Integrated Performance Report (IPR) Report:

October 2021

September 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.

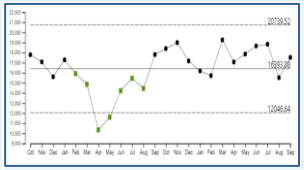
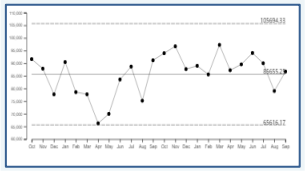
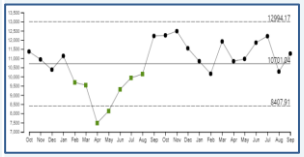
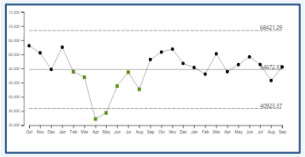
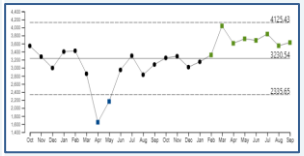
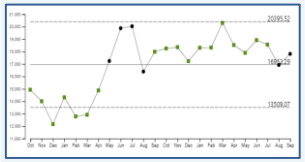
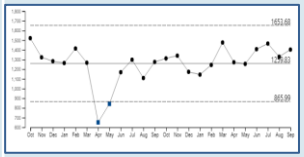
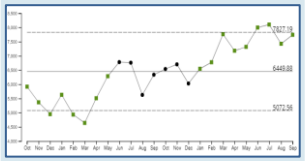
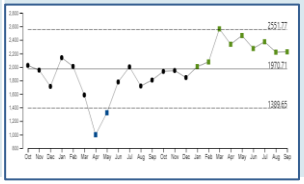
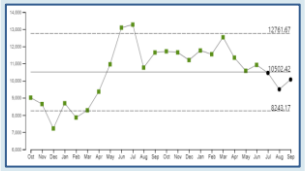
While the key focus areas are intended to be fixed for the lifespan of this strategy, the OKRs can be updated and added to as required. To enable this, the OKRs are an appendix to the main Trust strategy document. This approach allows for a consistency of approach for the strategy but the flexibility 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:

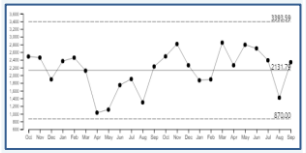
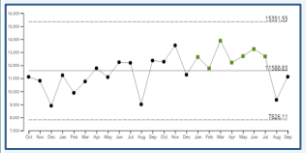
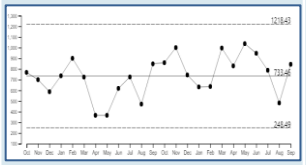
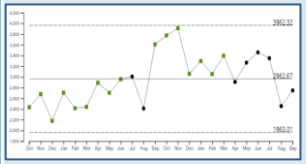
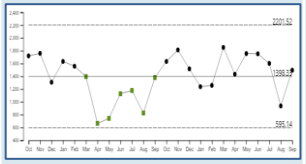
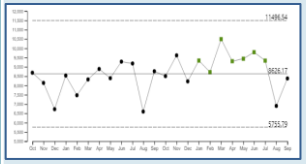
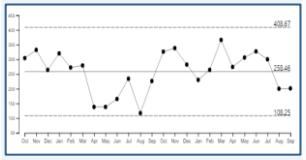
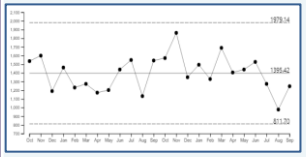
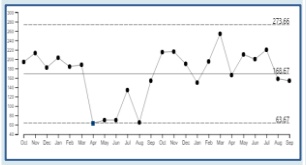
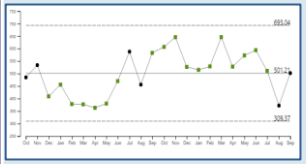
Trust Headlines

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

	Referrals				Appointments			
Specialty	Trend over time	Activity this month	2019/20 average	+/-%	Trend over time	Activity in month	2019/20 average	+/-%
Trust (excluding IAPT, Dental, OOH/MIU)		**17515**	**15,776**	**+11%**		**86,734**	**83,028**	**+4%**
Community Services (excluding Dental, OOH and MIU)		**11256**	**10190**	**+10%**		**55,570**	**57,372**	**-3%**
Adult and Older Adult Mental Health (excluding IAPT)		**3627**	**3142**	**+5%**		**17,810**	**13,482**	**+32%**
Buckinghamshire		**1403**	**1336**	**+5%**		**7739**	**5455**	**+42%**
Oxfordshire		**2224**	**1806**	**+23%**		**10,071**	**8026**	**+42%**

This is a summarised view of the information now reviewed routinely 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

	Referrals				Appointments			
Specialty	Trend over time	Activity this month	2019/20 average	+/-%	Trend over time	Activity in month	2019/20 average	+/-%
Children and Young People - CAMHS		**2339**	**2076**	**+13%**		**11,127**	**9996**	**+11%**
Buckinghamshire		**844**	**615**	**+37%**		**2748**	**2203**	**+25%**
Oxfordshire		**1495**	**1460**	**+2%**		**8379**	**7793**	**+8%**
Children and Young People - Neuro Developmental Services		**201**	**295**	**-32%**		**1246**	**1271**	**-2%**
Buckinghamshire		**154**	**185**	**-17%**		**502**	**399**	**+26%**

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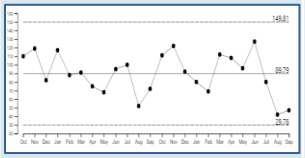
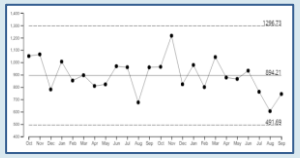
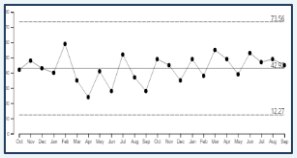
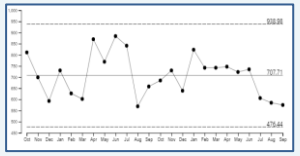
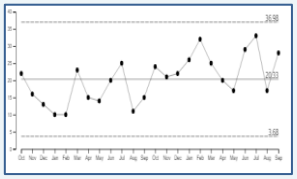
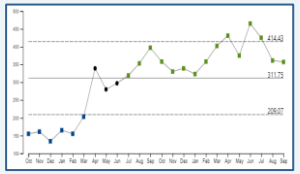
Patient Activity and Demand Overview: **Community** referrals and appointments

	Referrals				Appointments			
Specialty	Trend over time	Activity this month	2019/20 average	+/-%	Trend over time	Activity in month	2019/20 average	+/-%
Oxfordshire		**47**	**110**	**-57%**		**744**	**871**	**-15%**
Learning Disabilities		**45**	**43**	**+5%**		**575**	**692**	**-17%**
Forensics		**28**	**21**	**+33%**		**357**	**175**	**+104%**
Dental	Not available data not yet in warehouse	**313**	**762**	**-59%**	Not available data not yet in warehouse	**1622**	**1926**	**-16%**
IAPT	Not available data not yet in warehouse	**2686**	**2429**	**+11%**	Not available data not yet in warehouse	**12622**	**8785**	**+44%**
MIU and OOH	Not available	**10950**	**12896**	**-15%**	Not available	**15858**	**17535**	**-10%**

