

Integrated Performance Report (IPR) Report:

Board meeting – 29 Sept 2021
August 2021 data

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



Section 1:

Introduction to the Trust strategy 2021-2026

Introduction to the Trust Strategy 2021-2026

Executive Summary: Martyn Ward, Director of Strategy and CIO

Introduction to the Trust Strategy 2021-26

Oxford Health NHS Foundation Trust (OHFT, the Trust) has developed an organisational strategy for the five year period 2021-26. The aim of the strategy is to set the Trust's long-term direction, guide decision-making and address strategic challenges – for example rising demand for and complexity of healthcare, recruiting and retaining a stable workforce, and ensuring sufficient resourcing. Following the publication of the 2021 NHS White Paper, the NHS is likely to change over the period of the strategy - shifting from a commissioner/provider model to one characterised more by system working and collaboration with healthcare partners (NHS, local authority, independent and third sector) focused on collectively improving overall population health and addressing health inequalities.

The Trust's vision is Outstanding care by an outstanding team, complemented by the values of being Caring, Safe & Excellent. Flowing from the vision and values are four strategic objectives:

1. Deliver the best possible care and outcomes (Quality)
2. Be a great place to work (People)
3. Make the best use of our resources and protect the environment (Sustainability)
4. Become a leader in healthcare research and education (Research & Education)

Key focus areas and Objective Key Results

To move the strategy into a focus on delivery, each strategic objective has been developed into a set of key focus areas (workstream descriptors). The aim of the key focus areas is to identify priority activities and workstreams for the Trust over the coming years and to provide a bridge between the high-level ambitions of the strategic objectives and a set measures and metrics to track progress. Existing and new measures and metrics have been gathered and/or created using an Objective Key Results (OKRs) approach. OKRs allow for measurement of activities that contribute to key areas of focus and workstreams and will be reported to relevant Board committees and Board via an Integrated Performance Reporting approach.

While the key focus areas are intended to be fixed for the lifespan of this strategy, the OKRs can be updated and added to as required. To enable this, the OKRs are an appendix to the main Trust strategy document. This approach allows for a consistency of approach for the strategy but the flexibility to adapt the metrics used to measure progress. For example, a specific OKR may be achieved and can then be replaced with a new target.

This report reports delivery of the strategy and performance against the OKRs. Supporting data and narrative is supplied where there is underperformance.

Section 2:

Trust Headlines

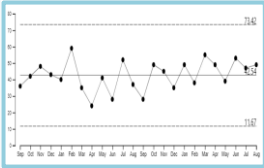
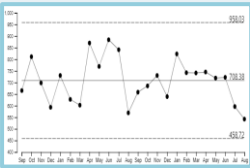
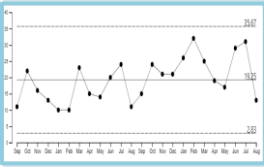
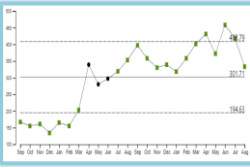
Patient Activity and Demand Overview: Community referrals and appointments

Specialty	Referrals				Appointments			
	Trend over time	Activity this month	2019/20 average	+/-%	Trend over time	Activity in month	2019/20 average	+/-%
Trust (excl IAPT, Dental, OOH/MIU)		15,142	15,776	-4%		75,615	83,028	-9%
Adult and Older Adult Mental Health (exc. IAPT)		3,453	3,144	+10%		16,339	13,500	+21%
Children and Young People - CAMHS		1,393	2,074	-33%		9,061	9,995	-9%
Children and Young People - Neuro Developmental Services		195	294	-34%		965	967	0%
Community Services (excl. Dental, OOH and MIU)		10,064	10,190	-1%		48,419	57,372	-16%

This is a summarised view of the information now review on a weekly basis by the Operational Management Team and the Executive Management Committee.

Noteworthy exceptions by directorate and service line are detailed in the IPR Supporting Report.

Patient Activity and Demand Overview: **Community** referrals and appointments

Specialty	Referrals				Appointments			
	Trend over time	Activity in month	2019/20 average	+/-%	Trend over time	Activity in month	2019/20 average	+/-%
Learning Disabilities		49	43	+14%		542	692	-22%
Forensics		13	21	-38%		333	175	+90%
Dental	Not available data not yet in warehouse	283	762	-63%	Not available data not yet in warehouse	1751	1926	-9%
IAPT	Not available data not yet in warehouse	2416	2429	-1%	Not available data not yet in warehouse	11691	8785	+33%
MIU and OOH	Not available	11553	12896	-10%	Not available	16175	17535	-8%

This is a summarised view of the information now review on a weekly basis by the Operational Management Team and the Executive Management Committee.

Noteworthy exceptions by directorate and service line are detailed in the IPR Supporting Report.

Patient Activity and Demand: **Inpatient** admissions and length of stay (LOS)

Specialty	Admissions				Inpatient Length of Stay			
	Trend over time	Activity this month	2019/20 monthly average	Variance*	Trend over time	Activity this month	2019/20 monthly average	Variance
Trust		229	242	-5%		33	65	-49%
Adult Mental Health		79	91	-13%		36	51	-29%
Older Adult Mental Health		16	15	+7%		53	85	-38%
Children and Young People Mental Health (CAMHS)		9	9	0%		68	81	-16%
Eating Disorders		3	7	-57%		94	76	+24%

This is a summarised view of the information now review on a weekly basis by the Operational Management Team and the Executive Management Committee. Noteworthy exceptions by directorate and service line are detailed in the IPR Supporting Report.

Patient Activity and Demand: Inpatient admissions and length of stay (LOS)

Specialty	Admissions				Inpatient Length of Stay			
	Trend over time	Activity this month	2019/20 monthly average	Variance*	Trend over time	Activity this month	2019/20 monthly average	Variance
Forensics		4	5	-20%		124	915	-86%
Community - All		117	112	+4%		22	25	-12%
Community – Stroke		16	13	+23%		27	29	-7%
Community – Rehab		83	80	+4%		25	27	-7%
Community - Other		18	19	-5%		5	10	-50%

The arrows indicate whether the trend is up or down against the previous last reported figure



Quality



Workforce



Finance



L&D



SI's, Complaints & Feedback

→ **7 Serious Incidents** reported in Aug 21 excluding downgrade, this is quite consistent each month and the same as the ave. for the year 2020/21.

→ **16 Formal Complaints**

received in Aug 21 the same as ave. for 2020/21. June and July 2021 saw higher than ave. numbers. Compared to other NHS Trusts (Berkshire, CNTW, East London) in 2020/21, OHFT received the lowest number of complaints per 1000 staff.

→ **FFT patient feedback** – Aug 21 community services: 83% said Very Good (national ave. 83%). Mental health: 58% said Very Good (national ave. 62%), small decline in Aug 21.

New starters, Leavers & HR mgmt. cases resolved

↑ **115 new starters** in month August 21. Higher than July 21 (81) and 46% higher than the 2019/20 monthly average of 79

↑ **74 leavers** in August 21 Higher than last month (73) and -17% higher than the 2019/20 monthly average of 63

↓ **17 HR management cases resolved.** Lower than last month (29) and -29% lower than the 2019/20 monthly average of 24

Finance

↑ **£553k** spent on **Out of Area Placements** in month 5. +138% higher than the 2019/20 monthly average of £232k, but lower than month 4 (£678k)

↑ **£5,280k** spent on **Agency Staff** in month 5. +160% higher than the 2019/20 monthly average of £2,034k, but lower than month 4 (£7,844k)

→ **£142k** spent on **travel claims.** -40% lower than the 2019/20 monthly average (£238k)

Appraisals, Supervision & Training

217 appraisals completed in August 2021 35% less than July 2021 at 334 completed

↓ **3636 Supervision sessions** carried out in Aug 2021 -37% from July 2021 of 5757

↓ **2959 Training courses attended (digital and classroom).** -18% compared to July 2021 of 3136 training courses

Section 3:

Delivery of the NHS Oversight Framework and a selection of Comparative/Benchmarking Data

National objective: Compliance with the NHS Oversight Framework

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

	Target	National position	Latest Trust Position	Trend
(N1) A&E maximum waiting time of four hours from arrival to admission/transfer/ discharge	95%	77.0% (Aug)	93.4% (Aug)	↓
(N2) People with a first episode of psychosis begin treatment with a NICE-recommended care package within two weeks of referral (MHSDS) (quarterly)	56%	73.4% (Mar)	87.3% (Jun)	→
(N3) Data Quality Maturity Index (DQMI) MHSDS dataset score - reported quarterly	95%	68.2% (Dec)	97.9% (Mar)	↑
(N4) IAPT - Percentage of people completing a course of IAPT treatment moving to recovery (quarterly)	50%	48.8% (Jun)	49.0% (Jun)	↓
(N5) IAPT - Percentage of people waiting six weeks or less from referral to entering a course of talking treatment under Improving Access to Psychological Therapies (IAPT)	75%	92.3% (Jun)	99.0% (Jun)	↑
(N6) IAPT - 18 weeks or less from referral to entering a course of talking treatment under IAPT	95%	98.7% (Jun)	100.0% (Jun)	↑
(N7a) Inappropriate out-of-area placements (OAPs) for adult mental health services - OAP bed days used (Bucks) – local figures	0	n/a	27 (Aug)	↑
(N7b) Inappropriate out-of-area placements (OAPs) for adult mental health services – OAP bed days used (Oxon) – local figures	0	n/a	46 (Aug)	↑

