agenda

No.	Item	Report	Led by	Indicative time
INTRODUCTORY ITEMS				
1.	Introduction and Welcome *(welcome new and returning Governors post election)*		Chair	17:30
2.	Apologies for absence and quoracy check[1]		Chair	
3.	Declaration of Interests 1. Matters pertinent to the agenda	Verbal	Chair	
4.	Minutes of Last Meeting on 14 March 2024 and Matters Arising *(to approve)*	CoG 09/2024	Chair	
UPDATES FOR GOVERNORS FROM BOARD MEMBERS AND LEAD GOVERNOR				
5.	Patient Story – Buckinghamshire Adult Mental Health Services	CoG 10/2024	Chief Nurse/Di Hilson	17:35
6.	Update Report from Chair	CoG 11/2024	Chair	17:55
7.	Update Report from CEO	CoG 12/2024	CEO	18:00
8.	Update Report from Lead Governor	Verbal	Lead Governor	18:05
9.	NHS Staff Survey results	CoG 13/2024	Chief People Officer	18:10
10.	Early Intervention in Psychosis	Presentation	Bill Tiplady/Helena Laughton	18:25

11.	Non-Executive Director Update
	    o David Clark – reflections of a NED
	    o See below link for David's profile
	
	Board of Directors - Oxford Health NHS Foundation Trust
		Verbal	David Clark	18:45

12.	Council of Governors Engagement in Community Services Transformation Programme	Verbal	Ben Riley/Susannah Butt	18:55
QUALITY, FINANCE, WORKFORCE, PERFORMANCE AND GOVERNANCE				
13.	Governor elections, induction and member engagement	Verbal	Deputy Director of Corporate Affairs	19:10

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[1] Apologies: Andrea Young, Non-Executive Director; Rob Bale, Executive Managing Director for Mental Health, Learning Disabilities and Autism; and Rick Trainor, Non-Executive Director.
Governor Apologies: Ben McCay; Carolyn Llewellyn; Sri Sabapathy; Jules Timbrell; Evin Abrishami; and Dilshard Alam.
Quoracy: one third of the total number of Governors, including at least 5 Governors who are members of either the Public or the Patients' Constituency.
Apologies to nicola.gill@oxfordhealth.nhs.uk
If you experience problems accessing the meeting please email contactyourgovernor@oxfordhealth.nhs.uk

14.	Nominations & Remuneration Committee recommendation for appointments to the committee	Verbal	Associate Director of Corporate Affairs	19.15
QUESTIONS, OTHER BUSINESS AND CLOSE OF MEETING				
15.	• Questions from the public • Questions arising from papers in the Reading Room		Chair	19:20
16.	Close of meeting		Chair	19:30
Date of next meeting: • CoG Meeting – 05 September 2024				
READING ROOM/APPENDIX Please find below information you may wish to access for information for questions and debate.				
17.	Quarterly Trust Performance supporting materials • Integrated Performance Report (RR/App_CoG 04/2024) • Finance Report (RR/App_CoG 05/2024) • Quality Dashboard (RR/App_CoG 06/2024)			

Council of Governors
Member Attendance 2024 - 2025

Name (Governor)	Term Ends	14 Mar 2024	12 June 2024	11 Sept 2024	05 Dec 2024
Evin Abrishami	31/05/2025	✓			
Dilshard Alam	31/05/2027				
Cllr Tim Bearder	19/12/2025	x			
Martyn Bradshaw	31/05/2025	✓			
Maud Bvumbe	31/05/2027				
James Campbell	31/05/2027				
Jonathan Cole	31/05/2024	x			
John Collins	31/05/2025	x			
Natalie Davis	31/05/2025	x			
Kate England	31/05/2025	Apols			
Gillian Evans	31/05/2024	x			
Julien FitzGerald	31/05/2027	x			
Anna Gardner	31/05/2027	✓			
Benjamin Glass	31/05/2025	✓			
Bernice Hewson	31/05/2027				
Dr Mike Hobbs	31/05/2025	✓			
Nyarai Humba	31/05/2027	x			
Juliet Hunter	31/05/2027				
Ekenna Hutchinson	31/05/2024	✓			
Christiana Kolade	31/05/2024	✓			
Carolyn Llewellyn	06/09/2026	✓			
Benjamin McCay	31/05/2027	✓			
Andrea McCubbin	31/12/2026	✓			
Jacqueline-Anne McKenna	31/05/2024	x			
Cllr Zahir Mohammed	17/03/2027				
Petr Neckar	31/05/2025	x			
Vicki Power	31/05/2027	✓			
Paul Ringer	14/09/2026	✓			
Srikesavan Sabapathy	31/05/2025	✓			
Emma Short	31/05/2025	Apols			
Graham Shelton	30/07/2025	✓			

Jules Timbrell	31/05/2027				
Name (NED)	**Term Ends**	**14 Mar 2024**	**12 June 2024**	**11 Sept 2024**	**05 Dec 2024**
David Walker	31/03/2025 (2nd)	✓			
David Clark	16/07/2025 (1st)	Apols			
Geraldine Cumberbatch	31/03/2025 (1st)	Apols			
Chris Hurst	31/03/2023 (2nd)	✓			
Philip Rutnam	31/12/2024 (1st)	✓			
Mohinder Sawhney	31/12/2023 (1st)	✓			
Richard Trainor	31/03/2025 (1st)	✓			
Lucy Weston	28/02/2025 (2nd)	✓			
Andrea Young	31/12/2024 (1st)	✓			
Name (Executive)		**14 Mar 2024**	**12 June 2024**	**11 Sept 2024**	**05 Dec 2024**
Amelie Bages		✓	Maternity Leave	Maternity Leave	
Rob Bale		✓			
Georgia Denegri					
Charmaine De Souza		✓			
Britta Klinck		Apols			
Grant Macdonald		Apols			
Karl Marlowe		✓			
Ben Riley		Apols			
Kerry Rogers		✓			
Heather Smith		Apols			

Oxford Health NHS Foundation Trust

Council of Governors

CoG 09/2024
(Agenda item: 04)

**[DRAFT] Minutes of the meeting held on
14 March at 17:30
Virtually via Microsoft Teams**

In addition to the Trust Chair and Non-Executive Director, David Walker *(part meeting)*, the following Governors were present:

Present:

Anna Gardner (**AG**)	Public: Buckinghamshire (Lead Governor)
Evin Abrishami (**EA**)	Staff: Mental Health Services Oxfordshire, BaNES, Swindon & Wilts
Martyn Bradshaw (**MB**)	Staff: Mental Health Services Buckinghamshire
Ben Glass (**BG**)	Service User: Buckinghamshire & Other Counties
Mike Hobbs (**MH**)	Public: Oxfordshire
Ekenna Hutchinson (**EH**)	Staff: Mental Health Services Oxfordshire, BaNES, Swindon & Wilts
Christiana Kolade (**CK**)	Public: Buckinghamshire
Carolyn Mason (**CM**)	Oxford Brookes University
Ben McCay (**BMc**)	Service User: Oxfordshire
Andrea McCubbin (**AM**)	Buckinghamshire MIND
Vicki Power (**VP**)	Staff: Community Health Services Oxfordshire
Paul Ringer (**PR**)	Age UK Oxfordshire
Sri Sabapathy (**SS**)	Public: Oxfordshire
Graham Shelton (**GS**)	OUH

In attendance from the Trust:

Amelie Bages (**AB**)	Executive Director of Strategy & Partnerships
Rob Bale (**RB**)	Executive Managing Director for Mental Health, Learning Disabilities and Autism
Charmaine DeSouza (**CDS**)	Chief People Officer
Chris Hurst (**CH**)	Non-Executive Director
Karl Marlowe (**KM**)	Chief Medical Officer
Kerry Rogers (**KR**)	Director of Corporate Affairs & Company Secretary
Philip Rutnam (**PR**)	Non-Executive Director
Mohinder Sawhney (**MS**)	Non-Executive Director
Rick Trainor (**RT**)	Non-Executive Director
Lucy Weston (**LW**)	Non-Executive Director
Andrea Young (**AY**)	Non-Executive Director
Ben Cahill (**BC**)	Deputy Director of Corporate Affairs
Nicola Gill (**NG**) *(minutes)*	Executive Project Officer

Presenters:

Matt Knight	Patient & Carer Experience & Involvement Lead
John Pimm	Clinical Lead - Buckinghamshire Psychological Therapies Pathway
Joanne Ryder	Consultant Counselling Psychologist, Clinical Lead

Observers:

Maureen Cundell	Member of the Public
Leanne Dunkley	Corporate Governance Officer
Cheryl Graham	Senior communications and Engagement Officer

		Action
1. a	**Introduction and welcome from the Chair** The Trust Chair welcomed all those present to the virtual Council of Governors' (**CoG**) meeting in Public. He reminded governors there was an in private governors' meeting following the public meeting.	
2. a	**Apologies for absence and quoracy check** Apologies were received from the following Governors: Emma Short and Kate England.	
b	Absent without formal apology: Tim Bearder; Jonathan Cole; John Collins; Natalie Davis; Gillian Evans; Julien FitzGerald; Nyarai Humba; Jacqueline-Anne McKenna; and Petr Neckar.	
c	Apologies received from the Board: Grant Macdonald, Chief Executive; David Clark, Non-Executive Director; Britta Klinck, Chief Nurse; Heather Smith, Chief Finance Officer; Ben Riley, Executive Managing Director for Primary, Community & Dental Care Services; and Geraldine Cumberbatch, Non-Executive Director.	
d	The Chair thanked the Director of Corporate Affairs & Company Secretary for her work during her time with the Trust, noting it was her last CoG meeting. He also acknowledged and thanked Mike Hobbs, Governor as this was also his last CoG before stepping down.	
e	The Chair confirmed that there had been a change of Appointed Governor for Buckinghamshire County Council with Councillor Zahir Mohammed replacing Councillor Carl Jackson.	
f	The meeting was confirmed to be quorate.	
3. a	**Declaration of interests** None.	
4. a	**Minutes of last Meeting on 07 December 2023 and Matters Arising** The minutes of the last meeting held on 07 December 2023 were approved as a true and accurate record, and there were no matters arising.	
b	**The Council approved the minutes and noted there were no matters arising.**	
5. a	**Governor Election update and Membership Strategy** The Deputy Director of Corporate Affairs updated the council on the upcoming elections, noting the following: • 18 vacancies across the council spread evenly across constituencies; • Civica were the external provider running the election; • Targeted comms underway; • 8 nominations had been received to date; • Online Q&A events had been held with good attendance;	

	• In person Q&A events held which had poorer attendance; • Deadline for nominations 28 March; • Election period runs from 22 April – 17 May; • Results announced on 20 May.	
b	**The Council noted the update.**	
6. a	**Patient Story – Thames Valley Forensic Mental Health Service** The Chief Medical Officer introduced the patient story and welcomed Matt Knight (**MK**), Patient and Carer Experience and Involvement Lead for Forensic Services.	
b	MK explained that the patient story focussed on the need for services to be better at listening to families and carers, and the serious consequences that can occur when this does not happen. It raised the question – can we reduce the number of people needing to use our services simply by being better at listening?	
c	It challenged us to consider how much we value the voice of those outside of our clinical teams – whether that be the patient, the family, or members of the public, and how we can change our culture and working practices to do this better.	
d	MK noted that the patient had wished to remain anonymous but was committed to share their story to improve outcomes for others. The patient had a diagnosis of schizophrenia and had been involved in a violent offence and MK felt it important to note that not all patients with schizophrenia exhibit violent or aggressive behaviour, however it was also important to recognise that when schizophrenia is left untreated then the chance of violence and aggression can increase. MK concluded by reading out the patient's story. **QUESTIONS**	
e	The Chair asked if there was difficulty finding intermediate care to help patients with rehabilitation. MK noted that this was a challenge but noted that Oxford Health were fortunate as they had an unusual service and facility with Lambourne House which was a pre-discharge unit which helps patients' transition.	
f	Ben Glass asked if MK could give the number of patients on the Trust's forensic wards with a criminal history of low-level, non-violent offences. Although MK could not provide numbers, he did acknowledge that the service did not just provide for people who commit offences it was also for many different challenging behaviours or reasons why people would benefit from being in a more secure setting. The Chief Medical Officer noted that most people in high levels of security in forensics had gone through a criminal justice system to be detained.	
g	Ben Glass asked that if most of the patients on the Trust's forensic wards had been through the criminal justice system would it be correct to assume that there were patients on these wards who had not. MK acknowledged that there were a few.	
h	Ben Glass asked what the picture was in terms of sexual violence against patients on the forensic mental health wards by other patients or staff and what was the Trust doing to reduce this. MK acknowledged that he would be happy to speak with Ben Glass outside of the meeting on this subject to provide more detail. He did note that this was not a significant issue. The Executive	

	Managing Director for Mental Health, Learning Disabilities and Autism noted that this was monitored closely by a reduction in violence and aggression programmes and was reported regularly on through a range of structures.	
i	Mike Hobbs asked about what work was being undertaken and what the patient was doing to prepare himself for the world of work, re-entry into society in a more productive capacity. MK commented that Lambourne House was used to assist patients to prepare for discharge.	
j	**The Council noted the presentation.**	
7. a	**Update Report from Chair** The Trust Chair took his report as read.	
b	The Chair noted that the process which had been ongoing within the Integrated Care Board (**ICB**) to appoint a substantive Chair had been suspended. The Trust's CEO, Nick Broughton had been seconded to be the Acting Chief Executive of BOB ICB, therefore his future and that of the Trust's would be delayed.	
c	The Chair spoke about a recent development session held with BOB and primary care which he felt had been productive and at which they had received a presentation of the BOB primary care strategy.	
d	**The Council noted the report.**	
8. a	**Update Report from CEO** The Chief Medical Officer, deputising for the CEO took his report as read. He highlighted the following: • Industrial action – the BMA were currently balloting consultants suggesting they accept the government's offer; • Junior Doctors were not negotiating currently, and their period of strike action would be re-balloted in due course; • Speciality doctors and middle grade doctors had rejected the offer; • Colleagues would attend the opening of the Meadow Unit tomorrow with a local MP also attending; • The contract agreement had been signed in December with regards to the Warneford Park Development; and • The development of the Jordan Hill site was progressing with the Estates team.	
b	The Chief Medical Officer thanked Mike Hobbs both personally and on behalf of the CEO.	
c	**The Council noted the report.**	
9. a	**Lead Governor update** Anna Gardner, Lead Governor took her report as read and highlighted the following: • She expressed concerns that governors had recently been asked to adjudicate on a matter, they were wholly unqualified to judge on as they did not have the facts or could not establish the facts. It felt that they were being asked to decide if they believed one of their colleagues or not. She was not sure this was what she signed up to do when standing for Governor. • Engagement of governors in the current elections and how governors communicate and engage with their constituents. Issues with the staff	

b	intranet had been raised by the Staff Experience Group (**SEG**). She expressed disappointment at the lack of turnout at a Governor event she had attended at the Whiteleaf the previous day and questioned how communications could be improved along with staff engagement and the use of the intranet. Cheryl Graham noted that at the equivalent online event 3-4 people had attended and it felt that there was more appetite for an online event. She would note all comments and look at engagement with staff and public and ensuring information is received.	
c	**The Council noted the report.**	
10. a	**Talking Therapy Services update** The Executive Managing Director for Mental Health, Learning Disabilities and Autism introduced the paper.	
b	John Pimm, Clinical & Professional Lead & Head of NHS Buckinghamshire Talking Therapies and Joanne Ryder, Clinical & Professional Lead Psychological Therapies Pathway and Head of NHS Oxfordshire Talking Therapies introduced themselves and shared their presentation providing an Update on NHS Talking Therapies highlighting: • It was for people with depression and/or anxiety who may also have comorbid Long-term physical health conditions (LTC); • NICE recommended, evidence-based psychological therapies at the appropriate dose; • Stepped care; • Appropriately trained and supervised workforce; and • Routine clinical outcome measure.	
c	They noted that from January 2023 to December 2023 there had been 31,362 referrals across Buckinghamshire and Oxfordshire with 215,713 appointments being offered.	
d	In conclusion updates on examples of best practice including staff wellbeing, reducing inequalities and digital innovation were provided. One area to note was a staff wellbeing strategy which had been developed and been adopted as the National Strategy for Talking Therapy Services as a positive practice guide.	
e	**The Council noted the update.**	
11. a	**Update from Governor Sub-Group Chairs** Sri Sabapathy provided an update from the SEG. Following the NHS Staff Survey results he highlighted the data relating to discrimination. He noted that discrimination based on ethnicity and disability had slightly gone up from 2022 and asked the Trust why this could be and what actions were being planned.	
b	Mike Hobbs provided an update from the Membership Involvement Group (MIG) which had met earlier in the week and flagged up that in the Trust's Membership Strategy there was no reference to increasing the number of young members of the Trust and thereby potentially moving to a situation where we could consider creating 2 governor posts for young people. This felt like a significant omission.	
c	**The Council noted the updates.**	
12.	**Non-Executive Director Update**	

a	Chris Hurst introduced himself explaining that he joined the Board in April 2017 during which time he had chaired the Finance & Investment Committee and more recently taken over as chair of the Audit Committee. In essence he felt the Board was there to make choices and reflected on some of the greatest challenges of the last 7 years which had shaped these choices.	
b	Anna Gardner thanked Chris Hurst for his reflection. She asked for his opinion on how the Trust could get over the staff retention versus agency spend situation. Chris Hurst responded that there was no magic solution to this. He felt that there had been progress made to date.	
c	**The Council noted the update.**	
13. a	**Annual Plan 24/25 draft update** The Executive Director of Strategy & Partnerships presented the plan with the Head of Strategy noting that earlier versions of this Draft FY24/25 Annual Plan had been shared with the Executive Team, relevant Committees and the Board of Directors during January and February; and were also shared with the Extended Leadership Team on 4 March 2024. Initial directorate-level priorities were shared with the Council in December 2023. The intention was for the Plan to be approved in principle at the March Board of Directors meeting, with final approval likely in May.	
b	The Council were invited to provide feedback on the draft Plan before it was reviewed by the Board of Directors at the March Public Board of Directors meeting.	
c	**The Council noted the plan.**	
14. a	**Wantage Community Hospital future services** The Transformation Director, Primary, Community and Dental Care presented the report noting that over the past year, Oxford Health had been working with NHS partners and the local community in a stakeholder group to co-produce proposals to agree the future of services at Wantage Community Hospital.	
b	She highlighted that in the agenda pack one of the recommendations which was around asking how the Council would like to be engaged going forwards had been missed off.	
c	She concluded by asking the Council to endorse the recommendations outlined in the report.	
d	**The Council ENDORSED the recommendations.**	
15. a	**Fit & Proper Person Test (reminder)** The Director of Corporate Affairs & Company Secretary reminded the council about the annual Fit & Proper Person Test and reminded them it was a statutory process and asked that they complete their declaration expediently once received.	
b	**The Council noted the update.**	
16. a	**Annual appointment of Lead Governor** The Director of Corporate Affairs & Company Secretary commented on the annual appointment of the Lead Governor and on the assumption that Anna Gardner was successful in the upcoming elections asked the Council to approve her re-appointment as Lead Governor for the next 12 months.	

b	**The Council APPROVED the appointment Anna Gardner as Lead Governor.**	
17. a	**Questions from the public** None.	
b	**Questions arising from papers in the Reading Room** None.	
18. a	**Close of meeting** Meeting closed at 19:17	

Date of next meeting: 12 June 2024

ADDENDUM

At the Council of Governors Development Session held on 22 February 2024, Rachael De Caux - Chief Medical Officer of the Buckinghamshire, Oxfordshire and Berkshire West (BOB ICB) - provided an update to governors on the development of the BOB ICP Primary Care Strategy. Following the meeting Racheal De Caux provided further information on General Practice workforce data, noting that this data is captured electronically through the national workforce reporting service Microsoft Power BI and that this does not capture vacancies as each practice can decide what workforce it requires. The BOB ICB track the numbers of GPs, nursing staff, direct patient care staff, and admin across the ICB to look for any fluctuations. The below table is the January 2024 workforce data for General Practices within the BOB ICB - Whole Time Equivalent (WTE) and headcount.

	WTE	**Headcount**
GPs	1067	1431
Nurses	428	629
Direct Patient care	617	864
Admin	2189	3153
PCN Additional Roles	1002	not collected
Total	**5303**	

NHS
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Report to the Meeting of the
Oxford Health NHS Foundation Trust

Council of Governors

CoG 10/2024
(Agenda item: 05)

12 June 2024

Triangle of care within Buckinghamshire Adult Mental Health Services (as experienced by a family in an adult Inpatient ward & a Crisis Team)

<u>For: Information</u>

Executive Summary

Oxford Health NHS FT has adopted the Triangle of Care, a therapeutic alliance between carers, service users and health professionals. It aims to promote safety and recovery and to sustain wellbeing by including and supporting carers.

A carer can be anyone of any age who provides unpaid support to someone who could not manage without their help, due to their illness, disability, frailty, mental ill health, or substance misuse. Anyone can become a carer. Carers come from all walks of life, all cultures and can be any age. They may be a wife, husband, parent, partner, son, friend or have any other relationship with someone who cannot manage without your support.

Summary of the story

The carer's journey focuses on the need for services to work together with the families and carers of our patients and the impact it can have on both the family and the patient when this doesn't happen.

It raises the questions; are we realising the benefits of working with families and carers to support our patient's recovery? Are we making enough progress to embed the Triangle of Care and adopt a culture where effective communication,

active listening, involvement and sharing of information with carers is a consistent part of our working practice.

It also demonstrates the challenges faced by services and raises many questions for example:
- What can be done differently from a leadership perspective to support and enable services (front line services) to adapt and change practices that promotes value and add value to people's experiences of our services?
- How can involvement be made involvement at all levels in someone's journey in the Trust?

Nine years since their son's first admission, the carer had hoped that their son's relapse and subsequent second admission would bring a better experience than the first. Since they had spent the past couple of years getting involved in the Trust's work through the Triangle of Care.

The carer explains "that we were always happy, at any time, to help you with the incredible work you do. We know it's not an easy job but equally it's not easy being an untrained carer either". The carer will be in attendance to tell their story.

About the services involved
Buckinghamshire Inpatient Unit
The inpatient unit provides services to adults of working age across Buckinghamshire. For some patients this may be a brief stay for intensive treatment and support, others who suffer from severe and enduring mental illness may require more frequent admissions.

The wards offer a multi-disciplinary team approach to the provision of patient care. The interventions include talking therapies, medical input, socialisation, and social skills as well as assessment of needs and medication.

This service forms part of the patient pathway and works in conjunction with our community mental health teams, crisis response and home treatment team, as well as assertive outreach and early intervention service.

Crisis response and home treatment team
The crisis team is a seven day a week specialist team of staff who support people who are in acute mental crisis to prevent admission to hospital where possible and facilitate early discharge from the inpatient wards with intensive home treatments. The team is run by staff who are psychiatrists, psychologists, nurses, social workers, occupational therapists, peer support workers and administrators.

Governance Route/Escalation Process

Nil

Statutory or Regulatory responsibilities

Nil

Recommendation

The CoG is asked to note their journey and feedback; the notable impact at various stages in their journey and how their experiences can influence and help us to improve how we work with carer and families by fully embedding all of the triangle of care standards.

Authors and Title: Diane (Di) Hilson- Carers Lead Trustwide

Rose Hombo **-** Deputy Director of Quality

Lead Executive Director: Britta Klinck Chief Nurse - CNO

NHS
Oxford Health
NHS Foundation Trust

**Report to the Meeting of the
Oxford Health NHS Foundation Trust**

Council of Governors

| **CoG 11/2024**
(Agenda item: 06) |

Wednesday 12 June 2024

Trust Chair's Report

For: Information

It is the time of year for both looking back – the Board will shortly receive the trust's annual report and accounts for 2023-24 – and for looking forward, for example at what might happen after the general election. The next government inherits a bulging file of mental health matters, affecting the work of the Care Quality Commission, the rights of detained patients and how boards such as ours best attend to the voice of the patient and carer – and that is all before questions of money and resources both for the NHS at large and for mental health. Though progress has been made in recent years, 'parity of esteem' for mental health remains an ambition rather than an achievement.

For us, the next few months brings added uncertainty, too, over the leadership of the trust. The Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board will this month seek to appoint a substantive chief executive. You may recall that we seconded the chief executive of Oxford Health, Dr Nick Broughton, to that role and it is possible that he will remain with BOB. We in turn need a substantive chief executive and we may be in the position to conduct a recruitment exercise shortly – and of course the candidates will not forget that we provide services not just in the BOB area but also in Bath, Swindon and Wiltshire and, just to make things a bit more complicated, we are involved in collaborations with other NHS trusts extending as far as Hampshire and Dorset.

Unfortunately, BOB faces financial pressure but Grant Macdonald, the interim chief executive of the trust, recently assured staff that it will not affect our core services – though we need to pursue maximum efficiency in how we use resources and trim costs where possible.

When you see the annual report, you will note the highpoints of the past year. They include the opening of the Meadow Unit at the Warneford Hospital, treating acutely unwell young people afflicted by eating disorders. They also include the

opening of the walk-in mental health hubs in prominent locations in Banbury, Abingdon and on the Cowley Road in Oxford, with others to open soon in Kidlington and Wantage. They will only thrive because of collaboration between the trust and voluntary bodies and local authorities but already have symbolised how far mental health has moved away from a world in which mentally ill people were shut away. When I am at the Warneford I look at those stone walls around the site. Nowadays they are part of the heritage – they will be a prized part of the redevelopment that we hope one day will secure government support. You will recall that after long negotiation we signed an agreement with the University of Oxford and a local philanthropist and developer to recycle the hospital buildings into a new college devoted to medical education while, on the rest of the site, we construct a new state-of-the-art mental hospital alongside research laboratories, dedicated to advancing knowledge about the mind and the brain.