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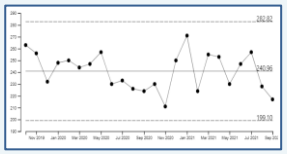
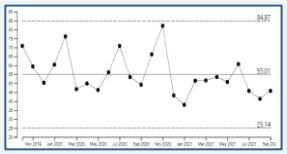
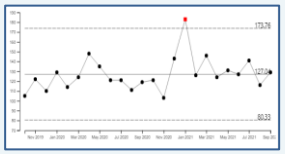
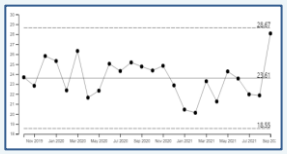
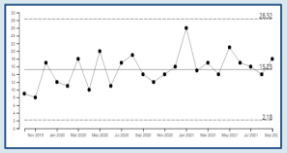
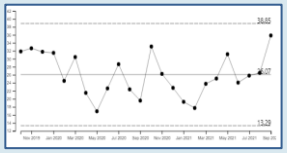
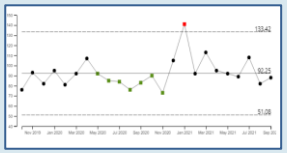
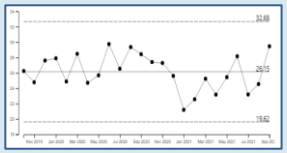
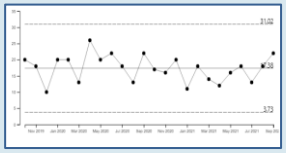
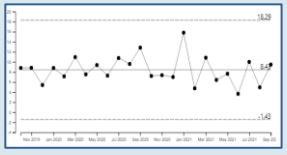
Patient Activity and Demand Overview: **Inpatient** admissions and length of stay (LOS)

	Admissions				Length of Stay			
Specialty	Trend over time	Activity this month	2019/20 average	+/-%	Trend over time	Activity in month	2019/20 average	+/-%
Trust		**217**	**242**	**-10%**		**46**	**65**	**-29%**
Community Services		**129**	**112**	**+15%**		**28**	**25**	**+12%**
Community Stroke		**18**	**13**	**+38%**		**36**	**29**	**+24%**
Community Rehab		**88**	**80**	**+10%**		**29**	***27***	**+7%**
Community EMU		**22**	**18**	**+22%**		**9**	**9**	**0%**

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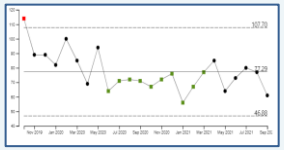
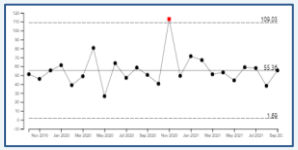
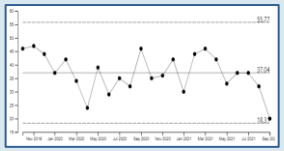
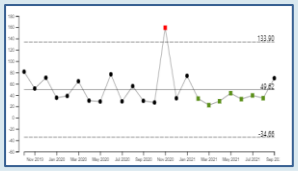
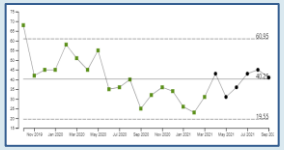
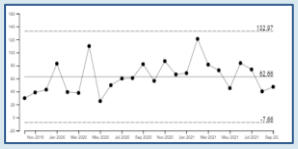
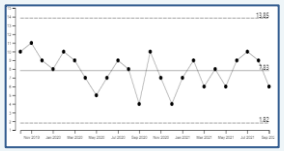
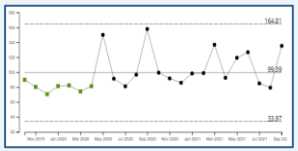
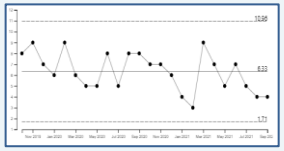
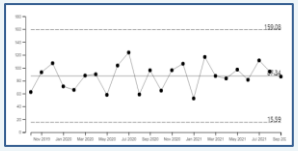
Patient Activity and Demand Overview: **Inpatient** admissions and length of stay (LOS)

	Admissions				Length of Stay			
Specialty	Trend over time	Activity this month	2019/20 average	+/-%	Trend over time	Activity in month	2019/20 average	+/-%
Adult Mental Health		**61**	**91**	**-33%**		**55**	**51**	**+8%**
Buckinghamshire (inc Opal)		**20**	**41**	**-51%**		**70**	***57***	**+23%**
Oxfordshire		**41**	**50**	**-18%**		**47**	**46**	**+2%**
CYP Mental Health		**6**	**9**	**-33%**		**135**	**81**	**+67%**
Eating Disorders		**4**	**7**	**-43%**		**86**	**76**	**+13%**

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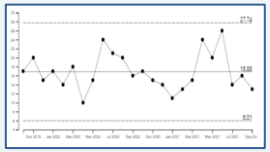
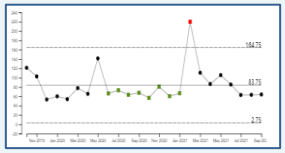
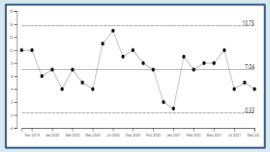
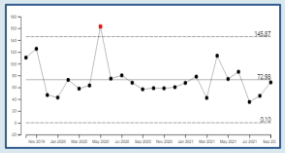
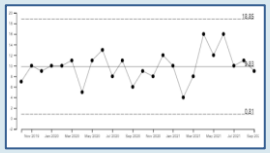
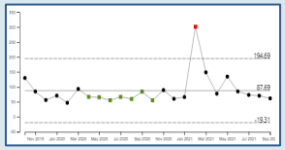
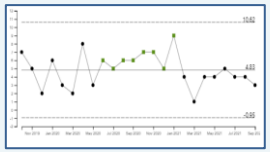
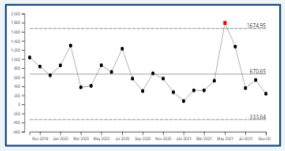
Patient Activity and Demand Overview: **Inpatient** admissions and length of stay (LOS)

	Admissions				Length of Stay			
Specialty	Trend over time	Activity this month	2019/20 average	+/-%	Trend over time	Activity in month	2019/20 average	+/-%
Older Adult Mental Health		**13**	**15**	**-13%**		**64**	**85**	**-25%**
Buckinghamshire		**4**	**7**	**-43%**		**68**	**75**	**-9%**
Oxfordshire		**9**	**8**	**+13%**		**62**	**92**	**-100%**
Forensic		**3**	**5**	**-40%**		**237**	**915**	**-74%**

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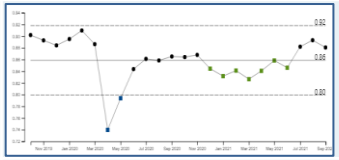
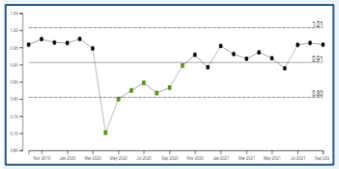
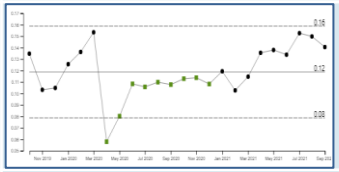
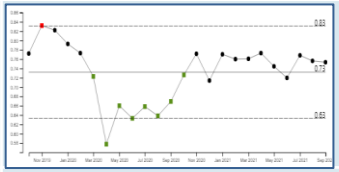
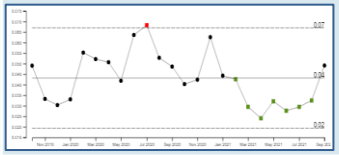
Patient Activity and Demand Overview: **Inpatient** bed occupancy