Governance:

Executive Director: Director of Strategy and CIO | **Responsible Committee:** Quality Committee | **Responsible reporter:** Claire Page

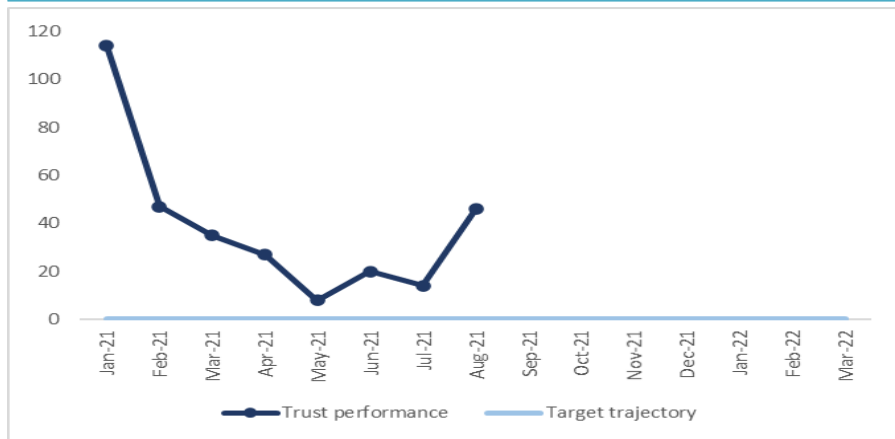
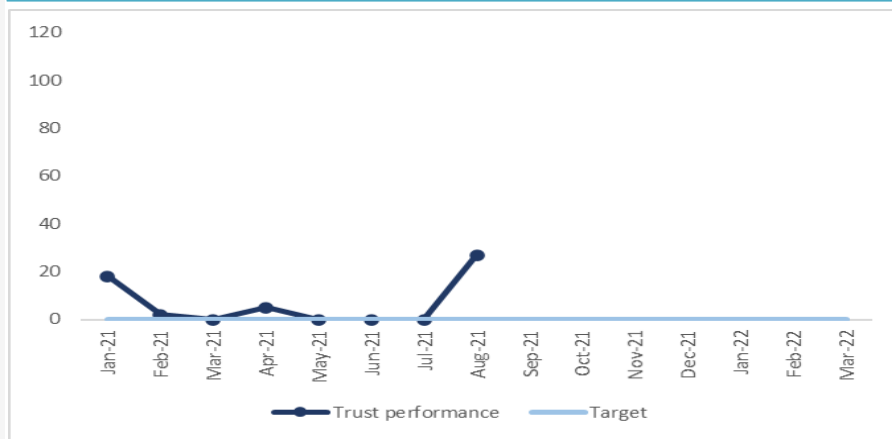
Executive Summary: Martyn Ward, Director of Strategy and CIO

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 and NHS Improvement, CCGs, providers and sustainability and transformation partnerships, and integrated care systems. The table above shows the Trust's performance against the **targeted** indicators in the framework. Areas of non-compliance are explained overleaf.

Performance: Overall performance is good with all indicators consistently achieved over the past 12 months, with the exception of the number of inappropriate out of area placements in Oxfordshire. Please see overleaf for more information

National Objective: areas of underperformance

Objective Key Result (OKR)	Target	Actual	Objective Key Result (OKR)	Target	Actual
(N7a) Inappropriate out-of-area placements (OAPs) for adult mental health services – aim to reduce OAP bed days used (Bucks)	0	27	(N7b) Inappropriate out-of-area placements (OAPs) for adult mental health services – aim to reduce OAP bed days used (Oxon)	0	46



Executive Director commentary:

Martyn Ward, Director of Strategy and CIO

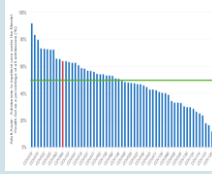

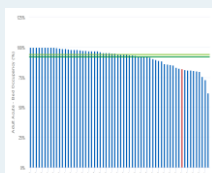
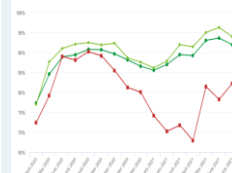
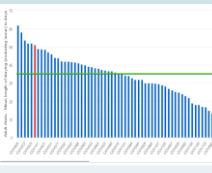
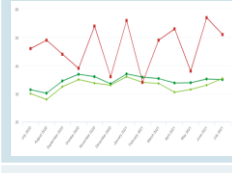
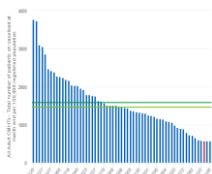
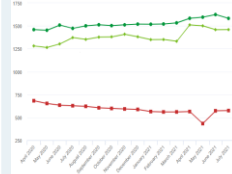
The issue and cause

Trust did not achieve the OAPs target in August, however, the number of OAPs used continues to be below historical levels as illustrated above. The Trust continues to have reduced bed capacity as a result of Infection Prevention Control (IPC) guidance. The Trust has been operating throughout the year with up to 15% less capacity in the Adult and Older Adult Mental Health wards. The interim closure of beds has resulted in additional Out of Area placements which the Trust has mitigated by purchasing a block contract beds.

The plan or mitigation

Following recent NHSE/I 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 trend. **August 2021 locally reported usage was 27 OAP beddays in Bucks, and 46 OAP beddays in Oxon.** In April, changes to IPC guidance have allowed the facilitation of patients who have completed their 14-day period of isolation and are COVID negative to be repatriated to vacant Oxford Health beds. Therefore, maximising bed capacity and reducing the need to purchase further inappropriate OAP.

Key Indicators: How do we compare?

Source	Service Area / Currency	Latest Trust Position	Trust Trend	Latest Trust Position	National average (mean)	OHFT versus National	Commentary
July 2021 Benchmarking MH & LD Covid-19 Monthly Benchmarking	Admissions to inpatient care under the MHA as a % of all admissions			65.10%	49.70%	Higher	<ul style="list-style-type: none"> OHFT has a low number of adult acute beds when benchmarked nationally. 12.68 OHFT adult acute beds per 100,000 registered population compared to national mean of 20.44. This impacts on the acuity of patients admitted with higher numbers being detained under the MHA.
July 2021 Benchmarking MH & LD Covid-19 Monthly Benchmarking	Adult Acute Bed Occupancy (%)			82.21%	91.93%	Lower	<ul style="list-style-type: none"> OHFT has continued to have reduced bed occupancy to facilitate compliance with infection prevention controls. This has more impact in Oxon where the age of estate presents greater challenges. Oxon adult acute wards occupancy April to Aug 21 average is 80.32% compared to 83.02% in Bucks.
July 2021 Benchmarking MH & LD Covid-19 Monthly Benchmarking	Adult Acute Mean LOS (exc leave) in Days			51.00	34.98	Higher	<ul style="list-style-type: none"> OHFT has a higher LOS than other adult acute providers. LOS is impacted by acuity of patients which as highlighted above is impacted by our bed stock and high number of admissions under the MHA. The Trust participated in a bespoke benchmarking LOS analysis across the SE region and is awaiting the findings of that exercise to enable this to be explored further.
July 2021 Benchmarking MH & LD Covid-19 Monthly Benchmarking	Adult CMHTs Total number of patients on caseload at month end per 100,000 reg pop			574.87	1582.21	Lower	<ul style="list-style-type: none"> This monthly benchmarking exercise only counts as being on caseload where there are two face to face contacts delivered. There are a number of factors why this approach would make OHFT lower: <ul style="list-style-type: none"> Our high use of digital method of delivery Our system configuration does not allow for transfer from team to team so we may not achieve 2 contacts within a referral as quickly as other Trusts who can transfer the referral from one service to another Challenges in some services with accurately recording all appointments delivered. Planned system development late 2021 will support easier recording of this information.