I recently reported to the Nominations Committee of the council of governors on my appraisals of the non-executive directors and the appraisal of my tenure as chair conducted by the lead governor and the senior independent director of the trust. These are useful exercises, giving us all a chance to reflect on our work and how we might improve. The board, like the council of governors, is part of the 'governance' of the trust. Sometimes we seem bureaucratic; meetings can be long and their paperwork complicated. But the object of the exercise is simple: the board is accountable for the services we provide to people in need. If they fall below the required standard, we need to answer.

Can I offer a warm welcome to all the new and returning members of the council and look forward to working with you in the year to come.

Author and Title: David Walker, Trust Chair

Report to the Meeting of the

Oxford Health NHS Foundation Trust

Council of Governors

12 June 2024

Chief Executive's Report

Governor elections

I'd like to open my report by welcoming all the new and returning governors following the close of the governor election period towards the end of last month. For the new governors, I hope you find the role interesting and rewarding; for the returning governors, thank you for your continued support of the work of the Trust. Governors play an important role in representing some of the Trust's key stakeholders and in working with directors. For those of you able to attend them, I hope you found the induction sessions useful and I look forward to working with you in the future.

Pride month

June is Pride month, a time to celebrate and support the LGBTQIA+ community. To celebrate, the Trust is holding a number of events over the month, including a stall at this year's Oxford Pride celebration (Saturday 8th June). The Trust is also flying the 'Pride Progress' flag at key locations to signal its ongoing support and allyship to the LGBTQIA+ community. My thanks to all the staff volunteers for organising the events over the month and to great work of the LGBTQIA+ Equality Staff Network. Also over June, the Romani flag is flying at Trust sites to mark Gypsy, Roma & Traveller History Month.

International Nurses Day

To contribute to celebrations for International Nurses Day which took place on 12 May 2024, the Trust organised a number of events in the run up to and following the day and has used the occasion to launch a new nursing newsletter. The first edition of the newsletter includes a welcome from our Chief Nurse, Britta Klinck, and a focus on learning and development opportunities and quality improvement. I'd like to express my personal thanks to all our fantastic nurses who make such a remarkable difference to so many lives day in and day out.

Mental Health awareness week

Mental Health awareness week was held in May (13-19 May). The week has been running since 2001 and aims to give a national focus each year and raise awareness of the importance of good mental health. Public awareness and understanding of mental health has improved over the last 20 years and this has significantly improved the lives and life chances of many people, however there is always more to do.

As a leading NHS mental health provider Oxford Health is at the forefront of this work ranging from working with a variety of partners to help prevent mental health conditions before they become more acute - for example the Trust's Keystone Mental Health & Wellbeing hubs set up to support, treat and help to rehabilitate those with a range of mental health conditions.

New Mental Health & Wellbeing Hub, Cowley

A new Keystone Mental Health & Wellbeing hub opened over May in Cowley, Oxford. Adults experiencing mental health challenges are able to draw on support from the Keystone hubs and access support from NHS mental health professionals and Peer Support Workers (who have their own direct experience of mental health challenges). Hubs are linked to their local GP surgeries. The Cowley Keystone hub is also home to the Oxford Community Action (OCA) ran café – a welcoming and friendly place for people to meet and have a coffee.

The hub is one of three recently launched in Oxfordshire responding to needs for people to access more specialist mental health care at a local level via their GP surgery, and to improve communication between GPs and mental health services. The other hubs are in Banbury and Abingdon – there are plans to open hubs in Kidlington and Wantage in the future.

Mental health first aiders – fifth anniversary

April marked the fifth anniversary of Mental Health First Aiders at the Trust. Mental Health First Aiders are Trust colleagues trained to identify, listen, reassure and help colleagues who may be experiencing challenges with their mental health – this can make a real difference by giving someone the help they need when they need it most.

Over the five years, the Trust has trained over 500 Mental Health First Aiders working to the target of one in ten staff being training in the role. The training has been led by a team within Learning & Development since April 2019 and the five-year anniversary sees the team meeting the national training targets. My thanks to the team and all those who have done the training and put it to good use supporting the wellbeing of colleagues and those around us.

Luther Street Medical Centre

I was very pleased to visit the newly refurbished Luther Street Medical Centre earlier this month and to meet with some of the staff there. The centre is an award-winning GP surgery and has been providing important healthcare and support for people who are homeless or vulnerably housed in Oxford city for nearly forty years.

I really valued speaking with staff there and was very impressed by the relationships built up with population they serve. It is an important facility and although the refurbishment may be seen as a small change it makes a big difference to the experience of those using and working there.

Royal College of Psychiatry awards

Trust colleagues had significant success at the recent awards of the Royal College of Psychiatry with twelve colleagues winning or securing a finalist positions across a range of categories. My congratulations to all the winners and shortlisted finalists:

Dr Monty Lyman (Trainee innovator of the year); Dr Shah F Tarfarosh (Trainee peer of the year); Dr Bethany Elder (finalist – Foundation doctor of the year); Dr Isabel Leach & Dr Anneka Tomlinson (finalists – Core trainee of the year); Dr Heidi Cooper, Dr Douglas Kohler & Dr Anna Mead-Robson (finalists – Higher trainee of the year); Dr Douglas Kohler (finalist – Trainee peer of the year); Dr Jacek Lindner (finalised – Trainee innovator of the year); Dr Hasanen Al-Taiar & Dr Daniel Maughan (finalists – Psychiatric trainer of the year); and Prof Rupert McShane and Dr Jacek Lindner (finalist - Psychiatric Trainer and Trainee Project of the Year 2024).

Oxfordshire Healthy Children and Young People's Public Health Service

Following the Trust's successful tendering to continue provision of the Oxfordshire Healthy Children and Young People's Public Health Service; the service is now being rolled-out across the county from April. The new service - which brings together health visiting, school health nursing and the family nurse partnership into an integrated service has given the Trust an opportunity to improve the way services for families and young people access and are provided with services.

The new 0-19 model retains the wealth of experience and commitment of the Trust's existing teams and brings in effective ways of working including access to the service through a single point of access team. Key aspects of the new service include health visitors, community public health nurses and community public health associates who will working with children up to eight years old where there are known concerns or vulnerabilities, and the introduction of a new universal four-year health and development review.

Research work on blood biomarkers in dementia

In early April, it was great to see the colleagues gaining national media attention for research work on blood biomarkers in dementia. The BBC coverage featured Oxford Health's Research & Development Director, Dr Vanessa Raymont. Dr Raymont is Senior Clinical Researcher and Honorary Consultant Psychiatrist for Oxford University. It was great to see this important work being recognised: Alzheimer's: Thousands to trial blood tests for dementia - BBC News.

Administrative & Clerical conference

On the 16th April a series of sessions were held focused on the Trust's administrative and clerical staff. Administrative & Clerical colleagues are critical to the smooth running

of clinical services and the management and support of the corporate services. It's a large cohort of staff and includes key roles such as ward clerks, team administrators, receptionists, and many more, but can sometimes be overlooked as a profession. I attended the opening session of the day and greatly valued the conversations, questions and feedback from colleagues.

<u>Financial year</u>

The NHS's planning year runs from April to March so as a Trust we have been recently undertaking service and financial planning for the forthcoming year. The national guidance that determines national and local priorities was released later than is usual, so we have just been finalising plan associated with budgets over the last month or so. Money is tight so the Trust will need to work with healthcare providers to continue to build a more sustainable service offering based on a sustainable financial position for the months and years ahead.

The Trust has set a broadly balanced budget for the year to April 2025. Nonetheless, we do need to ensure that we continue to meet set budgets and get the best value for money possible and as a result we have enhanced our review and scrutiny of spend in particular for use of agency staff, and recruitment to roles not directly linked to specific clinical or statutory requirements. I and the senior management team will continue to focus on the sustainability of services and will provide further updates to council meetings.

<u>Executive team update</u>

Lastly, I'd like to welcome Georgia Denegri to the Trust as the Associate Director of Corporate Affairs replacing Kerry Rogers on an interim basis following her departure the Trust at the end of April 2024.

Grant Macdonald, Chief Executive

Report to the Meeting of the Oxford Health NHS Foundation Trust

CoG 13/2024
(Agenda item: 09)

Council of Governors

12th June 2024

2024 Staff Survey Results

For: Information

Executive Summary

The annual staff survey results for Oxford Health have been received by the Trust. The attached slide deck in Appendix A presents the headline information which was presented to the Board for their review and feedback on 27th March 2024 and to People Leadership and Culture Committee on the 30 April 2024. Further analysis of the results will come to the July People Leadership and Culture Committee.

Since the presentation to the Board, the organisational actions in response have been defined. These include continuation of work to improve the quality of PDRs, further work to embed the outputs of the three Race Equality Quality Improvement Projects, together with a programme of work which focuses on supporting team effectiveness and developing 'How we do Things' at Oxford Health (our culture).

Also since the Board and April People Leadership and Culture Committee, the national team have given the green light for Providers to report on the Safe and Healthly scores and these are now include in this report. The OD team are in the process of ensuring directorate are updated and the Safe and Healthly scores are available via our TOBI business intelligence system.

The Council of Governors are invited to note this report.

Summary of Trust Position 2022 vs 2023 using People Promise Indicators

The table below shows that the Trust scores increased from 2022 on all reported People Promise Indicators, which reflects all the work in the previous 12 months.

The '*We are always learning*' element has increased the most since 2022, from 5.53 to 6.01. This is mainly due to the increases across numbers of staff reporting they had an appraisal in the last 12 months and being able to access the right learning and development opportunities.

People Promise elements	2022 score	2022 respondents	2023 score	2023 respondents	Statistically significant change?*
We are compassionate and inclusive	7.63	3275	7.72	3321	Significantly higher
We are recognised and rewarded	6.28	3274	6.52	3328	Significantly higher
We each have a voice that counts	7.01	3258	7.08	3312	Not statistically significant
We are safe and healthy	6.20	3258	6.38	3314	Significantly higher
We are always learning	5.51	3049	6.00	3108	Significantly higher
We work flexibly	6.51	3264	6.75	3314	Significantly higher
We are a team	7.10	3272	7.22	3320	Significantly higher

Themes	2022 score	2022 respondents	2023 score	2023 respondents	Statistically significant change?
Staff engagement	7.09	3276	7.19	3330	Significantly higher
Morale	5.95	3275	6.16	3330	Significantly higher

Comparison to National Comparator organisations and BOB Providers

Whilst it is important to set out where we have seen improvements its equally important to benchmark how we compare to comparator groups. The graph below shows how the Trust scored in comparison to the national benchmark median – the 'average result'.

As a Trust that delivers both Community Care Services and Mental Health Services, Oxford Health's benchmarking group is 'Mental Health & Learning Disability and Mental Health, Learning Disability & Community Trusts'.

People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score.**

	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Your org	7.72	6.52	7.08	6.38	6.00	6.75	7.22	7.19	6.16
Best result	7.93	6.90	7.34	6.68	6.45	7.25	7.47	7.45	6.61
Average result	7.58	6.41	7.01	6.38	5.93	6.84	7.18	7.11	6.17
Worst result	7.14	6.04	6.23	5.84	5.17	6.23	6.90	6.46	5.21
Responses	3321	3328	3312	3314	3108	3314	3320	3330	3330
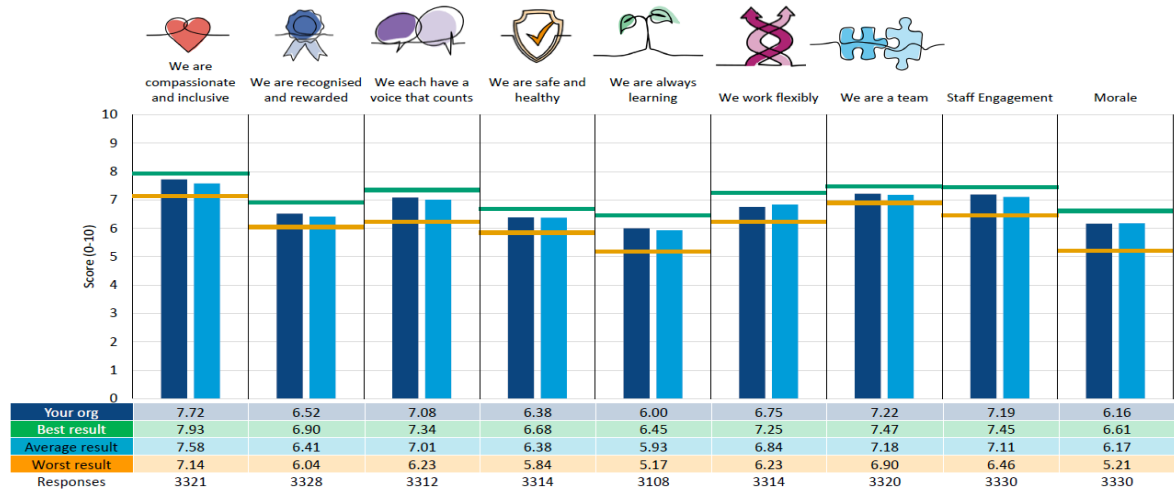
The table below shows how we compare with the BOB Trust average:

| People Promise Element	Trust Score	Benchmarked group median score	BOB Score
We are compassionate and Inclusive	7.72	7.58	7.48
We are recognised and rewarded	6.52	6.41	6.19
We each have a voice that counts	7.09	7.01	6.93
We are safe and healthy	6.38	6.38	6.28
We are always learning	6.01	5.93	5.92
We work flexibly	6.76	6.84	6.41
We are a team	7.22	7.18	6.99
Staff Engagement	7.19	7.11	7.14
Staff Morale	6.16	6.17	6.07

- All 7 of the Trust's People Promise element scores scored higher than the BOB ICS scores.

- 5 of the 7 People Promise Elements scored higher than the median result for the benchmarked group: -

- The Trust's score for the 'We are safe and healthy' element was in line with the median benchmark group at 6.38 and was slightly above the BOB ICS score of 6.28. This element contains questions such as 'Enough staff at my organisation to do my job properly' which scored 28%; this is just above the BOB ICS score of 27.1% and below the national benchmark median of 30.8%, and 'Have realistic time pressures which scored 23.5% compared with 25.6% for the BOB ICS and 34.4% against the national benchmark median. This reflects the ongoing recruitment and retention challenges in our region.

- The only Trust People Promise element to score lower than the national benchmark was 'We work flexibly'; The Trust score was 6.75 compared to the median benchmarked score of 6.84 although it was 0.35 above the BOB ICS score of 6.41. This element has already been identified as an area of focus for 2024.

- Although the 'We are always learning' element has increased the most since 2022, and it is above both the national benchmark median and the BOB ICS, the specific questions on the quality of appraisal are approximately 1- 3% lower compared with the national benchmark median and the BOB ICS. This is an area that the PDR Project group will continue to focus on for 2024.

Information on the organisational actions in response is outlined on page 7 of this report.

Situation

The response rate for the 2023 survey was 51% with 3,339 members of staff from across the Trust completing the survey, compared with the average median result for our Trust's benchmarking group of 52%.

Year on Year Response Rate - 2018 - 2023
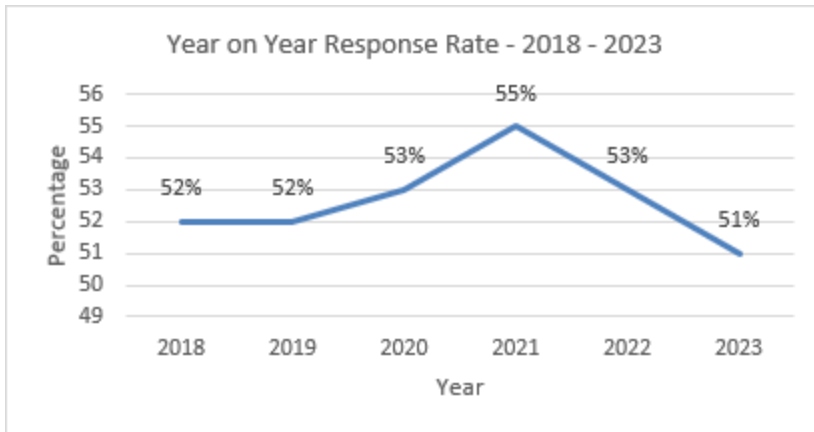
This was a decrease of 2% compared with 2022 when the response rate was 53% in 2022. The highest response rate in the six years was in 2021 when 55% of staff completed the survey. Response rates for the 2023 survey are at a broadly similar level to the pre-covid years of 2018/2019 of 52%.

Background
The NHS Staff Survey aligns with the NHS People Promise. A total of 118 standard questions were asked in the 2023 survey, this includes 18 demographic questions. A total of 97 out of 100 questions can be compared historically (not including the demographic data).

There were 2 new questions for 2023 – one on whether staff have been the target of unwanted behaviour of a sexual nature in the workplace and the other one on access to nutritious and affordable food while working. Whilst 3 questions relating to the Covid-19 pandemic were removed for 2023.

A more detailed set of data is attached in Appendix A.

Assessment

People Promise scores for Directorates (Slides 6 – 14)
The attached slide deck in appendix A contains a breakdown of results by Directorates. The results show that **Buckinghamshire Mental Health**, **Oxford & BSW Mental Health, Primary, Community & Dental Health, Forensic Services** all had improved results from 2022.

Learning Disabilities, **Corporate Services** and **Research & Development** scores had declined from 2022. In Corporate Services, where requested specific slide

decks drilling down into the results have been produced for Estates and Facilities and HR and Learning & Development.

The biggest increase across all services was the 'We are always Learning' score which is in part can be attributed to the successful PDR season mentioned above.

Staff Groups results (Slides 15 – 22)

The attached Appendix A contains a full break down of Staff Groups, and it is encouraging to see the improved results for Nursing compared to 2022 scores:

Section	Q	Description	Comparator (Organisation Overall) 2023 n = 3339	Nursing and Midwifery Registered 2022 n = 840	Nursing and Midwifery Registered 2023 n = 858
People Promise element 1: We are compassionate and inclusive	PP1	We are compassionate and inclusive score	7.7	7.70	7.78
People Promise element 2: We are recognised and rewarded	PP2	We are recognised and rewarded score	6.5	6.15	6.40
People Promise element 3: We each have a voice that counts	PP3	We each have a voice that counts score	7.1	7.17	7.23
People Promise element 4: We are safe and healthy	PP4	We are safe and healthy score	6.4	5.90	5.96
People Promise element 5: We are always learning	PP5	We are always learning score	6.0	5.75	6.22
People Promise element 6: We work flexibly	PP6	We work flexibly score	6.8	6.36	6.61
People Promise element 7: We are a team	PP7	We are a team score	7.2	7.20	7.32
Theme: Staff Engagement	E_4	Staff Engagement Score	7.2	7.20	7.29
Theme: Morale	M_4	Morale score	6.2	5.76	5.89

The Medical and Dental scores have also improved on the 2022 scores, but it is worth highlighting that, 95 Medical and Dental colleagues completed the survey in 2023, which was down from 135 colleagues in 2022. (The 'n' gives the number of people who responded to the survey).

Section	Q	Description	Comparator (Organisation Overall) 2023 n = 3339	Medical and Dental 2022 n = 135	Medical and Dental 2023 n = 95
People Promise element 1: We are compassionate and inclusive	PP1	We are compassionate and inclusive score	7.7	7.10	7.25
People Promise element 2: We are recognised and rewarded	PP2	We are recognised and rewarded score	6.5	6.06	6.29
People Promise element 3: We each have a voice that counts	PP3	We each have a voice that counts score	7.1	6.27	6.42
People Promise element 4: We are safe and healthy	PP4	We are safe and healthy score	6.4	5.57	5.84
People Promise element 5: We are always learning	PP5	We are always learning score	6.0	5.38	5.69
People Promise element 6: We work flexibly	PP6	We work flexibly score	6.8	5.94	6.21
People Promise element 7: We are a team	PP7	We are a team score	7.2	6.48	6.56
Theme: Staff Engagement	E_4	Staff Engagement Score	7.2	6.46	6.66
Theme: Morale	M_4	Morale score	6.2	5.48	5.71

Protected Characteristic Results (Slide 23 – 28)

The staff survey data allows insights into the experience of staff by protected characteristics which is invaluable to driving improvement across the Trust.

It is encouraging to see improved results across different ethnic groups when compared to 2022 results.

Section	Q	Description	Comparator (Organisation Overall) n = 3339	White 2022 n = 2671	White 2023 n = 2681	Mixed/Multiple ethnic groups 2022 n = 74	Mixed/Multiple ethnic groups 2023 n = 92	Asian/Asian British 2022 n = 221	Asian/Asian British 2023 n = 220	Black/African/Caribbean/Black British 2022 n = 239	Black/African/Caribbean/Black British 2023 n = 272	Other ethnic groups 2022 n = 42	Other ethnic groups 2023 n = 41	I would prefer not to say 2022 n = 0	I would prefer not to say 2023 n = 41
People Promise element 1: We are compassionate and inclusive	PP1	We are compassionate and inclusive score	7.72	7.69	7.74	7.60	7.77	7.45	7.66	7.46	7.77	7.12	7.44	*	7.44
People Promise element 2: We are recognised and rewarded	PP2	We are recognised and rewarded score	6.52	6.32	6.52	6.45	6.64	6.31	6.55	6.03	6.56	5.81	6.57	*	6.57
People Promise element 3: We each have a voice that counts	PP3	We each have a voice that counts score	7.09	7.04	7.06	6.86	7.10	7.06	7.23	6.97	7.41	6.53	6.67	*	6.67
People Promise element 4: We are safe and healthy	PP4	We are safe and healthy score	6.37	6.15	6.33	6.23	6.38	6.44	6.60	6.36	6.67	5.87	6.16	*	6.16
People Promise element 5: We are always learning	PP5	We are always learning score	6.01	5.44	5.90	5.74	6.12	5.79	6.42	6.33	6.90	5.77	5.87	*	5.87
People Promise element 6: We work flexibly	PP6	We work flexibly score	6.76	6.51	6.77	6.37	6.72	6.57	6.75	6.28	6.74	6.04	6.64	*	6.64
People Promise element 7: We are a team	PP7	We are a team score	7.22	7.10	7.19	7.35	7.31	7.12	7.32	7.23	7.62	6.92	7.16	*	7.16
Theme: Staff Engagement	E_4	Staff Engagement Score	7.19	7.07	7.12	7.02	7.25	7.41	7.45	7.35	7.80	6.53	7.07	*	7.07
Theme: Morale	M_4	Morale score	6.16	5.92	6.11	5.93	6.17	6.24	6.48	6.05	6.51	5.72	6.02	*	6.02

Free Text Commentary

Last year Picker (the provider of the Staff Survey) offered a service to analyse the free text commentary which staff can leave as part of the staff survey submission. Unfortunately, this year Picker confirmed very late in the process that they are not offering this service and so other options are being explored, including using the Trust AI project to review and summarise the data. A further update will be shared once this new approach to this valuable data has been completed.

Key Organisational Actions in Response

For 2024, the Trust will continue its focus on work already in progress and some of the key priority areas are outlined below:

- Improving the quality of Personal Development Reviews (PDRs) - significant progress has been made to improve the experience of staff with the increase in those reporting they have had a Personal Development Review (PDR) in the last 12 months. Focus continues to be on improving the quality of PDRs through the PDR QI Project Group. Mechanisms in place to monitor progress are through the PDR questions in the national Staff Survey as well as through qualitative feedback via our Equality Networks.

- **Race Equality** - Three projects have been developed in line with Quality Improvement principles. These projects are based on areas for improvement indicated by the Workforce Race Equality Standards (WRES) data indicators. These include an objective to increase the perception and experience amongst Black, Asian and Minority Ethnic (BAME) staff that the Trust provides equal opportunities for career progression or promotion to at least the national average of 69% by 2025. We will review progress against these in light of the most recent WRES data and Race Equality Action Plan for 2024/25 will set out our main priorities – this will be reviewed by the EDI Steering Group in July 2024

- **Team Development** – a programme of work is being developed which focuses on supporting team effectiveness and developing 'How we do Things' at Oxford Health (our culture). Reviewing the 'We are a team' staff survey data will enable us to track progress with this project.

- **Flexible working** – As the 'we work flexibly' element is the only one which is below the national benchmark median this has been prioritised as an action. The Trust is part of Cohort 2 of the national NHSE Retention Exemplar Programme, and a dedicated People Promise Manager has been appointed to review and develop a project to support flexible working (and remove the barriers to it) across the Trust.

- **Recruitment & Retention** – work is underway to reduce the time to hire for candidates, as well as the development of a Staff Handbook for new starters. A range of Recruitment Events are being held across the Trust's geographical area along with attendance at nursing job fairs across the county. A project group is also looking at how we can further reduce early turnover using the QI approach.

This above alongside ongoing work from the Wellbeing and Equality, Diversity & Inclusion Teams to continue to support staff with their wellbeing at work through the extensive number of staff networks and support groups and a dedicated wellbeing offer that includes physical, spiritual and psychological resources.

Support / Resources to support Action

- Results are available by Directorate, Service and Team, as well as Trust level EDI data, on the revised, user-friendly visual dashboard TOBI (Trust Online Business Intelligence) platform.

- Results have been presented to the Senior Leadership Teams in each Directorate in March. They are currently reviewing and deciding how they would like to take action on the feedback with support from Human Resources and Organisational Development team.