	Bed Occupancy			
Specialty	Trend over time	Activity this month	2019/20	Variance*
Trust		**88.1%**	**89.6%**	-2%
Community Services		**95.8%**	**96.4%**	-1%
Community Stroke		**14.0%**	**13.3%**	+5%
Community Rehab		**75.3%**	**77.5%**	-3%
Community EMU		**4.9%**	**5.0%**	-2%

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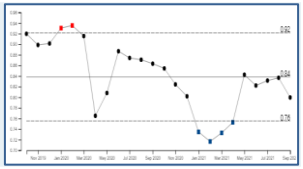
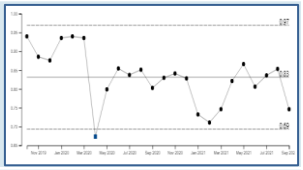
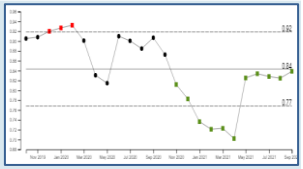
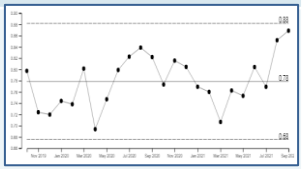
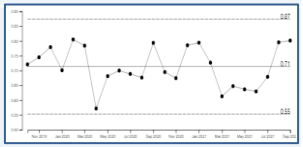
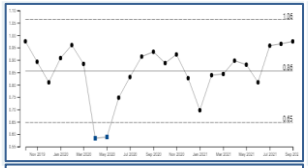
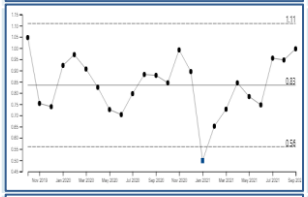
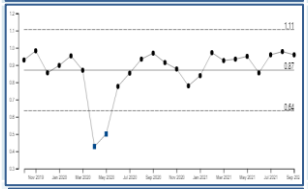
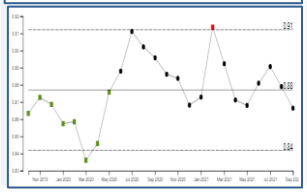
Patient Activity and Demand Overview: **Inpatient** bed occupancy

	Bed Occupancy			
Specialty	Trend over time	Activity this month	2019/20	Variance*
Adult Mental Health		**80.0%**	**91.8%**	-13%
Buckinghamshire		**74.6%**	**93.0%**	-20%
Oxfordshire		**83.9%**	**91.0%**	-8%
CYP Mental Health		**86.9%**	**73.6%**	+18%
Eating Disorders		**80.1%**	**74.1%**	+8%

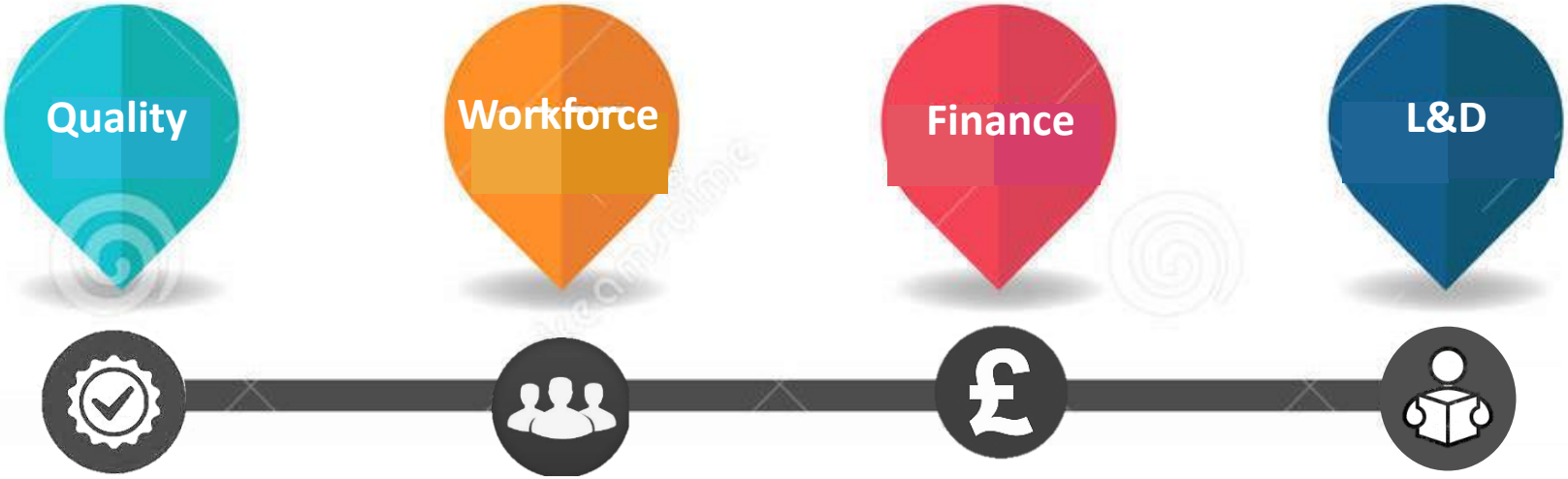
This is a summarised view of the information now review on a weekly basis by the Operational Management Team and the Executive Management Committee.
Noteworthy exceptions by directorate and service line are detailed in the IPR Supporting Report.

Patient Activity and Demand Overview: **Inpatient** bed occupancy

	Bed Occupancy			
Specialty	Trend over time	Activity this month	2019/20	Variance*
Older Adult Mental Health		**97.5%**	**90.6%**	+8%
Buckinghamshire		**99.7%**	**92.0%**	+8%
Oxfordshire		**96.0%**	**89.7%**	+7%
Forensic		**86.6%**	**87.0%**	+0.4%

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.

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



SIs, Complaints & Feedback

- ↑ **9 Serious Incidents** reported in Sept 21 excluding downgrades. Recent increase not related to increase in reported incidents, or a particular type of SI or team. YTD 44 SIs declared, higher than same period last year.
- ↑ **20 Formal Complaints** received in Sept 21 (108 YTD) against average 18 per month. 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 -** Sept 21 community services: 84% said Very Good (national ave. 83%). Mental health: 71% said Very Good (national ave. 62%).