Section 4:

Delivery of our four strategic objectives

Objective 1: Quality - Deliver the best possible care and outcomes

Governance

Executive Director: Chief Nurse | **Responsible Committee:** Quality Committee

This year, our Objective Key Results (OKRs) are;	Target	Comm Services	Oxon & BSW	Bucks	LD	Forensic	Pharm	Trust*	Trust Trend
(1a) Clinical supervision completion rate	85%	Unable to get breakdown at the moment from system						61%	↓
(1b) Staff trained in restorative just culture	25 year end	-	-	-	-	-	-	8	→
(1c) BAME representation across all pay bands including board level - quarterly	19%	10.8% ↑	16.9% ↑	31.6% ↑	13.8% ↑	43.4% ↓	20.9% ↓	18.4%	n/a
(1d) Cases of preventable hospital acquired infections (YTD)	<3	-	-	-	-	-	-	0	→
(1e) Reduction in use of prone restraint by 25% in year 1 – figures YTD	<240 year end	-	44	34	-	26	-	104 YTD	→
(1f) Patient safety partners employed to be part of the governance structure – quarterly	2 year end	-	-	-	-	-	-	0	n/a
(1fa) Improved completion of the Lester Tool for people with enduring serious mental illness (SMI) (EIP teams)	90%	-	91% ↑	89% ↑	-	-	-	90.5%	↑
(1fb) Improved completion of the Lester Tool for people with enduring SMI (Community)	75%	-	57% ↑	58% ↑	-	-	-	57.3%	↑
(1g) Evidence patients have been involved in creating their care plan (clinical audits)	95%	No audits to report	85%	87%	-	85%	-	86%	→
(1h) 30% of clinical staff in non-learning disability services have completed internal eLearning on autism	30% year end	-	-	-	-	-	-	1%	→

* No national comparator/benchmarks available. The arrows indicate the trend against the last reported position.

Objective 1: Quality - Deliver the best possible care and outcomes

Governance

Executive Director: Chief Nurse | **Responsible Committee:** Quality Committee

Executive Summary:

Marie Crofts, Chief Nurse

The Quality OKRs are a sub-list of the quality objectives which form the annual Quality Account. The objectives were identified following a review of our risks, themes from quality information, recovery work and feedback from stakeholders.

Some of the key objectives are underperforming at this point in time. Please see overleaf for more information by measure on the cause of the underperformance and the plans to mitigate and improve performance.

The P&I Team and BI Team are developing reporting from CareNotes to monitor the completeness of risk assessments and timeliness of CPA reviews, which will be included in future reports. In the interim the quarterly community mental health Care Programme Approach (CPA) clinical audit looks at the quality of documentation for these measures (risk assessments and CPA reviews). The Q1 results (n=386) show 84% of records had a full and complete risk assessment, in 85% of cases the care plan addressed current/ relevant risks, and 77% showed a CPA review in the last 12 months.

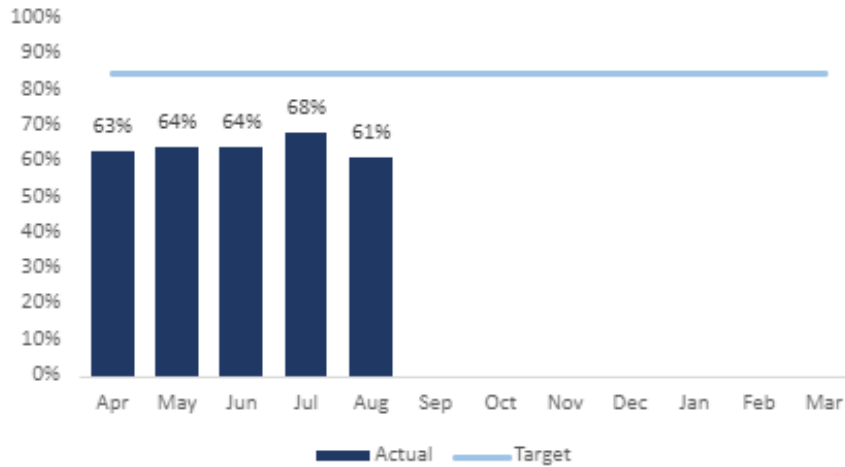
The Trust has started the following Quality Improvement Projects to address the relevant OKRs in the Quality section;

- Positive and Safe – reduction in restrictive practice
- Improving the Physical Health monitoring of patients with SMI
- Risk Assessment formulation and documentation
- Working with families and carers
- Measuring success of race equality framework for change

Objective 1: Quality; areas of underperformance

Objective Key Result (OKR)	Target	Actual
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(1a) Clinical supervision completion rate	85%	61%
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Executive Director commentary:
Marie Crofts, Chief Nurse

The risk or issue

The risk is staff may be struggling in their role and feel unsupported to manage difficult situations.

The cause

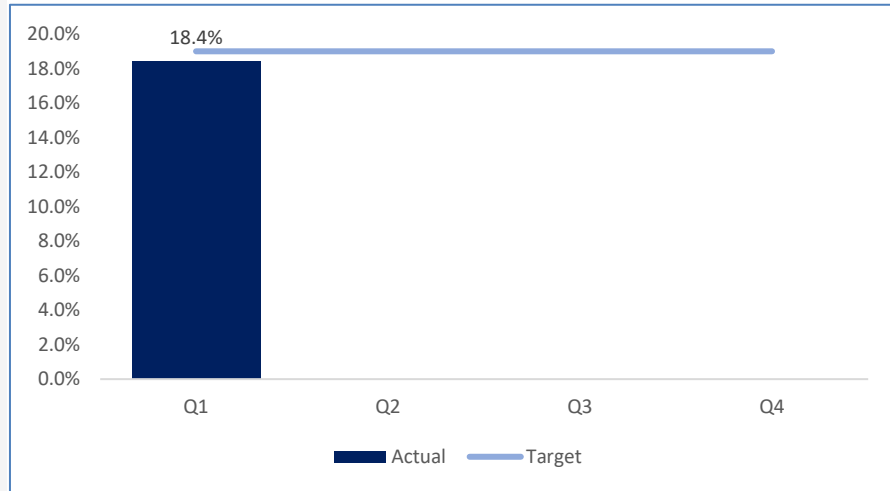
This is two-fold; supervision levels are likely to be higher than reported due to incomplete recording on OTR system/ change over between systems, and the second cause is the operational pressures due to responding and recovering from COVID-19.

What is the plan or mitigation?

- A new Trust clinical supervision lead started in August 2021 to help embed supervision structures and to develop the quality of sessions.
- NHSE/I are funding Professional Nurse Advocates (PNAs) and we have a range of nurses on these courses which will support embedding of Restorative Supervision across our Trust.
- The new OTR system was launched in August which should make it easier to record supervision sessions. However, there was a short period between systems when supervision was being manually logged which could account for the drop in reported supervision in August.
- The forms for supervision and appraisals are also being reviewed to support staff and make the processes easier.

Objective 1: Quality; areas of underperformance

Objective Key Result (OKR)	Target	Actual
(1c) BAME representation across all pay bands including board level - quarterly	19%	18.4%



Executive Director commentary:
Marie Crofts, Chief Nurse

The risk or issue

The target is to achieve 19% representation across all bands by 2025. Based on modelling from the 2011 census the Joint Strategic Needs Assessments show 16% of the Oxfordshire population are from non-white backgrounds and 14% of the Buckinghamshire population are non-white.

The target is not being met in the Oxon Community Services Directorate (11%); Oxon & BSW Directorate (17%); and Learning Disability services (14%), as well as across higher pay (8a and above) Trust-wide. Our workforce needs to represent the diversities in the communities we serve.

The cause

Discrimination of under represented groups within the NHS is widely known.

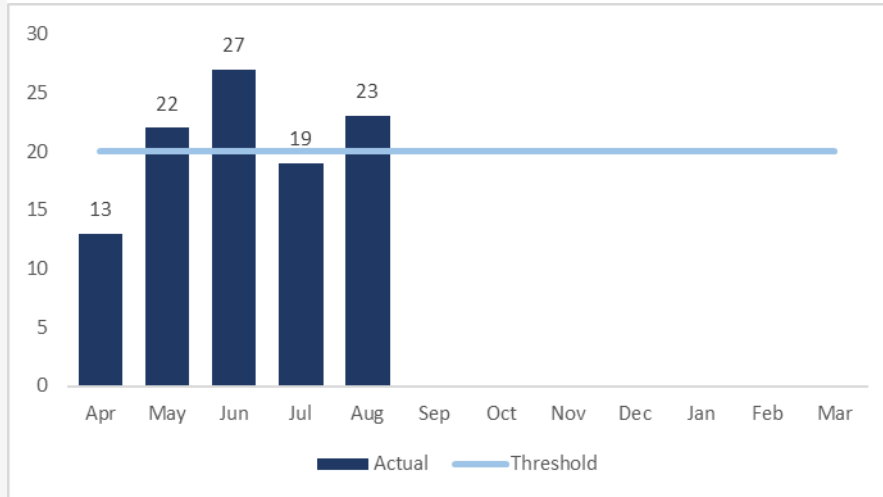
What is the plan or mitigation?

There is an ICS BOB level action plan to improve the race disparity ratio and meet the 6 national EDI actions. One proposal being considered by the group is developing an ICS pool of inclusion champions/ ambassadors who will participate in future recruitment and selection activity.