- The OD team's offer of 1:1 coaching, and support has been available since the embargo lifted on 7th March 2024. In 2023, 30% of teams took up this offer and found it useful as part of their development of their 'one action'.

- The OD team has met with all 5 of the Staff Equality Networks to facilitate a session with the network Exec Sponsors to support the development of EDI action and the results of the survey with special reference to protected characteristics will be discussed at the upcoming July EDI Steering Group.

Governance Route/Approval Process

The Staff Survey results have been presented at the Extended Leadership Team Meeting on 5 February 2024, the Trust Board on 27 March 2024 and the People Leadership Committee on 30th April 2024. Further analysis is on the agenda for the July People Leadership and Culture Committee.

The results were discussed with Staff Side informally on 14 March and were presented formally at the Staff Partnership, Negotiation and Consultation Committee (SPNCC) on the 10th April.

The OD team have also presented the results through the lens of the protected characteristics to the 5 EDI Staff Networks and will be further discussed at the July EDI Steering Group.

Recommendation

The Council of Governors is invited to note the report.

Author and Title: Jo Whall, Organisational Development Consultant

**Lead Executive Director: Charmaine De Souza, Chief People Officer**

1. *Strategic Objectives/Priorities – this report relates to or provides assurance and evidence against the following Strategic Objective(s)/Priority(ies) of the Trust:*

1) Quality - Deliver the best possible care and health outcomes
  Strategic risk themes: triangulating data and learning to drive Quality Improvement; Demand and Capacity (Mental Health inpatient and Learning Disabilities); and Demand and Capacity (Community Oxfordshire).

2) People - Be a great place to work
  Strategic risk themes: Workforce Planning; Recruitment; Succession Planning, Organisational and Leadership Development; Culture; and Retention.

3) Sustainability – Make best use of our resources and protect the environment
  Strategic risk themes: planning and decision-making at System and Place level and collaborative working with Partners; governance of external Partners; Financial Sustainability; Governance and decision-making arrangements; Business Planning; Information Governance & Cyber Security; Single Data Centre; Business Continuity and Emergency Planning; Environmental Impact; and Major Capital Projects.

4) Research and Education – Become a leader in healthcare research and education
  Strategic risk themes: failure to realise Research and Development potential.

Appendices

Appendix A – PowerPoint Slide Deck of Results

2023 Staff Survey 'People Promise' Results
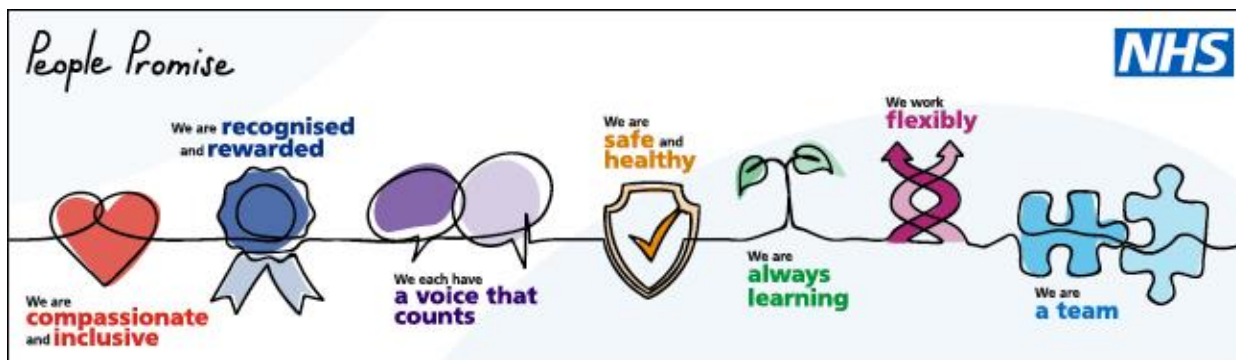
Putting the Results into Context

- The NHS Staff Survey aligns with the People Promise. A promise to ensure that every voice is heard from every background and across every role.

- The overall Trust response was 51% with 3,339 people across the Trust completing the survey.

- The overall results show an improvement on every element of the People Promise. The results are benchmarked against 2022 scores to identify and show the improvement journey the Trust is on.

Caring, safe and excellent

Trust scores by the People Promise Elements / Themes 2022 vs 2023

People Promise elements	2022 score	2022 respondents	2023 score	2023 respondents	Statistically significant change?*
We are compassionate and inclusive	7.63	3275	7.72	3321	Significantly higher
We are recognised and rewarded	6.28	3274	6.52	3328	Significantly higher
We each have a voice that counts	7.01	3258	7.08	3312	Not statistically significant
We are safe and healthy	6.20	3258	6.38	3314	Significantly higher
We are always learning	5.51	3049	6.00	3108	Significantly higher
We work flexibly	6.51	3264	6.75	3314	Significantly higher
We are a team	7.10	3272	7.22	3320	Significantly higher

Themes	2022 score	2022 respondents	2023 score	2023 respondents	Statistically significant change?
Staff engagement	7.09	3276	7.19	3330	Significantly higher
Morale	5.95	3275	6.16	3330	Significantly higher

Caring, safe and excellent

People Promise scores benchmarked nationally

People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Your org	7.72	6.52	7.08	6.38	6.00	6.75	7.22	7.19	6.16
Best result	7.93	6.90	7.34	6.68	6.45	7.25	7.47	7.45	6.61
Average result	7.58	6.41	7.01	6.38	5.93	6.84	7.18	7.11	6.17
Worst result	7.14	6.04	6.23	5.84	5.17	6.23	6.90	6.46	5.21
Responses	3321	3328	3312	3314	3108	3314	3320	3330	3330
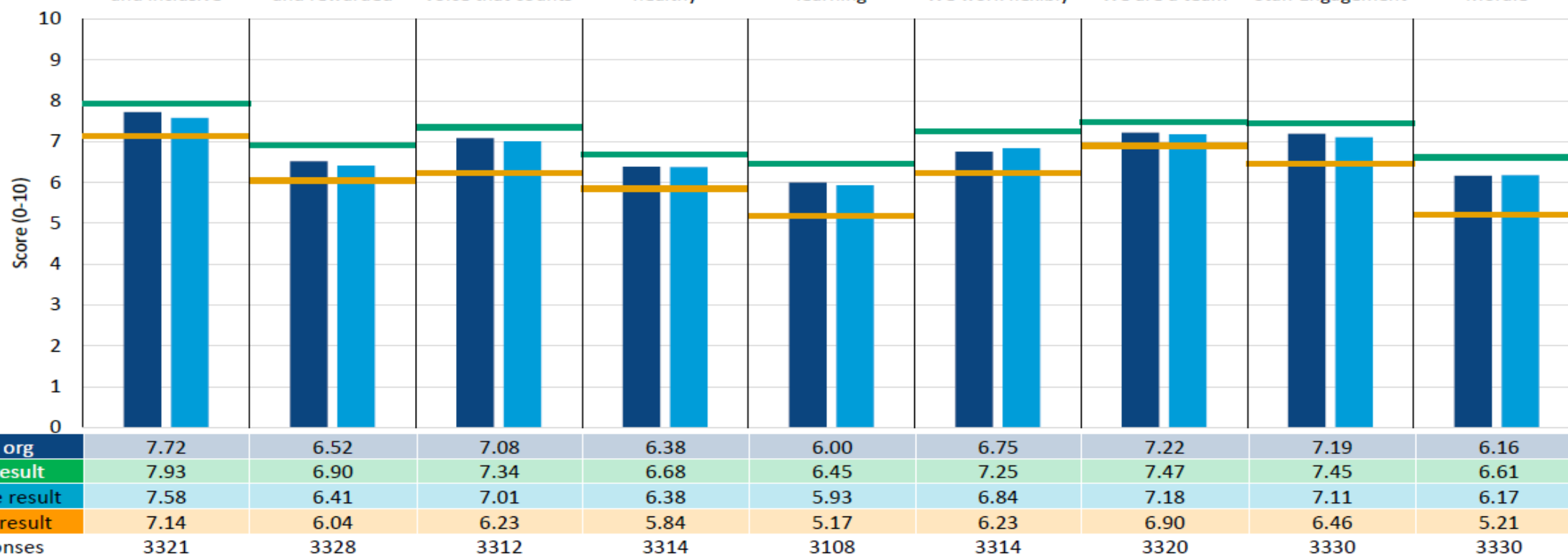
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People Promise Scores for Services

People Promise Scores for Buckinghamshire Mental Health

Section	Q	Description	Comparator (Organisation Overall)	Buckinghamshire Mental Health 2022	Buckinghamshire Mental Health 2023
			n = 3339	n = 442	n = 447
People Promise element 1: We are compassionate and inclusive	PP1	We are compassionate and inclusive score	7.72	7.47	7.64
People Promise element 2: We are recognised and rewarded	PP2	We are recognised and rewarded score	6.52	6.14	6.37
People Promise element 3: We each have a voice that counts	PP3	We each have a voice that counts score	7.09	6.71	6.84
People Promise element 4: We are safe and healthy	PP4	We are safe and healthy score	6.37	6.08	6.44
People Promise element 5: We are always learning	PP5	We are always learning score	6.01	5.36	5.81
People Promise element 6: We work flexibly	PP6	We work flexibly score	6.76	6.53	6.94
People Promise element 7: We are a team	PP7	We are a team score	7.22	7.03	7.16
Theme: Staff Engagement	E_4	Staff Engagement Score	7.19	6.74	7.00
Theme: Morale	M_4	Morale score	6.16	5.89	6.24

RAG explanation Green = 2023 score above the 2022 score Amber = 2023 score the same as 2022 score Red = 2023 score lower than 2022 score

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People Promise Scores for Oxford & BSW Mental Health

Section	Q	Description	Comparator (Organisation Overall)	Oxfordshire & Bsw Mental Health 2022	Oxfordshire & Bsw Mental Health 2023
			n = 3339	n = 797	n = 800
People Promise element 1: We are compassionate and inclusive	PP1	We are compassionate and inclusive score	7.72	7.61	7.76
People Promise element 2: We are recognised and rewarded	PP2	We are recognised and rewarded score	6.52	6.29	6.58
People Promise element 3: We each have a voice that counts	PP3	We each have a voice that counts score	7.09	6.97	7.10
People Promise element 4: We are safe and healthy	PP4	We are safe and healthy score	6.37	5.99	6.26
People Promise element 5: We are always learning	PP5	We are always learning score	6.01	5.45	5.93
People Promise element 6: We work flexibly	PP6	We work flexibly score	6.76	6.30	6.61
People Promise element 7: We are a team	PP7	We are a team score	7.22	7.01	7.20
Theme: Staff Engagement	E_4	Staff Engagement Score	7.19	7.06	7.24
Theme: Morale	M_4	Morale score	6.16	5.84	6.20

RAG explanation Green = 2023 score above the 2022 score Amber = 2023 score the same as 2022 score Red = 2023 score lower than 2022 score

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People Promise Scores for Learning Disabilities

Section	Q	Description	Comparator (Organisation Overall)	Learning Disabilities 2022	Learning Disabilities 2023
			n = 3339	n = 62	n = 59
People Promise element 1: We are compassionate and inclusive	PP1	We are compassionate and inclusive score	7.72	8.22	8.12
People Promise element 2: We are recognised and rewarded	PP2	We are recognised and rewarded score	6.52	7.11	7.19
People Promise element 3: We each have a voice that counts	PP3	We each have a voice that counts score	7.09	7.54	7.41
People Promise element 4: We are safe and healthy	PP4	We are safe and healthy score	6.37	6.50	6.41
People Promise element 5: We are always learning	PP5	We are always learning score	6.01	6.05	6.45
People Promise element 6: We work flexibly	PP6	We work flexibly score	6.76	7.74	7.45
People Promise element 7: We are a team	PP7	We are a team score	7.22	7.77	7.45
Theme: Staff Engagement	E_4	Staff Engagement Score	7.19	7.46	7.57
Theme: Morale	M_4	Morale score	6.16	6.35	6.31

RAG explanation Green = 2023 score above the 2022 score Amber = 2023 score the same as 2022 score Red = 2023 score lower than 2022 score

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People Promise Scores for Primary, Community & Dental Care

NHS Oxford Health NHS Foundation Trust

Section	Q	Description	Comparator (Organisation Overall)	Primary, Community And Dental Care 2022	Primary, Community And Dental Care 2023
			n = 3339	n = 1154	n = 1137
People Promise element 1: We are compassionate and inclusive	PP1	We are compassionate and inclusive score	7.72	7.76	7.77
People Promise element 2: We are recognised and rewarded	PP2	We are recognised and rewarded score	6.52	6.15	6.38
People Promise element 3: We each have a voice that counts	PP3	We each have a voice that counts score	7.09	7.11	7.10
People Promise element 4: We are safe and healthy	PP4	We are safe and healthy score	6.37	6.07	6.19
People Promise element 5: We are always learning	PP5	We are always learning score	6.01	5.55	6.00
People Promise element 6: We work flexibly	PP6	We work flexibly score	6.76	6.34	6.55
People Promise element 7: We are a team	PP7	We are a team score	7.22	7.13	7.21
Theme: Staff Engagement	E_4	Staff Engagement Score	7.19	7.16	7.18
Theme: Morale	M_4	Morale score	6.16	5.81	5.91

RAG explanation Green = 2023 score above the 2022 score Amber = 2023 score the same as 2022 score Red = 2023 score lower than 2022 score

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People Promise Scores for Forensic Services

Section	Q	Description	Comparator (Organisation Overall)	Forensic Services 2022	Forensic Services 2023
			n = 3339	n = 235	n = 217
People Promise element 1: We are compassionate and inclusive	PP1	We are compassionate and inclusive score	7.72	7.33	7.71
People Promise element 2: We are recognised and rewarded	PP2	We are recognised and rewarded score	6.52	5.88	6.43
People Promise element 3: We each have a voice that counts	PP3	We each have a voice that counts score	7.09	6.97	7.44
People Promise element 4: We are safe and healthy	PP4	We are safe and healthy score	6.37	6.23	6.52
People Promise element 5: We are always learning	PP5	We are always learning score	6.01	6.01	6.51
People Promise element 6: We work flexibly	PP6	We work flexibly score	6.76	6.10	6.76
People Promise element 7: We are a team	PP7	We are a team score	7.22	7.03	7.39
Theme: Staff Engagement	E_4	Staff Engagement Score	7.19	7.14	7.43
Theme: Morale	M_4	Morale score	6.16	6.02	6.35

RAG explanation Green = 2023 score above the 2022 score Amber = 2023 score the same as 2022 score Red = 2023 score lower than 2022 score

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People Promise Scores for Corporate Services

Section	Q	Description	Comparator (Organisation Overall)	Corporate 2022	Corporate 2023
			n = 3339	n = 414	n = 594
People Promise element 1: We are compassionate and inclusive	PP1	We are compassionate and inclusive score	7.72	7.72	7.60
People Promise element 2: We are recognised and rewarded	PP2	We are recognised and rewarded score	6.52	6.83	6.77
People Promise element 3: We each have a voice that counts	PP3	We each have a voice that counts score	7.09	7.18	7.03
People Promise element 4: We are safe and healthy	PP4	We are safe and healthy score	6.37	6.61	6.70
People Promise element 5: We are always learning	PP5	We are always learning score	6.01	5.55	5.99
People Promise element 6: We work flexibly	PP6	We work flexibly score	6.76	7.26	7.04
People Promise element 7: We are a team	PP7	We are a team score	7.22	7.35	7.20
Theme: Staff Engagement	E_4	Staff Engagement Score	7.19	7.32	7.14
Theme: Morale	M_4	Morale score	6.16	6.34	6.38

RAG explanation Green = 2023 score above the 2022 score Amber = 2023 score the same as 2022 score Red = 2023 score lower than 2022 score

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People Promise Scores for Pharmacy Store, Provider Collaborative Commissioning and Research & Development

Section	Q	Description	Comparator (Organisation Overall)	Oxford Pharmacy Store 2022*	Oxford Pharmacy Store 2023	Provider Collaborative Commissioning 2022*	Provider Collaborative Commissioning 2023	Research & Development 2022	Research & Development 2023
			n = 3339	n = 0	n = 13	n = 0	n = 34	n = 43	n = 36
People Promise element 1: We are compassionate and inclusive	PP1	We are compassionate and inclusive score	7.72	*	7.71	*	8.30	7.84	7.65
People Promise element 2: We are recognised and rewarded	PP2	We are recognised and rewarded score	6.52	*	6.73	*	7.34	6.86	6.56
People Promise element 3: We each have a voice that counts	PP3	We each have a voice that counts score	7.09	*	7.72	*	7.95	7.47	6.91
People Promise element 4: We are safe and healthy	PP4	We are safe and healthy score	6.37	*	7.06	*	7.24	7.03	6.50
People Promise element 5: We are always learning	PP5	We are always learning score	6.01	*	6.06	*	6.56	6.08	6.50
People Promise element 6: We work flexibly	PP6	We work flexibly score	6.76	*	6.81	*	8.06	7.17	7.21
People Promise element 7: We are a team	PP7	We are a team score	7.22	*	7.20	*	8.19	7.48	7.35
Theme: Staff Engagement	E_4	Staff Engagement Score	7.19	*	7.61	*	7.92	7.37	6.93
Theme: Morale	M_4	Morale score	6.16	*	6.56	*	7.19	6.65	5.97

RAG explanation Green = 2023 score above the 2022 score Amber = 2023 score the same as 2022 score Red = 2023 score lower than 2022 score

Question review

Highest Scoring Questions	2022	2023
Q3b. Feel trusted to do my job	91.0%	91.5%
Q6a. Feel my role makes a difference to patients / services users	88.4%	89.4%
Q7e. Enjoy working with colleagues in a team	86.0%	86.8%
Q19b Staff encouraged to report errors / near misses / incidents	89.7%	90.4%
Q23a Received appraisal in the past 12 months	72.7%	87.3%

Most Improved Questions	2022	2023
Q23a Received appraisal in the past 12 months	72.7%	87.3%
Q4c Satisfied with level of pay	24.8%	33.9%
Q24e Able to access the right learning and development opportunities when I need to	59.8%	67.8%
Q19a Staff involved in an error / near miss . Incident treated fairly	63.4%	69.5%
Q12d Never / rarely exhausted by the thought of another day / shift at work	38.3%	43.3%

Lowest Scoring Questions	2022	2023
Q3i Enough staff at organisation to do my job properly	28.0%	32.7%
Q5a Have realistic time pressures	23.5%	26.9%
Q4c Satisfield with level of pay	24.8%	33.9%
Q23b Appraisal helped me improve how I do my job	22.6%	23.8%
Q23c Appraisal helped me agree clear objectives for my work	33.5%	35.0%

Most Declined Questions	2022	2023
Q2c Time often / always passes quickly when I am working	76.5%	75.2%
Q3a Always know what work responsibilities are	84.3%	83.9%
Q13d Last experience of physical violence reported	88.6%	86.0%
Q24a Organisation offers me challenging work	78.2%	76.2%
Q14c Not experienced harassment, bullying or abuse from colleagues	87.7%	86.5%

Despite being the Trust's lowest scores, they have all increased since 2022.

Despite being the Trust's most declined questions, none have dropped by more than 3%

People Promise scores by Staff Group

Staff Groups
People Promise Scores for Nursing & Midwifery Registered

Section	Q	Description	Comparator (Organisation Overall) 2023	Nursing and Midwifery Registered 2022	Nursing and Midwifery Registered 2023
			n = 3339	n = 840	n = 858
People Promise element 1: We are compassionate and inclusive	PP1	We are compassionate and inclusive score	7.7	7.70	7.78
People Promise element 2: We are recognised and rewarded	PP2	We are recognised and rewarded score	6.5	6.15	6.40
People Promise element 3: We each have a voice that counts	PP3	We each have a voice that counts score	7.1	7.17	7.23
People Promise element 4: We are safe and healthy	PP4	We are safe and healthy score	6.4	5.90	5.96
People Promise element 5: We are always learning	PP5	We are always learning score	6.0	5.75	6.22
People Promise element 6: We work flexibly	PP6	We work flexibly score	6.8	6.36	6.61
People Promise element 7: We are a team	PP7	We are a team score	7.2	7.20	7.32
Theme: Staff Engagement	E_4	Staff Engagement Score	7.2	7.20	7.29
Theme: Morale	M_4	Morale score	6.2	5.76	5.89

RAG explanation Green = 2023 score above the 2022 score Amber = 2023 score the same as 2022 score Red = 2023 score lower than 2022 score

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Staff Groups
People Promise Scores for Medical & Dental

Section	Q	Description	Comparator (Organisation Overall) 2023	Medical and Dental 2022	Medical and Dental 2023
			n = 3339	n = 135	n = 95
People Promise element 1: We are compassionate and inclusive	PP1	We are compassionate and inclusive score	7.7	7.10	7.25
People Promise element 2: We are recognised and rewarded	PP2	We are recognised and rewarded score	6.5	6.06	6.29
People Promise element 3: We each have a voice that counts	PP3	We each have a voice that counts score	7.1	6.27	6.42
People Promise element 4: We are safe and healthy	PP4	We are safe and healthy score	6.4	5.57	5.84
People Promise element 5: We are always learning	PP5	We are always learning score	6.0	5.38	5.69
People Promise element 6: We work flexibly	PP6	We work flexibly score	6.8	5.94	6.21
People Promise element 7: We are a team	PP7	We are a team score	7.2	6.48	6.56
Theme: Staff Engagement	E_4	Staff Engagement Score	7.2	6.46	6.66
Theme: Morale	M_4	Morale score	6.2	5.48	5.71

RAG explanation Green = 2023 score above the 2022 score Amber = 2023 score the same as 2022 score Red = 2023 score lower than 2022 score

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Staff Groups
People Promise Scores for Allied Health Professionals

Section	Q	Description	Comparator (Organisation Overall) 2023	Allied Health Professionals 2022	Allied Health Professionals 2023
			n = 3339	n = 280	n = 288
People Promise element 1: We are compassionate and inclusive	PP1	We are compassionate and inclusive score	7.7	7.92	7.89
People Promise element 2: We are recognised and rewarded	PP2	We are recognised and rewarded score	6.5	6.56	6.73
People Promise element 3: We each have a voice that counts	PP3	We each have a voice that counts score	7.1	7.14	7.31
People Promise element 4: We are safe and healthy	PP4	We are safe and healthy score	6.4	5.88	6.16
People Promise element 5: We are always learning	PP5	We are always learning score	6.0	5.58	6.35
People Promise element 6: We work flexibly	PP6	We work flexibly score	6.8	6.77	7.08
People Promise element 7: We are a team	PP7	We are a team score	7.2	7.36	7.33
Theme: Staff Engagement	E_4	Staff Engagement Score	7.2	7.19	7.31
Theme: Morale	M_4	Morale score	6.2	5.67	5.93

RAG explanation Green = 2023 score above the 2022 score Amber = 2023 score the same as 2022 score Red = 2023 score lower than 2022 score

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Staff Groups
People Promise Scores for Additional Scientific and Technical

Section	Q	Description	Comparator (Organisation Overall) 2023	Add Prof Scientific and Technic 2022	Add Prof Scientific and Technic 2023
			n = 3339	n = 347	n = 403
People Promise element 1: We are compassionate and inclusive	PP1	We are compassionate and inclusive score	7.7	7.64	7.69
People Promise element 2: We are recognised and rewarded	PP2	We are recognised and rewarded score	6.5	6.53	6.71
People Promise element 3: We each have a voice that counts	PP3	We each have a voice that counts score	7.1	6.97	6.89
People Promise element 4: We are safe and healthy	PP4	We are safe and healthy score	6.4	6.00	6.21
People Promise element 5: We are always learning	PP5	We are always learning score	6.0	5.45	5.92
People Promise element 6: We work flexibly	PP6	We work flexibly score	6.8	6.57	6.76
People Promise element 7: We are a team	PP7	We are a team score	7.2	7.10	7.16
Theme: Staff Engagement	E_4	Staff Engagement Score	7.2	6.98	7.06
Theme: Morale	M_4	Morale score	6.2	5.83	6.07

RAG explanation Green = 2023 score above the 2022 score Amber = 2023 score the same as 2022 score Red = 2023 score lower than 2022 score

Staff Groups
People Promise Scores for Additional Clinical Services

Section	Q	Description	Comparator (Organisation Overall) 2023	Additional Clinical Services 2022	Additional Clinical Services 2023
			n = 3339	n = 687	n = 689
People Promise element 1: We are compassionate and inclusive	PP1	We are compassionate and inclusive score	7.7	7.62	7.81
People Promise element 2: We are recognised and rewarded	PP2	We are recognised and rewarded score	6.5	6.02	6.37
People Promise element 3: We each have a voice that counts	PP3	We each have a voice that counts score	7.1	6.91	7.08
People Promise element 4: We are safe and healthy	PP4	We are safe and healthy score	6.4	6.24	6.51
People Promise element 5: We are always learning	PP5	We are always learning score	6.0	5.72	6.16
People Promise element 6: We work flexibly	PP6	We work flexibly score	6.8	6.19	6.50
People Promise element 7: We are a team	PP7	We are a team score	7.2	7.10	7.30
Theme: Staff Engagement	E_4	Staff Engagement Score	7.2	7.03	7.29
Theme: Morale	M_4	Morale score	6.2	6.07	6.40

RAG explanation Green = 2023 score above the 2022 score Amber = 2023 score the same as 2022 score Red = 2023 score lower than 2022 score

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Staff Groups
People Promise Scores for Administrative & Clerical

