

**BOD 93/2018**

(Agenda item: 6)

# Report to the Meeting of the

# Oxford Health NHS Foundation Trust

# Board of Directors

**26 July 2018**

**Monthly Performance Summary Report – M3 June 2018**

**For: Information**

**Executive Summary**

The monthly performance report provides an overall view of the Trusts performance against both national and locally contracted indicators. Following an internal review, the **2102 performance indicators** are now divided into two categories;

* those that have specifically defined targets and must be reported to Commissioners on an agreed basis (553 indicators) and
* those that are for context or monitoring only (1549 indicators)

The latter are now only reported on a numbers basis so that the Board are able to see the overall volume of reporting activity and to monitor their reduction during 2018/19.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Indicators with defined targets |  | Indicators with no target | Totals |
| Directorate | Monthly | Quarterly | Yearly | Bi-Annual/Seasonal | Total |
| National Performance |
| Single Oversight Framework | 16 | 4 | 2 | 0 | 22 | 24 | 46 |
| Local JMG Performance |
| Joint Management Groups | 15 | 21 | 0 | 0 | 36 | 111 | 147 |
| Local Contractual Performance |
| Community Services | 73 | 63 | 27 | 12 | 175 | 739 | 914 |
| All Ages Mental Health Oxon and SWB | 111 | 11 | 8 | 4 | 134 | 355 | 489 |
| All Ages Mental Health Buckinghamshire | 47 | 5 | 1 | 3 | 56 | 208 | 264 |
| Specialised Services | 71 | 59 | 0 | 0 | 130 | 112 | 242 |
| Local Contractual Total  | 302 | 138 | 36 | 19 | 495 | 1414 | 1909 |
| Grand Total | 333 | 163 | 38 | 19 | 553 | 1549 | 2102 |

Work is now underway with Commissioners to reduce the number of performance indicators so that assurance is achieved using indicators of specific clinical value rather than just focusing on activity.

The reporting of performance internally will now also mirror the Trust’s reporting to commissioners with this summary performance report provided one week in advance of the Board of Directors meeting followed by a supporting, more detailed, narrative report which will outline the reasons for the underperformance and actions being taken to resolve. In taking this approach, the reports will include performance against **all indicators**. Previously, only indicators that were reported by working day 10 were included.

**Performance Trends:**

In June, the Trust achieved 77% of contracted performance indicators that had clearly defined targets. This is a decrease in performance against previous months. The number of ‘red’ indicators also increased this month. This is mainly attributable to indicators that would have previously been excluded from the report (due to the timing of their publication) now being included. In addition, quarterly indicators are also included.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Directorate | Below target >10% | Below Target -1-9% | Target Met | No Target | Total | % Met |
| National Performance |
| Single Oversight Framework | 6 | 3 | 11 | 24 | 20 | 55% |
| Local JMG Performance |
| Joint Management Groups | 2 | 2 | 11 | 111 | 15 | 73% |
| Local Contractual Performance |
| Community Services | 12 | 19 | 104 | 739 | 135 | 77% |
| All Ages Mental Health Oxon and SWB | 20 | 21 | 81 | 355 | 122 | 66% |
| All Ages Mental Health Buckinghamshire | 7 | 7 | 38 | 208 | 52 | 73% |
| Specialised Services | 5 | 11 | 114 | 112 | 130 | 88% |
| Local Contractual Performance Total | 44 | 58 | 337 | 1414 | 439 | 77% |

**Recommendation**

As part of the ongoing development of the performance framework, this month’s report has been divided into two parts. This is to allow additional time for Operational Services and Performance Analysts to review in detail all performance exceptions and to improve the quality of the supporting narrative.

The updated monthly Board report provides the Trust performance at a high level in a scorecard style and highlights those areas in breach with service narratives. The specific report to highlight areas to the Board is included in Appendix 1 below.

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

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**Appendix 1 – Areas of Exception and Performance Trends:**

**National Position:**

Following a review of the performance data, the following indicators are highlighted to the Board 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 the Workforce Strategy

* **Out of Area Placements (OAP’s) –** Due to the pressures in Oxfordshire and Buckinghamshire, OAP’s are well above the targets set by NHSE. This increase has been due to operational pressures in both systems and a lack of community alternatives.

**S75 Agreements with Oxfordshire County Council and Buckinghamshire County Councils**

The Trust achieved 73% compliance against the indicators for the Oxfordshire S75 agreement in May 2018 (M2). This is a decrease in the performance reported in M1 (97%). Of the 15 indicators, the Trust achieved 11 with 2 reported as exceptions.