The Trust also has a Race Equality 'Framework for Change' Strategy and a Race Equality Staff Network to support the work. Recent funding has been secured to offer staff the opportunity to work part-time on delivering the strategy. Monitoring progress of all the commitments is now in place.

Objective 1: Quality; areas of underperformance

Objective Key Result (OKR)	Target	Actual
(1h) Reduction in use of prone restraint by 25%	100 YTD (240 in 2021/22)	104 YTD



Executive Director commentary:
Marie Crofts, Chief Nurse

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

YTD the position is 104 uses against a YTD target of 100. There were 56 different patients involved in the 104 uses.

The number of prone restraints varies week by week, and month by month. On average there are about 21 prone incidents per month, a reduction from the average in 2020/21. Violence and aggression by patients is often the reason for the use of prone restraint.

What is the plan or mitigation?

A large-scale QI project was launched in May 2021 to reduce the use of restrictive practice, including prone restraint. This is part of the national mental health patient safety programme.

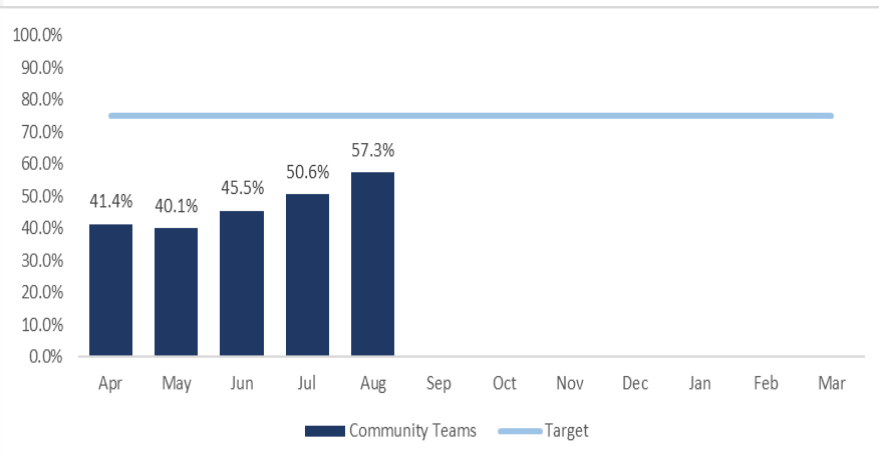
Following detailed analysis and liaison with QI sponsors 11 wards were identified to be part of the programme to reduce restrictive practices. Bespoke QI training has been delivered to each of the inpatient teams. Progress with the QI project actions, and impact is monitored through the Positive and Safe Committee.

The ward with the highest use of prone restraint, Ruby ward, presented progress against their QI project to the Quality Committee in Sept 2021.

On a weekly basis all prone restraints are reviewed at the Weekly Review Meeting, including looking at duration.

Objective 1: Quality – areas of underperformance

Objective Key Result (OKR)	Target	Actual
(1fb) Improved completion of the Lester Tool for people with enduring serious mental illness (Community teams for patients on CPA)	75%	57.3%



Executive Director commentary: Marie Crofts, Chief Nurse

Context

The indicator is based on the completion of the comprehensive 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

There is significant evidence that people with mental health issues are at higher risk of physical health morbidity and mortality.

The cause

The underperformance is due to a number of factors including staff capacity, re-prioritisation of work during COVID-19 (which has now been re-set), equipment availability and a reduction in face-to-face work creating a challenge as several aspects of the tool requires hands on intervention i.e. blood tests and blood pressure.

The plan or mitigation

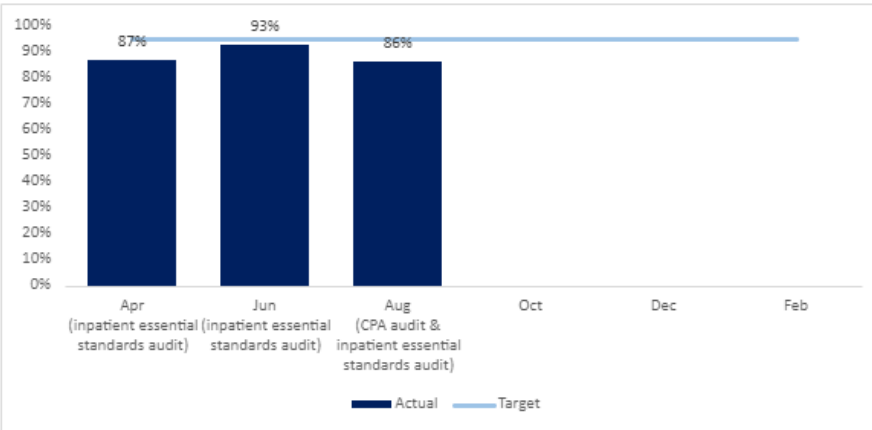
A recovery plan and trajectory is in place and delivered through a task and finish group led by a senior clinician. This group reports regularly to the Quality and Clinical Governance Sub-Committee. The plan has been effective for the EIP teams which are now achieving target.

Key actions being taken are around recruiting new physical health HCAs and leads, embedding consistency across the physical health clinics and ensuring teams have the appropriate monitoring equipment. There is also work underway to improve the access to data on TOBI so that teams can monitor their performance more easily.

The actions are resulting in a steady improvement; however demand and capacity pressures are having an impact on the rate of improvement.

Objective 1: Quality; areas of underperformance

Objective Key Result (OKR)	Target	Actual
(1g) Evidence patients have been involved in creating their care plan (bi-monthly clinical audit)	95%	86%



Executive Director commentary: Marie Crofts, Chief Nurse

Context

The information reported is from the relevant clinical audits completed near to or in the reporting month, therefore the audits included vary. In this report the information is taken from the mental health community CPA Q1 audit (n=299) and the mental health inpatient essential standards audit (n=136) for Aug 2021. The position across the community teams and wards is similar (85% vs 87%) as well as across the different services.

The Inpatient Community Hospital and End of Life Care audits were not completed and ready to report.

When comparing the clinical audit to feedback received from patients through IWGC (all services) in Aug 21 - 796 patients responded to were you involved as much as you wanted to be in your care and treatment as 4.79 out of 5.

The risk or issue

Patients are not always being involved in their plan of care impacting on their experience and outcomes.

The cause

This is a combination of needing to challenge practice/ approach and to improve ease of documentation.

The plan or mitigation

Improving patient involvement in their care is a key part of the Experience and Involvement Strategy. Work includes;

- Supporting local patient forums held by clinical teams
- Employing more people with lived experience/ experts by experience
- Expanding the number of Peer Support Workers within clinical teams
- Identifying involvement champions in each team.
- Delivering co-production training.

Objective 1: Quality – areas of underperformance

Objective Key Result (OKR)	Target	Actual
(1h) 30% of clinical staff in non-learning disability services have completed internal eLearning on autism	30%	1%

Executive Director commentary: Marie Crofts, Chief Nurse

Context

This is new co-designed training developed by the Trust, launched in May 2021. This will support staff with communicating effectively with people with Autism and making the adjustments needed to support with access to health care. It is part of a broader range of actions to make healthcare more accessible.

The Trust is also part of the national pilot for tier 1 (patient facing but not direct care givers) and tier 2 (for direct care givers) autism training which will become mandated in 2022 – we have identified more than 40 staff across the Trust to be involved in the national pilots.

The risk or issue

Services may not be fully meeting the needs of people with autism.

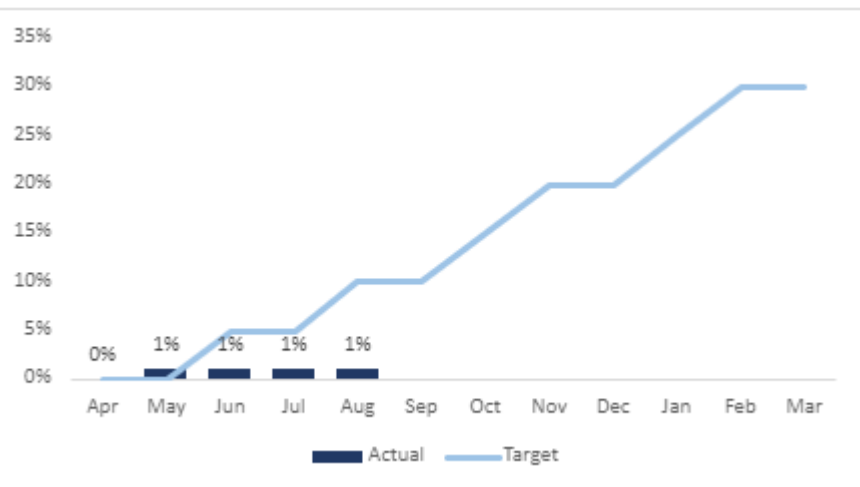
The cause

This is new training which has only had a soft launch. The plan is to add the training to staff matrixes.

The plan or mitigation

In addition to the new e-learning - six short live sessions on autism have also been delivered in Q1 for staff.

