

PAPER
MC05/2010

**Report to the Meeting of the Oxfordshire and
Buckinghamshire Mental Health NHS Foundation Trust
Members' Council**

For Information

16th February 2010

Performance Report

Executive

The Council receives a performance report at each of its meetings. The quarter 3 Performance Report is attached. The Trust is developing a Quality Report. This format is still being refined but future reports on performance will be presented in the new Quality Report format.

Recommendation

The Members' Council is asked to note the Q3 Performance Report and a new Quality Report is being developed.

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Lead Executive Director: Julie Waldron, Chief Executive

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

Oxfordshire and Buckinghamshire Mental Health NHS Foundation Trust
April to December 2009/10

Service	Target	Actual YTD	Definition
Delayed transfers of care (Maximum)	7.5%	2.3%	● Bed days lost to DTC's as a percentage of occupied bed days plus leave days.
Access to Crisis prior to admission	90.0%	95.2%	● Applies to adults of working age excluding hospital to hospital transfers and admissions to PICU. Crisis Teams should be actively involved in all requests for admission to ensure full assessment prior to admission.
Number of referrals waiting over 4 weeks for first appointment (All Referrals)	165	362	● The number of patients waiting over four weeks from the date of referral for first appointment. This does not take into account patients that cancel or DNA their appointments whereby the referral date would be reset to the date of the cancelled appointment or DNA.
% of referrals seen within 4 weeks	90.0%	76.6%	● This shows of the patients having their first appointment in the reported month how long they have waited.
Crisis Episodes	1228	1460	● Cumulative count of Crisis episodes
Early Intervention Caseload	360	307	● This is a snapshot of the patients on the Early Intervention
Data Completeness	90.0%	85.4%	● The reported percentage is the combined data completeness of 13 Data Quality fields, Social and economic measures and the time taken to enter data.
HoNOS Coding - Snapshot % open records coded	70.0%	43.2%	● This is a snapshot of the percentage of open records that have a Health of the Nation Outcome Score score recorded on PCIS.

Quality	Target	Actual YTD	Definition
Patient Experience (reported quarterly)	80.0%	86.8%	● The Patient Experience Tracker (PET) is a handheld device that is used to gather instant feedback from service users. This is a composite indicator for patient experience and has been generated based on the total number of positive responses expressed as a percentage of the total number of completed responses in the period.
PEAT	92.0%	94.0%	● Monthly self assessment of inpatient areas. Assesses standards across a range of services including food, cleanliness, infection control and patient environment and is a benchmarking tool to ensure continuous improvements are made in the non-clinical aspects of a patient's healthcare experience.
Complaints	1.4	0.3	● This is the number of complaints received per 1,000 patients seen. Patients seen is the total number of face to face community, Outpatient and Day care contacts plus the total number of occupied bed days.
CPA Compliance (reported quarterly)	80.0%	58.8%	● Results of ongoing audit to identify if a care plan, risk assessment, identified care coordinator and a future review date are present in the medical records of patients on CPA.

Safety	Target	Actual YTD	
SUIs	1.3	0.8	● This is the number of Serious Untoward Incidences received per 10,000 patients seen. Patients seen is the total number of face to face community, Outpatient and Day care contacts plus the total number of occupied bed days.
Mandatory Training	72.0%	81.0%	● To ensure services are delivered effectively and safely.
H & S incidents at work (Patients and Staff) - Reported one month in arrears	7.0	7.8	● This is the total number reported incidents (Patient and Staff) per 1,000 patients seen. Patients seen is the total number of face to face community, Outpatient and Day care contacts plus the total number of occupied bed days.
H & S incidents at work - Patients	--	4.9	● This is the number reported Patient incidents per 1,000 patients seen. Patients seen is the total number of face to face community, Outpatient and Day care contacts plus the total number of occupied bed days.
H & S incidents at work - Staff	--	2.3	● This is the number reported Staff incidents per 1,000 patients seen. Patients seen is the total number of face to face community, Outpatient and Day care contacts plus the total number of occupied bed days.
7 Day Follow up (Minimum)	95.0%	95.8%	● All patients discharged on enhanced CPA should be followed up face to face or by telephone within 7 days of discharge.

Workforce	Target	Actual YTD	
Staff Turnover	12.0%	11.3%	●
Vacancies	192	192	●
Bank & Agency Spend	5.0%	5.3%	●
PDR Performance	85.0%	77.0%	●

Finance	Target	Actual YTD	
Risk Rating	4.0	4.0	●
Capital Expenditure Delivery against plan	6.2	6.8	●
Cash Balance	9.6	8.4	●
CIP Delivery	3.0	2.8	●