

**BOD 05/2018**

(Agenda item: 6)

# Report to the Meeting of the

# Oxford Health NHS Foundation Trust

# Board of Directors

**31st January 2018**

**Monthly Performance Report – November & December 2017**

**For: Information**

**Executive Summary**

The monthly performance report provides an overall view of the Trusts performance against both national and locally contracted indicators. In November, the Trust met 839 of 931 (90%) and in December, performance improved and the Trust achieved 853 of 931 (92%). Although the number of indicators reported each month varies due to a number of factors, Oxford Health continues to achieve 90% compliance overall.

**Performance Trends:**

Although the Trust consistently achieves 90% compliance against contracted indicators, there are a small number of areas where performance is below the required levels. These areas of non-compliance are extracted from the Trust’s performance dashboard and presented in this report using an ‘exceptions’ based format. Further analysis continues on those indicators that are consistently being reported as ‘red’ so that the root causes can be identified and resolved. 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 continues to have 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. At a national level, a target of <12% turnover has been set and Oxford Health performance has been consistently above 14% with a peak at almost 15% during 2017.
* **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.
* **Settled Accommodation -** At a national level, performance is measured against a definition of settled accommodation. However, within the Outcomes Based Contract (OBC) the definition used by our Commissioners is stable accommodation. Although we are not compliant using the national definition, the Trust has achieved the locally contracted targets.

**Children & Young People**

In November and December, CYP achieved 95% compliance against the combined performance assessment framework indicators and locally agreed contracted targets.

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

* **Looked after Children (LAC) Annual Reviews** – There has been a decrease in performance reported in November and December*.* This is due to a combination of young people refusing an annual health review and delays in placements out of County. These have been reported to the commissioners in accordance with the agreed governance process.
* **CAMHS ‘Getting More Help’, 4 Week Waits – Buckinghamshire** – An increase in the number of referrals in the north of the County has had an impact on the overall compliance of this particular target. The service is currently planning on how best to deploy resource to ensure that all areas of the County are compliant by April 2018.
* **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) (T2). Work is underway to address these issues as part of the transition to the new service delivery models with more appropriate targets being set. These are due to go-live in April 2018. We expect to see an improvement in performance in Q2 2018.
* **CAMHS 12 Week waiting times** - Although CYP has historically delivered excellent performance against the 12 week waiting time target, in the latter stages of 2017 performance declined significantly in Oxfordshire. However, in December, there has been an improvement reported (66% against a target of 75%) and performance will continue to be closely monitored.

**Older Peoples**

The Older Peoples Directorate achieved 82% compliance in November and December against the contracted targets. This is a 7% increase from the performance achieved in October and a return to the higher compliance rates achieved earlier in the year.

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:

* **Stroke Therapy –** Revised stroke indicators that are aligned to the Sentinal Stroke National Audit Programme (SSNAP) were introduced in October following agreement with OCCG that these are a better measure and reflection of stroke therapy input in Community Hospitals.  Overall performance is now showing an improvement and will continue to be closely monitored.
* **Oxfordshire Continuing Health Care (CHC) Adults** – The removal of a backlog of assessments has resulted in a decrease in performance against the 28 day target in October. The service expect performance to recover to the previous level by the end of November 2017
* **The Out of Hours (OOH) Services**. Services have been under pressure over the Christmas period and 4 of the 9 indicators have breached due to a combination of demand and also a reduction in GP availability over the festive period.  The service continues 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.A business case to justify an increase in investment has been prepared and will be submitted to commissioners shortly.
* **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, work continues to address the issues that are solely within the remit and control of Oxford Health. **Following exceptional work led by** **Julie Beardmore** working with community hospital colleagues and social careDTOC’s that are solely within the control of Oxford Health are the lowest they have been for the past 12 months. In January 2018, the number has recently been reported as 5 which is the lowest number ever recorded. Previously, this number ranged from 12 upwards.
* **Community Hospitals – Functional Independence Measure (FIM).**  The new KPI applies only to the cohort of patients who are identified has having rehabilitation potential. The service is confident that it will be able to demonstrate effective outcomes for patients who are identified as having rehabilitation potential and improvements are now being reported.

**Adults:**

The Adults Directorate achieved 73% compliance against the contracted targets in November and 75% in December. This is an improvement in the performance achieved in October.

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 has now decreased to 19 weeks which is still significantly above the target of 8 weeks. The service has an action plan in place and additional staff have been recruited. We are expecting to see further reductions in waiting times over the next quarter.
* **Cluster Reviews** – The cluster reviews indicator in Oxfordshire continues to be below target. Operational staff continue to be 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 being taken to address the underlying issues.

**Recommendation**

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

**Author and Title:** Martyn Ward – Interim Director of Performance

**Lead Executive Director: Dominic Hardisty, Chief Operating Officer**