The Reasonable Adjustment Service is also available to support mental health clinicians to better understand and support the needs of autistic individuals with reasonable adjustments and adaptations.



Objective 2: People – be a great place to work

This year, our Objective Key Results (OKRs) are;	Target	Comm Services	Oxon & BSW	Bucks	LD	Forensic s	Pharm	Corporat e & Trading	Trust	National comparator	Trust Trend
(2a) People Pulse Q2	>=								6.79	n/a	n/a
(2b) Reduce agency usage to NHSE/I target Excludes covid spend	<=17.5%	9.9% ↓	14.4% ↓	16.1% ↓	13.1% →	12.2% ↑	-1.2% ↓	1.9% ↓	10.7%	ModHos 5.5%/ Peer 6.8%	↓
(2c) Reducing staff sickness to 3.5% over 2021/22	<=3.5%	6.1% ↑	5.1% ↑	4.8% ↑	6.4% ↓	8.6% ↑	3.9% ↓	4.1% ↑	5.5%	Allocate Insight 5.5%	↑
(2e) Reduction in % labour turnover	<=10%	12.6% →	12.8% ↓	12.1% ↑	20.7% ↑	9.9% ↑	4.3% →	10.5% ↑	12.0%	ModHos 0.98% Peer 1.02%	↓
(2f) Reduction in % Early labour turnover		18.9% →	24.5% ↓	16.2% ↓	33.5% ↑	8.8% →	29.9% ↑	10.5% ↓	18.6%	None	↓
(2g) Reduction in % vacancies	<=9%	9.1% ↓	11.0% ↓	13.6% ↓	18.1% ↑	21.4% ↑	-10.1% ↑	10.7% ↓	11.6%	ModHos Mar 2021 7.9%/ Peer 11.03%	↓
(2h) PDR compliance	>=90%	75% ↓	69% ↓	74% ↓	91% ↓	83% →	80% →	42% ↓	65%	None	↓
(2i) PPST compliance	>=90%	87% ↓	81% ↑	85% →	89% →	89% →	87% →	74% ↓	84%	None	→
(2j) Number of Apprentices as % substantive employees	>=2.3%	3.5% →	4.1% →	11.6% →	2.3% →	0.0% →	0.0% →	2.0% →	4.25%	None	↓

Objective 2: People – be a great place to work

Governance

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

Executive Summary: Mark Warner, Interim HR Director

The sickness absence rate has increased marginally to 5.5%. Long Term absence accounts for 53% of all absence, 46% short term. COVID related absence (medical and non-medical) has been reducing since February 2021. Unfortunately, stress/anxiety/depression/ psychiatric disorders and MSK are significant reasons for sickness absence. Return To Work Interviews – compliance by managers is low and will be an area of focus for the Absence Team.

Staff turnover has remained unchanged from last month, although early turnover (people leaving within the first 12 months of employment) decreased to 19%.

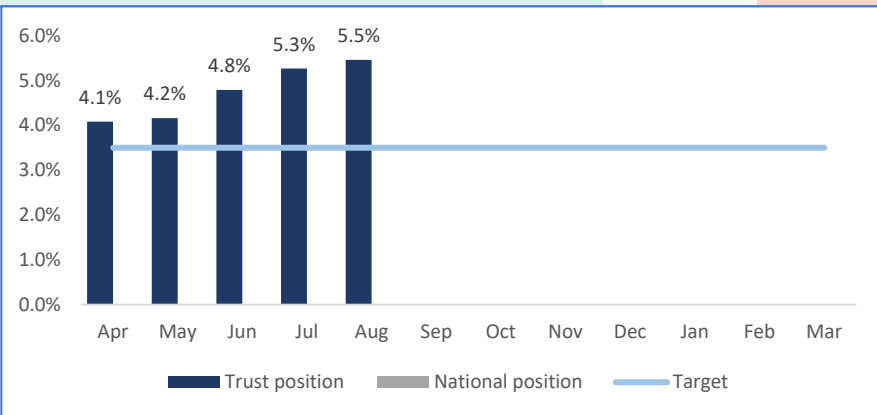
Vacancy rates remain the key risk for the Trust and resulted in continued high use of agency staff to maintain safe staffing levels. The vacancy rate is based on budgeted establishments which may not be an accurate reflection of actual vacancies. Significant recruitment activity in train: advertised vacancies 204; shortlisting stage 46; interview stage 103; pre-employment check stage 257. 252 offers were sent to successful candidates in May 2021.

Agency spend has reduced in month by £465k however remains a key priority for the Trust. International nurse recruitment has made good progress and remains to key initiative to reduce vacancies for Registered nurses.

PDR compliance reduced to 65% with corporate functions performing poorly. The appraisal outcomes will now be recorded on the new Learning Management System and provides an opportunity to give a sustained focus along with supervision.

Objective 2: People; areas of underperformance

Objective Key Result (OKR)	Target	Actual
(2c) Reducing staff sickness to 3.5%	<=3.5%	5.46%



Executive Director commentary:
Mark Warner, Interim Director of HR

The risk or issue

The sickness absence rate has increased marginally from 5.3%

The cause

Real-time data from First Care shows Long Term absence accounts for 53% of all absence, 46% short term. COVID related absence (medical and non-medical) has been reducing since February 2021.

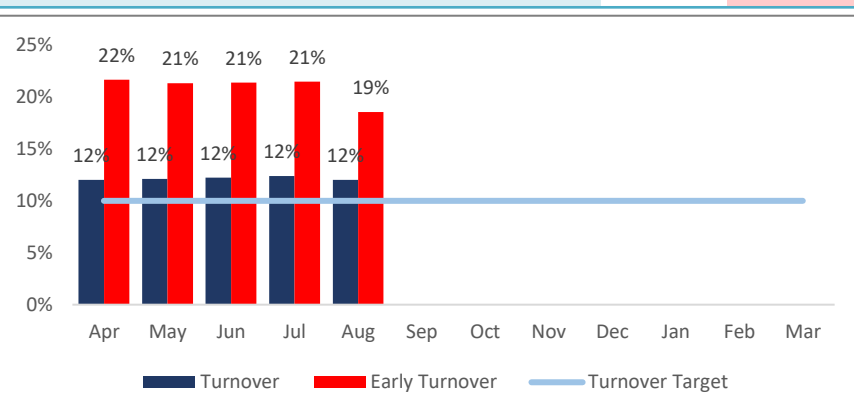
Unfortunately, stress/anxiety/depression/ psychiatric disorders and MSK are significant reasons for sickness absence.

The plan or mitigation

Ongoing absence monitoring and utilisation of First Care data to inform support and management.

Return To Work Interviews – compliance by managers is low and will be an area of focus for the Absence Team.

Objective Key Result (OKR)	Target	Actual
(2e/f) Reduction in % labour turnover	<10%	12.0%



Executive Director commentary:
Mark Warner, Interim Director of HR

The risk or issue

Staff turnover has remained unchanged from last month (12%). Throughout most of 2020 the turnover rate was above 12%. High levels of turnover will impact on agency spend and quality of patient care and staff experience.

The cause

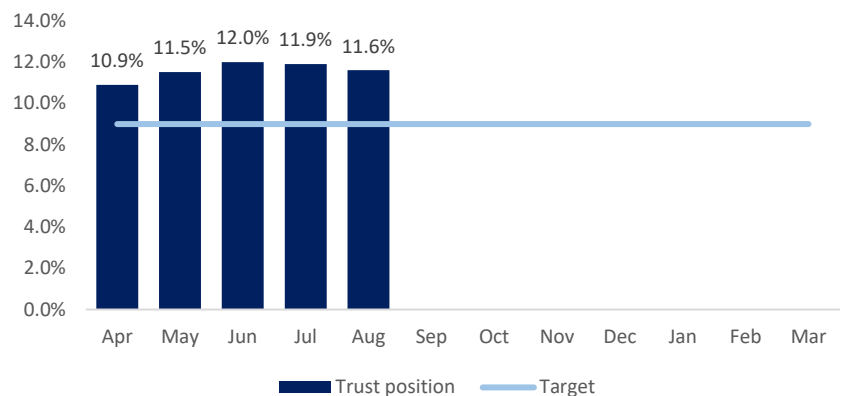
The most common reason for leaving the Trust's employment over the past month has been retirement with 10 individuals leaving in May.