Section	Q	Description	Comparator (Organisation Overall) 2023	Administrative and Clerical 2022	Administrative and Clerical 2023
			n = 3339	n = 885	n = 897
People Promise element 1: We are compassionate and inclusive	PP1	We are compassionate and inclusive score	7.7	7.65	7.66
People Promise element 2: We are recognised and rewarded	PP2	We are recognised and rewarded score	6.5	6.48	6.65
People Promise element 3: We each have a voice that counts	PP3	We each have a voice that counts score	7.1	7.11	7.11
People Promise element 4: We are safe and healthy	PP4	We are safe and healthy score	6.4	6.59	6.80
People Promise element 5: We are always learning	PP5	We are always learning score	6.0	5.25	5.74
People Promise element 6: We work flexibly	PP6	We work flexibly score	6.8	6.89	7.12
People Promise element 7: We are a team	PP7	We are a team score	7.2	7.11	7.18
Theme: Staff Engagement	E_4	Staff Engagement Score	7.2	7.18	7.18
Theme: Morale	M_4	Morale score	6.2	6.19	6.37

RAG explanation Green = 2023 score above the 2022 score Amber = 2023 score the same as 2022 score Red = 2023 score lower than 2022 score

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Staff Groups
People Promise Scores for Estates & Ancillary

Section	Q	Description	Comparator (Organisation Overall) 2023	Estates and Ancillary 2022	Estates and Ancillary 2023
			n = 3339	n = 88	n = 96
People Promise element 1: We are compassionate and inclusive	PP1	We are compassionate and inclusive score	7.7	6.81	7.22
People Promise element 2: We are recognised and rewarded	PP2	We are recognised and rewarded score	6.5	5.83	6.39
People Promise element 3: We each have a voice that counts	PP3	We each have a voice that counts score	7.1	6.17	6.57
People Promise element 4: We are safe and healthy	PP4	We are safe and healthy score	6.4	6.71	7.00
People Promise element 5: We are always learning	PP5	We are always learning score	6.0	4.69	5.28
People Promise element 6: We work flexibly	PP6	We work flexibly score	6.8	5.64	6.02
People Promise element 7: We are a team	PP7	We are a team score	7.2	6.13	6.83
Theme: Staff Engagement	E_4	Staff Engagement Score	7.2	6.55	6.63
Theme: Morale	M_4	Morale score	6.2	6.07	6.49

RAG explanation Green = 2023 score above the 2022 score Amber = 2023 score the same as 2022 score Red = 2023 score lower than 2022 score

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People Promise scores by Protected Characteristics

Protected Characteristics
People Promise Scores for Disability

Section	Q	Description	Comparator (Organisation Overall)	Do you have a disability? Yes 2022	Do you have a disability? Yes 2023	Do you have a disability? No 2022	Do you have a disability? No 2023
			n = 3339	n = 799	n = 908	n = 2462	n = 2354
People Promise element 1: We are compassionate and inclusive	PP1	We are compassionate and inclusive score	7.72	7.40	7.49	7.72	7.82
People Promise element 2: We are recognised and rewarded	PP2	We are recognised and rewarded score	6.52	5.89	6.19	6.40	6.66
People Promise element 3: We each have a voice that counts	PP3	We each have a voice that counts score	7.09	6.67	6.77	7.12	7.22
People Promise element 4: We are safe and healthy	PP4	We are safe and healthy score	6.37	5.66	5.87	6.35	6.57
People Promise element 5: We are always learning	PP5	We are always learning score	6.01	5.15	5.69	5.65	6.13
People Promise element 6: We work flexibly	PP6	We work flexibly score	6.76	6.21	6.42	6.58	6.90
People Promise element 7: We are a team	PP7	We are a team score	7.22	6.84	6.94	7.19	7.34
Theme: Staff Engagement	E_4	Staff Engagement Score	7.19	6.75	6.88	7.20	7.32
Theme: Morale	M_4	Morale score	6.16	5.56	5.79	6.07	6.30

RAG explanation Green = 2023 score above the 2022 score Amber = 2023 score the same as 2022 score Red = 2023 score lower than 2022 score

Organisational comparator (n) is less than (n) for 2023 Yes and No scores combined as some staff did not answer this question on the survey

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Protected Characteristics
People Promise Scores for Ethnicity

Section	Q	Description	Comparator (Organisation Overall)	White 2022	White 2023	Mixed/ Multiple ethnic groups 2022	Mixed/ Multiple ethnic groups 2023	Asian/ Asian British 2022	Asian/ Asian British 2023	Black/ African/ Caribbean/ Black British 2022	Black/ African/ Caribbean/ Black British 2023	Other ethnic groups 2022	Other ethnic groups 2023	I would prefer not to say 2022	I would prefer not to say 2023
			n = 3339	n = 2671	n = 2681	n = 74	n = 92	n = 221	n = 220	n = 239	n = 272	n = 42	n = 41	n = 0	n = 41
People Promise element 1: We are compassionate and inclusive	PP1	We are compassionate and inclusive score	7.72	7.69	7.74	7.60	7.77	7.45	7.66	7.46	7.77	7.12	7.44	*	7.44
People Promise element 2: We are recognised and rewarded	PP2	We are recognised and rewarded score	6.52	6.32	6.52	6.45	6.64	6.31	6.55	6.03	6.56	5.81	6.57	*	6.57
People Promise element 3: We each have a voice that counts	PP3	We each have a voice that counts score	7.09	7.04	7.06	6.86	7.10	7.06	7.23	6.97	7.41	6.53	6.67	*	6.67
People Promise element 4: We are safe and healthy	PP4	We are safe and healthy score	6.37	6.15	6.33	6.23	6.38	6.44	6.60	6.36	6.67	5.87	6.16	*	6.16
People Promise element 5: We are always learning	PP5	We are always learning score	6.01	5.44	5.90	5.74	6.12	5.79	6.42	6.33	6.90	5.77	5.87	*	5.87
People Promise element 6: We work flexibly	PP6	We work flexibly score	6.76	6.51	6.77	6.37	6.72	6.57	6.75	6.28	6.74	6.04	6.64	*	6.64
People Promise element 7: We are a team	PP7	We are a team score	7.22	7.10	7.19	7.35	7.31	7.12	7.32	7.23	7.62	6.92	7.16	*	7.16
Theme: Staff Engagement	E_4	Staff Engagement Score	7.19	7.07	7.12	7.02	7.25	7.41	7.45	7.35	7.80	6.53	7.07	*	7.07
Theme: Morale	M_4	Morale score	6.16	5.92	6.11	5.93	6.17	6.24	6.48	6.05	6.51	5.72	6.02	*	6.02

RAG explanation Green = 2023 score above the 2022 score Amber = 2023 score the same as 2022 score Red = 2023 score lower than 2022 score

'I would prefer not to say' is a new question for 2023 which is why the (n) is zero for 2022'

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Protected Characteristics – Sexual orientation

Section	Q	Description	Comparator (Organisation Overall)	Heterosexual or straight 2022	Heterosexual or straight 2023	Gay or Lesbian 2022	Gay or Lesbian 2023	Bisexual 2022	Bisexual 2023	Other 2022	Other 2023	I would prefer not to say 2022	I would prefer not to say 2023
			n = 3339	n = 2829	n = 2899	n = 66	n = 62	n = 98	n = 103	n = 30	n = 29	n = 228	n = 220
People Promise element 1: We are compassionate and inclusive	PP1	We are compassionate and inclusive score	7.72	7.73	7.80	7.44	7.59	7.42	7.53	7.69	7.27	6.62	6.91
People Promise element 2: We are recognised and rewarded	PP2	We are recognised and rewarded score	6.52	6.37	6.60	5.99	6.52	5.97	6.22	6.37	6.13	5.27	5.65
People Promise element 3: We each have a voice that counts	PP3	We each have a voice that counts score	7.09	7.10	7.18	6.88	7.07	6.67	6.71	7.10	6.65	6.05	6.14
People Promise element 4: We are safe and healthy	PP4	We are safe and healthy score	6.37	6.25	6.44	5.73	6.19	5.70	5.94	5.96	5.94	5.54	5.73
People Promise element 5: We are always learning	PP5	We are always learning score	6.01	5.61	6.10	5.11	6.12	5.30	5.57	6.43	5.27	4.53	5.08
People Promise element 6: We work flexibly	PP6	We work flexibly score	6.76	6.57	6.85	5.93	6.39	6.28	6.37	6.17	5.92	5.70	5.87
People Promise element 7: We are a team	PP7	We are a team score	7.22	7.19	7.30	7.00	7.22	6.95	6.93	7.28	6.84	6.07	6.48
Theme: Staff Engagement	E_4	Staff Engagement Score	7.19	7.18	7.27	6.86	7.20	6.79	6.88	7.07	6.74	6.15	6.47
Theme: Morale	M_4	Morale score	6.16	6.03	6.24	5.62	6.24	5.56	5.86	6.03	5.95	5.05	5.20

RAG explanation Green = 2023 score above the 2022 score Amber = 2023 score the same as 2022 score Red = 2023 score lower than 2022 score

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Protected Characteristics – Religion

Section	Q	Description	Comparator (Organisation Overall) n = 3339	No religion 2022 n = 1393	No religion 2023 n = 1426	Christian 2022 n = 1414	Christian 2023 n = 1439	Buddhist 2022 n = 35	Buddhist 2023 n = 24	Hindu 2022 n = 42	Hindu 2023 n = 47	Jewish 2022 n = 11	Jewish 2023 n = 6	Muslim 2022 n = 71	Muslim 2023 n = 72
People Promise element 1: We are compassionate and inclusive	PP1	We are compassionate and inclusive score	7.72	7.66	7.74	7.79	7.83	7.67	8.02	7.22	7.86	7.40	*	7.63	7.79
People Promise element 2: We are recognised and rewarded	PP2	We are recognised and rewarded score	6.52	6.30	6.51	6.44	6.65	6.65	6.98	6.08	6.63	5.64	*	6.08	6.64
People Promise element 3: We each have a voice that counts	PP3	We each have a voice that counts score	7.09	7.00	7.06	7.20	7.26	6.96	7.20	7.04	7.44	6.29	*	6.98	7.50
People Promise element 4: We are safe and healthy	PP4	We are safe and healthy score	6.37	6.09	6.35	6.37	6.47	6.61	6.46	6.29	6.83	5.46	*	6.15	6.76
People Promise element 5: We are always learning	PP5	We are always learning score	6.01	5.36	5.85	5.86	6.28	5.88	6.89	5.03	6.49	5.70	*	5.59	6.26
People Promise element 6: We work flexibly	PP6	We work flexibly score	6.76	6.46	6.76	6.67	6.91	6.46	7.03	6.72	6.60	5.91	*	6.49	6.94
People Promise element 7: We are a team	PP7	We are a team score	7.22	7.09	7.22	7.28	7.34	7.17	7.79	7.02	7.46	6.48	*	7.14	7.42
Theme: Staff Engagement	E_4	Staff Engagement Score	7.19	7.00	7.10	7.34	7.39	7.31	7.38	7.37	7.72	6.74	*	7.09	7.61
Theme: Morale	M_4	Morale score	6.16	5.87	6.15	6.14	6.29	6.31	6.50	6.07	6.62	4.79	*	6.05	6.76

Section	Q	Description	Comparator (Organisation Overall) n = 3339	Sikh 2022 n = 5	Sikh 2023 n = 11	Any other religion(please specify) 2022 n = 49	Any other religion(please specify) 2023 n = 64	I would prefer not to say 2022 n = 235	I would prefer not to say 2023 n = 230
People Promise element 1: We are compassionate and inclusive	PP1	We are compassionate and inclusive score	7.72	*	7.09	7.66	7.69	6.65	6.97
People Promise element 2: We are recognised and rewarded	PP2	We are recognised and rewarded score	6.52	*	6.36	6.30	6.53	5.26	5.77
People Promise element 3: We each have a voice that counts	PP3	We each have a voice that counts score	7.09	*	6.23	7.01	7.07	6.01	6.14
People Promise element 4: We are safe and healthy	PP4	We are safe and healthy score	6.37	*	5.33	6.08	6.45	5.48	5.73
People Promise element 5: We are always learning	PP5	We are always learning score	6.01	*	5.37	6.30	6.32	4.37	5.07
People Promise element 6: We work flexibly	PP6	We work flexibly score	6.76	*	6.36	6.21	6.88	5.59	5.79
People Promise element 7: We are a team	PP7	We are a team score	7.22	*	6.62	7.13	7.31	6.06	6.46
Theme: Staff Engagement	E_4	Staff Engagement Score	7.19	*	6.57	7.13	7.26	6.08	6.43
Theme: Morale	M_4	Morale score	6.16	*	5.26	6.14	6.17	5.04	5.22

RAG explanation Green = 2023 score above the 2022 score Amber = 2023 score the same as 2022 score Red = 2023 score lower than 2022 score

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Protected Characteristics – Gender

Section	Q	Description	Comparator (Organisation Overall) n = 3339	Female 2022 n = 2651	Female 2023 n = 2704	Male 2022 n = 487	Male 2023 n = 500	Non-binary 2022 n = 8	Non-binary 2023 n = 11	Prefer to self-describe 2022 n = 5	Prefer to self-describe 2023 n = 5	Prefer not to say 2022 n = 106	Prefer not to say 2023 n = 97
People Promise element 1: We are compassionate and inclusive	PP1	We are compassionate and inclusive score	7.72	7.72	7.79	7.53	7.67	*	7.10	*	*	6.11	6.39
People Promise element 2: We are recognised and rewarded	PP2	We are recognised and rewarded score	6.52	6.33	6.57	6.32	6.59	*	5.59	*	*	4.91	4.99
People Promise element 3: We each have a voice that counts	PP3	We each have a voice that counts score	7.09	7.07	7.15	7.02	7.13	*	5.96	*	*	5.50	5.69
People Promise element 4: We are safe and healthy	PP4	We are safe and healthy score	6.37	6.19	6.40	6.33	6.48	*	5.35	*	*	5.23	5.40
People Promise element 5: We are always learning	PP5	We are always learning score	6.01	5.54	6.04	5.80	6.20	*	4.43	*	*	3.94	4.48
People Promise element 6: We work flexibly	PP6	We work flexibly score	6.76	6.54	6.82	6.55	6.79	*	5.08	*	*	5.08	5.21
People Promise element 7: We are a team	PP7	We are a team score	7.22	7.17	7.28	7.10	7.27	*	6.93	*	*	5.60	5.66
Theme: Staff Engagement	E_4	Staff Engagement Score	7.19	7.15	7.25	7.10	7.16	*	6.41	*	*	5.62	6.01
Theme: Morale	M_4	Morale score	6.16	5.98	6.21	6.05	6.22	*	5.62	*	*	4.44	4.63

RAG explanation Green = 2023 score above the 2022 score Amber = 2023 score the same as 2022 score Red = 2023 score lower than 2022 score

Staff Survey – Organisational Actions

For 2024, the Trust will continue its focus on work already in progress and some of the key priority areas are outlined below:

- <u>Improving the quality of Personal Development Reviews (PDRs)</u> - significant progress has been made to improve the experience of staff with the increase in those reporting they have had a Personal Development Review (PDR) in the last 12 months. Focus continues to be on improving the quality of PDRs through the PDR QI Project Group.

- <u>Race Equality</u> - Three projects have been developed in line with Quality Improvement principles. These projects are based on areas for improvement indicated by the Workforce Race Equality Standards (WRES) data indicators. These include an objective to increase the perception and experience amongst Black, Asian and Minority Ethnic (BAME) staff that the Trust provides equal opportunities for career progression or promotion to at least the national average of 69% by 2025. We will review progress against these in light of the most recent WRES data and Race Equality Action Plan for 2024/25 will set out our main priorities – this will be reviewed by the EDI Steering Group in July 2024.

- <u>Team Development</u> – a programme of work is being developed which focuses on supporting team effectiveness and developing 'How we do Things' at Oxford Health (our culture). Reviewing the 'We are a team' staff survey data will enable us to track progress with this project;

- <u>Flexible working</u> – As the 'we work flexibly' element is the only one which is below the national benchmark median this has been prioritised as an action. The Trust is part of Cohort 2 of the national NHSE Retention Exemplar Programme and a dedicated People Promise Manager has been appointed to review and develop a project to support flexible working (and remove the barriers to it) across the Trust.

- <u>Recruitment & Retention</u> – work is underway to reduce the time to hire for candidates, as well as the development of a Staff Handbook for new starters. A range of Recruitment Events are being held across the Trust's geographical area along with attendance at nursing job fairs ac ross the county. A project group is also looking at how we can reduce early turnover using the QI approach.

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Staff Survey – Next Steps

- The OD Team presented the results to the Directorate Senior management Teams, to Trust Board on 27th March and People Leadership and Culture Committee on 30th April 2024.

- The staff survey data has been reviewed by the protected characteristics and presented to the 5 Staff Equality Networks.

- The OD Team will support teams to understand their data and develop their 'one action' for 2024

Support to achieve this:

- 'Managers Guide' - simple, easy tools and resources to help put plans into action.

- Results are presented on the revised and refreshed visual dashboard on the TOBI (Trust Online Business Intelligence) platform.

- 1:1 Coaching offer for managers & teams from the Organisational Development Team across the Spring & Summer

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)

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'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	62.5%	Overall performance is good, with the exception of the number of **inappropriate out of area placements 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 and these items still not ready for deployment. 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)	5	37.5%	• Sickness absence decreased from 5.26% to 4.18% and it is now below target. **Agency usage, early turnover and vacancy rate** are still not yet achieving targets. PDR is also not meeting target, however, this has been removed from exception reporting due to the significant improvement observed during the past year. Statutory and Mandatory training is also not meeting target but has significantly improved.	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)	2	50%	The **CIP plan** at month 12 is £1.8m adverse and delivery of NHS Direct carbon footprint of 47% reduction by 2028 compared to 2019-20 baseline year is slightly off trajectory	Pages 25-27
Strategic Objectives – **Research & Education**	2 (no targets)	-	-	The Trust is ranked 4th 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: 16 April 2024
For reporting period ending: 31 March

Headline	Risk, Issue or Highlight?	Description (including action plan where applicable and please quote performance/data where applicable)
Workforce challenges	Issue and risk	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. Over the last year there has been a reduction in turnover and improvement in recruitment
Inappropriate Acute Out of Area Placements (OAPs)	Risk	The directorates continue their focus on reducing the use of OAPs to improve the quality of patient care and improve cost control. The use of inappropriate OAPs continue to fluctuate based on clinical demand and acuity. OAPs have shown a small increase again this month compared to last month. Understanding and managing OAPs is focus for the BOB Mental Health Provider collaborative. The directorates are engaged in the Mental Health, Learning Disability and Autism Inpatient Quality Transformation Programme
Service pressures	Risk	Services remain under pressure due to acuity, demand and workforce challenges • Data quality improvement plan is underway this has focused initially on CAMHS with significant improvement. Work has begun with adult services focussing on data quality and wait times in line with current standards • Implementation of outcome measures and a new care plan format are underway but are delayed due to IT challenges and need to embed in routine practice • Adult ADHD services remain paused to referrals but triage of referrals for risk is now complete and a revised operating model is being developed.
Finance	Risk	Agency spend remains a risk, there are clear processes within directorates to oversee the reduction in agency spend and support bank and substantive recruitment. Medical agency spend remains a challenge but following workshop with regional team there are plans to reduce agency spend. CIP planning in place across directorates

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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: 15 April 2024
For reporting period 31 March 2024

Headline	Risk, Issue or Highlight?	Description (including action plan where applicable and please quote performance/data where applicable)
Workforce	Issue and Risk	Directorate Agency Panel launch April 22nd. This will focus on reducing agency, increasing bank, and will also sign off any planned agency spend. We will also monitor Rostering progress and the weekly Community Hospital Ward Staffing returns through the panel. Challenges with recruitment of specialist dentists resulting in increased waiting times for patients.
Service Pressures	Risk	• OOHs and MIUs remain under pressure, with increased activity. Some success in recruitment for both clinical and leadership roles. • Childrens Community Nursing service morale is low- leadership structure being stabilized and a focus on staff experience. • District nursing continue to be under extreme pressure. National Safer staffing tool outcome due to report at Board demonstrates significant gap in capacity. We are working hard to reduce agency spend in this service. • System working regarding flow is challenging due to pressures in partners, something we are working on. • SEND progress is limited, and requiring significant resource to support • Significant challenges with accessing theatres at the OUH for paediatric dental operations (general anaesthetic).
System and financial pressures	Risk	CIP planning has continued, and we are working to operationalise the plans.

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Section 3:

NHS Oversight Framework performance

Oxford Health **NHS**
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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%	74.2% (Mar)	86.6% (Mar)	⬇
(N2) People with a first episode of psychosis begin treatment with a NICE-recommended care package within two weeks of referral (MHSDS) (quarterly)	56%	71.11% (Jan)	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%	50.3% (Feb)	52.1% (Feb)	➡
(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%	90.2% (Feb)	99% (Feb)	➡
(N6) IAPT - 18 weeks or less from referral to entering a course of talking treatment under IAPT	95%	97.2% (Feb)	100% (Feb)	➡
(N7a) Inappropriate out-of-area placements (OAPs) for adult mental health services - OAP bed days used (Bucks) – local figures	0	n/a	24 (Mar)*	➡
(N7b) Inappropriate out-of-area placements (OAPs) for adult mental health services – OAP bed days used (Oxon) – local figures	0	n/a	198 (Mar)*	⬆

Narrative updated: 15 April 2024 for reporting period ending: **31 March 2024**

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) and MIU performance. The latter is being monitored and no action is required at present. Please see overleaf for more information re OAPs. Updated data for other reported items is not available due to publication timelines.

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
(N7a) Inappropriate out-of-area placements (OAPs) for adult mental health services – aim to reduce OAP **bed days used** (Bucks)	0	24

NHS Oversight Framework Metric	Target	Actual
(N7b) Inappropriate out-of-area placements (OAPs) for adult mental health services – aim to reduce OAP **bed days used** (Oxon)	0	198
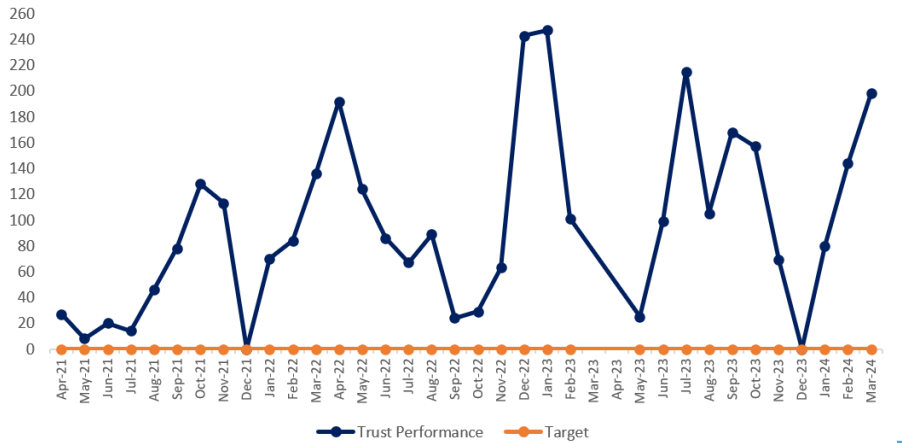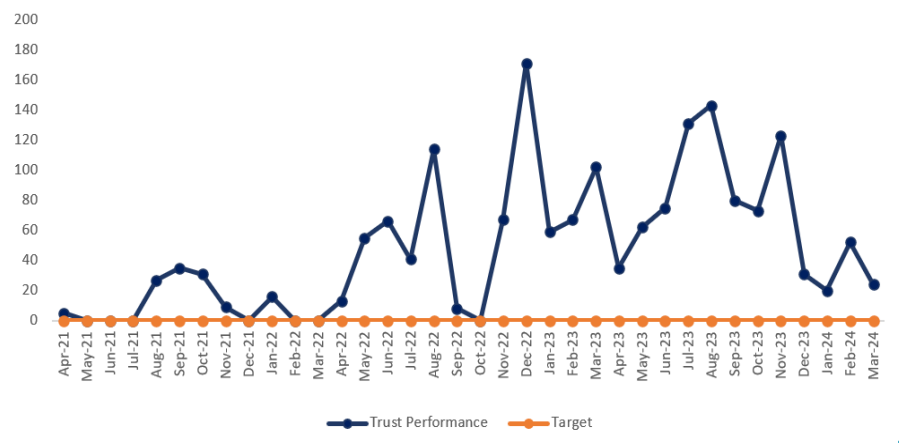
Executive Director commentary: Rob Bale, Consultant Psychiatrist and Interim Executive Managing Director for Mental Health & Learning Disability
Narrative updated: 15 April 2024
For reporting period ending: 31 March 2024

The issue and cause
Ongoing use of OAPs due to lack of local provision

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 March 2024 locally reported total bed day usage was 222 days (24 inappropriate OAP bed days in Bucks, and 198 inappropriate OAP bed days in Oxon).**
The directorates continue their focus on reducing the use of OAPs to improve the quality of patient care and improve cost control. The use of inappropriate OAPs remains lower than the previous year however numbers continue to fluctuate based on clinical demand and acuity. Pressures compounded by gaps in Consultant roles in 3 inpatient services (locums currently in place). There has also been a rise in clinically ready for discharge days.