New starters, Leavers & HR mgmt. cases resolved

↑ **210 new starters** in month September 21**.** Higher than August 21 (91) and 166% higher than the 2019/20 monthly average of 79

↑ **67 leavers** in September 21 lower than last month (88) and 6% higher than the 2019/20 monthly average of 63

↓ **23 HR management cases resolved.** Higher than last month (3) and -4% lower than the 2019/20 monthly average of 24

Finance

↓ **£646k** spent on **Out of Area Placements** in month 6. +178% higher than the 2019/20 monthly average of £232k and higher than month 5, £536k)

↑ **£5,453k** spent on **Agency Staff** in month 6. +168% higher than the 2019/20 monthly average of £2,034k, and higher than month 5 (£5,280k)

↑ **£124k** spent on **travel claims.** -48% lower than the 2019/20 monthly average (£238k)

Appraisals, Supervision & Training

↓**288 appraisals** completed in Sept 2021 +25% than August 2021 at 217 completed

↓ **3337 Supervision sessions** carried out in September 2021 -9% from August 2021 of 3636

↑ **3521 Training courses attended (digital and classroom). +**16% compared to August 2021 of 2959 training courses

Section 3:

Delivery of the NHS Oversight Framework and 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	35 (Sep)	↑
(N7b) Inappropriate out-of-area placements (OAPs) for adult mental health services – OAP bed days used (Oxon) – local figures	0	n/a	78 (Sep)	↑

Governance:
Executive Director: Director of Digital and Transformation | **Responsible Committee**: Quality Committee | **Responsible reporter:** Claire Page

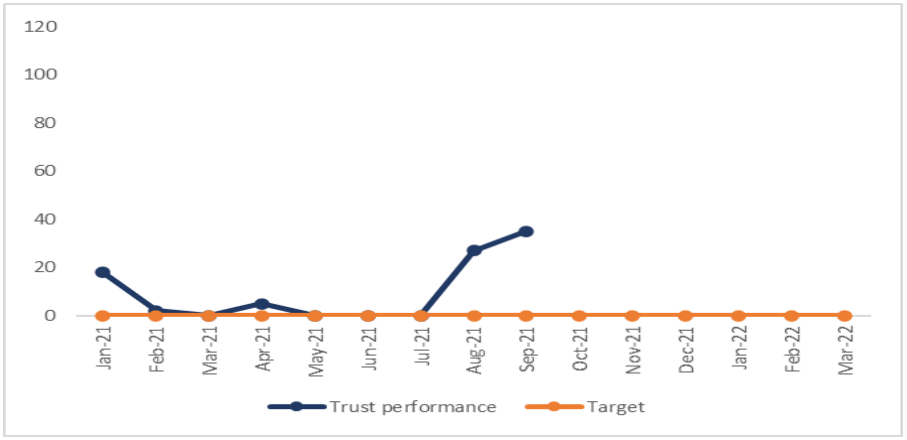
Executive Summary: Martyn Ward, Director of Digital and Transformation | **Narrative updated**: end of September 2021

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.

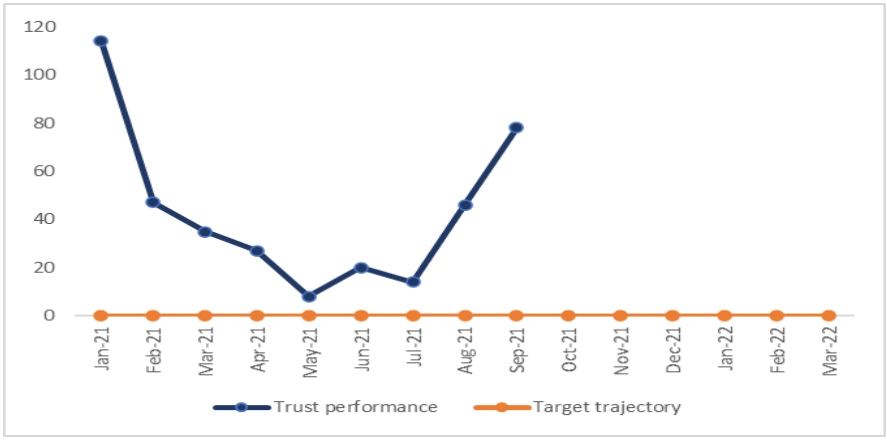
Performance: Overall performance is good with all indicators consistently achieved over the past 12 months, with the exception of the number of inappropriate out of area placements in Oxfordshire. Please see overleaf for more information

National Objective: areas of underperformance

Objective Key Result (OKR)	Target	Actual
(N7a) Inappropriate out-of-area placements (OAPs) for adult mental health services – aim to reduce OAP **bed days used** (Bucks)	0	35



Objective Key Result (OKR)	Target	Actual
(N7b) Inappropriate out-of-area placements (OAPs) for adult mental health services – aim to reduce OAP **bed days used** (Oxon)	0	78

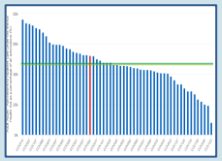
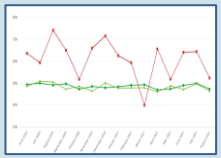
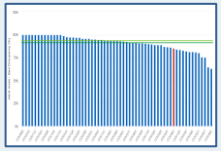
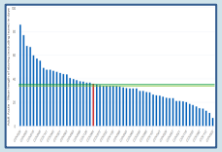
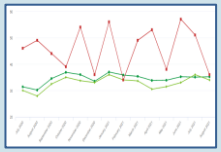
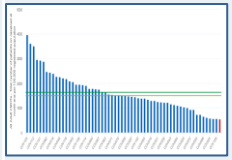
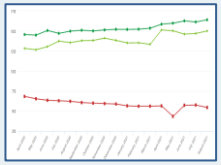


Executive Director commentary: Martyn Ward, Director of Strategy and CIO
Narrative updated: end of September 2021

The issue and cause
The Trust did not achieve the OAPs target in September. 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. **September 2021 locally reported usage was 35 OAP beddays in Bucks, and 78 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.

How do we benchmark (August 2021 MH & LD Covid-19 Monthly Benchmarking)

Service Area / Currency	Latest Trust Position	Trust Trend	Latest Trust Position	National average (mean)	OHFT versus National	Commentary
Admissions to inpatient care under the MHA as a % of all admissions (Adult Acute)			52.11%	47.05%	Higher	OHFT has a low number of adult acute beds when benchmarked nationally. 12.67 OHFT adult acute beds per 100,000 registered population compared to national mean of 20.66. This impacts on the acuity of patients admitted with higher numbers being detained under the MHA.
Adult Acute Bed Occupancy (%)			84.98%	91.21%	Lower	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 80.92% compared to 82.19% in Bucks.
Adult Acute Mean LOS (exc leave) in Days			36.00 days	35.18 days	Higher	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
Adult CMHTs Total number of patients on caseload at month end per 100,000 reg pop			543.86	1637.66	Lower	In August OHFT is reported as the lowest caseload of all Trust's participating in the exercise. 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: • 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
All data relates to **September** unless otherwise indicated in brackets in the penultimate column

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							
(1b) Staff trained in restorative just culture	25 year end	-	-	-	-	-	-	27	↑
(1c) BAME representation across all pay bands including board level - **quarterly**	19%	11.4% ↑	17.0% ↑	31.9%↑	13.7%↓	44.1%↑	22.8%↑	18.8% (Q2)	↑
(1d) Cases of preventable hospital acquired infections (YTD)	<3	-	-	-	-	-	-	0 YTD	→
(1e) Reduction in use of prone restraint by 25% in year 1 – figures YTD	<240 year end	-	55	36	-	30	-	121 YTD	→
(1f) Patient safety partners employed to be part of the governance structure – **quarterly**	2 partners year end	-	-	-	-	-	-	0 (Q2)	n/a
(1fa) Improved completion of the Lester Tool for people with enduring serious mental illness (SMI) (EIP teams)	90%	-	89%	85%	-	-	-	87.2%	↓
(1fb) Improved completion of the Lester Tool for people with enduring SMI (Community)	75%	-	65% ↑	64% ↑	-	-	-	64.6%	↑
(1g) Evidence patients have been involved in creating their care plan (clinical audits) - **bi-monthly**	95%	No audits to report	85%	87%	-	85%	-	86% (Bi-mth)	→
(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
Narrative updated: end of September 2021

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.

