

# Report to the Meeting of the

**CG 18/2017**

(Agenda item: 14)

# Oxford Health NHS Foundation Trust

# Council of Governors

**Wednesday 7th June 2017**

**Performance Report (Q1 – Month 1)**

**April 2017**

**For: Information**

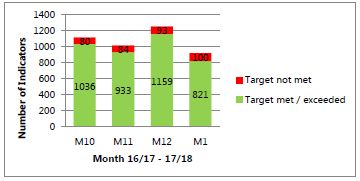
**Executive Summary**

The monthly performance report provides an overall view of the Trusts performance against both national and local (contracted) indicators. The report is set out using a standard scorecard approach and performance is measured using a RAG rating system. This scoring system enables the performance team and operational services to identify areas for improvement and is supplemented by a narrative to explain any variation to targets and action plans.

Historically, the Trust has always reported on local and national targets independently, however, the new performance report provides an integrated view. In addition to our local contracted commitments with commissioners, the new NHS Single Oversight Framework indicators have also been included. Adopting this approach has enabled us to replace a number of legacy reports so that we provide a consistent format both within and external to the Trust. Further work to develop this report is currently underway.

In April 2017 (Month 1), the Trust either met or exceeded 89% of the 921 performance indicators reported. The extract from the performance report in Fig 1 shows that the Trust is consistently delivering a strong performance against local and national targets.

**Fig 1. Performance over the past 4 months.**



Despite the majority of performance indicators being consistently achieved each month, the Trust continues to underperform in a small number of key areas: These include:

* + The Out of Hours Services. This is due to a number of factors including the ongoing issue of GP availability. The Trusts Executive Team has asked for an independent review to be carried out and the results are expected to be known in 2 – 3 months’ time.
  + Delayed Transfers of Care (DTOC) continue to be an issue across the system. The Key Performance Indicator’s for DTOC and Length of Stay (LOS) are still being negotiated with the commissioners. This is to reflect the significant delays experienced as a result of the HART Service capacity issues that are now being addressed by Oxford University Hospitals (OUH).
  + Stroke Therapy Patients. The indicators for this area need to be reviewed as the Trust is providing therapy services to patients on a daily basis, but not consistently over the 5 day period as set out within the target.
  + Training across all Directorates. In particular WRAP (Workshop to raise awareness of PREVENT) and Mental Capacity Act training. Work is underway to identify the staff that still require training and additional courses will be provided.
  + CAMHS 4 week and 8 week waiting times (in particular, Swindon, Wiltshire & BaNES). The services continue to fully achieve the 12 week waiting times and further work to address the 4 and 8 week waiting times is now planned as part of the new contract.
  + There continues to be a reduction in the number of ‘hidden waits’ at step 3 reported in Improving Access to Psychological Therapies (IAPT). Since November 2016, the waiting times have reduced from 23 weeks to 10 weeks.
  + Timescales for Care Reviews in Aylesbury continue to be below target. Additional actions are now being taken to improve this position

Further information about the specific areas highlighted above and the remaining indicators can be found in the main performance report.

**Governance Route/Approval Process**

This is a quarterly update report.

**Recommendation**

The Council of Governors is invited to note the report.

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**Lead Executive Director:** Dominic Hardisty

1. *A risk assessment has been undertaken around the legal issues that this report presents and there are no issues that need to be referred to the Trust Solicitors*
2. ***Strategic Objectives*** *– this report relates to or provides assurance and evidence against the following Strategic Objective(s) of the Trust*

*1) Driving Quality Improvement*

*(Goals: patients will be safe from harm; patients will achieve the clinical outcomes they want; and patients and carers will have an excellent experience)*

*2) Delivering Operational Excellence*

*(Goals: our services will be effective and efficient; information will be translated into knowledge; and our planned surplus will be delivered)*

*3) Delivering Innovation, Learning and Teaching*

*(Goals: the impact of the AHSN, AHSC and CLAHRC will be maximised; we will collaborate in research and innovation; and we will deliver high quality teaching)*

*4) Developing Our Business through Collaboration and Partnerships*

*(Goals: we will work in collaborative partnerships; we will maintain and grow our services where we add value; and we will have strong relationship with our stakeholders)*

*5) Developing Leadership, People and Culture*

*(Goals: staff satisfaction will be in the top 20% of Trusts nationally; our staff and teams will be high-performing; and we will recruit and retain an excellent workforce)*