

# Report to the Meeting of the

**CG 06/2018**

(Agenda item: 10)

# Oxford Health NHS Foundation Trust

# Council of Governors

**March 22nd 2018**

**Performance Report**

**(October 2017 – December 2017)**

**For: Information**

**Executive Summary**

This report provides a consolidated view of the Trusts performance against both national and local (contracted) indicators for October 2017 – December 2017. A standard scorecard approach is used for all reporting within the Trust and compliance against targets are 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. Performance reporting is presented monthly and scrutinised by various leadership and oversight committees up to and including the Trust Board and Commissioners. See **Appendix 1** for a diagram showing the Performance Governance Process.

Since October 2016, the Trust has either met or exceeded circa. 90% of the performance indicators reported. A diagram showing Trust performance over time is included in **Fig 1**. This demonstrates that the Trust is consistently delivering a strong performance against contractual targets set by Clinical Commissioning Groups (CCG’s).

In addition to our local contracted commitments with commissioners, the Trust is required to report against the nationally mandated NHS Single Oversight Framework. These indicators have also been included within our reports so that there is a consistent format both within and external to the Trust. Further work to develop our reporting in this area continues.

**Fig 1. Compliance against overall contracted targets:**





At an individual Directorate level:

* **Children and Young People (CYP) Directorate** performance has remained consistently around 95% since the start of the reporting year and has averaged 95% over Q3 (October – December)
* **Adults of Working Age (AWA) Directorate** performance continues to improve from a position 58% late 2016 with an average of 75% year to date and 74% over the Q3 (October – December).
* **Older People’s Directorate (OPD)** Performance in Older People’s has improved with a YTD position of 75% and 80% over Q3 (October – December).



Although the majority of performance indicators are being consistently achieved each month, the Trust continues to underperform in a small number of key areas.

**Children & Young People**

CYP has consistently achieved 95% compliance year to date.

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) –** 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 4 Week waiting times** – There continues to be issues with the 4 week waiting time targets, in particular in Buckinghamshire and Swindon, Wiltshire and Bath & North East Somerset (BaNES). In Swindon, Wiltshire and Bath & North East Somerset (BaNES) transition to new service delivery models is due to go live in April 2018. In Buckinghamshire the service is planning how best to deploy resource to ensure all areas of the County are compliant by April 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 80% compliance against the contracted targets in Q3 a 6% improvement from 74% achieved in Q2.

 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 74% over Q3 (October 2017 – December 2017) a decrease from the Q2 position of 78% but continuing to improve on historical position.

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.

**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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**Appendix 1 – Performance Reporting Structure**

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