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Section 5:

Delivery of our four strategic objectives

Oxford Health **NHS**
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Objective 1: Quality - Deliver the best possible care and outcomes

Governance: Executive Director: Chief Nurse | **Responsible Committee**: Quality Committee
Reported period: March 2024 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%	69%	72%	75%	77%	74%	-	72%	➡
(1b) Staff trained in restorative just culture	20	-	-	-	-	-	-	28	➡
(1c) BAME representation across all pay bands including board level	19%	16.4%	20.6%	30.2%	10.4%	47.6%	21.1%	22.1% (Q4) (all staff in Trust)*	➡
(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	-	117	43	-	49	-	209 uses	**reducing**
(1f) Patient/carer safety partners	2 YE	-	-	-	-	-	-	2	➡
(1fa) Improved completion of the Lester Tool for people with enduring SMI (EIP)	95%	-	Data not available		-	-	-	Data not available	n/a**
(1fb) Improved completion of the Lester Tool for people with enduring SMI-AMHT	95%	-			-	-	-	Data not available	n/a**
(1g) Evidence patients have been involved in their care (clinical audit results)	95%	-	-	-	-	-	-	84% n=365 (March 2024)	➡
(1h) % staff have completed the autism/learning disabilities training	95%	76%	73%	80%	91%	89%	59%	76% (all staff in Trust)	⬆

* Although overall target is being reached, representation by grade varies; bands 2-4 = 28%, bands 5-7 = 22%, band 8a to 8d = 12%, medics = 22%, dentists = 42% and board members = 11%,
** No data available since July 2022 due to Carenotes outage.

The arrow direction and colour is based on the trend.

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Oxford Health **NHS**
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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: Chief Nurse
Narrative updated: 15 April 2024.
For reporting period ending: 31 March 2024

OKRs 1a, 1e, 1g and 1h are underperforming YTD; two OKRs, 1e and 1h continue to improve and two OKRs, 1a and 1g are performing similar to last month. Please see overleaf for more information by measure on the plans to mitigate and improve performance.

OKRs 1fa and 1fb 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/Carenotes 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 in the following areas relevant to the Quality OKRs;

- Positive and Safe – reducing restrictive interventions including use of prone restraints
- Implementing the Carers, Friends and Family Strategy 2021-2024
- Implementing the Patient Experience and Involvement Strategy 2023-2025
- Equality, Diversity and Inclusion programme

The quality indicators in the report have been reviewed and are planned to be changed from the next report to be in line with the Trusts strategic objectives and quality objectives.

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Objective 1: Quality; exception report

Objective Key Result (OKR)	Target	Actual
(1a) Clinical supervision completion rate	95%	72%
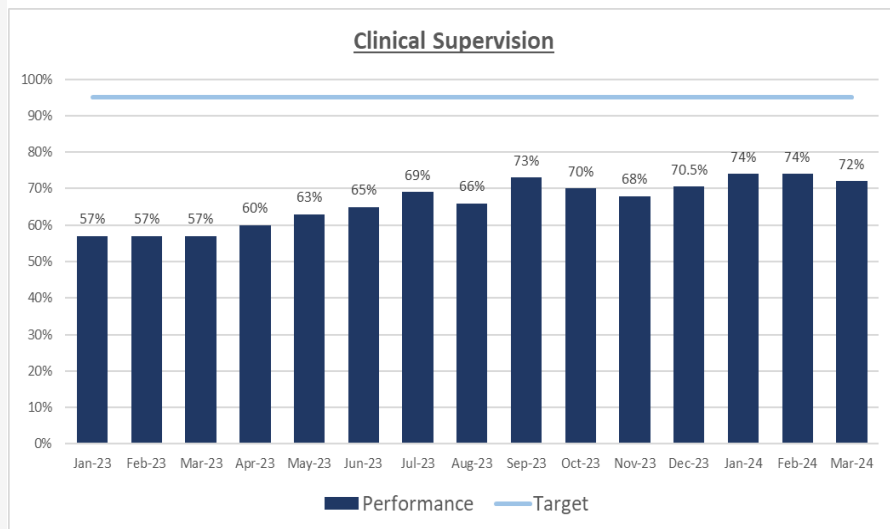
Clinical Supervision

	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Performance	57%	57%	57%	60%	63%	65%	69%	66%	73%	70%	68%	70.5%	74%	74%	72%

Legend: Performance, Target

Executive Director commentary: Chief Nurse
Data updated to 31st March 2024

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, annual leave, poor central recording and issues with accuracy of reporting.

What is the plan or mitigation?
Rates of compliance did increase and have remained around 72-74% in recent 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.

There is continuous review of the data to cleanse the numbers of staff being pulled into the report – particularly focusing on Corporate services where there are clinicians in non-clinical roles.

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Oxford Health **NHS**
NHS Foundation Trust

Objective 1: Quality; exception report

Objective Key Result	Target	Actual
(1e) Reduction in use of prone restraint	25% reduction from 2022/23 (183 YE)	209 uses
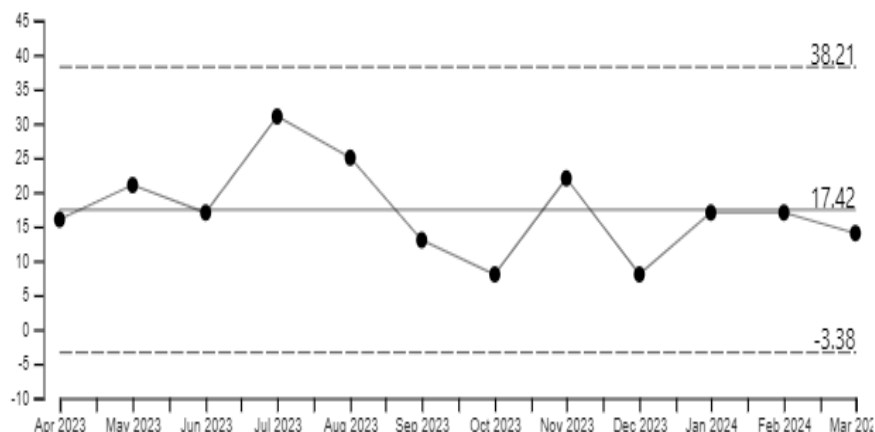
Executive Director commentary: Chief Nurse
Data updated to 31st March 2024

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?
In March 2024 there were 14 uses of prone compared to 17 uses in Feb 2024.

The graph shows the use of prone by month for all wards over the last 2 years. There has been a **significant and sustained reduction** in the use of prone restraint in 2023/24 across every directorate. The most common reason for the use of prone restraint is violence, with more than half having immediate IM administered.

Demonstrating sustained reduction in use of prone restraint;

2020/21 – 286
2021/22 – 257
2022/23 – 275*
2023/24 – 209

*excludes use of prone for 1 patient with an exceptional high use related to her care plan between April-Dec 2022.

The improvement work has seen a reduction in use of prone restraint in the last 12 months, however we have not been able to reach the internal ambitious target we set of a 25% reduction.

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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)

Chart legend: 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)

Chart legend: EIP Actual, Target

Executive Director commentary: Chief Nurse
Data last updated July 2022.
Narrative updated: March 2024

==Please note performance is not RAG rated because the last data available is from July 2022.==

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 is on:
- 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.
- Re-establishing regular reporting to teams.

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Oxford Health **NHS**
NHS Foundation Trust

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%	84% n=365

Clinical audit results

Clinical audit results demonstrating patients had been involved in care planning

Jan-March 2023: 80%, April-June 2023: 87%, July-Aug 2023: 85%, Sept-Oct 2023: 83%, Nov-Dec 2023: 89%, Jan-Feb 2024: 84%, Mar-24: 84%

Performance / Target
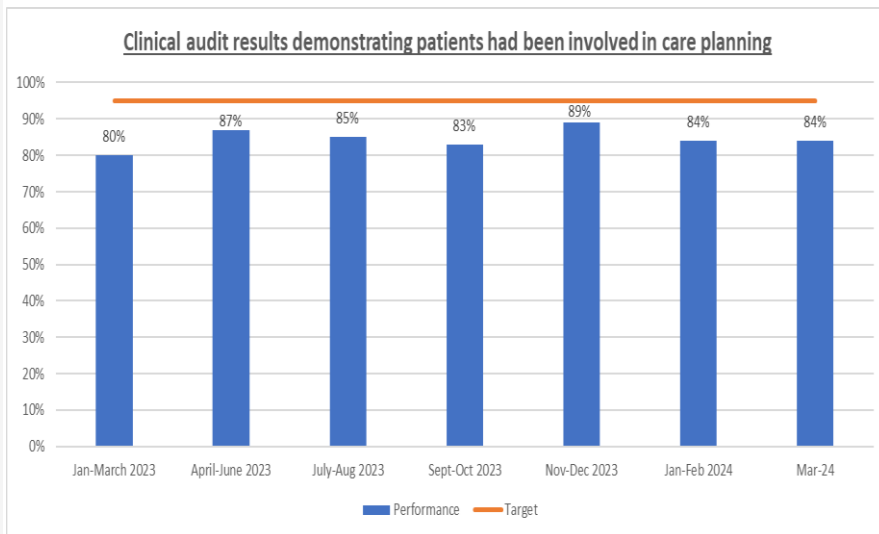
Patient/carer Surveys (IWGC);
Average score of 4.69 (out of maximum of 5.0) by patients/families who reported feeling involved in their care in 2023/24 (n=14,601 patients/families have answered this question)

Executive Director commentary: Chief Nurse
Data updated to 31st March 2024

The context
Our local patient survey data through IWGC shows an average score of 4.69 for the question 'were you involved as much as you wanted to be in your care' in the last 12 months (n=14,601).

The clinical audit results are shared, 84% of records demonstrating the patient/family were involved in care planning. The results are usually reported on bi-monthly but audits completed in March 2024 have also been added as it is the year-end report. The results include audits across every Directorate including the care plan audit in mental health community services, essential standards audit across inpatient mental health wards, matrons walkarounds in community hospitals, district nursing pressure ulcer and clinical documentation audits and end of life care audits.

The plan or mitigation
Ensuring care is always co-produced is a primary objective of the Experience and Involvement Strategy 2023-2025 which has a detailed workplan being led in each Directorate.

Oxford Health **NHS**
NHS Foundation Trust

Objective 1: Quality – exception report

Objective Key Result (OKR)	Target	Actual
(1h) % staff have completed the national autism/learning disabilities training	95%	76%

Oliver MGowan (LD and Autism awareness) training includes all staff in the Trust
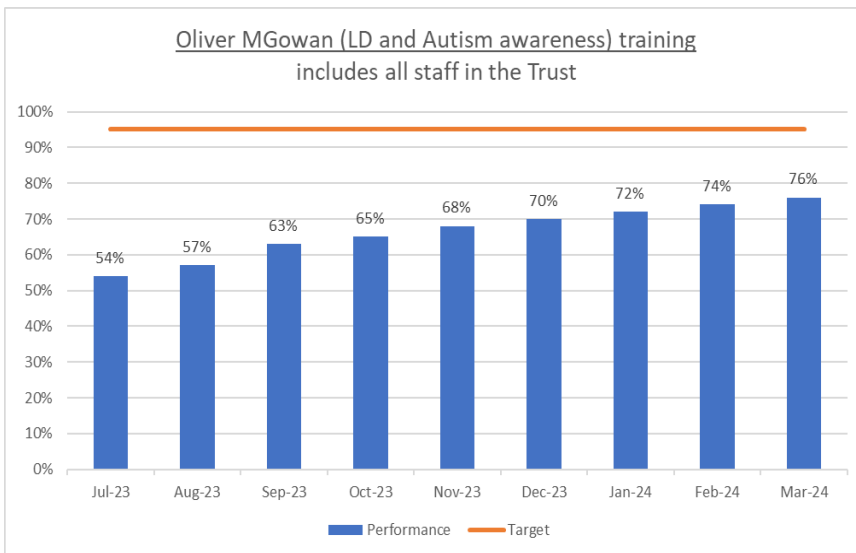
Executive Director commentary: Chief Nurse
Data updated to 31st March 2024

The Context
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 in spring of 2023.

The plan or mitigation
Tier 1 of the new national training was released in 2023 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 – development has currently been paused by the ICB until 2024/25.

Trust engaged with local university providers to ensure all healthcare students have access to the Level 1 Oliver McGowen training as part of their training needs prior to clinical placement provision.

Performance against the national training is improving slowly across all areas, current position at 76%. 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.

Oxford Health **NHS**
NHS Foundation Trust

Objective 2: People – be a great place to work

Governance: Executive Director: Chief People Officer | **Responsible Committee**: People, Leadership and Culture Committee
Reported period: **March 2024** unless otherwise indicated in brackets in the penultimate column

This year, our Objective Key Results are;	Target	Buckinghamshire Mental Health	Primary, Community And Dental Care	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 2023	>/=?	7.0↑	7.2↑	7.1↑	7.4↓	7.6	7.6	7.2↑	↓	↓	7.19	Best 7.45 Average 7.11 Worst 6.46	⬆
(2b) Reduce agency usage to NHSE/ target	</ 7.7%	17.5%↓	7.9%↑	2.2%↑	20.3%↑	11.9%↓	0.0%→	16.1%↑	0.0%→	0.0%→	11.7%	Not available	⬆
(2c) Reducing staff sickness to 4.5%	</=4.5%	4.2%↓	5%↓	3.9%↓	3.9%↓	4.6%↓	0.7%↑	3.9%↓	0.3%↓	1.8%↓	4.2%	Model Hospital Peer Avg 5.1% National Value 5.6 %	⬇
(2e) Reduction in % labour turnover	</=14%	13.1%↑	15.3%↑	9.3%↓	12.1%↓	19.1%↓	10.8%↑	12.4%↓	4.7%↓	19.5%↑	12.82%↓	Model Hospital Peer Avg 19.3% - National Value 19.8%	⬇
(2f) Reduction in % **Early** labour turnover	</=14%	11.7%↓	19.7%↑	11.5%↓	17.8%↑	6.1%↓	0.0%→	14.8%↓	5.5%↓	9.6%↑	14.89%	None	⬇
(2g) Reduction in % vacancies	</=9%	16.8%	11.1%↑	2.7%↓	16.1%↓	7.9%↓	43.0%→	16.7%↓	21.5%↓	42.8%↓	12.3%	Model Hospital Peer Avg 8.7% National Value 8.8%	⬆
(2h) PDR compliance	>=95%	83.5%↓	89.5%↓	86.8%↓	91.4%↓	89.7%↓	100%↑	81.1%↓	85.2%↑	82.3%↓	86.8%	None	⬇
(2i) S&MT (Stat and Mandatory training)	>=95%	90.7%↓	91.8%↓	86.4%↓	92.7%↓	94.3%↓	93.4%↓	88.9%→	95.8%↓	86.3%↑	90.1%	None	⬇
(2j) Number of Apprentices as % substantive employees	>=2.3%	7.3%↑	6.4%→	9.7%↓	6.5%↓	25.7%↓	31.8%↓	0%→	0%→	2.5%↓	5.6%	None	⬇

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Oxford Health **NHS**
NHS Foundation Trust

Objective 2: People; exception report

Objective Key Result (OKR)	Target	Actual
(2b) Reduce Agency Usage to Target	</=7.7%	11.7%
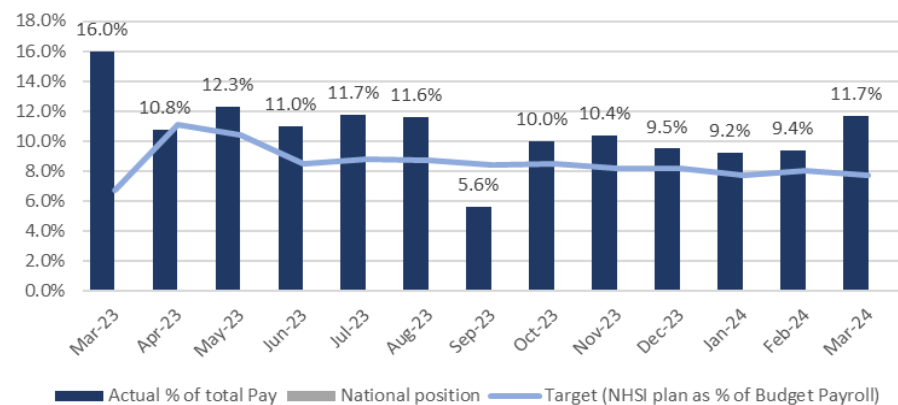
Chart legend: Actual % of total Pay — National position — Target (NHSI plan as % of Budget Payroll)

Data points: Mar-23 16.0%, Apr-23 10.8%, May-23 12.3%, Jun-23 11.0%, Jul-23 11.7%, Aug-23 11.6%, Sep-23 5.6%, Oct-23 10.0%, Nov-23 10.4%, Dec-23 9.5%, Jan-24 9.2%, Feb-24 9.4%, Mar-24 11.7%

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
Overall, total agency spend in February was £3,730K against an NHSE/I target of £2,428k.

International Nurse Recruitment Update
The international nurse recruitment workstream has seen 40 nurses commence employment with the Trust. 3 nurses are due to start in April, 5 nurses are awaiting Certificate of Sponsorships/visas and 3 nurses are going through the pre-employment check process. The IR programme is on track to meet the target of 45 nurses arriving in the UK by the 30th June 2024.

Managed Service Provider Update
ID Medical (AfC):
The programme of work to move lines of work that are on bespoke charge rates to the BOB phased rate card is continuing. This work is due to be completed by the end of April, once this has been completed the Trust will see further reductions in agency spend. In addition, ID Medical and the temporary staffing team are undertaking a programme of work to move AfC lines of work through the phased rate card which will bring out savings through reductions in hourly rates. The temporary staffing team and ID Medical, in partnership with Directorates, are undertaking a programme of work to identify high-cost line of work roles that can be advertised to replace the workforce with more cost-effective options. Agency Control panels are being run on a directorate basis by the Service Directors.

ID Medical (Medical):
The temporary staffing team and ID Medical, in partnership with the medical staffing team, are undertaking a project to identify high-cost medic roles that can be replaced with more cost-effective options. A reduced rate card is being implemented in the OOH service for GPs which will see further reductions in agency spend. There is a programme of work being undertaken with ID Medical and the temporary staffing and medical staffing teams to migrate level 2 or below lines of work to substantive roles.

NHS Professionals:
The programme of work to migrate line of work and regular ad-hoc agency workers to the bank is continuing. The temporary staffing team are undertaking a review of shift demand compared to budgeted establishment/vacancies for all inpatient teams. Deep dives will then be held with the teams whose temporary staffing demand is significantly higher than their budgeted establishment / vacancies. The programme of work to improve utilisation and productivity of bank workers is continuing. A scoping exercise is being undertaken to explore how the Trust and NHSP could introduce auto-enrolment for new substantive staff

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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%	4.18%
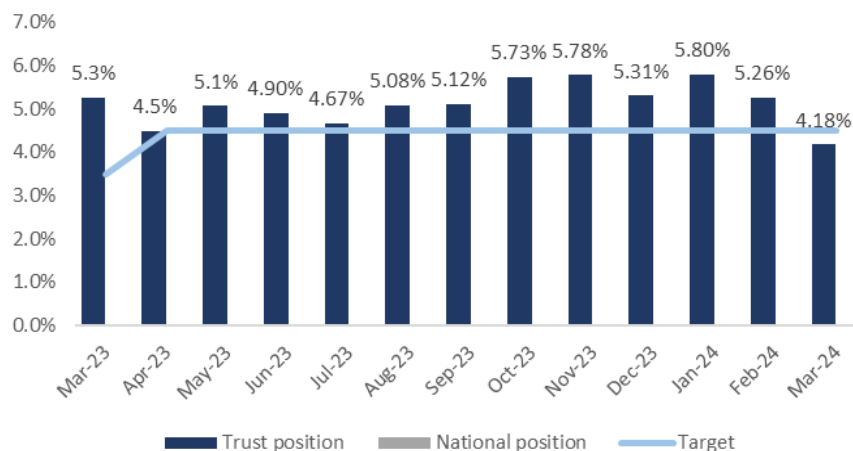
Chart showing sickness absence rates Mar-23 to Mar-24:
- Mar-23: 5.3%
- Apr-23: 4.5%
- May-23: 5.1%
- Jun-23: 4.90%
- Jul-23: 4.67%
- Aug-23: 5.08%
- Sep-23: 5.12%
- Oct-23: 5.73%
- Nov-23: 5.78%
- Dec-23: 5.31%
- Jan-24: 5.80%
- Feb-24: 5.26%
- Mar-24: 4.18%

Legend: Trust position | National position | Target

Executive Director commentary:
Charmaine De Souza, Chief People Officer

The risk or issue
The sickness absence decreased from 5.26% to 4.18% and it is now below target. Excluding Covid absences the rate was 4.04% (4.9% 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, Headache, Anx/Stress non-work related, Gastrointestinal, and Flu

The plan or mitigation

There has been a significant decrease in sickness absence this month which is below target for the first time this year and is less than that of March 2023. There is a three month decrease in rate.

We continue 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 work with the operational HR teams to attend team meetings and support managers with using the GoodShape system and in managing absence. This works hand in hand with 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. We are also working on virtual e-learning sessions to make accessing training modules and materials easier for managers.

Oxford Health **NHS**
NHS Foundation Trust

Objective 2: People; exception report

Objective Key Result (OKR)	Target	Actual
(2e/f) Reduction in % labour turnover	<14%	12.82%
Early Turnover	<14%	14.89%

Turnover ▪ Early Turnover ▬ Turnover Target
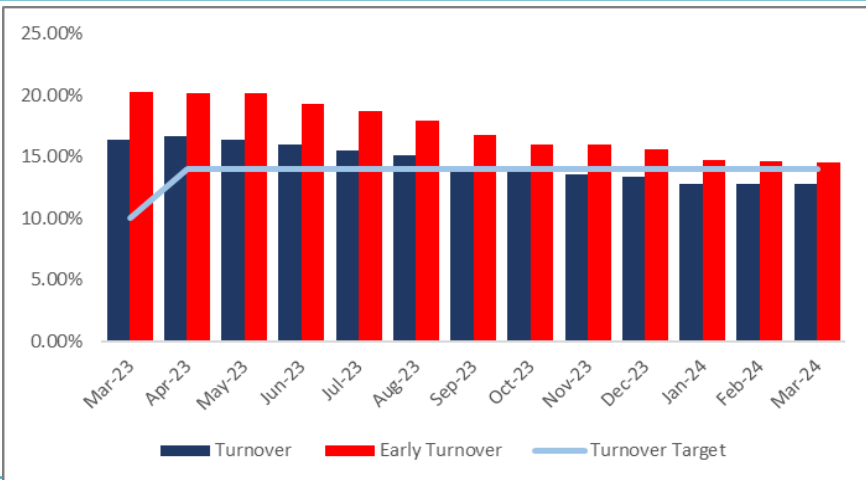
Executive Director commentary:
Charmaine De Souza, Chief People Officer

The risk or issue
Staff turnover slightly decreased to 12.82%, below the 14% target. Early labour turnover has decreased to 14.89%. 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 month on month decrease in turnover, since May 2023. First year turnover has also reduced month on month but remains just above the target of 14%.

The Retention Team are running several projects including:
- PDR Season 2 (launched 1st April 2024)
- Onboarding
- Exploratory phase of Talent Management
- Exit Interviews
- Stay Conversations
- First year experience

The Trust have been successfully accepted into national Cohort 2 of the 'Delivering the People Promise' programme and have received funding for 1 year for a Band 8a 'People Promise Manager'. The role has been appointed too with the successful candidate being internal with a clinical background. The name and start date of the successful candidate will be published shortly.

The Retention team have completed another round of self assessment based on the NHS England tool and are preparing the first 30 days actions for when the person arrives in post, with the analysis pointing towards a focus on Flexible working

Focus continues to be applied to areas with the highest turnover and professions with the biggest vacancy rates which remain HCA and B5 nurses.

Staff Leaving the NHS
Staff leaving the NHS has slightly increased from 7.35% at the end of Feb to 7.38% in March 24.

* Turnover and Leaver % figures across the year have been adjusted to exclude some Honorary staff who had been recorded in ESR with FTE.

Oxford Health **NHS**
NHS Foundation Trust
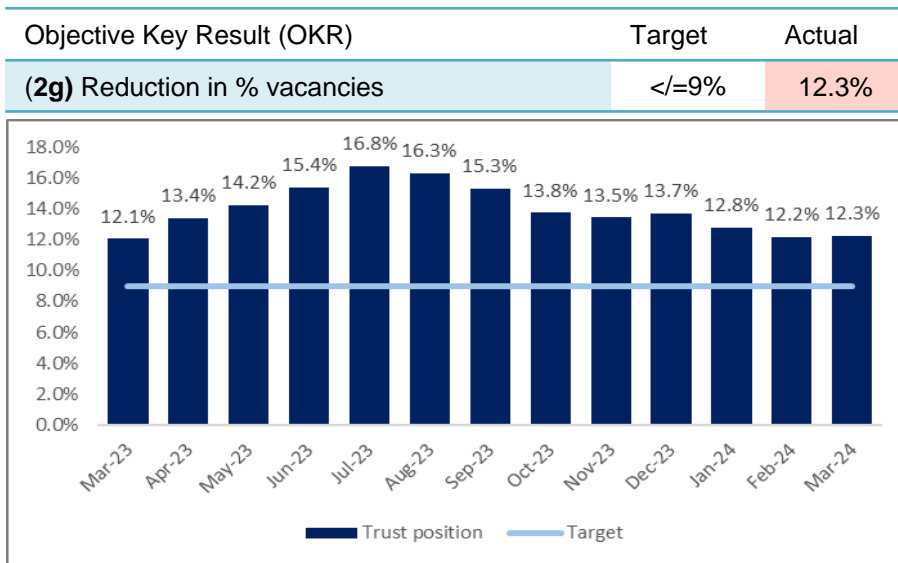
Objective 2: People; exception report

Objective Key Result (OKR)	Target	Actual
(**2g**) Reduction in % vacancies	</=9%	12.3%

Chart values (Trust position): Mar-23 12.1%, Apr-23 13.4%, May-23 14.2%, Jun-23 15.4%, Jul-23 16.8%, Aug-23 16.3%, Sep-23 15.3%, Oct-23 13.8%, Nov-23 13.5%, Dec-23 13.7%, Jan-24 12.8%, Feb-24 12.2%, Mar-24 12.3%

Legend: Trust position, Target

Executive Director commentary:
Charmaine De Souza, Chief People Officer

The risk or issue
The vacancy rate has increased from 12. 2% to 12.3%; high vacancy rates will impact on staff wellbeing and retention, agency spend, and the quality of care provided to patients. The length of 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 budgeted establishment has continued to increase, from 6,604 FTE in March 2023 to 6,991 FTE in March 2024, an increase of 387 new posts in the last year and 36 new posts created in one month, since February 2024.