The plan or mitigation

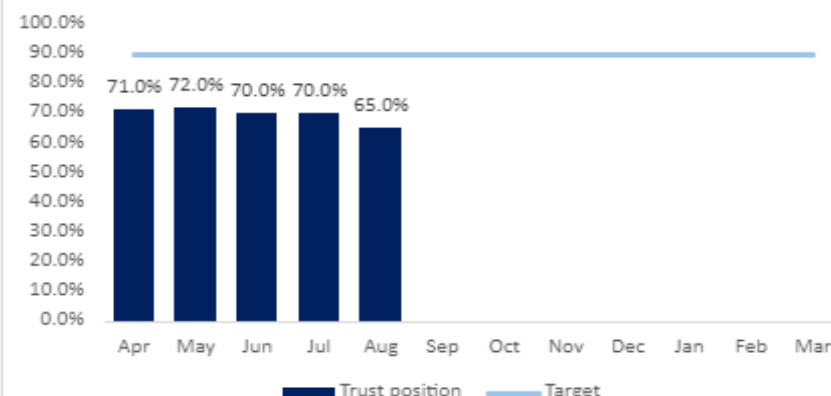
Exit interview process has been refined. Retention of staff is a key challenge for NHS employers particularly after the difficulties many staff have experienced over the past 14 months: further analysis will be conducted to understand hot-spot areas needing particular focus.

Objective 2: People; areas of underperformance

Objective Key Result (OKR)	Target	Actual
(2g) Reduction in % vacancies	$\leq 9\%$	11.6%



Objective Key Result (OKR)	Target	Actual
(2h) PDR compliance	>math>\geq 90\%</math>	65%



Executive Director commentary:
Mark Warner, Interim Director of HR

The risk or issue

The vacancy rate has varied over the past 12 months (10.9% to 12%). The headline figure will mask spikes in turnover which require focus.

The cause

The vacancy rate is based on budgeted establishments which may not be an accurate reflection of actual vacancies.

The plan or mitigation

Significant recruitment activity in train: advertised vacancies 204; shortlisting stage 46; interview stage 103; pre-employment check stage 257. 252 offers were sent to successful candidates in May 2021.

Executive Director commentary:
Mark Warner, Interim Director of HR

The Risk or Issue

PDR compliance does not improve and there will be no assurance that individuals are receiving appropriate feedback, support and development.

The Cause

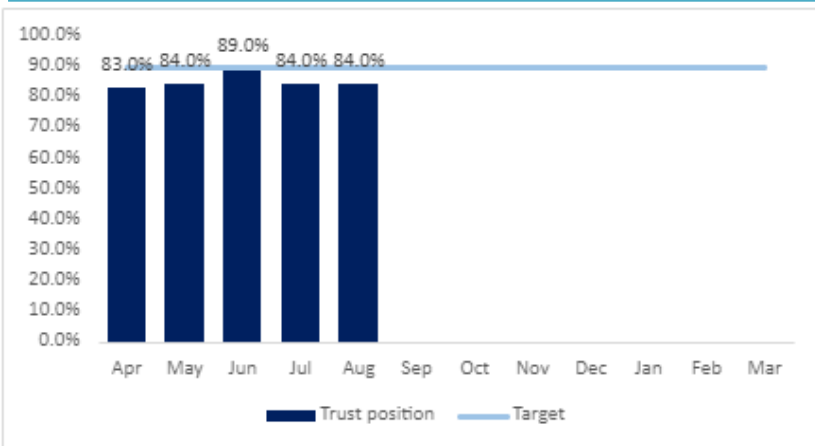
Some of the low compliance may be an issue of lack of recording rather than undertaking, which will be investigated. PDR were not seen as a priority during the COVID 19 pandemic.

Mitigation

Work with teams where compliance is low to provide guidance
Move to on-line PDR so that recording is automatic (this will be possible with the new OTR introduced by the end of August)

Objective 2: People; areas of underperformance

Objective Key Result (OKR)	Target	Actual
(2i) PPST compliance	>=90%	84%



Executive Director commentary:

Mark Warner, Interim Director of HR

The Risk or issue

Compliance does not achieve 90%

Information Governance rates not at 95% by end of August

Reason

Existing OTR system is not recording achievement automatically.

Focus on PPST reduced during pandemic

Some teams not seeing compliance as an issue.

Existing OTR failed 6th August 2021

Mitigations

Introduction of new OTR which records training in real time

Work with teams who have low compliance to promote training

Ensure appropriate classes are available

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

This year, our Objective Key Results (OKRs) are;	Comm Services	Oxon & BSW	Bucks	LD	Forensics	Pharm	Corporate & Trading	Trust	Trust Trend
(3a) Favourable working capital position reported against plan								1.9m fav	↑
(3b) Adverse performance against financial plan (YTD)	£0.1m adv ↑	£3.6m adv ↓	£0.3m fav ↑	£0.6m adv ↓	£0.5m adv ↓	£0.1m fav ↑	£3.4m fav ↑	£1.0m adv	↑
(3c) Cost Improvement Plan (CIP) delivery (YTD)								£0.5m adv	↓
(3d) 95% of estate to achieve condition B rating by 2025 (75% in 2021)								75%	→
(3e) Delivery of estates related CO2 reduction target of 1623 tonnes by 2025 (10,862 in 2021)	-	-	-	-	-	-	-	10,862 tonnes	→
(3f) Achievement of all 8 targeted measures in the NHS Oversight Framework (see section 2 of this report)	-	-	-	-	-	-	-	6/8 achieved	→

Governance

Executive Director: Director of Finance | **Responsible Committee:** Finance and Investment Committee | **Responsible reporter:** Paul Pattison/Christina Foster

Executive Summary: Mike McEnaney, Director of Finance

The working capital position is a positive £4.4m which is £1.9m favourable to plan. The adverse variance to plan is driven by agency and bank spend particularly in the Oxon & BSW MH directorate. This is partly offset with a £1.1m underspend against the Covid allocation. The CIP plan for the year is £3.5m with £1.3m to be delivered in H1. £0.7m has been delivered at month 5. This is £0.5m adverse to plan due delays in implementation of agency savings as a result of Covid-19.

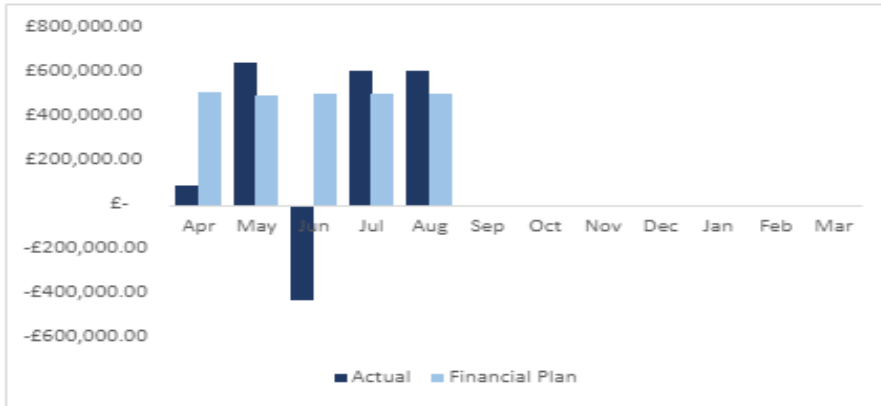
Objective 3: Sustainability – areas of underperformance

Objective Key Result (OKR)

Trust

(3b) Adverse performance against financial plan

£1.0m
adverse



Executive Director commentary:

Mike McEnaney, Director of Finance

The risk or issue

Financial performance against plan is £1.0m adverse at month 5.

The cause

This is due to overspends in Bucks MH, Specialised and in particularly Oxon & BSW MH directorates. This is mainly caused by agency spend.

The plan or mitigation

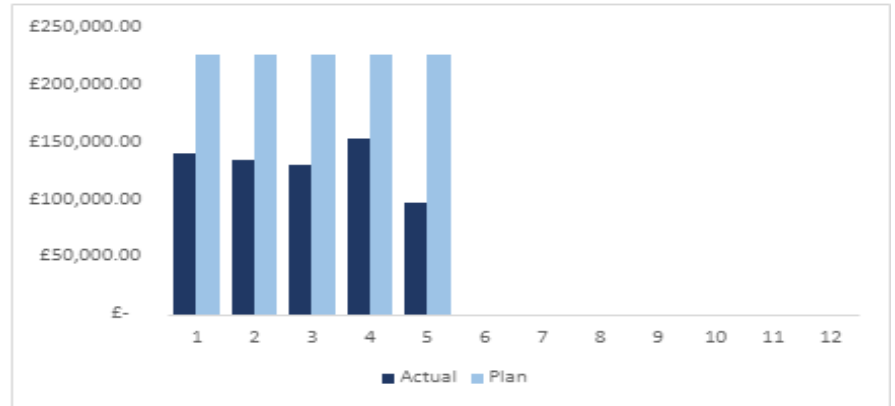
The Trust's programme to improve quality and reduce agency spend should help reduce this pressure. Finance will work with directorates to understand the causes of the overspend and develop plans to bring the spend back in budget. Plans and budgets have not yet been agreed for new mental health investment funding for FY22. Any slippage on these plans will help offset overspends elsewhere.

Objective Key Result (OKR)

Trust

(3c) Cost Improvement Plan (CIP) Delivery

£0.5m
adverse



Executive Director commentary:

Mike McEnaney, Director of Finance

The risk or issue

CIP Performance against plan is £0.5m adverse at month 5.

