

# Report to the Meeting of the

**CG 38/2017**

(Agenda item: 11)

# Oxford Health NHS Foundation Trust

# Council of Governors

**November XX 2017**

**Performance Report**

**(July - September 2017)**

**For: Information**

**Executive Summary**

This report provides a consolidated view of the Trusts performance against both national and local (contracted) indicators for July – September 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 July 2017, 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: July – Sept 2017**

At an individual Directorate level:

* **Children and Young People (CYP) Directorate** performance has remained consistently around 96% since the start of the reporting year and has averaged 95% over the past three months (July – September)
* **Adults of Working Age (AWA) Directorate** performance has improved since late 2016 (58%) to an average of 78% over the past 3 months and 74% year to date. This improvement shows the significant effort and focus invested by all staff within the Adults Directorate which should be recognised.
* **Older People’s Directorate (OPD)** A number of new FY18 contractual KPIs came in to effect in April 2017 which resulted in a change to the overall numbers of contractual KPIs as well as the individual measures. On this basis, a like for like comparison against last year’s performance cannot be made. Performance YTD however, is showing an improvement from 71% in Q1 to 74% in Q2.

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) –** Although there was a significant decrease in performance in July 2017, over the past two months, performance has improved as per the plan and the target for completing Health Assessments within 20 days has now been achieved.
* **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 with oversight from the Operations Management Team.

**Older Peoples**

The Older Peoples Directorate achieved 74% compliance against the contracted targets in Q2. This is an increase on performance achieved in Q1 (71%).

Furthermore, the Trust has been successful in renegotiating 5 non-compliant OCCG contractual indicators relating to stroke therapy input and the functional independence of patients in Community Hospitals. The revised stroke measures are aligned to NICE guidance and the Sentinel Stroke National Audit Programme (SSNAP) and will be a better measure of therapy input to patients on a stroke rehabilitation pathway. The revised functional independence indicators will ensure that the correct cohort of patients on the Community Hospital stroke and rehabilitation pathways are making the required level of improvement. The Trust is positive that these new indicators will result in an improved level of overall compliance against contracted targets.

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.
* **District Nursing Service.** Each patient on the District Nursing caseload risk identified as high or medium risk should have a named nurse who has seen that patient at least once in the previous 3 months. Year to date performance has averaged 48% against a target of 75%. Reasons for underperformance is two-fold; patients either do not have an allocated named nurse or they have not been seen by their named nurse within the required timescale. The latter may be due to the deterioration of the patient and the need to be seen by a higher banded nurse/nurse with different skills to their named nurse. Work is underway, however, to ensure that all high and medium risk patients have a named nurse and that true capacity issues are resolved – recruitment is underway and is yielding positive results.

**Adults:**

The Adults Directorate achieved 78% compliance against the contracted targets in Q2 which is a slight increase on the performance achieved in Q1 (75%).

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. 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.

**Governance Route/Approval Process**

This is a quarterly update report.

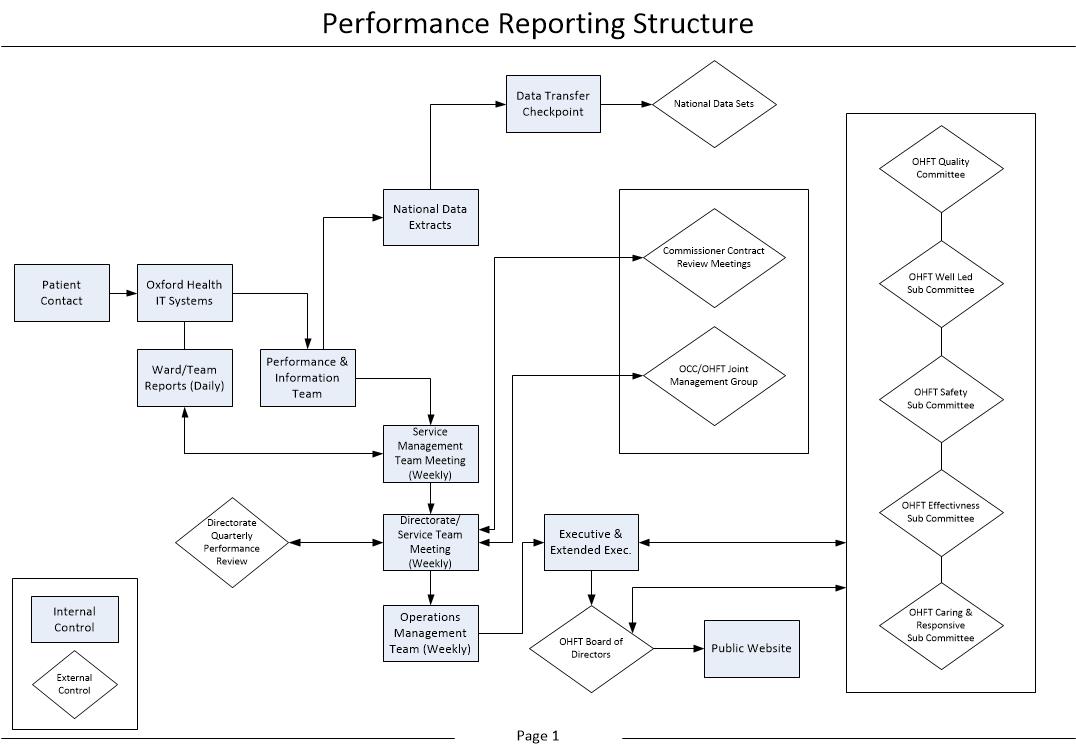
**Recommendation**

The Council of Governors is invited to note the report.

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**Appendix 1 – Performance Reporting Structure**

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