The recruitment transformation QI project is ongoing, based on survey feedback gathered in the discovery phase, the project team are now reviewing application requirements with a view to adding a range of application forms to TRAC, these will be based on staff group. The project group are also exploring options to unsure TRAC applications are more inclusive and remove options for bias.

The one-stage offer process is being trialled with the District nursing team after a recent successful recruitment campaign.

Recruitment events continue throughout April, including University careers days and OHFT recruitment open day for the Meadow Unit.. Recruitment Roadshow are in the final booking stages and will run across May and into early June, these events will be hosted in multiple locations across the Trusts including High Wycombe, Littlemore, Banbury, Swindon and Aylesbury.

Priority:
The recruitment team are working on ensuring that the new immigration legislation that came into force in April 2024 does not unnecessarily impact our workforce, all employees that were eligible for visa renewal before the April deadline have been completed, all Home Office reporting and monitoring is currently up to date. A process is being developed for ongoing monitoring and reporting. We are also looking at the longer-term impact of the new visa changes to the future workforce.

The new centralised phone line is in final testing stages however some teething problems are still being worked through, full role out including promotion of the new central phone number is now end of April 2024.

* Vacancy figures across the year have been adjusted to exclude some Honorary staff who had been recorded in ESR with FTE.

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Oxford Health **NHS**
NHS Foundation Trust

Objective 2: People; exception report

Objective Key Result (OKR)	Target	Actual
(2i) Statutory and Mandatory training	>/=95%	90.1%
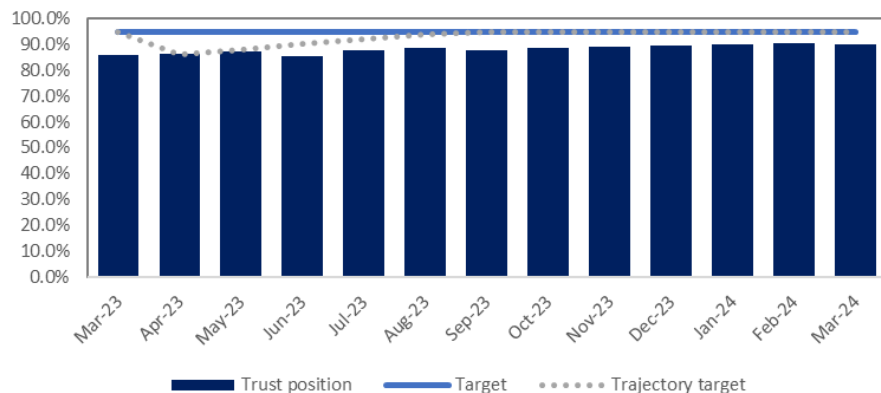
Chart legend: Trust position, Target, Trajectory target. X-axis: Mar-23, Apr-23, May-23, Jun-23, Jul-23, Aug-23, Sep-23, Oct-23, Nov-23, Dec-23, Jan-24, Feb-24, Mar-24. Y-axis: 0.0% to 100.0%.

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 February has decreased from 90.5% to 90.1%. 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

- The position for Statutory and Mandatory training remains much the same with all directorates in the Trust are at circa 90% completion. Three directorates have dropped below 90%, Research & Development (86%), Corporate (88%) and Oxfordshire and BSW Mental Health (89%). For R&D and Corporate there are specific services with outlying numbers and work continues with the HR systems team to correct the training matrices which affects compliance rates.

- There are Statutory and Mandatory training subjects with a compliance rate above 95% and 5 at approximately 90%. There is a clear understanding of the risks and barriers which are resulting in the remaining 3 subjects being below this. Plans are in place to address these. Compliance is monitored quarterly at Quality and Clinical governance sub-committee.

- Focused work on Resus continues; new equipment has been ordered to enable delivery in more parts of the Trust, a contract with a new provider for the ILS course director role is being drawn up which will provide scope for more training sessions. The resus training team has moved from the Warneford to Unipart since the start of April to create better opportunity for training planning between admin and trainers.

- The Trust continues to roll out Level 1 of the Oliver McGowan training with continued improved compliance which currently sits at 75%. This will be moved to the Statutory and Mandatory training category in April. Focused comms are being rolled out to encourage staff completion.

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)	£1.3m Fav	⬇
(3b) Cost Improvement Plan (CIP) delivery (YTD)	£1.8m 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)	5083 tonnes	⬆
(3e) **Achievement of all 8 targeted measures** in the NHS Oversight Framework (see section 2 of this report)	3 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: April 2024
For reporting period ending: 31 March 2024

The adjusted year-end position was a surplus of £4.6m which is £1.3m better than plan and £124k better than the re-forecast position agreed with the ICS. The Directorates which were overspend at year-end were: Corporate £3.1m, Block income £2.3m (due to underperformance on the Eating Disorders & Secure contracts), Learning Disabilities £0.9m Forensic Mental Health £0.1m and Buckinghamshire Mental Health £0.1m.

The CIP target allocated to directorates for FY24 was £7.2m, made up of £5.1m for FY24 and £2.1m unmet from FY23. £5.4m was delivered: £1.0m from the temporary staffing team following the NHSP transfer and £4.4m from clinical directorates. The remaining £1.8m has been added onto Directorate CIP targets for FY25.

Oxford Health **NHS**
NHS Foundation Trust

Objective 3: Sustainability – exception report

Objective Key Result (OKR)	Trust
(3a) Favourable performance against financial plan	£1.3m favourable
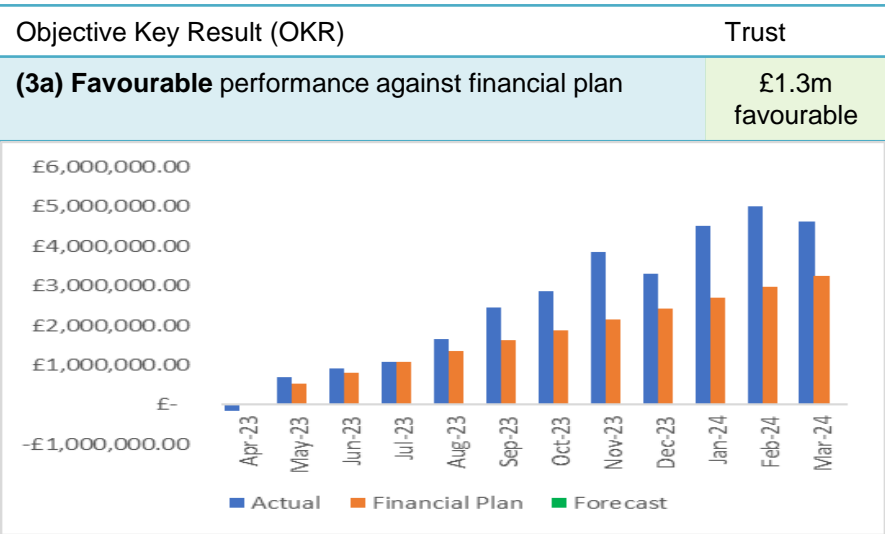
Executive Director commentary:
Heather Smith, Chief Finance Officer

The risk or issue
Although the Trust was better than plan at year-end, there are significant overspends in some directorates.

The cause and plan or mitigation
- Corporate £3.1m – £1.4m agreed non-recurrent spend in IT. Estates overspent by £3.9m – a review of budgets has taken place and more robust financial monitoring processes will be put in place next year. £0.5m overspend in L&D due to high spend in March. Finance will discuss this with L&D to ensure this doesn't happen again next year.
- Block income £2.3m due to underperformance in Secure and Eating Disorders. This will be reported in directorate positions next year to ensure it is more visible.
- Learning Disabilities £0.9m due to expensive out of area placements. The contract is due to be renewed in FY25 and discussions about this funding will take place with the ICB.

Objective Key Result (OKR)	Trust
(3b) Cost Improvement Plan (CIP) Delivery	£1.8m adverse
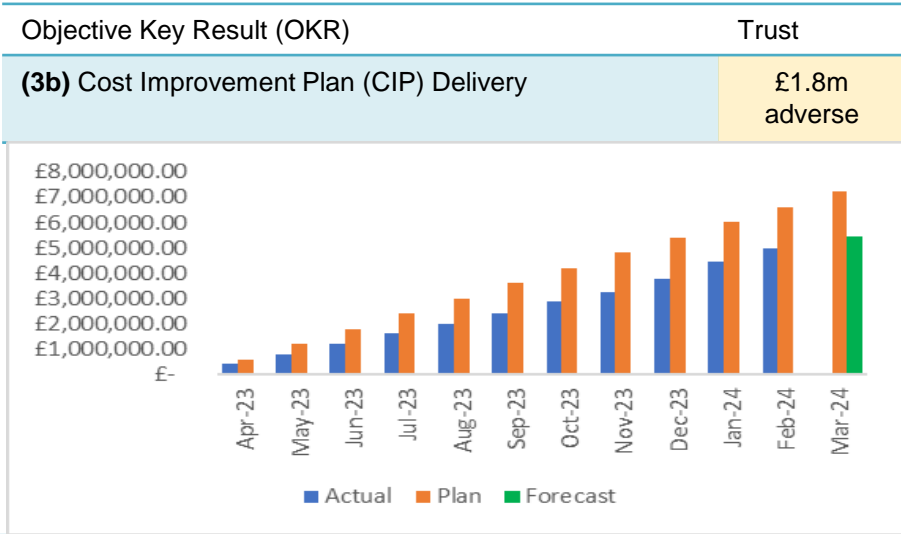
Executive Director commentary:
Heather Smith, Chief Finance Officer

The risk or issue
CIP Performance against plan is £1.8m adverse at year-end.

The cause
CIP schemes were not developed for the full CIP target, especially in Corporate.

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 have recruited to a new post to co-ordinate the CIP programme and the postholder has recently started. The budget setting principles for FY25 include a requirement for directorates to meet 75% of their CIP requirement before they receive any investment.

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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	4210	5083

Executive Director commentary:
Heather Smith, Chief Finance Officer

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

The risk or issue
The Trust carbon footprint increased in FY24 by 2% when compared to FY23 . The overall position is positive in that the Trust have reduced its carbon footprint by 16% when compared to FY20 baseline .
The cause
Fossil fuel burning Gas consumption reduced by 1% ,this due to reduction in building target temperatures and mild winter conditions .Staff Business mileage increased by 9% (310,000 miles)
What is the plan or mitigation?
The estates department has an action plan describing potential schemes and Green Plan 2 is being developed for the Trust.
Key objectives to reduce carbon footprint for FY25
- review modal shift to more sustainable travel
- develop Building Heat Decarbonisation plan
- Complete replacement program for low energy LED Lighting .

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Oxford Health **NHS**
NHS Foundation Trust

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

Governance: Executive Director: Chief Medical Officer

Studies	FY24 - TD					FY23 for reference
	Opened (currently active)	Closed	Studies that recruited		National comparator	National comparator
CRN Portfolio	24 (75 inc.8 students)	9	Community Services Oxon & BSW Bucks Corporate inc. R&D TOTAL	6 9 5 27 47	OHFT 4th nationally – 47 studies 1st Trust – 71 studies	OHFT 4th nationally – 46 studies 1st Trust – 72 studies
Non-Portfolio	18 (30 inc.16 students)	11	16		n/a	n/a

	FY24 - TD		FY23 for reference
	Recruited participants to the above studies	National comparator	National comparator
CRN Portfolio	Community Services 104 Oxon & BSW 153 Bucks 110 Corporate inc. R&D 570 Oxford Monitoring System for attempted 1172 Suicide TOTAL 2109	OHFT 7th nationally – 2109 participants 1st Trust – 5654 participants	OHFT 5th nationally – 1789 participants 1st Trust – 6598 participants
Non-Portfolio	733	n/a	n/a

Executive Summary: Karl Marlowe, Chief Medical Officer \ Vanessa Raymont, R&D Director   **Data cut:** 2nd April 2024

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

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)

Caring, safe and excellent

Oxford Health **NHS**
NHS Foundation Trust

For Information

Finance Report
March 2024 (Month 12), FY24
Report to Board of Directors

Contents

Executive Summary

A risk assessment has been undertaken around the legal issues that this paper presents and there are no issues that need to be referred to the Trust Solicitors.

Executive Summary

Income & Expenditure position
- Adjusted financial performance £1.3m better than plan and £0.1m better than forecast
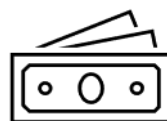
Capital Expenditure
- £0.7m (4%) underspend against funded capital allocation

Cash
- Actual £85.6m, £26.0m better than plan

Key messages:

1. The adjusted financial performance is a surplus of **£4.6m**, which is **£1.3m** better than plan and **£0.1m** better than forecast equivalent to 0.02% of turnover.

2. Capital was **£743k** underspent against the Trust's funded capital allocation, driven by an underspend on Estates projects.

3. Directorates with significant variances to budget at the year-end were:
   - Corporate £3.1m overspend (including approved overspends of £1.8m)
   - Block income £2.3m adverse variance
   - Learning Disabilities £0.9m overspend
   - Oxfordshire and BSW Mental Health £1.8m underspend
   - Primary, Community & Dental £1.1m underspend
   - Oxford Pharmacy Store £0.5m favourable variance

1. Income Statement

INCOME STATEMENT								
	Month 12				**Year-to-date**			
	Plan	**Actual**	**Variance**	**Variance**	**Plan**	**Actual**	**Variance**	**Variance**
	£m	**£m**	**£m**	**%**	**£m**	**£m**	**£m**	**%**
Clinical Income	42.8	59.3	16.5	39%	513.8	525.9	12.1	2%
Other Operating Income	4.7	9.2	4.6	98%	85.2	101.2	15.9	19%
Operating Income, Total	**47.4**	**68.5**	**21.1**	**44%**	**599.0**	**627.1**	**28.0**	**5%**
Employee Benefit Expenses (Pay)	31.3	42.1	(10.8)	-34%	369.6	374.8	(5.3)	-1%
Other Operating Expenses	14.6	24.0	(9.4)	-64%	210.4	230.9	(20.5)	-10%
Operating Expenses, Total	**45.9**	**66.1**	**(20.2)**	**-44%**	**580.0**	**605.7**	**(25.8)**	**4%**
EBITDA	**1.5**	**2.4**	**0.9**		**19.1**	**21.3**	**2.2**	
Financing costs	1.3	10.7	(9.4)	-710%	15.9	24.7	(8.8)	-36%
Surplus/ (Deficit)	**0.2**	**(8.3)**	**(8.5)**		**3.2**	**(3.4)**	**(6.5)**	
Adjustments	0.0	0.0	0.0	0.0	(0.1)	8.0	7.8	0.0
Adjusted Forecast Surplus/ (Deficit)	**0.2**	**(8.3)**	**(8.5)**		**3.1**	**4.6**	**1.3**	
Amounts held for year-end pressures or PFI changes								
Forecast Surplus/ (Deficit)								

Year-to-Date Performance

The year-end position is a deficit of **£3.3m**, but this includes asset impairments of **£7.8m** (due to revaluation of assets at lower values) and other smaller amounts which are adjusted for in the financial performance the Trust is monitored against. The adjusted financial performance is a surplus of **£4.6m**, which is **£1.3m** better than plan and **£0.1m** better than forecast.

EBITDA is **£2.2m** favourable to plan. The adverse variance of **£8.8m** in financing costs is made up of **£7.8m** asset impairments, **£2.2m** additional interest relating to a prior period adjustment for the PFI and **£0.6m** on depreciation. These are offset with favourable variances of **£1.5m** on interest receivable and **£0.4m** on the Public Dividend payment.

The favourable variance on income (**£28.0m**) is made up of **£13.7m** year-end pension adjustment (offsets with expenditure), **£7.8m** higher sales in Oxford Pharmacy Store, **£4.5m** education and training income above budget, **£1.8m** PICU double running costs income from NHS England, **£0.7m** in R&D partly offset with higher expenditure and **£2.8m** across other services mainly one-off income or released deferred income. These are offset by a **£3.3m** adverse variance in Provider Collaboratives where income has been deferred to match lower than planned spend.

The adverse variance on expenditure (**£25.8m**) is made up of **£13.7m** pension adjustment (offsets with income), **£7.4m** higher cost of sales in Oxford Pharmacy Store, a **£3.7m** overspend in Estates and Facilities (including £0.6m agreed non-recurrent spend), a **£3.6m** overspend on Mental Health out of area placements and a **£1.0m** overspend on Learning Disabilities out of area placements. These are offset by a **£3.6m** underspend in Provider Collaboratives (offset with income).

2. Changes from Month 11 Forecast
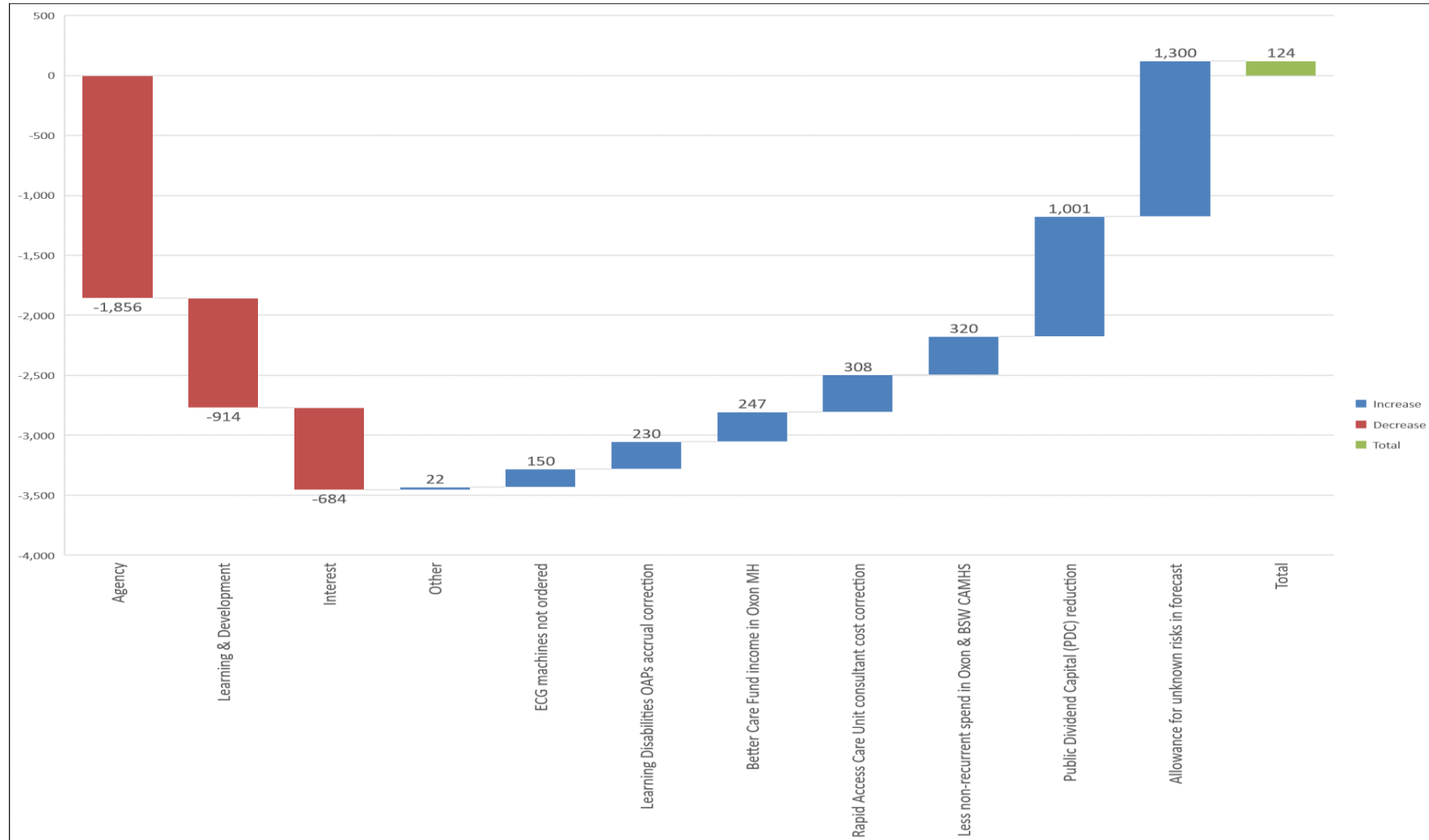
Agency

Agency increased by **£1.9m** from what was forecast. **£0.6m** was due to an increase in costs in March (half of which was retro-shifts). **£0.1m** was due to Housekeeper agency costs that have not been going through ID Medical. The remaining increase was a result of reviewing the overall accrual value and comparing with unpaid invoices which resulted in increasing the accrual.

Finance have much more confidence in the data provided by ID Medical now but the FY24 accrual is affected by what happened in the first half of the year. It has been a struggle to report agency accurately all year because of the teething issues involved with transferring to ID Medical, including being able to code invoices correctly to services. For FY25 we have much better data and will change our methodology of accruing which should prevent similar issues happening again.

	Forecast	Year-End Actual	Change
FY23	-3,500	-3,498	-2
FY24 - using IDM data as per methodology we have been using	36,996	37,612	-616
Housekeepers not on Clarity		122	-122
Additional FY24 accrual		1,116	-1,116
Total Agency Spend	**33,496**	**35,352**	**-1,856**

Learning and Development

The month 12 costs in Learning and Development (L&D) were **£0.9m** higher than forecast. Finance had agreed with L&D that they could spend their underspend in March and this was not reflected in the forecast in error. However, L&D spent more than this and ended the year with a **£0.4m** overspend. Finance will discuss this with L&D to understand the reasons for this.

PDC Reduction

Public Dividend Capital (PDC) reduced by **£1.0m** from forecast due to the reduced asset base as a result of the year-end re-valuation.

3. Capital Investment Programme

		FY24 Budget	FY24 Final Outturn	
Project	Names	Latest Budget £,000	Actual Expenditure £,000	Variance Bud vs Act £,000
Estates - Projects c/f		193	14	179
Estates - Highfield PICU		1,810	3,123	(1,313)
Estates - Jordan Hill		500	287	213
Estates - PDC Projects		2,314	965	1,350
Estates - MH Projects		5,051	2,041	3,010
Estates - Community Projects		1,494	782	712
Estates - Life Cycle & Back Log Works		1,742	1,594	148
OPS- Oxord Pharmacy Store		1,157	1,608	(451)
Sub Total - Estate Improvements & Transformation		10,607	6,614	3,993
Sub Total - Operational Capital		2,498	2,192	306
Sub Total - Oxford Pharmacy (MXL Centre)		1,157	1,608	(451)
Grand Total - All Estates		14,262	10,414	3,847
IT Capital		1,140	937	203
IM&T Clinical Systems		3,445	4,009	(564)
IM&T - PDC Projects		709	542	166
Grand Total - IM&T		5,294	5,488	(194)
PFI		-	10	(10)
Grand Total		19,555	15,912	3,644

Funding Sources	Latest Funding
Total Funding Available	16,654
Actual Outturn - Funding Surplus /(Funding Deficit)	743

	£,000 Lease Liability	£,000 Dilaps Liability	£,000 Total IFRS16 Liability
Windrush House Room G6 & G7 (Witney Business & Innovation Centre)	69	18	87
Oxford Pharmacy - Unit 7, MXL Centre, Lombard Way, Banbury, OX16 4TJ	1,301	326	1,627
Cowley Road CMHF Hub (5 yrs - 4.72% disc rate)	298	90	388
Kidlington CMHF Hub - (5yrs - 4.72% disc rate)	158	TBC	158
Murray House, Jordan Hill - (20 yrs - 4.72% disc date)	6,000	1,600	7,600
Other Increases in Dilapidations Provision TBC	-	1,633	1,633
	7,826	3,667	11,493

The Trust spent **£15,912k** on its core capital programme in FY24, £743k less than the funding available, which equates to a 4% underspend.

£11,493k of leased assets were capitalised as 'Right of Use Assets' in year, including £7.6m for Jordan Hill.