The cause

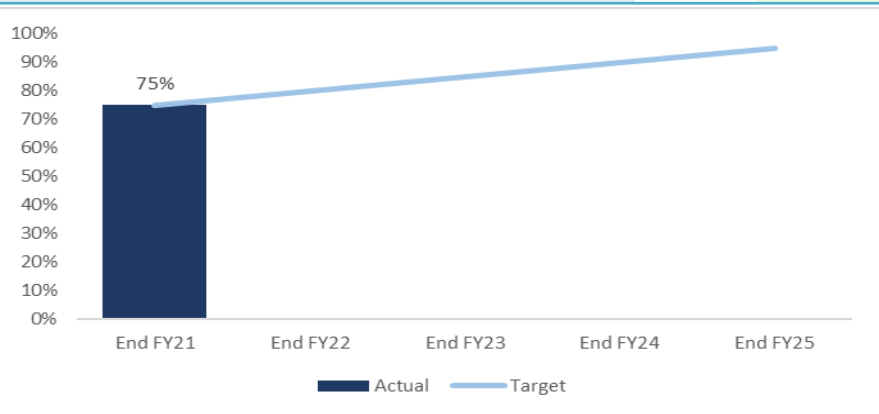
Engagement with the CIP Programme and the main scheme of reducing agency have been delayed due to Covid-19

The plan or mitigation

International Recruitment programme and other plans as part of the Improving Quality, Reducing Agency programme to reduce agency spend
Further engagement required for additional schemes to meet the plan

Objective 3: Sustainability – areas of underperformance

Objective Key Result (OKR)	Target	Actual
(3d) 100% of estate to achieve condition B rating by 2025	75%	75%



Executive Director commentary:
Mike McEnaney, Director of Finance

The risk or issue

In May 2021, 75% of the Trust estate has a condition B rating. The intention is to achieve 80% by 2025. The improvement trajectory is shown on the graph above

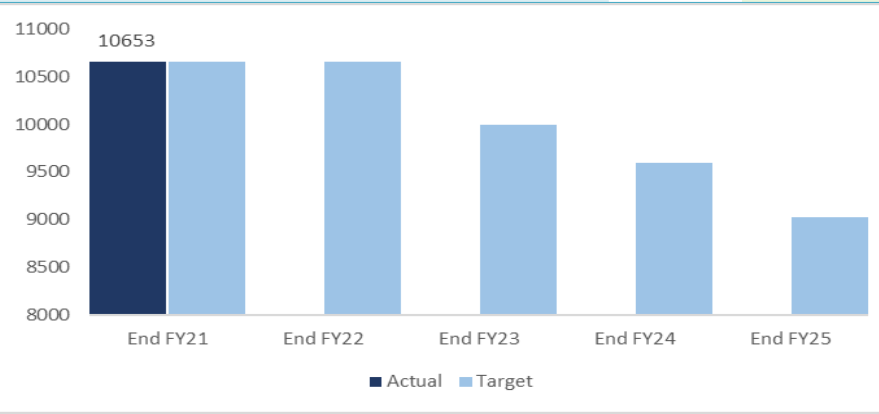
The cause

Lack of investment. In recent years the operational capital budget has been reduced by substantial amounts due to the Trust's financial position. This has impacted upon our ability to carry out works to maintain the condition of the estate.

What is the plan or mitigation?

A capital investment plan has been developed.

Objective Key Result (OKR)	Target	Actual
(3e) Delivery of estates related Co2 reduction target of 1623 tonnes by 2025	10,862	10,862



Executive Director commentary:
Mike McEnaney, Director of Finance

The risk or issue

In FY21, the Trust consumed 10,862 tonnes of Co2. The aim is to reduce consumption to 9030 by 2025. The improvement trajectory is shown on the graph above.

The cause

The Trust has an obligation under Statute and the NHS Contract to reduce carbon emissions generally, becoming a net carbon organisation by 2045. This objective relates only to plans to reduce carbon emissions linked to the estate

What is the plan or mitigation?

The estates department has an action plan detailing potential schemes and associated investment required to reduce our carbon emissions.

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

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

Trust

OKRs to be provided following Exec approval of R&D Strategy

Governance

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

Executive Summary: Karl Marlowe, Chief Medical Officer

Summary Action Plan - for all underperforming OKRs

Objective	OKR	Target	Actual	Plan	Resolved by?
National	(N7b) Inappropriate out-of-area placements (OAPs) for adult mental health services (Oxon)	0	8	In April, changes to IPC guidance have allowed the facilitation of patients who have completed their 14-day period of isolation and are COVID negative to be repatriated to vacant Oxford Health beds. Therefore, maximising bed capacity and reducing the need to purchase further OAP beds.	
Deliver the best possible care and outcomes (Quality)	(1a) Clinical supervision completion rate	85%	61%	<ul style="list-style-type: none"> A new Trust clinical supervision lead started in August 2021 to help embed supervision structures and to develop the quality of sessions. NHSE/I are funding Professional Nurse Advocates (PNAs) and we have a range of nurses on these courses which will support embedding of Restorative Supervision across our Trust. The new OTR system was launched in August which should make it easier to record supervision sessions. However, there was a short period between systems when supervision was being manually logged which could account for the drop in reported supervision in August. The forms for supervision and appraisals are also being reviewed to support staff and make the processes easier. 	
Deliver the best possible care and outcomes (Quality)	(1c) BAME representation across all pay bands including board level - quarterly	19%	18.4%	<p>There is an ICS BOB level action plan to improve the race disparity ratio and meet the 6 national EDI actions. There are a series of initiatives being planned by the ICS inclusive recruitment working group attended by the Trust's Head of Inclusion. One proposal being considered by the group is developing an ICS pool of inclusion champions/ ambassadors who will participate in future recruitment and selection activity.</p> <p>The Trust also has a Race Equality 'Framework for Change' Strategy and a Race Equality Staff Network to support the work. Recent funding has been secured to offer staff the opportunity to work part-time on delivering the strategy. Expressions of interest have been requested.</p>	
Deliver the best possible care and outcomes (Quality)	(1h) Reduction in use of prone restraint by 25% in year 1 (<240 in 2021/22)	<100	104 TYD	<p>A large-scale QI project was launched in May 2021 to reduce the use of restrictive practice, including prone restraint. This is part of the national mental health patient safety programme.</p> <p>Following detailed analysis and liaison with QI sponsors 11 wards were identified to be part of the programme to reduce restrictive practices. Bespoke QI training has been delivered to each of the inpatient teams. Progress with the QI project actions, and impact is monitored through the Positive and Safe Committee.</p> <p>The ward with the highest use of prone restraint, Ruby ward, presented progress against their QI project to the Quality Committee in Sept 2021.</p> <p>On a weekly basis all prone restraints are reviewed at the Weekly Review Meeting, including looking at duration.</p>	

Summary Action Plan - for all underperforming OKRs

Objective	OKR	Target	Actual	Plan	Resolved by?
Deliver the best possible care and outcomes (Quality)	(1fb) Improved completion of the Lester Tool - Community teams for patients on CPA	75%	57.3%	<p>A recovery plan is in place being implemented by a task and finish group which reports regularly to the Quality and Clinical Governance Sub-Committee. The plan has been effective for the EIP teams which are now achieving target.</p> <p>Key actions being taken are around recruiting new physical health HCAs and leads, embedding consistency across the physical health clinics and ensuring teams have the appropriate monitoring equipment. There is also work underway to improve the access to data on TOBI so that teams can monitor their performance more easily.</p> <p>The actions are resulting in a steady improvement; however demand and capacity pressures are having an impact on the rate of improvement.</p>	
Deliver the best possible care and outcomes (Quality)	(1g) Evidence patients have been involved in creating their care plan (bi-monthly clinical audit)	95%	86%	<p>Improving patient involvement in their care is a key part of the Experience and Involvement Strategy. Work includes;</p> <ul style="list-style-type: none"> ▪ Supporting local patient forums held by clinical teams ▪ Employing more people with lived experience/ experts by experience ▪ Expanding the number of Peer Support Workers within clinical teams ▪ Identifying involvement champions in each team. ▪ Delivering co-production training. 	
Deliver the best possible care and outcomes (Quality)	(1h) 30% of clinical staff in non-learning disability services have completed internal eLearning on autism	30%	1%	<p>In addition to the new e-learning - six short live sessions on autism have also been delivered in Q1 for staff.</p> <p>The Reasonable Adjustment Service is also available to support mental health clinicians to better understand and support the needs of autistic individuals with reasonable adjustments and adaptations.</p>	