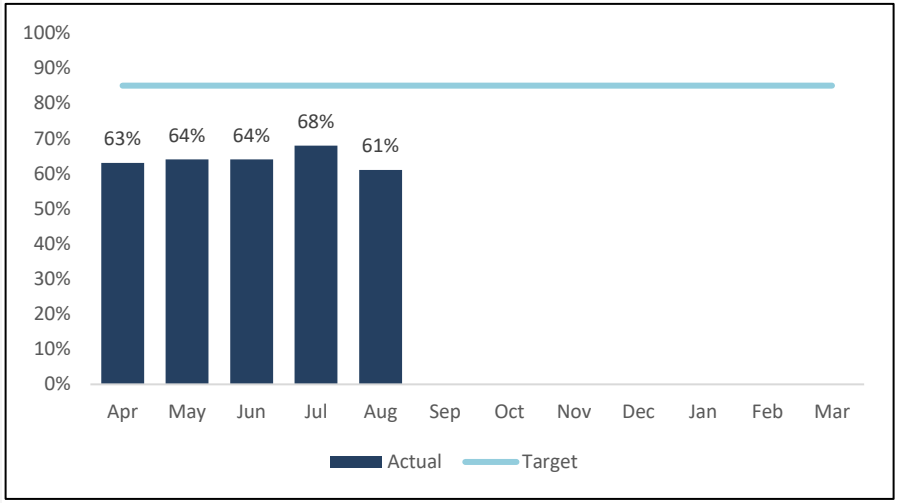
The P&I Team and BI Team are developing reporting from CareNotes to monitor the completeness of risk assessments and timeliness of CPA reviews, which will be included in future reports. In the interim the quarterly community mental health Care Programme Approach (CPA) clinical audit looks at the quality 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
(1a) Clinical supervision completion rate	85%	Data not available



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.

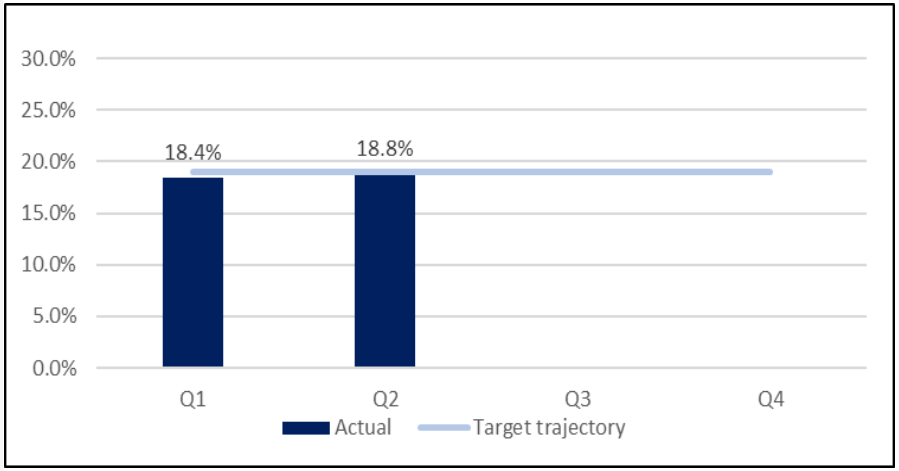
The cause
This is two-fold; supervision levels are likely to be higher than reported due to incomplete recording on OTR system/ change over between systems, and the second cause is the operational pressures due to responding and recovering from COVID-19.

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 September.
- 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%	18.8%



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 ethnically diverse backgrounds and 14% of the Buckinghamshire population are from ethnically diverse backgrounds.

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 organisation would benefit from a ethnically diverse workforce which represents the diversities of the communities we serve.

The cause

The under-representation of ethnic minority groups in certain bands and occupational groups within the NHS is widely known.

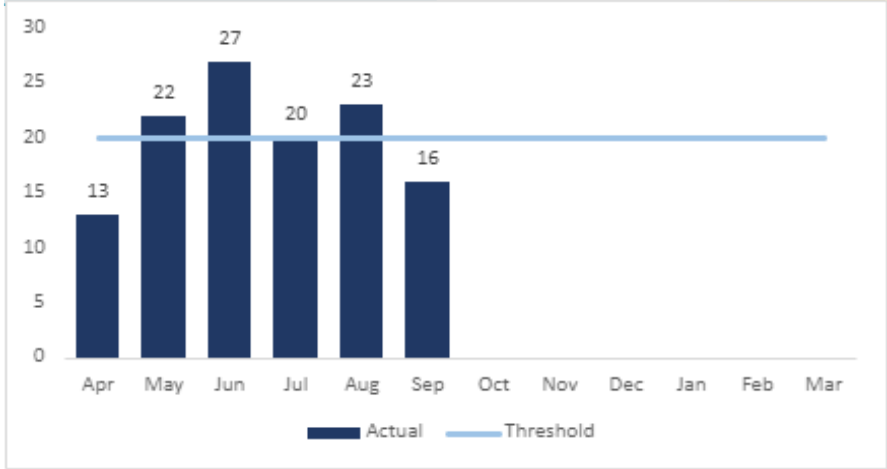
What is the plan or mitigation?

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%	120 YTD (less than 240 at year end)	121 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 121 uses against a YTD target of 120. There were 67 different patients involved in the 121 uses.

The number of prone restraints varies week by week, and month by month. On average there are about 20 prone incidents per month, a reduction from the same period last year when there was an average of 28 per month (2020/21 ave. 24 per month). Violence and aggression or self harm episodes by patients is often the top reasons for the use of prone restraint.

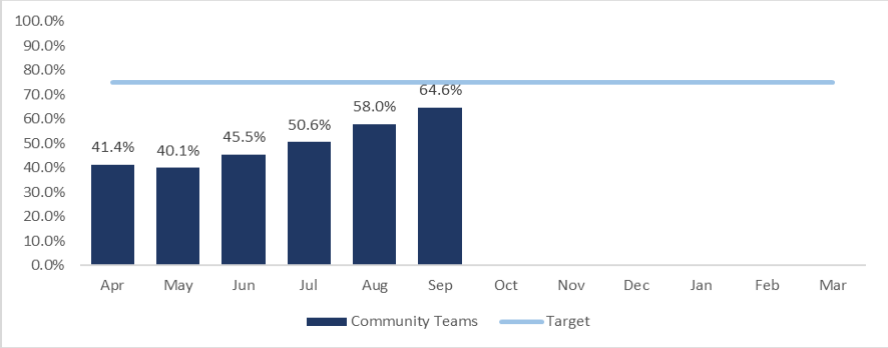
What is the plan or mitigation?
A large-scale QI project was launched in May 2021 to reduce the use of restrictive practice, including prone restraint. This is part of the national mental health patient safety programme.

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.

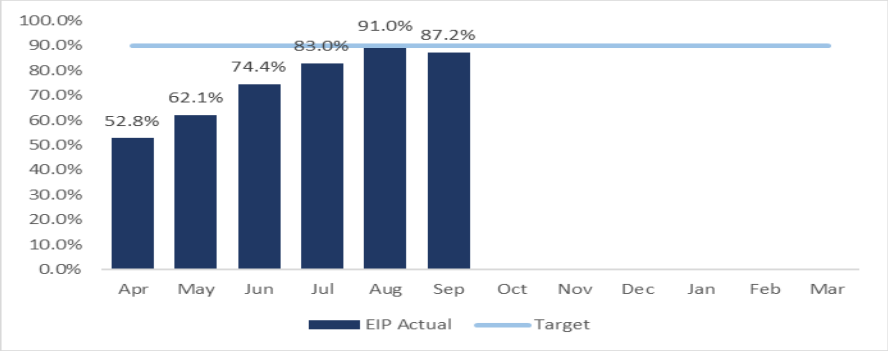
The ward with the highest use of prone restraint, Ruby ward, presented progress against their QI project to the Quality Committee in Sept 2021. On a weekly basis all prone restraints are reviewed at the Weekly Review Meeting, including looking at duration.