4. Directorate Financial Performance Summary

	Month 12				Year-to-date			
	Plan	Actual	Variance	Variance	Plan	Actual	Variance	
Directorate	**£m**	**£m**	**£m**	**%**	**£m**	**£m**	**£m**	
Oxfordshire & BSW Mental Health	(9.9)	(9.0)	0.9	-9%	(113.4)	(111.7)	1.7	-1%
Buckinghamshire Mental Health	(4.5)	(4.9)	(0.4)	9%	(52.9)	(53.0)	(0.1)	0%
Forensic Mental Health	(2.7)	(3.3)	(0.6)	23%	(31.1)	(31.2)	(0.1)	0%
Learning Disabilities	(0.6)	(0.4)	0.1	-26%	(5.8)	(6.7)	(0.9)	16%
Provider Collaboratives	0.7	0.9	0.3	37%	11.2	11.5	0.3	2%
MH Directorates Total	**(16.9)**	**(16.6)**	**0.3**	**-2%**	**(192.0)**	**(191.2)**	**0.8**	**0%**
Primary Community & Dental Care	(8.0)	(7.4)	0.6	-7%	(99.1)	(98.0)	1.1	-1%
Corporate	(7.2)	(12.1)	(4.9)	68%	(76.4)	(79.5)	(3.1)	4%
Oxford Pharmacy Store	0.0	0.2	0.1	261%	0.4	0.8	0.5	133%
Research & Development	(0.1)	(0.2)	(0.1)	235%	(0.5)	(0.3)	0.2	-45%
Covid-19 Costs	(0.0)	0.0	0.0		(0.0)	0.0	0.0	
Reserves	1.3	6.2	4.9	394%	(2.7)	2.3	5.0	-185%
Block Income	32.3	32.2	(0.1)	0%	389.4	387.2	(2.3)	-1%
EBITDA	**1.5**	**2.3**	**0.8**		**19.1**	**21.4**	**2.3**	
Financing Costs	1.3	10.7	(9.4)	-713%	15.9	24.7	(8.8)	-55%
Adjustments	0.0	0.0	0.0		(0.0)	(0.0)	(0.0)	
Adjsuted Surplus/(Deficit)	**0.2**	**-8.4**	**-8.6**		**3.2**	**(3.2)**	**(6.5)**	

Block contract income is reported in a separate directorate. Clinical Directorate positions reflect the expenditure position less non-clinical income (mainly Education & Training income) and some specific income streams such as Sustainability & Development Funding (SDF).

The forecast overspend on Provider Collaboratives (PCs) relates to the Adult Eating Disorders PC. The Secure and CAMHS PCs are forecasting underspends but the forecast for the Trust position is on plan as it is assumed that the underspends will be carried forward into next year for re-investment.

5. Provider Collaboratives Financial Performance Summary

| | INCOME STATEMENT | | | | | |
| | Month 12 | | | Year-to-date | | |
	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m
Secure	7.7	7.2	0.5	92.5	89.2	3.3
CAMHS	2.3	(0.3)	2.6	28.1	22.2	5.9
Adult AED	0.8	0.8	(0.0)	9.0	9.0	(0.1)
Provider Collaboratives Total	**10.8**	**7.8**	**3.1**	**129.5**	**120.4**	**9.2**

For the secure and CAMHS Provider Collaboratives income is deferred in the YTD and forecast position to match spend. The table above details the expenditure position.

The Provider Collaboratives (PC) YTD position is **£9.2m** favourable to plan.

Secure and CAMHS (**£9.2m** favourable) are reported as breakeven in the Trust overall position in line with the principles of the PC to reinvest savings into services. Adult ED **£0.1m** adverse is reported as such in the Trust overall position.

6. Agency Analysis

Temporary Staffing as % Total Pay Spend

Bank as % of Total pay ■ Agency as % of Total pay ■

Temporary Staffing Spend £

Agency Actuals —— Bank Actuals —— Total Temp Staffing Actuals
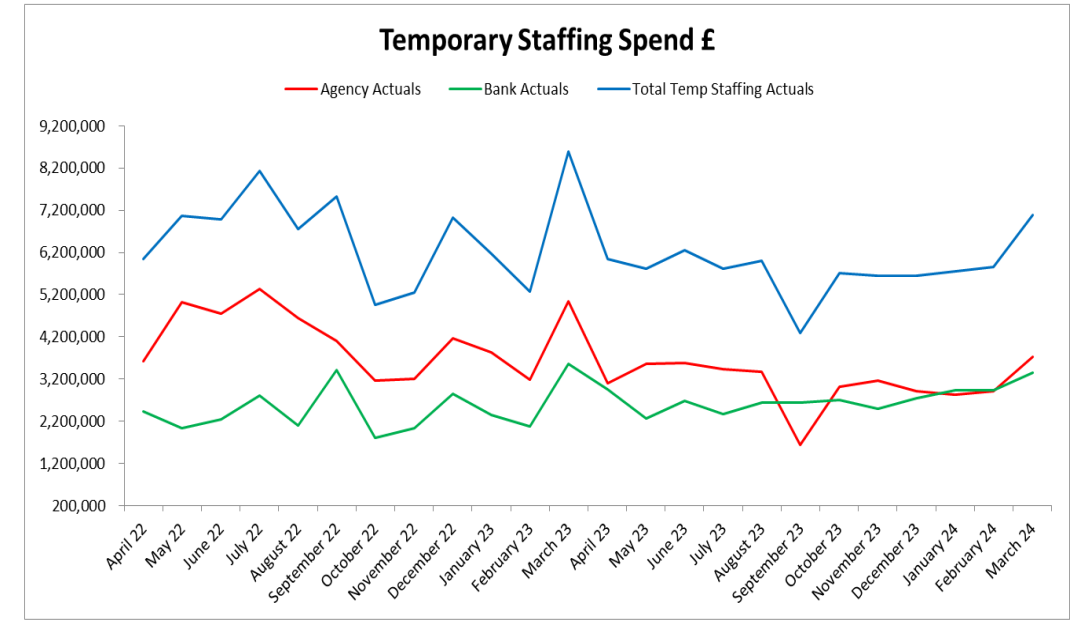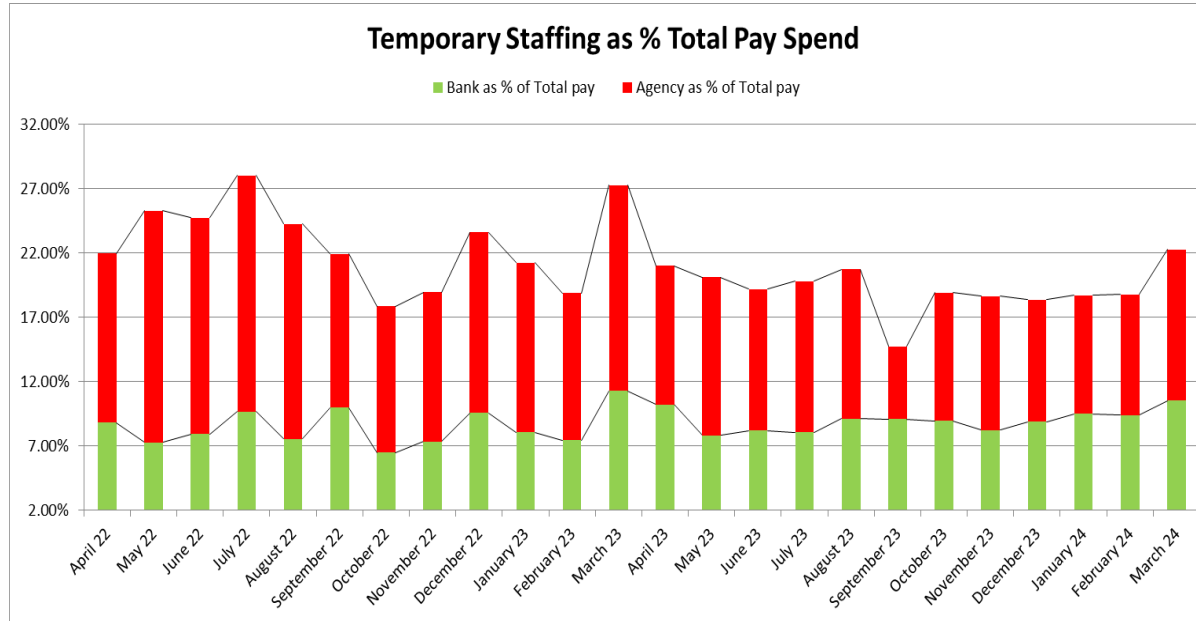
At year-end **£35.6m** has been spent on agency staff, which is **9.0%** of total staff costs. This includes **£0.4m** to support one patient on 10:1 observations, who was discharged on the 9th October. These figures and the graphs above now include agency spend related to Covid vaccinations from April, but the figures from previous years still exclude this spend.

The Trust's agency ceiling set by NHS England for FY24 was **£32.2m** and the actual spend is **£3.4m** higher. This includes the release of **£2.4m** agency accrual related to FY23 which reduced from the previous figure of **£3.5m** due to further review of accruals at year-end.

7. Pay Spend Analysis

Category of Spend	Month 12 WTE				Month 12 (£'000s)				Year-to-Date (£'000s)			
	Budget	Actual	Variance	% Variance	Budget	Actual	Variance	% Variance	Budget	Actual	Variance	% Variance
Agency	0.00	380.39	-380.39		2	1,381	-1,379		24	35,352	-35,328	
Bank	44.82	618.53	-573.71	-1280.0%	523	3,353	-2,830	-541.1%	6,273	32,707	-26,433	-421.4%
Substantive	6,971.20	5,807.24	1,163.96	16.7%	30,782	37,365	-6,583	-21.4%	363,283	306,786	56,496	15.6%
Total	**7,016.02**	**6,806.16**	**209.86**	**3.0%**	**31,307**	**42,098**	**-10,792**	**-34.5%**	**369,579**	**374,845**	**-5,265**	**-1.4%**

Pay is overspent by **£5.3m** at year-end. This includes **£13.7m** for the pension adjustment notified to us by NHS England which is offset with income. Excluding this there is an underspend of **£8.4m**. This is driven by vacancies partly offset with agency and bank spend. The net vacancy figure in month was 210 WTE.

8. Non-Pay Expenditure Analysis

£'000s	Month 12				Year-to-Date			
Category of Spend	Budget	Actual	Variance	% Variance	Budget	Actual	Variance	% Variance
Clinical Supplies & Services	1,726	2,514	-789	-46%	19,990	26,212	-6,222	-31%
Drugs	350	468	-118	-34%	4,198	5,020	-822	-20%
Establishment	951	4,131	-3,180	-334%	10,660	14,296	-3,636	-34%
General Supplies And Services	451	735	-284	-63%	3,622	4,162	-540	-15%
Other	802	1,199	-397	-49%	15,668	17,279	-1,612	-10%
Oxford Pharmacy Store Cost of Sales	3,384	5,024	-1,640	-48%	38,819	47,103	-8,283	-21%
Premises	2,001	2,941	-941	-47%	13,844	20,537	-6,693	-48%
Provider Collaborative Contracts	6,043	6,682	-639	-11%	69,406	65,869	3,537	5%
Purchase of Services	847	463	384	45%	10,169	12,199	-2,030	-20%
R&D non-staff costs	-1,346	-840	-506	38%	14,151	12,104	2,047	14%
Reserves	-1,040	6	-1,046	101%	3,712	38	3,674	99%
Transport	433	534	-101	0%	6,130	5,923	208	0%
	14,601	23,858	-9,257	-63%	210,370	230,741	-20,371	-10%

- Clinical Supplies & Services are overspent by **£6.2m** at year-end driven by **£1.0m** in Childrens Continuing Care (offset by additional income), **£1.0m** for out of area placements in Learning Disabilities, **£0.2m** for beds in Community Hospitals (agreed as spend in FY23 but they did not arrive until July), **£1.5m** for equipment and supplies spend in the Primary, Community and Dental Care directorate and **£2.9m** in the Oxfordshire & BSW and Buckinghamshire Mental Health directorates mainly on sub-contracts with providers to assist with waiting lists where services have vacancies. These are offset with a **£0.4m** underspend on pathology costs.
- The overspend on Drugs costs is made up of overspends across all clinical areas.
- Establishment costs are overspent by **£3.6m** driven by IT spend on hardware and software. **£0.6m** of this is agreed additional non-recurrent spend.
- Other costs are overspent by **£1.6m** due to R&D costs and offset with the underspend of **£2.0m** in the R&D non-staff costs category.
- The overspend on Oxford Pharmacy Store Cost of Sales is offset by additional sales income.
- The overspend on Premises costs is driven by a **£4.4m** overspend in Estates & Facilities costs due to pressure on contracts, property and maintenance costs (including £0.6m agreed overspend for non-recurrent items), **£1.1m** spend on furniture and office equipment, **£0.2m** due to prior year electricity costs for the Covid vaccinations centres, **£0.5m** on clinical sub-contracts (in wrong category) and a **£0.5m** net overspend in other areas.
- The underspend on Provider Collaboratives contracts reflects lower than planned spend and this is offset by an adverse variance on income.
- Purchase of Services is overspent by **£2.0m** YTD driven by Mental Health Out of Area Placement costs - **£1.9m** overspent in Oxfordshire and **£1.7m** overspend in Buckinghamshire. These are offset by extra packages of care income in Forensics (**£1.0m**) and CAMHS (**£0.7m**) (reported in non-pay as it is a transfer from Provider Collaboratives).
- The Reserves budget is the contingency held by the Trust to offset pressures elsewhere.

9. Out of Area Placements (OAPs)

OAPS Budget Vs Actuals

Oxon & Bucks Occupied Bed Days
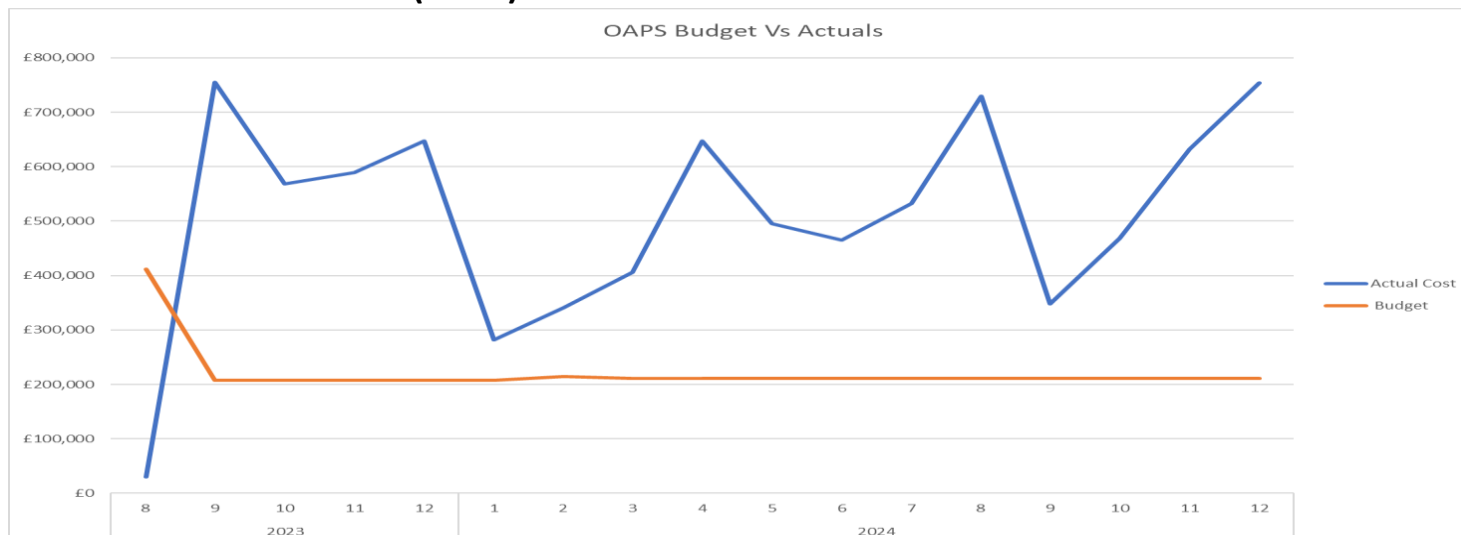
Out of Area Placements are **£3.5m** adverse at month 12, **£1.8m** adverse in Oxfordshire and **£1.7m** adverse in Buckinghamshire.

This includes the cost of the 4 block beds contract with Elysium. Plus, a further 2 block beds which were added to the contract in month 6, originally for 3 months but this has now been extended into the new year, until the 30th June 2024.

The large drop in actuals in month 9, is driven by the release of a provision relating to FY22 in Oxfordshire.

These costs exclude Secure Transport spend which is currently **£167k** across the two directorates.

Oxfordshire Acute beds days are up by 70 days compared to month 11 but PICU beds days have decreased to zero. Rehab, Continuing Care & OAP Other remain stable.

Buckinghamshire Acute & PICU beds days have decreased, Acute by 18 days and PICU by 67 days compared to month 11 and their Rehab placement remains the same.
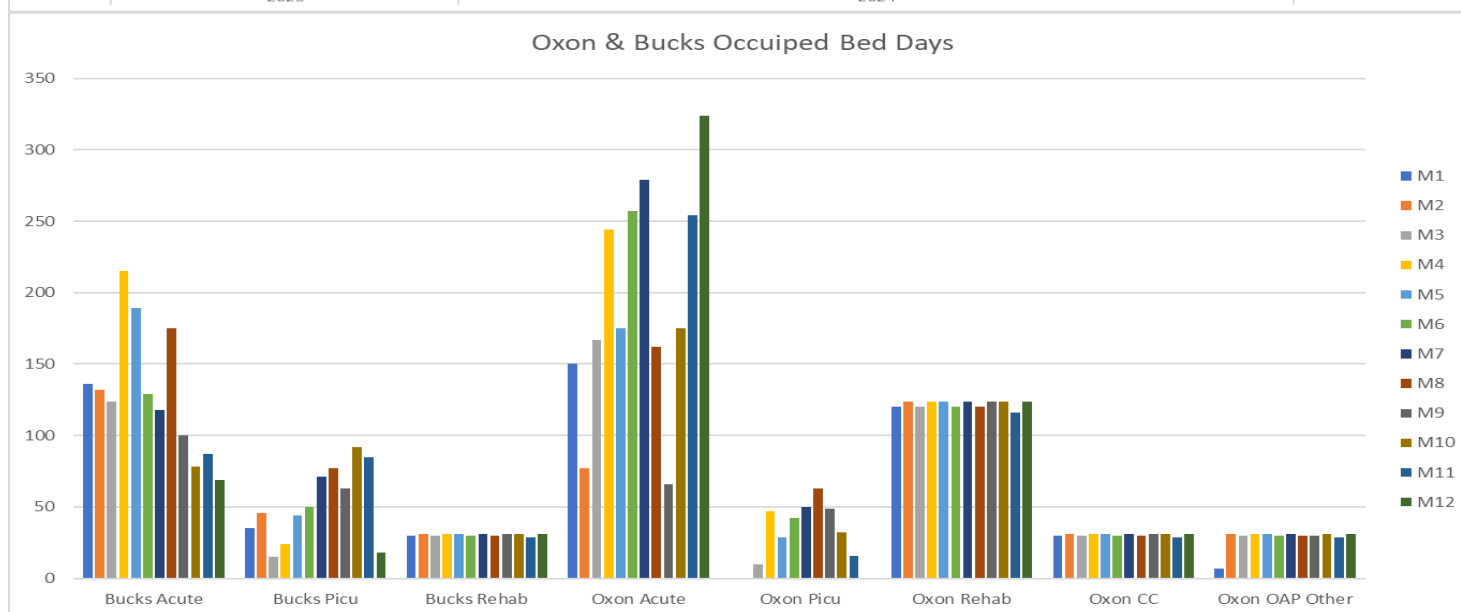
10. Cost Improvement Programme (CIP)

The Trust's external CIP target as reported to NHSE is **£16.1m** made up of a **£5.1m** efficiency from contract uplifts (CIP) and **£11.0m** cost management (Productivity Improvement Programme (PIP). The Trust continues to report a full delivery of the **£16.1m** to NHS England on the assumption that any shortfall in these programmes has been mitigated by other non-recurrent benefits in the Trust's position.

Internally the Trust has an additional **£2.1m** CIP for FY23 CIPs that were not delivered recurrently last year, making the total internal CIP target **£7.2m**.

£5.6m of the **£7.2m** CIP target has been delivered through CIPs made up front from investment funding and a **£1.0m** saving in HR from the Temporary Staffing team following the transfer to NHSP.

£'000s	Full Year Plan	Full Year Actual	Variance
Community	1,937	1,100	-837
Oxon & BSW MH	1,778	1,778	0
Bucks MH	803	803	0
Forensics	615	615	0
Learning Disabilities	106	106	0
Provider Collaboratives	29	29	0
Corporate	948	155	-793
NHSP transfer (internal bank team costs)	1,000	1,000	0
Total CIP	**7,216**	**5,586**	**-1,630**

11. Productivity Improvement Programme (PIP)

The **£11.0m** PIP target is to be met through a reduction in temporary staffing spend including the cost reduction from moving from agency to bank staff as well as a reduction in demand for temporary staffing. This is being calculated as the YTD reduction in spend between FY23 and FY24 (excluding the Covid mass vaccination centre spend). At year-end **£6.4m** of savings have been made, which is **£4.6m** lower than the target. This shortfall was offset by vacancies. The higher savings in month 12 is due to the release of a **£2.4m** agency accrual relating to FY23.

The performance against the PIP target is different to the performance against the agency spend target. For the latter any reduction in agency spend counts towards this target. For the PIP target it is only reduction in agency spend which results in an overall cost saving to the Trust that can be regarded as a PIP saving. For example, if the same number of hours move from agency to bank there will be a saving against both targets. But, if spend moves to bank and demand increases then there won't be a reduction in costs so no PIP savings.

£'000s	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	Full Year Actual
FY23 Bank	2,463	2,008	2,218	2,803	2,135	3,366	1,793	2,021	2,848	2,339	2,074	3,558	29,627
FY23 Agency	4,322	3,417	5,041	3,681	3,920	3,760	4,741	2,563	3,395	3,058	2,922	3,944	44,761
Total FY23	**6,785**	**5,425**	**7,259**	**6,484**	**6,055**	**7,126**	**6,534**	**4,584**	**6,243**	**5,397**	**4,996**	**7,502**	**74,388**
FY24 Bank	2,946	2,390	2,542	2,493	2,667	2,499	2,680	2,491	2,752	2,892	2,933	3,355	32,640
FY24 Agency	2,922	3,253	3,351	3,127	2,594	3,474	3,275	2,810	3,207	2,901	3,030	1,381	35,325
Total FY24	**5,868**	**5,643**	**5,893**	**5,620**	**5,261**	**5,973**	**5,954**	**5,301**	**5,959**	**5,793**	**5,963**	**4,735**	**67,965**
Savings	**917**	**-218**	**1,366**	**864**	**794**	**1,153**	**580**	**-717**	**284**	**-396**	**-968**	**2,767**	**6,423**
Target	**920**	**920**	**920**	**920**	**920**	**920**	**920**	**920**	**920**	**920**	**920**	**920**	**11,043**
Variance	**-3**	**-1,138**	**446**	**-56**	**-126**	**233**	**-341**	**-1,637**	**-636**	**-1,316**	**-1,888**	**1,847**	**-4,620**

12. Statement of Financial Position

31 March 2023 £'000		Month 11 FY24 £'000	Month 12 FY24 £'000	Movement Year to date £'000	Movement In month £'000	
	Non-current assets					
4,977	Intangible Assets	6,260	7,012	2,035	752	
215,796	Property, plant and equipment	216,092	207,308	(8,488)	(8,784)	
30,850	Right of Use Assets	29,774	34,744	3,894	4,970	
1,125	Investments	1,125	1,125	0	0	
512	Trade and other receivables	519	412	(100)	(107)	
485	Other Assets	486	651	166	165	
253,745	Total non-current assets	254,256	251,252	(2,493)	(3,004)	①
	Current Assets					
2,932	Inventories	3,099	3,184	252	85	
35,215	Trade and other receivables	22,917	21,722	(13,493)	(1,195)	②
840	Non-current assets held for sale	0	200	(640)	200	③
74,610	Cash and cash equivalents	90,508	85,628	11,018	(4,880)	④
113,597	Total current assets	116,524	110,734	(2,863)	(5,790)	
	Current Liabilities					
(83,398)	Trade and other payables	(76,538)	(76,194)	7,204	344	⑤
(25,529)	Borrowings	(25,709)	(26,098)	(569)	(389)	
(2,249)	Provisions	(2,743)	(3,182)	(933)	(439)	
(23,002)	Deferred income	(29,097)	(24,222)	(1,220)	4,875	⑥
(134,178)	Total Current Liabilities	(134,087)	(129,696)	4,482	4,391	
	Non-current Liabilities					
(34,622)	Borrowings	(30,250)	(34,713)	(91)	(4,463)	⑦
0	Other Liabilities	(1,500)	(1,500)	(1,500)	0	⑧
(6,086)	Provisions	(7,026)	(8,156)	(2,070)	(1,130)	⑨
(40,708)	Total non-current liabilities	(38,776)	(44,369)	(3,661)	(5,593)	
192,456	Total assets employed	197,917	187,921	(4,535)	(9,996)	
	Financed by (taxpayers' equity)					
109,631	Public Dividend Capital	110,080	113,336	3,705	3,256	⑩
82,587	Revaluation reserve	82,149	77,072	(5,515)	(5,077)	⑪
1,125	Other reserves	1,125	1,125	0	0	
(886)	Income & expenditure reserve	4,563	(3,612)	(2,726)	(8,175)	⑫
192,456	Total taxpayers' equity	197,917	187,921	(4,535)	(9,996)	

1. Non-current assets have decreased by **£2.5m** over the year. Capital additions of £26.0m (including £11.5m of leased assets) which have been offset by £15.0m of cumulative depreciation and a downward end of year valuation of the estate of £12.8m

2. Trade and other receivables have decreased by **£13.5m** in year. Most of the decrease is due to a net decrease in outstanding debt of **(£1.5m)** and accrued income of **(£12.6m)**.

