

**BOD 146/17**

(Agenda item: 7)

# Report to the Meeting of the

# Oxford Health NHS Foundation Trust

# Board of Directors

**29th November 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 October, the Trust met 939 of the 1037 (91%) contracted indicators. 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 performance indicators, 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 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.
* **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**

In October, CYP achieved 95% 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 overseen by the Operations Management Team:

* **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. These are due to go-live in April 2018. We expect to see an improvement in performance in Q2 2018.
* **CAMHS 8 Week waiting times (BaNES)** – The service has now achieved 97% against their target of 95%.
* **CAMHS 12 Week waiting times** - Although CYP has historically delivered excellent performance against the 12 week waiting time target, for the last four months, performance has declined significantly in Oxfordshire. In addition to the workforce issues, there has also been an increase in demand. The Directorate Leadership Team is taking action to address these issues and estimated timescales for improvement will be included in this report once confirmed.
* **CAMHS Activity in Wiltshire –** We are currently investigating the reported underperformance in activity in particular with direct and indirect contacts. Further information will be provided once analysis has been completed.

**Older Peoples**

The Older Peoples Directorate achieved 75% compliance against the contracted targets. This is a slight improvement from the performance achieved in September (73%).

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 showing an improvement against the previous measures with the exception of the % of days that a stroke patient receives therapy during their inpatient episode**.** This is due primarily to a lack of available workforce which is being addressed as part of the broader Trust wide plans.
* **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**. 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 3 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 the winter period will have an impact on performance which will be closely monitored.  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, work continues 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 Hospitals – Functional Independence Measure (FIM).**  The Trust and OCCG have agreed that the FY17 FIM KPIs are not the best outcome measure for the cohort of patients being admitted to Community Hospitals.  In August 2017, the Trust and OCCG agreed revised key performance indicators for functional independence.  The intention now is that 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 75% compliance against the contracted targets. This is consistent with the performance achieved in September.

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 increased to 20 weeks (19 last month) 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. The recruitment process is complete and performance is now expected to approve over the next few months.
* **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 and improvements are now being reported.

**Recommendation**

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

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