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%	64.6%



Objective Key Result (OKR)	Target	Actual
(1fb) Improved completion of the Lester Tool for people with enduring serious mental illness (EIP teams for patients on CPA)	90%	87.2%



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 morbidity and mortality, resulting in a life expectancy of 15-25 years compared to the general population.

The cause
There was a lack of focus on implementing the Lester tool across directorates which has resulted in a compliance rate below expected. Whilst this work was started pre-covid the pandemic has hindered progress owing to a number of factors.

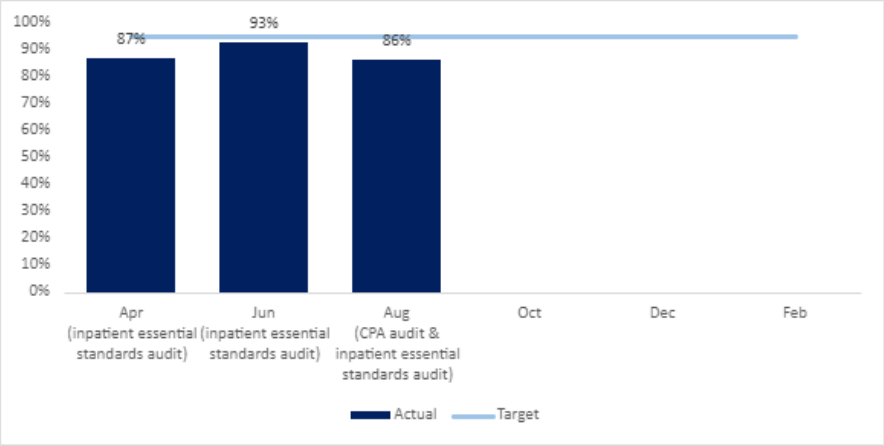
The plan or mitigation
A recovery plan and trajectory is in place and delivered through a task and finish group led by a senior clinician. This group reports regularly to the Quality and Clinical Governance Sub-Committee.

Key actions being taken include 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 in both areas.

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 each report. 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 completed in Sept and will be reported in the Oct information.

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.

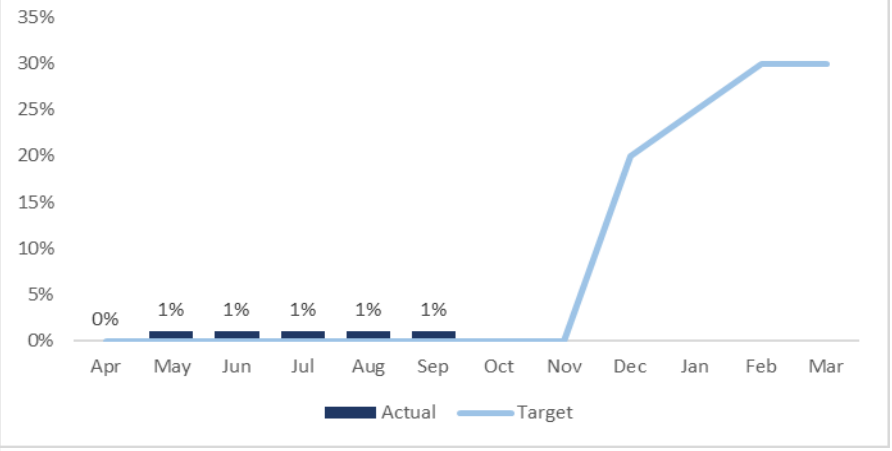
The cause
Clinicians not routinely involving patients in their care plans as part of their practice.

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% year end	1%



Executive Director commentary: Marie Crofts, Chief Nurse

Context

This was new training with people with autism developed by the Trust and launched in May 2021. This was developed to support staff with communicating effectively with people with Autism and making the adjustments needed to support with access to health care.

This training has been put on hold as the Trust is part of the national Oliver McGowan Autism training pilot. Following the pilot the training will be rolled out to all staff in 2022/23.

Executive Director commentary: Marie Crofts, Chief Nurse

The plan or mitigation

As the internal training has been put on hold. Below are some of the other activities we are doing to improve how we work with and support people with autism.

- 112 staff are completing the national pilot training in Oct and Nov 2021. Our internal training has been put on hold so not to overwhelm staff and we want all staff to use the Oliver McGowan training pack.
- The Reasonable Adjustment Service is supporting mental health clinicians to better understand and support the needs of autistic individuals with reasonable adjustments and adaptions.
- 6 autism webinars were delivered in Q1 for staff.
- Bespoke training sessions are being delivered to mental health wards and community teams, as well as regular support sessions for inpatient staff to discuss specific patients.
- Working with our autistic experts by experience we are developing an autism reasonable adjustment passport to support access to mental health services. This is being piloted at the moment.
- Resources have been developed to support clinical teams with making communication more autistic inclusive.
- We are working with 111 service to make it more accessible and autism inclusive.
- There has been work from an employee perspective ie supporting the employee dyslexia support group and autism support group.
- We are also providing consultation and support from an adjustment perspective to individuals who do not meet the criteria for LD services but our mental health services are inaccessible.

Objective 2: People – be a great place to work

Governance: Executive Director: Chief People Officer | **Responsible Committee**: People, Leadership and Culture Committee
All data relates to **September** unless otherwise indicated in brackets in the penultimate column

This year, our Objective Key Results (OKRs) are;	Target	Comm Services	Oxon & BSW	Bucks	LD	Forensic	Pharm	Corporate & 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	</=15.5%	10.6% ↑	13.8% ↓	15.4%↑	20.1%↑	17.9%↑	-1.2%↓	2.0%↑	11.3%	ModHos 4.9%/ Peer 6.8%	↑
(2c) Reducing staff sickness to 3.5% over 2021/22	</=3.5%	6.5%↑	5.3%↑	6.5%↑	3.9%↓	8.3%↓	5.3%↑	4.7%↑	5.9%	Allocate Insight 7.2%	↑
(2e) Reduction in % labour turnover	</=10%	13.2%↑	13.6%↑	12.1%→	20.9%↑	9.6% ↓	3.9%↓	9.3%↓	12.1%	ModHos 0.98% Peer 1.02%	↓
(2f) Reduction in % Early labour turnover		20.3%↓	24.9%→	15.0%↓	32.3%↓	10.5%↑	15.5%↓	11.2%↓	18.0	None	↓
(2g) Reduction in % vacancies	</=9%	6.2%↓	9.6%↓	11.6%↓	14.9%↓	20.8%↓	-9.7%↓	8.3%↓	9.5%	ModHos March 21 7.9%/ Peer 11.03%	↓
(2h) PDR compliance	>=90%	71%↓	69%→	73%↓	90%↓	81%↓	80%→	41%↓	60%	None	↓
(2i) PPST compliance	>=90%	49%↓	50%↓	53%↓	44%↓	49%↓	59%↓	49%↓	50%	None	↓
(2j) Number of Apprentices as % substantive employees	>=2.3%	5.7%↑	2.6%↓	15.1%↑	2.2%→	0.0%→	0.0%→	2.5%↑	5.95%	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: Charmaine De Souza, Chief People Officer
Narrative updated: end of September

The sickness absence rate has increased to 5.9%. Long Term absence accounts for 52% of all absence, 48% short term. COVID related absence (medical and non-medical) has been reducing since February 2021. The Trust has sickness policies and processes, as well as its Occupational Health Department, to support staff with health conditions (47 members of staff being supported at the time of writing). The First Care service provides first line advice through its team of qualified nurses working to the same standards as NHS 111 and this should offer guidance to employees about managing their health condition. Anxiety, stress, depression & other psychiatric conditions continue to be a significant cause of absence; staff uptake of the services provided by the Employee Assistance Programme is high.