The Buckinghamshire JMG indicators are reported on a quarterly basis so not included this month.

**Oxfordshire, Swindon, Wiltshire & BANES – All Ages Mental Health**

The Directorate achieved 66% compliance in June against the contracted targets. This is a decline in performance from the 80% achieved in May.

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

* **Oxfordshire CAMHS** – Work to review and validate the performance data for CAMHS services has now been completed and signed off following the restructuring of teams. Although the Trust is not currently achieving the contracted performance targets, a plan is being developed to contract with a third party company to provide additional capacity on a short term basis.
* **Improving Access to Psychological Therapies (IAPT)** **CBT & Counselling** – Ongoing accommodation issues are preventing IAPT services from achieving access targets. Historically, the services have been delivered from GP surgeries, however, with space now being at a premium across the system, further investment will be required so that alternative accommodation can be found. This issue has been escalated to Commissioners and potential solutions are being reviewed.

* **Cluster Reviews** – The cluster review indicators continue to be below target though improvements continue to be made. Operational staff are being regularly reminded of the importance of clustering within the agreed timescales. This issue has been discussed at the Operations Management Team and with Commissioners. This indicator is now under review as although there is agreement that the cluster reviews should be carried out, a specific timescale is not considered to be of clinical value.
* **Percentage of non-urgent referrals that are assessed within 28 calendar days (Adult Community Mental Health) –** Due to a significant increase in referrals and pressure within operational teams, the target for this indicator has been increased to 8 weeks (from 4 weeks). Against the revised target, the Trust is achieving 92% compliance.
* **GP Letters. Part 1 & 2 Summaries –** There has been a significant decline in summaries being sent to patient GP’s within 10 days following discharge. This issue will be reviewed further with services and additional support will be provided to improve this position.
* **CAMHS – Swindon, Wiltshire, Bath and North East Somerset.** Following the inclusion of the performance data in the monthly Board report, there are a number of indicators that are underperforming and require further investigation. A review will be carried out and reported to the Board in September 2018.

**Buckinghamshire – All Ages Mental Health**

The Directorate achieved 73% compliance in June against the contracted targets.

In looking at the performance trends and identifying areas where further action is required, the following issue will be reviewed by the Operations Management Team as it has been reported for three consecutive months:

* **Care Reviews** - Analysis of the performance data has shown that timescales for care reviews across the county continue to be below target. Service leads continue to work with operational services to improve this position and performance is being closely monitored.
* **Did Not Attend (DNA) rates** – The service has noticed an increase in the DNA rate during the exam period and approaching the school summer holidays

**Oxfordshire Community Services Directorate**

The Directorate achieved 77% compliance in June against the contracted targets.

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

* **The Out of Hours (OOH) Services**. Services remain under pressure but only 1 of the 9 indicators were below the exception reporting threshold in June (unfilled clinical shifts). The service continues to ensure that every patient is safe whilst under OOH care and work to improve performance continues. The CCG has agreed in principal to the withdrawal of this indicator as this is not a robust measure of clinical care provision and access performance.
* **Physical Disabilities Physiotherapy Service (PDPS).** A business case has been submitted to the CCG and is awaiting approval, however, the CCG are in the process of reviewing the full pathway. Whilst this is underway the CCG has agreed not to challenge performance against this measure.
* **Stroke Therapies –** Workforce pressures continue to affect the Trust’s ability to achieve the targets particularly in relation to speech and language therapy. Actions have already been taken to maximise the available appointments and this position will continue to be monitored closely.
* **Continuing Care –** a 30% increase in referrals in May impacted on the existing resources available to undertake work in a timely manner. The review element of the work was impacted due to the prioritisation of new referrals who may be in the discharge pathway from an acute setting or at home without care. The 3-month reviews were given priority as no longer eligible for CHC is more likely at this point to have a positive impact on the work flow and financial risk going forward.

**Specialist Services Directorate**

The Directorate achieved 88% compliance in June against the contracted targets.

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

* **Learning Disabilities –** work continues to move from manual reporting of this indicator. At the time of reporting not at data had been received, however, initial review shows that the breaches relate to one service locality in particular, which the service is taking steps to remedy. The CCG continue to receive weekly updates from the service re: data accuracy/collation.
* **Dental activity –** activity will vary month on month, and will not show a true level of activity until the final episode of care is complete. Monthly breaches are reported for board purposes only and are not a cause for concern to NHSE commissioners, as targets will be met by year end.