

**BOD 129/2017**

(Agenda item: 6)

# Report to the Meeting of the

# Oxford Health NHS Foundation Trust

# Board of Directors

**25th October 2017**

**Monthly Performance Report**

**For: Information**

**Executive Summary**

The monthly performance report provides an overall view of the Trusts performance against both national and local (contracted) indicators. In August, the Trust met 880 of the 989 (89%) contracted indicators. Although the number of indicators reported each month varies due to a number of factors, Oxford Health is consistently achieving 90% compliance overall.

**Performance Trends:**

Although the Trust is consistently achieving 90% compliance, there are a small number of areas where services are underperforming. These areas of non-compliance are extracted from the Trust’s performance dashboard and presented in this report using an ‘exceptions’ based format. In addition, further analysis is underway on those indicators that are consistently being reported as ‘red’ so that long term solutions can be identified and introduced. Progress updates will be included in this report as information becomes available.

**National Position:**

Following a review of the performance data, the following indicators continue to be highlighted as underperforming at a national level:

* **Workforce –** The difficulties in recruiting and retaining suitably qualified staff is having a direct impact on the Trust’s ability to deliver services. Work to address these issues continues to be led by HR under their Workforce Strategy.
* **Clients in Settled Accommodation** – Although the Single Oversight Framework indicator measures settled accommodation, the local OBC contract requires ‘stable’ accommodation. For the latter, we are exceeding the targets set by Oxfordshire CCG.
* **Priority Metrics –** These are indicators that have to be reported nationally such as patient ethnicity, Employment for Adults & Accommodation. The work to collect the required data and upload it into the national data sets has now been included in the Data Quality Improvement Programme.

**Children & Young People**

CYP is consistently the highest performing Directorate based on achievement of locally contracted and national performance framework indicators. In September, CYP achieved 95% compliance.

In looking at the performance trends and identifying areas where further action is required, the following issues have been highlighted and are now overseen by the Operations Management Team:

* **Looked After Children (LAC) –** Although there was a significant decrease in performance in July 2017, over the past two months, performance has significantly improved for completing Health Assessments within 20 days (95%).
* **CAMHS 4 Week waiting times** – There continues to be issues with the 4 week waiting time targets, in particular in Swindon, Wiltshire and Bath & North East Somerset (BaNES). Work is underway to address these issues as part of the transition to the new service delivery models and improvements have been seen over the past few months in particular in Swindon and BaNES (T2).
* **CAMHS 8 Week waiting times (BaNES)** – Although not yet at target, there has been a significant improvement against the 8 week waiting time target in BaNES.
* **CAMHS 12 Week waiting times** - Although CYP has historically delivered excellent performance against the 12 week waiting time target, for the last three months, performance has declined significantly in Oxfordshire. This is due to lack of available staffing in the northern and southern areas of the County in particular. The Directorate Leadership Team is taking action to address these issues.

**Older Peoples**

The Older Peoples Directorate achieved 73% compliance against the contracted targets. This is a slight decrease from the performance achieved in August (74%). Performance in this Directorate has declined due to a number of factors including changes to indicators and a number of new indicators for FY2018.

In looking at the performance trends and identifying areas where further action is required, the following issues have been highlighted and escalated to the Operations Management Team:

* **Oxfordshire Continuing Health Care (CHC) Adults** – There has been a significant increase in the performance of the Oxfordshire Continuing Health Care Service (Adults only) over the past month. Of the 9 key performance indicators, 5 have shown really positive improvement and although are not yet at target, are substantially better than they have been for a considerable period.
* **The Out of Hours (OOH) Services**. As one of the most heavily used services provided by Oxford Health, the service sees approx. 10,250 patients per month. Performance has improved over the past 2 months and although not at target yet the service is on track with the improvement trajectory that has been shared with commissioners. The service is not far away from becoming partially compliant across all indicators but is about to enter into an extremely busy time so figures may drop over the winter period which is not unusual for an OOH provider.  The service continue to ensure that every patient is safe whilst under OOH care and this is a continual focus for the team
* **Physical Disabilities Physiotherapy Service.** There has been a consistent increase in referrals to the Physical Disabilities Physiotherapy Service (due mainly to Parkinson’s). The Service has reviewed the current delivery model and has taken all steps possible to improve efficiency which has been overseen by the commissioners.Without additional staff to meet the increasing demand now, the service will not meet the activity plan targets for FY2018.
* **Delayed Transfers of care (DTOC) and Length of Stay (LOS)** continue to be an issue across the system. Although there has been a significant impact due to the delays as a result of the HART service capacity issues, actions are also now underway to address the issues that are solely within the remit and control of Oxford Health. Although the performance data over time shows improvement, further action is being taken by the leadership within the Directorate to continue to reduce all DTOC whether HART related or due to local conditions.
* **Community Nursing -** Each patient on the District Nursing caseload risk stratified as high or medium risk is required to have a named nurse who has seen that patient face to face once within a 3 month period. At the present time, due to a lack of available workforce, the Trust is not meeting this target.

**Adults:**

The Adults Directorate achieved 75% compliance against the contracted targets. This is a slight decrease from the performance achieved in August.

In looking at the performance trends and identifying areas where further action is required in the Adults Directorate, the following issues have been highlighted and escalated to the Operations Management Team:

* **Improving Access to Psychological Therapies (IAPT)** - Although there continues to be a reduction in the number of ‘hidden waits’ at step 3, the waiting time for treatment is now at 19 weeks which is significantly above the target of 8 weeks. The service has an action plan in place and a lack of workforce has been identified as the root cause. Recruitment is underway and the Adults Senior Management Team and Operations Management Team are monitoring this position.
* **Cluster Reviews** – The cluster reviews indicator in Oxfordshire continues to be below target. Operational staff have been reminded of the importance of clustering within the agreed timescales.
* **Care Reviews** - Analysis of the performance data has shown that timescales for care reviews specifically in Aylesbury continue to be below target. This issue has been discussed with Service Leads who are confident that this is a recording issue and not a clinical issue. Action is now being taken to address the underlying issues and work with support from IM&T is now underway.
* **Learning Disabilities** – The indicators for the Learning Disabilities Service are now included within the Performance Framework. A small number of indicators are now being highlighted as underperforming so actions are now being taken with the Service to resolve.

**Recommendation**

The Board of Directors is asked to review and note the monthly Board performance report.

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