Summary Action Plan - for all underperforming OKRs

Objective	OKR	Target	Actual	Plan	Resolved by?
Be a great place to work (People)	(2c) Reducing staff sickness to 3.5%	<3.5%	5.5%	Ongoing absence monitoring and utilisation of First Care data to inform support and management. Return To Work Interviews – compliance by managers is low and will be an area of focus for the Absence Team.	Oct 21
Be a great place to work (People)	(2e/f) Reduction in % labour turnover	<10%	12%	Exit interview process has been refined. Retention of staff is a key challenge for NHS employers particularly after the difficulties many staff have experienced over the past 14 months: further analysis will be conducted to understand hot-spot areas needing particular focus.	Apr 22
Be a great place to work (People)	(2g) Reduction in % vacancies	<9%	11.6%	Significant recruitment activity in train: advertised vacancies 204; shortlisting stage 46; interview stage 103; pre-employment check stage 257. 252 offers were sent to successful candidates in May 2021.	July 22
Be a great place to work (People)	(2h) PDR compliance	90%	65%	<ul style="list-style-type: none"> Work with teams where compliance is low to provide guidance Move to on-line PDR so that recording is automatic (this will be possible with the new OTR introduced by the end of August) 	Apr 22
Be a great place to work (People)	(2i) PPST compliance	90%	84%	Introduction of new OTR which records training in real time Work with teams who have low compliance to promote training Ensure appropriate classes are available	
Make the best use of our resources and protect the environment (Sustainability)	(3b) Adverse performance against financial plan (YTD)	On plan	£1.0m adverse	The Trust's programme to improve quality and reduce agency spend should help reduce this pressure. Finance will work with directorates to understand the causes of the overspend and develop plans to bring the spend back in budget. Plans and budgets have not yet been agreed for new mental health investment funding for FY22. Any slippage on these plans will help offset overspends elsewhere.	
Make the best use of our resources and protect the environment (Sustainability)	(3c) Cost Improvement Plan (CIP) Delivery	On plan	£0.5m adverse	International Recruitment programme and other plans as part of the Improving Quality, Reducing Agency programme to reduce agency spend Further engagement required for additional schemes to meet the plan	

Section 5:

Highlights from the Executive Managing Directors

Directorate highlights: Buckinghamshire

Executive Director commentary:

Debbie Richards, Executive Managing Director, Mental Health & Learning Disabilities

- **Urgent care and In-patient acuity** - Admission capacity to Sapphire and Ruby Wards in the last month has been impacted by bed closures due to COVID (Sapphire) and loss of senior medical staff (Ruby). Colleagues have been working closely with Oxfordshire on mutual support but overall Bucks has seen an increase in use of OAPs. Amber ward the in-patient ward in Bucks for older adults continues to experience very high levels of demand and acuity and the team are managing a number of patients with co-morbid mental health and physical health presentations.
- **Delayed discharges and flow** - the Service Director and Clinical Director are overseeing work to improve flow as the service has seen an increase in the number of patients whose discharges are delayed waiting for packages of care/placements in the community
- **Neuro-developmental conditions** – Collaborative pathway with BHT: Despite additional non-recurrent investment from commissioners to support waiting list reduction, demand continues to exceed clinical workforce capacity on a weekly basis. A proposal is being developed for commissioner consideration that could reduce the longest wait to 1 year in a year. This is a regional and national pressure and in addition to work at “place” a BOB-wide review is to be undertaken to explore more radical options at scale.
- **South Bucks Community Mental Health Hub** - Saffron House is now fully operational and teams are becoming established as initial “teething challenges” are resolved
- **Bucks Perinatal Service** – two members of the team are presenting their work to the Trust’s AGM/AMM this month on the work they are leading with partners to improve care to parents who experience mental health challenges during and after pregnancy.

Directorate highlights: Oxon & BSW Mental Health

Executive Director commentary:

Debbie Richards, Executive Managing Director, Mental Health & Learning Disabilities

- **Workforce** – remains the most significant risk to service provision; more targeted recruitment initiatives, increased promotion of vacancies and opportunities in Oxfordshire have resulted in a significant increase in applications. Due to sustained levels of high demand a number of hard to recruit posts (for example medical consultants) remain filled by high cost agency staff which is not financially sustainable as we move into H2
- **IAPT** – concerns continue about the lack of progression towards the IAPT increased access trajectory and the deterioration in the recovery rate to below the expected national standard. The Oxfordshire position is now adversely impacting on the Trust's and on BOB's reported positions even though Berkshire West and Buckinghamshire continue to perform well. The Talking Space Plus service is an integrated partnership between the Trust, Oxfordshire MIND and PML and the deterioration in both access and recovery is due to challenges in recruitment to new & replacement posts. A recovery plan is now in place as is some work to improve partnership working
- **Clinical Services in business continuity:** whilst progress has been made on the actions in the recovery plan to address high vacancies/high use of agency in City AMHT, the service remains in business continuity; additional senior management support is still being provided to our Eating Disorders services (Adult In-patient Oxford & community teams Oxford & Bucks adults & CYP); **BSW:** recent investment by commissioners is enabling further recruitment to accommodate increases in demand for services and a reduction in waiting times once posts are filled.
- **CAMHS & CYP Eating disorders** – we continue to see growing pressure of acutely unwell cyp in the community and in paediatric beds in our acute hospitals. Our clinicians are working jointly to manage clinical risk and whilst we have seen an increase in investment and in some new staff the pressures continue. To support we are recruiting to a Hospital @ Home service through the CAMHS PC.
- **Provider Collaboratives – HOPE Eating Disorders** – work has been completed with NHSE and with partners to develop a business case to support go-live from 1st October 2021; business case approved by partners and by Trust's Finance and Investment Committee – to be received by full Board

Executive Director commentary:

Debbie Richards, Executive Managing Director, Mental Health & Learning Disabilities

- **Specialised LD** - A team from Sussex Partnership Trust have spent 3 days with our staff from LD and MH teams using an appreciative enquiry approach to understanding their experiences and highlighting the lessons learned from a recent complex patient admission. Their report is expected in October and will feed into the overall System Review that has been commissioned
- **Specialised Forensic:** The Evenlode Team has been shortlisted for Team of the year in the annual RCPsych Awards. This is apt recognition of their considerable hard work and focus over the last year to deliver a person-centred and innovative approach that fosters independence and holistic well-being within a medium secure care environment.

Directorate highlights: Primary Care & Community

Executive Director commentary:

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

Community Services - There has been ongoing increased pressure in primary and community care services across the Oxfordshire system – this is a continuation of trends reported previously that have sustained over the summer. This has been exacerbated by workforce challenges which are particularly severe in some services, with the District Nursing service needing to activate its business continuity plan in August in order to ensure continuation of the service for the highest need patients – this situation is being actively managed through Trust operational processes and a number of actions have been taken to improve staffing levels. There is a growing tension between public expectations around direct face-to-face access to healthcare professionals and the NHS infection control measures that remain in place.

Hospital flow and reablement - Delays in community hospital discharges have slowly increased as expected as the system goes through a change of reablement providers to the new model procured by OCCG and OCC. Our reablement contract ends on 30th September and a transition plan is underway. A consultation is underway with our affected staff who we hope will choose to remain in the Trust in alternative suitable roles.

Urgent care - Our Out Of Hours GP and Minor Injury Units remain busy and there is gradually increasing activity in our ambulatory care pathways. Activity in the developing 2-hour pathway continues to grow and has exceeded the targets agreed with NHSEI. Engagement with Primary Care and other system partners continues through regular partnership meetings. The business case for Ageing Well has been drafted with OCCG and gained their approval.

Directorate highlights: Primary Care & Community

Executive Director commentary:

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

Vaccination – We have progressed work to increase staff update and to clarify the vaccination status for our staff who are required to enter care homes as part of their role and put in place plans to ensure services are not disrupted. Flu and Covid jabs are starting in schools this week.

Afghan refugees – We are providing a range of support to these vulnerable people at various sites in Oxfordshire, particularly relating to child development and safeguarding, dental care, mental health and vulnerable family support.

Dental services – Activity is as close to normal levels as it can be given new national infection control processes. Referral pressures remain artificially low as the main referral base of High Street General Dental Practitioners see fewer cases themselves due to the same revised Standard Operating Procedures. Referrals from other non-dental sources (GPs and other HCPs) have now returned to pre-pandemic levels. The out of hours emergency dental service is exceptionally busy as patients struggle to access NHS dentistry due to long waiting times in the General Dental Services. The main concerns are that routine access to dental services generally has been negatively impacted and as a predominantly referral-based service the patients will present later to us with more extensive and complex disease as a result, which reflects the national picture. The service is continuing to monitor this situation.

Community Services Strategy – We are making good progress with our staff engagement programme and have held a workshop with Governors to capture their views. Jointly with system partners, have launched a leaflet for public to support engagement with the principles of the strategy. These principles aren't yet finalised and we are keen to hear what people who live or work in Oxfordshire think about them. To do this we are running an engagement process over the next month to gather feedback. We will complete three virtual engagement events which all are welcome to join: 28th Sept, 30th Sept or 8th Oct. If you would like to take part, please visit www.oxfordhealth.nhs.uk/community-services-strategy