3. Non-current assets held for sale have decreased by **(£0.6m)** in-year. The movement is represented by the sale of Harlow House for £0.8m and the addition of Shrublands which is now held for sale at £0.2m.

4. The cash balance has increased by **£11.0m** over the year. This is largely due to an improved working capital position and an adjusted financial performance surplus.

5. Trade and other payables have decreased by **£7.2m** in year. The decrease in-year is largely due to a reduction in payroll (FY23 pay offer) and agency accruals, which was offset by an increase in creditors due to the restatement of normal credit terms in FY24 after a reduction in credit terms during covid.

6. Deferred income has increased by **£1.2m** in year. £19.4m of the deferred income held at the end of FY24 relates to the Provider Collaborative.

7. Non-current borrowings have increased marginally over the year.

8. Other Liabilities have increased by **£1.5m** in year. This £1.5m represents a payment on a/c by the University Of Oxford re: the Warneford Redevelopment. This balance will be utilised or repaid if certain key milestones are satisfied or not satisfied.

9. Non-current provisions have increased by £2.0m in year. Most of this increase is due to an upward revaluation of the Trust's dilapidation provisions.

10. £3.7m of PDC received in year to support the capital programme.

11. The downwards movement represents the downwards revaluation of the estate in FY24

12. The £2.7m downward movement in year reflects the Trust's reported deficit in year (£3.3m) less other reserve movements of £0.5m

13. Cash Flow

STATEMENT OF YEAR TO DATE CASH FLOWS

	Month 12 FY24		
	Actual	Plan	Variance
	£'000	£'000	£'000
Cash flows from operating activities			
Operating surplus/(deficit) from continuing operations	(1,566)	869	(2,435)
Operating surplus/(deficit)	**(1,566)**	**869**	**(2,435)**
Non-cash income and expense:			
Depreciation and amortisation	15,161	14,340	821
Impairments	7,850		
(Increase)/Decrease in Trade and Other Receivables	13,735	3,587	10,148
(Increase)/Decrease in Inventories	(252)	245	(497)
Increase/(Decrease) in Trade and Other Payables	(8,447)	(11,078)	2,631
Increase/(Decrease) in Deferred Income	1,220	(3,241)	4,461
Increase/(Decrease) in Provisions	(371)	18	(389)
Other Movements in Operating Cashflows	(14)	0	(14)
NET CASH GENERATED FROM/(USED IN) OPERATIONS	**27,316**	**4,740**	**14,727**
Cash flows from investing activities			
Interest received	5,414	3,601	1,813
Purchase of Non Current Assets	(13,256)	(12,010)	(1,246)
Sale of PPE	1,200	0	1,200
Net cash generated from/(used in) investing activities	**(6,642)**	**(8,409)**	**1,767**
Cash flows from financing activities			
Public dividend Capital Received	3,705	0	3,705
Loans repaid	(1,338)	(1,338)	(0)
Capital element of lease rental payments	(6,035)	(4,932)	(1,103)
Capital element of Private Finance Initiative Obligations	(657)	(600)	(57)
Interest paid	(687)	(635)	(52)
Interest element on leases	(204)	(252)	48
Interest element of Private Finance Initiative obligations	(1,481)	(963)	(518)
PDC Dividend paid	(2,959)	(2,620)	(339)
Net cash generated from/(used in) financing activities	**(9,656)**	**(11,339)**	**1,683**
Increase/(decrease) in cash and cash equivalents	11,018	(15,008)	26,027
Cash and Cash equivalents at 1st April	**74,610**	**74,610**	**0**
Cash and Cash equivalents at	**85,628**	**59,602**	**26,027**

Summary Notes

- The cash flow movements are consistent with the comments made on the Statement of Financial Position.

- The closing cash position at the end of March was **£85.6m**.

Cashflow Forecast
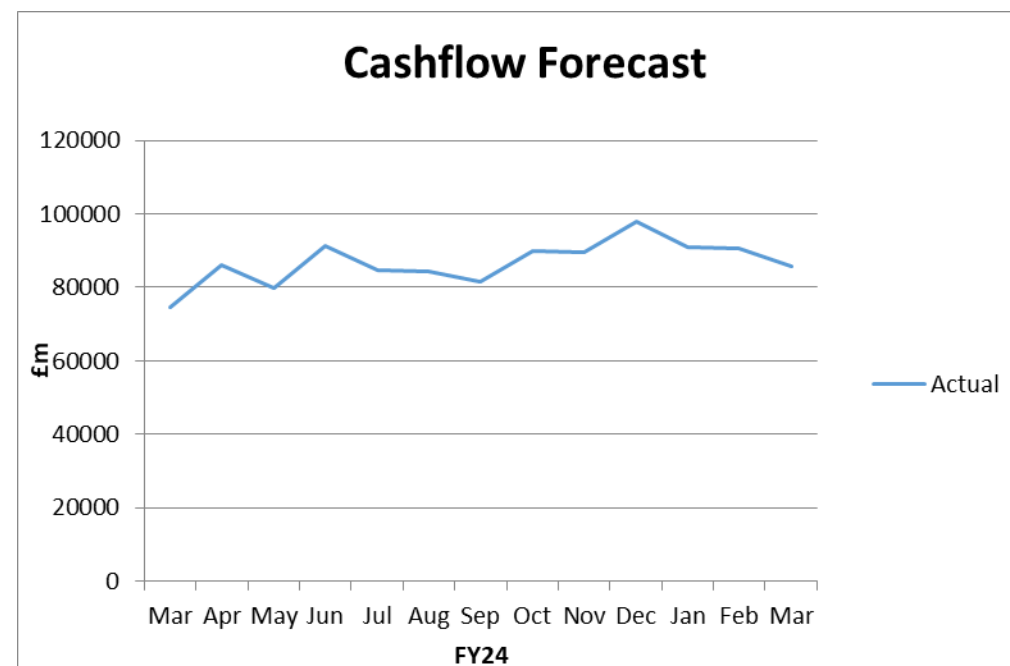
14. Working Capital Indicators

Working Capital Ratios

Ratio	Target	Actual	Risk Status
Debtor Days	30	18	🟢
Debtors % > 90 days	5.0%	11.3%	🟡
BPPC NHS - Value of Inv's pd within target (ytd)	95.0%	88.6%	🟡
BPPC Non-NHS - Value of Inv's pd within target (ytd)	95.0%	93.6%	🟡
Cash (£m)	69.6	85.6	🟢

Summary Notes
- Debtor days ahead of target.
- Debtors % over 90 days is below target, due to unpaid invoices. These are mainly various ICB's £119k, Salary overpayments £326k, NHS Property Services £154k, OUH £101k, East London £70k, Practice Plus Group £355k and other £428k.
- NHS BPPC (Better Payments Practice Code) below target for the year.
- Non-NHS BPPC (Better Payments Practice Code) marginally below target for year.
- Cash is better than plan, as outlined in section 9.

Report to the Meeting of the
Oxford Health NHS Foundation Trust

Board of Directors

22nd May 2024

Quality and Safety Dashboard
For Information

Executive Summary

The information in the Quality and Safety Dashboard is up to 31st March 2024. The purpose of the dashboard is to bring together data and soft intelligence to help identify wards/teams that might be struggling and need more support.

From reviewing a range of activity, quality and workforce indicators the below wards and community teams are highlighted by exception as flagging with an area of concern based on the position in March 2024 and a review of any trends from the last 3 months (January-March 2024). Note data on activity and waits is not available for the Primary, Community and Dental services Directorate at the moment. This month the Dashboard includes waits information for mental health services and dental services, as well as performance against the 48 hour follow up target for inpatient mental health discharges.

See accompanying excel sheet for the full detailed dashboard for the inpatient wards. The new CAMHS PICU Meadow Unit is included in the Dashboard. For the community teams a range of indicators are also reviewed with any teams identified by exception below.

The following wards/teams have been highlighted, split into 2 groups; to keep a watching eye and alert status. Those highlighted in BLUE were identified in last month's Dashboard. No wards have been highlighted at alert status however 8 wards are at a 'keeping a watching eye'.

Highlighted wards/teams by exception:

	Alert Status	Keep a Watching eye
Community Teams	• District Nursing • Oxon City and NE AMHT	• Minor Injury Units • GP OOH • Podiatry • Bucks Adult Crisis Teams (Aylesbury and Chiltern) • Bucks Chiltern AMHT • Bucks and Oxon CAMHS Neuro Diversity • Bucks and Oxon Adult Neuro Services • Bucks and Oxon Complex needs service • Oxon CAMHS getting help and getting more help teams
Inpatient Wards		• Ashurst PCIU • CAMHS Highfield • Cotswold House Oxford

	Alert Status	Keep a Watching eye
		• Sapphire • Woodlands • Kestrel • Kingfisher • Evenlode

The report includes further detail about each of the teams at 'alert status' and the mitigations and actions being taken.

In addition, to the teams/wards highlighted above there are a number of areas with a significant number of vacancies, although for the majority the quality indicators reviewed are not showing any concerns. The teams with high vacancies are detailed in the Dashboard. The Trust has an improvement programme of work called 'Improving Quality, Reducing Agency use' to reduce vacancies and agency use.

Governance Route/Approval Process
The Dashboard is a regular paper, developed with input from the Clinical Directorates and discussion at the Quality and Clinical Governance Sub-Committee in April 2024 and also the Quality Committee in May 2024.

Statutory or Regulatory responsibilities
We are required to report on the inpatient staff fill rates to Trust Board members which has been delegated to the Quality Committee, see accompanying excel sheet for detail at ward level.

Recommendation
The Board is asked to note the report and the actions being taken to support the teams highlighted.

Author and title: Jane Kershaw, Head of Patient Safety
Lead Executive Director: Brita Klinck, Chief Nurse

Main report

1. Introduction

The information in the Quality and Safety Dashboard is up to 31st March 2024. The purpose of the dashboard is to bring together data and soft intelligence to help identify wards/teams that might be struggling and need more support.

From reviewing a range of activity, quality and workforce indicators the below wards and community teams are highlighted by exception as flagging with an area of concern based on the position in March 2024 and a review of any trends from the last 3 months (January-March 2024). Note data on activity and waits is not available for the Primary, Community and Dental services Directorate at the moment. This month the Dashboard includes waits information for mental health services and dental services, as well as performance against the 48 hour follow up target for inpatient mental health discharges.

See accompanying excel sheet for the full detailed dashboard for the inpatient wards. The new CAMHS PICU Meadow Unit is included in the Dashboard. There is some ongoing work to improve the accuracy of the staff fill rate data, the latest specification change will be applied to the data in the next dashboard and relates to how planned hours are calculated. For the community teams a range of indicators are also reviewed with any teams identified by exception below.

2. Highlighted wards/teams

The following wards/teams have been highlighted, split into 2 groups; to keep a watching eye and alert status. Those highlighted in BLUE were identified in last month's Dashboard.

Highlighted wards/teams by exception:

	Alert Status	Keep a Watching eye
Community Teams	• District Nursing • Oxon City and NE AMHT	• Minor Injury Units • GP OOH • Podiatry • Bucks Adult Crisis Teams (Aylesbury and Chiltern) • Bucks Chiltern AMHT • Bucks and Oxon CAMHS Neuro Diversity • Bucks and Oxon Adult Neuro Services • Bucks and Oxon Complex needs service • Oxon CAMHS getting help and getting more help teams
Inpatient Wards		• Ashurst PCIU • CAMHS Highfield • Cotswold House Oxford • Sapphire • Woodlands • Kestrel • Kingfisher • Evenlode

The rest of the report provides detail on teams/wards with very high vacancies, waiting times for community mental health teams and details for each of the wards/teams at 'alert status' with the mitigations and actions being taken.

<u>3. Teams with High Vacancies</u>
In addition, to the teams/wards highlighted there are a number of areas with a significant number of vacancies, although for the majority the quality indicators reviewed are not showing any concerns. Vacancies are based on data provided by finance. The teams with high vacancies 30% or above are listed below to show a complete picture.

The Trust has an improvement programme of work called 'Improving Quality, Reducing Agency use' to reduce vacancies and agency use. In addition to the programme each month the wards and teams with the highest vacancies are discussed with the HR recruitment campaign consultants to help steer/inform their work.

Areas with High Vacancies - 30% or above (data source Finance)	
Inpatient Wards	Community Teams
- CAMHS Highfield 41.2% (decline) - CAMHS Meadow PICU (new unit) - Cotswold House Oxford 34.5% (similar) - Kingfisher 29.7% (similar) - Ruby ward 27.4% (similar) See accompanying excel sheet for the full detailed dashboard for the inpatient wards which includes fill rates.	- Oxon City and NE AMHT 38.3% (similar) - Oxon City East CMHF Hub 41.1% (similar) - Oxon North and West AMHT 30.4% (similar) - Oxon CRHT 44% (decline from last month) - Oxon maternal mental health 67.8% (similar) - Oxon CAMHS getting help South 39% (similar) - Oxon CAMHS Mhst North, City and South, 31-35% (similar) - BSW CAMHS Inreach 41% (similar) - Oxon CAMHS Crisis 31.5% (similar) - Bucks Aylesbury AMHT 36.3% (improvement) - Bucks Aylesbury CRHT 35.5% (decline) - Bucks Chiltern AMHT 45% (improvement) - Bucks PIRLS 44.8% (similar) - Bucks SCAS & Street Triage 33% (similar) - Bucks OA South CMHT 47.8% (similar) - Bucks Memory clinic service 37.7% (decline) - Bucks CAMHS LD 36.5% (decline) - Bucks CAMHS Neuro 50.6% (decline) - Podiatry 33% (similar) – [there is a national shortage of podiatrists and a small numbers of places being offered to training students which is worrying] - Chronic Fatigue and ME Service 37.5% (similar) - Childrens Community Nursing West 30.6% (improvement) - Community Nutrition and Dietetics 33.9% (decline) - OOH service – not GPs 69.3% (similar) - Luther Street GP 30.1% (decline)
In addition there are a number of separate medical/doctor professional cost centres across the mental health teams and wards with very high vacancies and locums in place for example Oxon CAMHS Neuro, BSW CAMHS, Oxon Adult Eating Disorders, Bucks adult and older adult community teams, Bucks Complex Needs. These vacancies compound the pressure on services and in some cases ward admissions are temporarily paused.	

4. Inpatient discharges followed in line with the national requirements[1]

The data is now available again. The performance for follow up within 48 hours (Trust target) and 72 hours (national target) is shown below by ward the patient was discharged from. There are daily mechanisms in place to monitor performance. In 75% of eligible discharges the patient was followed up within 48 hours/2 days.

Eligible discharges followed up within 48hrs & 72hrs by ward

Ward	Eligible Discharges	Follow up 48 Hour Compliant	Follow up 48 Hour Compliant %	Follow up 72 Hour Compliant	Follow up 72 Hour Compliant %
AMHB Ruby Ward	9	6	66.67%	7	77.78%
AMHB Sapphire Ward	10	8	80.00%	8	80.00%
AMHO Allen Ward	12	12	100.00%	12	100.00%
AMHO Phoenix	5	3	60.00%	3	60.00%
AMHO Vaughan Thomas	13	7	53.85%	8	61.54%
AMHO Wintle	9	5	55.56%	5	55.56%
B Older Adult Amber Ward	6	6	100.00%	6	100.00%
O Older Adult Cherwell	6	6	100.00%	6	100.00%
O Older Adult Sandford	5	3	60.00%	3	60.00%
Total	75	56	74.67%	58	77.33%

5. Wards Highlighted at Alert Status

No wards have been highlighted at alert status however 8 wards are at a 'keeping a watching eye', with the detail why below.

The two CAMHS wards are highlighted as having high use of physical restraint in the accompanying excel sheet, work is being led by the Associate Director of Nursing on reducing the use of restrictive practice in CAMHS.

Recruitment and retention remains the main challenge and presents the highest risk, with 4 wards having very high vacancies – CAMHS Highfield, Cotswold House Oxford, Kingfisher and Ruby. There has been a reduction of wards with very high vacancies over the last 2 months. The central recruitment team continue to support services in ensuring there are rolling campaigns to fill vacancies alongside exploring creative approaches to attraction. A range of initiatives are in progress to support recruitment and retention across services, some examples are listed below. Temporary staff are used to maintain service levels. There are clear processes within directorates to oversee a reduction in agency spend and support bank and substantive recruitment. There remain some ongoing issues with the contract with NHS Professionals who provide temporary and agency staff which are being addressed. Recruitment and retention is a high risk on the Trust's Risk Register.

Examples of recruitment and retention initiatives

Recruitment for the new CAMHS PICU called Meadow Unit remains a priority, in particular Band 5 nurses. 10 newly qualified nurses and international nurses are in the recruitment pipeline. At CAMHS Highfield an OT development post has been appointed to which has been difficult to recruit. A further hiring event is being held in April 2024 to find new staff.

There is a recruitment focus on the forensic wards (including Glyme, Kingfisher and Kestrel) and a recruitment video has been developed, the wards are seeing associate nurses coming through.

Recruitment roadshow events continue to be held across the Trust with events in Buckinghamshire, Oxfordshire and Swindon in May 2024.

A new 12-month recruitment and retention bonus has been agreed for all mental health and learning disability services (inpatient and community teams for B5 and above) up until Feb 2025 to incentivise people joining to work in the Trust.

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[1] The national criteria is 72 hours (3 days) and the Trusts internal expectation is within 48 hours (2 days) after the day of discharge. The follow up can be F2F, digital or by telephone with the patient. Contact with the family instead of the patient is not included.

Wards identified as 'keeping a watching eye';

- Ashurst PICU – high vacancies/high agency use – fill rate registered at night challenging - high use of seclusion– low supervision compliance
- CAMHS Highfield – High vacancies/high agency use/ high turnover (linked to opening new Meadow unit)– fill rate registered at night challenging – high rates of patient self-harm and use of restraint – supervision and mandatory training compliance low
- Cotswold House Oxford – high vacancies/high agency use/high turnover – fill rate registered in day challenging - supervision compliance low
- Sapphire – High vacancies/high agency use/sickness– fill rates fine – use of seclusion
- Woodlands – high vacancies/high sickness – fill rate registered in day challenging - low supervision compliance
- Kestrel – high vacancies/high agency use/high sickness - fill rate registered in day challenging – 1 patient with very high needs on ward, resulting in high uses of restrictive practice
- Kingfisher – high vacancies/high agency use/high sickness – fill rate challenging for registered in day and unregistered at night - no specific quality flags
- Evenlode – moderate vacancies/agency use – fill rate registered in day challenging - 1 patient with very high needs on ward, resulting in high uses of restrictive practice

6. Community Teams Highlighted at Alert Status

Reported on by exception from a review of key activity, quality and workforce indicators.

Two teams/services have been highlighted which are particularly struggling; District Nursing Service and Oxon City and NE AMHT. Further details are on the next page with the mitigations and actions being taken.

In addition the following teams/services are mentioned to 'keep a watching eye' for the majority the quality flag relates to access and waiting times due to demand being above capacity;

- Minor Injury Units
- GP OOH
- Podiatry
- Bucks Adult Crisis Teams (Aylesbury and Chiltern)
- Bucks Chiltern AMHT
- Bucks and Oxon CAMHS Neuro Diversity
- Bucks and Oxon Adult Neuro Services
- Bucks and Oxon Complex needs service
- Oxon CAMHS getting help and getting more help teams

The below highlighted teams have a reported high number of patients currently waiting to be seen, beyond the expected target time (as of 12th April 2024);

- Oxon CAMHS Neuro Diversity n=3577 most for diagnostic (high number of related complaints, concerns and MP queries)
- Oxon Adult Neuro n=3119 (current pause on new referrals to walk through triage and develop service model)
- Oxon CAMHS getting help and getting more help teams, total n=1043
- Oxon and BSW Adult Eating Disorders n=109
- Oxon Complex Needs Service n=1074 most for triaging and assessment
- Bucks Complex Needs Service n=748 most for triaging and assessment
- Bucks CAMHS Neuro Diversity n=2837 most for the collab service
- Bucks Adult Neuro n=1319 (current pause on new referrals to walk through triage and develop service model)
- Bucks OA Memory clinic service n=825
- Bucks Adult Psychological Therapies n=609

Note the activity and waits information from EMIS for the Primary, Community and Dental services Directorate is not yet available. The new data feed is scheduled to be tested in the first week of May so should be available soon.

The waiting time for specialist dental treatment under general anaesthetic was reported by the service to the Quality and Clinical Governance Sub-Committee on 30th April as 263 children waiting and 49 adults.

Highlighted teams:

Teams/Service	In last Dashboard under ALERT status?	Reason for Highlighting	Mitigations & Actions
District Nursing	Yes	Demand is exceeding capacity/service establishment. • District nursing service continues to be under extreme pressure. The outcome of the NHSE Safer Staffing Tool Census evidences significant gap in capacity compared to demand. Compared to services in the BOB and nationally the service has a low establishment of staff for the population served. 28% deficit in staff establishment = 60+ WTE staff. The Service receives about 2000 new referrals a month and carries a caseload of around 7000-8000 patients. • Lower, medium and some high priority patients are being delayed and experiencing extended delays to be seen. Around 350 visits are being delayed daily. • Vacancies are very low, service held information show overall vacancies as of 17th April 2024 at 0.09 WTE. The budget establishment for the service is 242.39 WTE. There are vacancies in the City locality which is harder to recruit to and some over recruitment in South, West and North to enable the service to stop using agency staff while new starters are in the pipeline. • 73% compliance against mandatory training courses • 54% compliance against supervision requirements • 2 complaints, 3 concerns and 0 MP concerns received over 3 months from Jan-March 24. Themes; insufficient care and communication. • 72 patient incidents with moderate harm or above over 3 months from Jan-March 24 (excluding inherited PU), this includes cases were we have found no issues in care which could have prevented the harm. Important to note the high number of patients on the DN service caseload, approx. 7000-8000 patients. Incidents are spread across all locality teams, with the most in SW and West localities. Majority of the harms are pressure ulcers	Actions • Options appraisal paper being developed to explore possibilities in light of staff establishment gap and system constraints. • A comprehensive District Nursing Improvement Plan has been completed and brought to an end in March 2024, with a new Transformation Programme starting. Completed workstreams include; setting up ambulatory clinics, developing an anticipatory care model, goagucheck XS system for point of care testing and EMIS prescribing has been scoped. The projects under the Transformation Programme include; workforce retention, continence recovery plan, wound care and end of life care. • New recruitment campaign started from Feb 2024 – bus advertisement, social media and local press advertising 3 open days in March 2024. More activities planned in June 2024. Campaign has been successful, 19 new staff in pipeline various starting dates from 22nd April to October 2024. NHSP staff being used but no agency staff. • Currently preparing roll out of electronic notes on EMIS. Delayed visits are now managed via EMIS. Mitigations • Clinical prioritisation framework in place, agreed BOB wide with ICS and GP leads to guide the service in the prioritisation of patient care. Very high-risk patient care is protected daily, which includes end of life care, daily medication administration (e.g., insulin, heparin, IV antibiotics) and urgent interventions such as blocked urinary catheter care.

Teams/Service	In last Dashboard under ALERT status?	Reason for Highlighting	Mitigations & Actions
		developed in service (48 of 72 incidents), particularly category 3. There have been 0 cases identified under the Trusts PSIRP since Dec 2023, where serious/significant concerns about care have been identified. DN teams are using learning huddles to make improvements where indicated.	• Monthly meetings with BOB ICB commissioner/GP leads to monitor situation. • All pressure ulcers developed in service are reviewed for lapses in care. A monthly report is updated and reported quarterly to the Directorate clinical standards group.
Oxon City and NE AMHT	Yes	The team has high vacancies combined with demand being high. • 38.3% vacancies (slightly worse than last month), with agency staff use at 7.6% (March 24) • 69% compliance against mandatory training courses. • 59% compliance against supervision requirements. • As of 12th April 2024 - 315 patients waiting for assessment or treatment and gone beyond expected target time. 5 of the patient incidents Jan-March 24 were about communication of delay in providing care/treatment. • To put in context team received 445 referrals in 3 month period (Jan-March 24) and have an open caseload of around 1,300 patients. • 5 complaints (majority received in Jan 24), 7 concerns and 3 MP concerns over 3 months from Jan-March 24. Complaints have reduced but concerns have increased in the 3 month period. Main theme; insufficient care. • 6 out of 32 incidents reported in the last 3 months with moderate harm and above, from Jan-March 24. The 6 incidents with moderate/severe harm related to patient self-harm, poor discharge, treatment delay, and damage to property. The number of incidents is not dissimilar to other AMHTs such as the North and West AMHT. • 3 unexpected deaths in last 3 months (Jan-March 24); 1 death from natural causes and 2 unnatural causes (suspected suicides). 7 unexpected deaths in the last 6 months.	• Active recruitment campaign is continuing. LinkedIn campaign for B6 nurses in AMHT and primary care hubs. Recruitment video developed for AMHT. • New recruitment and retention bonus agreed for all mental health and learning disability services for 2024/25 to incentivise people joining to work in the Trust. Started from 1st March 2024. • There is also a focus on retention and ensuring every team has an away day to support the team. • Sessional staff helping to work through assessment waiting list. Number of patients waiting to be assessed has declined. • Plan to use permanent recruitment agency to fill 1-3 B6 posts which have been difficult to recruit. • Transformation work continues to address capacity and demand gap, including development of the health and wellbeing hubs and primary care mental health teams. • Regular leadership support to team to help prioritise work.