Staff turnover has remained unchanged from last month, whilst early turnover (people leaving within the first 12 months of employment) appears high at 18%, this relates to 11 employees. The Recruitment and Retention workstream of the Improving Quality Reducing Agency Programme will focus on improving retention which will be supported by the new HR Structure with a greater emphasis on organisational development, culture, development and succession planning.

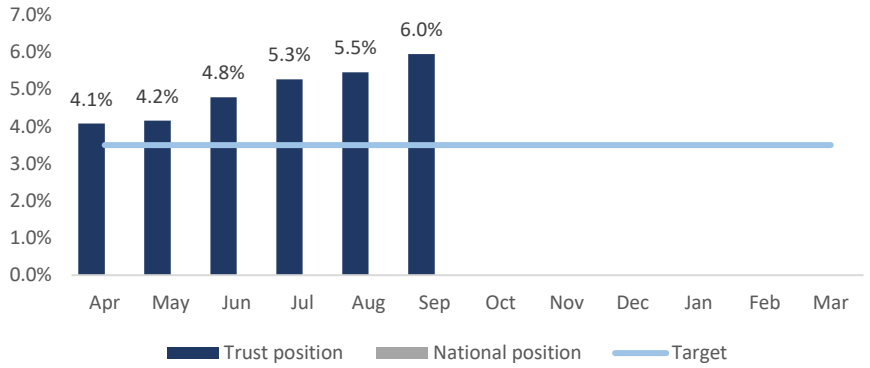
Vacancy rates remain the key risk for the Trust and resulted in continued high use of agency staff to maintain safe staffing levels. The vacancy rate is based on budgeted establishments which may not be an accurate reflection of actual vacancies.

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. Managers will be able to complete PDR's online from November through the Online Training Record (OTR) which will result in automatic recording of their completion which should increase the compliance level as it is believed that many PDR's are completed but not recorded on the OTR system. Support and guidance will be given to teams where compliance remains low.

Objective 2: People; areas of underperformance

Objective Key Result (OKR)	Target	Actual
(2c) Reducing staff sickness to 3.5%	</=3.5%	5.95%



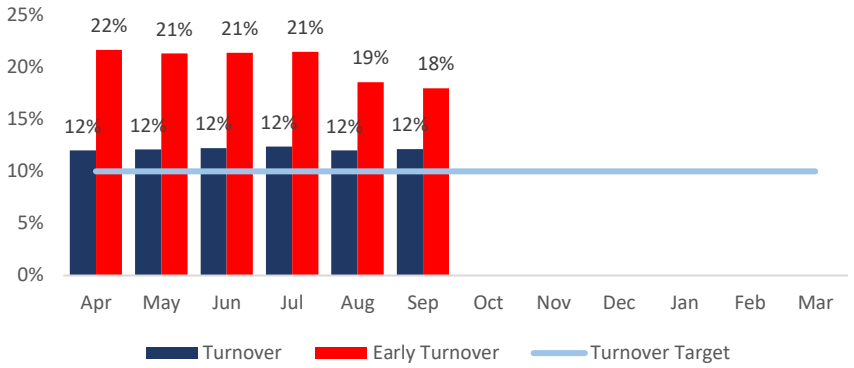
Executive Director commentary:
Charmaine De Souza, Chief People Officer

The risk or issue
The sickness absence rate has increased from 5.5%

The cause
Real-time data from First Care shows Long Term absence accounts for 52% of all absence, 48% short term. COVID related absence (medical and non-medical) has been reducing since February 2021. In September 2021 the most common causes of sickness absence were gastrointestinal, headache / migraine, cough / cold and MSK.

The plan or mitigation
Continue to provide support for staff suffering ill health through the First Care advice service, HR processes, Occupational Health and the Employee Assistance Programme. You Matter has been promoted and HR staff have been briefed on the service in order to signpost managers and staff. Continue to rollout Health & Wellbeing initiatives such as Wellbeing Conversations.

Objective Key Result (OKR)	Target	Actual
(2e/f) Reduction in % labour turnover	<10%	12.14%



Executive Director commentary:
Charmaine De Souza, Chief People Officer

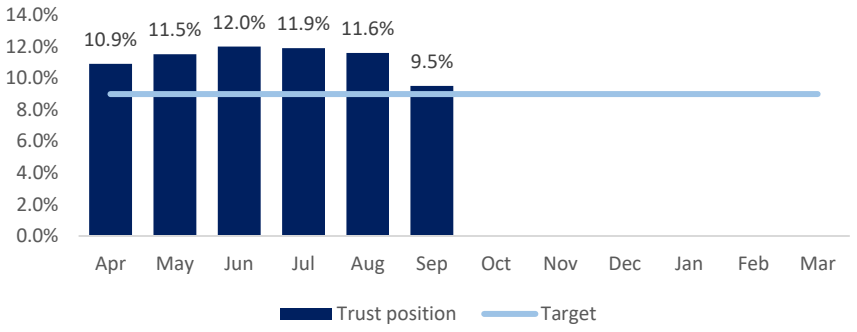
The risk or issue
Staff turnover has remained unchanged from last month (12%). High levels of turnover will impact on agency spend and quality of patient care and staff experience.

The cause
The most common reasons for leaving the Trust's employment over the past year have been voluntary resignations due to relocation or promotion and retirement.

The plan or mitigation
The Recruitment and Retention workstream of the Improving Quality Reducing Agency Programme will focus on improving retention which will be supported by the new HR Structure with a greater emphasis on organisational development, culture, development and succession planning.

Objective 2: People; areas of underperformance

Objective Key Result (OKR)	Target	Actual
(2g) Reduction in % vacancies	</=9%	9.54%

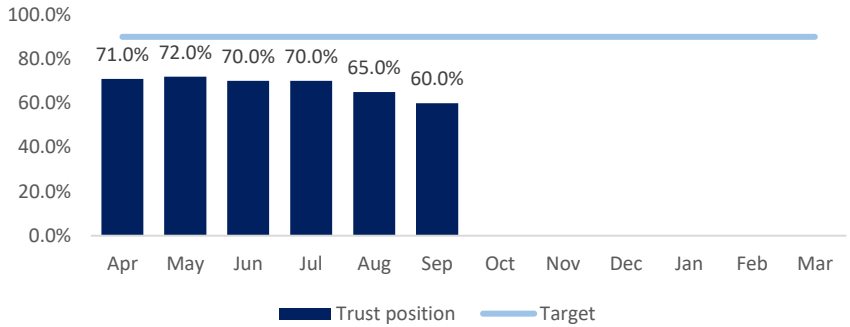


Executive Director commentary:
Charmaine De Souza, Chief People Officer

The risk or issue
The vacancy rate has varied over the past 12 months; reducing in September.
The cause
The vacancy rate is based on budgeted establishments which may not be an accurate reflection of actual vacancies.

The plan or mitigation
Work has been undertaken as part of the IQRA programme to review the budgeted establishments across inpatient units this is likely to result in an increase in vacancies. A Workforce Planning role is being recruited to which will support the process to ensure budgets are accurate. Recruitment activity has significantly increased, with 292 vacancies advertised in September, 35 vacancies still in advertising stage, 48 in shortlisting, 61 at interview, 45 at offer stage, 1 ready to start, 102 vacancies have moved to outcome with 90 vacancies not hired which shows a need for more creative recruitment solutions; offers have now been made to 2 x Recruitment Campaign Consultants who will focus on proactive recruitment in hotspot areas and improving the employer brand for the Trust overall, with an objective of reducing the number of un-hired roles.

Objective Key Result (OKR)	Target	Actual
(2h) PDR compliance	>/=90%	60%



Executive Director commentary:
Charmaine De Souza, Chief People Officer

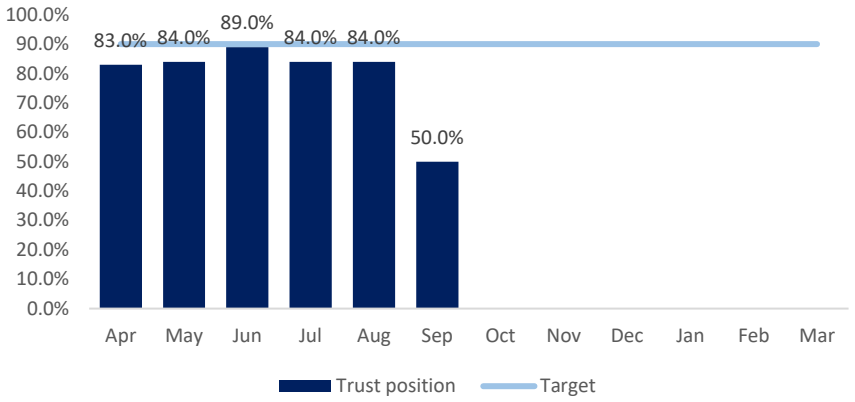
The Risk or Issue
PDR compliance does not improve and there will be no assurance that individuals are receiving appropriate feedback, support and development.

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 beginning of November)

Objective 2: People; areas of underperformance

Objective Key Result (OKR)	Target	Actual
(2i) PPST compliance	>/=90%	50%



Executive Director commentary:
Charmaine De Souza, Chief People Officer

The risk or issue
Overall compliance does not achieve 90% and Information Governance rates not at 95% by end of August

The cause
Focus on PPST reduced during pandemic
Some teams not seeing compliance as an issue.
Existing OTR failed 6th August 2021 new OTR compliance issues at beginning of launch in signing off compliance.

The plan or mitigation
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 ↑	£3.7m adv ↓	£0.1m fav ↓	£0.7m adv ↓	£0.7m adv ↓	£0.1m fav ↑	£5.1m fav ↑	£0.1m fav	↑
(3c) Cost Improvement Plan (CIP) delivery (YTD)								£0.6m 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 reporters**: Paul Pattison/ Christina Foster
All data relates to the position as at **end of September** unless indicated in the penultimate column

Executive Summary: Mike McEnaney, Director of Finance
Narrative updated: end of September 2021

The working capital position is a positive £4.4m which is £1.9m favourable to plan. The favourable variance to plan is driven by investment slippage and underspend against the Covid allocation, despite high level of agency and bank spend particularly in the Oxon & BSW MH directorate. The CIP plan for the year is £3.5m with £1.3m to be delivered in H1. £0.8m has been delivered at month 6. This is £0.6m 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	£0.1m favourable

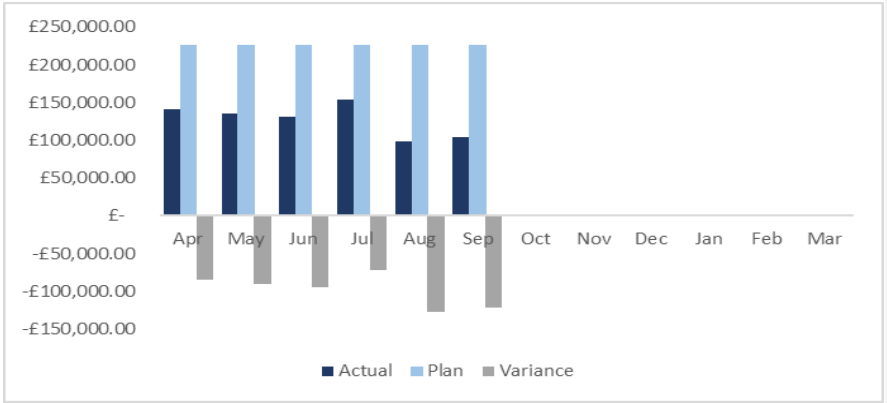
Executive Director commentary:
Mike McEnaney, Director of Finance

The risk or issue
Financial performance against plan is £0.1m favourable at month 6.

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	£0.6m adverse



Executive Director commentary:
Mike McEnaney, Director of Finance

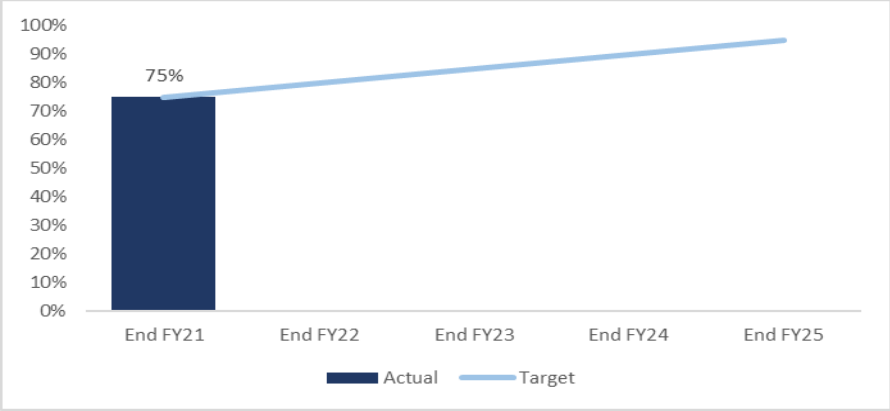
The risk or issue
CIP Performance against plan is £0.6m adverse at month 6.

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?	Plan last reviewed & updated on and 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.		Claire Page on 30 Sept 2021
Deliver the best possible care and outcomes (Quality)	(1a) Clinical supervision completion rate	85%	38%	▪ 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%	18.8%	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. 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.		
Deliver the best possible care and outcomes (Quality)	(1h) Reduction in use of prone restraint by 25% in year 1 (<240 in 2021/22)	<120	121 YTD	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.		

Summary Action Plan - for all underperforming OKRs

Objective	OKR	Target	Actual	Plan	Resolved by?	Plan reviewed & updated on and 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%	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. 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.		
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%	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.		
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%	This training has been put on hold as the Trust is part of the national Oliver McGowan Autism training pilot. Following the pilot the training will be rolled out to all staff in 2022/23. 112 OHFT staff are completing the pilot training in Oct and Nov 2021. Our internal training has been put on hold so not to overwhelm staff and we want all staff to use the Oliver McGowan training pack. See slide above for detail about some of the other activities we are doing to improve how we work with and support people with autism.		

Summary Action Plan - for all underperforming OKRs

Objective	OKR	Target	Actual	Plan	Resolved by?	Plan reviewed & updated on and 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%	60%	• 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%	50%	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 – August 2021

Updates are provided every other month. The next update is due in November 2021

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

Directorate highlights: Specialised: Learning Disabilities & Forensic

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