

**Operational Plan 2018/19: Quarter 1 Report**

1. **Summary**

This report provides an update to the Trust’s Board of Directors on progress in delivering the Trust’s Operational Plan 2018/19 in Quarter 1 (June 2018). The report outlines key achievements for the quarter against the activity, quality, workforce, finance and key programme targets and commitments contained in the Plan.

1. **Activity**

The following table illustrates the high level Q1 activity outturn against plan by service area.

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| Activity Currency | Qtr 1 Plan | Qtr 1 Actual | Variance | Variance % |
| AMHT MH Assessment Referrals Received | 2843 | 2769 | -74 | -3% |
| CAMHS Referrals Received | 4251 | 5632 | 1381 | 32% |
| CAMHS Contacts (Direct and Indirect) | 36002 | 33973 | -2029 | -6% |
| OAP bed days (Oxon) | 302 | 388 | 86 | 28% |
| OAP bed days (Bucks) | 281 | 452 | 171 | 61% |

The following observations are made;

* Mental Health Assessment Team referrals are in line with anticipated levels with a minor variance from forecast (3%). There is some local variation but further work on forecast planning and seasonal trends is required to enable the Trust to fully reflect local activity levels
* CAMHS referral rates were above plan in Q1. Further work will be undertaken to apply seasonal trends to support quarterly activity forecasting
* OAP bed days were over the projected levels for Q1. A number of initiatives are underway within operational services. These include the implementation of a pathway matron post responsible for patient flow management, partnership working and the establishment of a floating team to provide support to wards to reduce delays to discharge once patients are medically safe to be discharged, weekly reviews of every patient out of area and every patient that has been in any bed for more than 40 days and the establishment of a specialist team to work with most complex patients with greatest LOS to determine what support / provision would be required to enable discharge.

Over the course of Q2 further analysis will be undertaken by the Trust’s Performance and Information team to refresh the indicative activity forecasts. This will include accounting for seasonal activity variations and aspects of the operational plan relating to Five Year Forward View and forecasting for Serious Mental Illness (SMI) and Improving Access to Psychological Therapies (IAPT) in line with agreed currencies.

1. **Quality**

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| Quality | Source | Quarter 1 |
| Quality Improvement | OHI  Quality Governance | The Trust-wide clinical governance framework remains unchanged and the arrangements for the four new clinical directorates are being reviewed and agreed. The mortality review processes at directorate level have continued to be developed.  The annual quality account including quality objectives for 2018/19 was approved and published in May/ June 2018.  The Trust uses the national definition of quality of care made up of three elements to monitor and deliver high quality care; patient experience, clinical effectiveness and safety. A monthly report on each element is presented and published at Trust Board.  The last linking leader series in June 2018 focused on patient and carer experiences of care. Five best practice examples were shared by teams and were videoed to share wider. The group work asked leaders across the trust to look at how we improve shared decision making with patients and families in care over the next 12 months. We also launched new quarterly awards for ‘improving how people experience our services’, 6 awards were given out across the three conferences. In addition, a separate carers conference was held in June 2018 during national carers week to celebrate the work achieved by the carers strategy ‘I care, you care’ launched in June 2017. The collection and use of patient, carer and family feedback continues to increase with over 5,000 survey responses in 2018/19 quarter 1. The majority of feedback is positive, 94% of people would recommend the service and care was rated 4.76 out of 5, however we are striving so that everyone receives a positive experience and patients are involved in every decision about their care and service changes. The number of complaints received is similar to last year, however the number of concerns resolved locally has significantly increased as more time is put into this area.  The number of SIs has remained low following a reduction in grade 3 and 4 pressure damage, falls with harm and improved management of deteriorating patients. The trust has worked with HSIB to review an unexpected death which was identified as important for national learning about transitions, the report was published in July 2018 and identifies recommendations for national bodies and commissioners. The number of lower level incidents being reported continues to increase so that we can use this information to learn and prevent more serious incidents from occurring.  During the quarter, the Trust continued to implement a range of quality improvement initiatives. In the area of teaching and facilitation, the Trust commenced capability building with the Extended Executive Team, developed the First Improvement Scholars Programme (which commences in September), supported the second cohort of the Trust’s Leadership Programme, and (with the Learning & Development Team) developed Masters level objectives for both the Leadership and Preceptorship programmes. Oxford Healthcare Improvement (OHI) are supporting Demand and Capacity training across the Trust, which is being implemented by the Service Change Team.  OHI prepared a series of open seminars, the first of which was held in July on the topic: *The Journey to Safer Healthcare*. National NHSI collaboratives and local quality improvement projects are underway in all directorates. In addition, the Quality and Risk team is holding a series of drop-in sessions taking place over the coming months that will be focusing on how we can better learn from incidents. One was undertaken in June, with further sessions planned in July, September and October. The sessions are informal and aim to draw together information about how we can improve the experience of teams when investigations take place and how we can better learn from these processes.  The Trust supported a variety of collaborative initiatives. Overseas visits by quality and safety experts have commenced, and we currently have a visiting doctor from Italy on a two -month sabbatical. Clinical doctorate and PhD students are working with the OHI team on patient safety and eating disorders service re-design.  The Trust has continued to strengthen OHI capability and communications, by finalising an OHI strategy, designing a Logo (in collaboration with the Royal College of Art) and construction an OHI website. |
| CQUINs | CQUIN Q1 reporting | The Trust has 7 CQUINs to achieve which focus on improving quality across specific areas of the services and further development on the work achieved during 17/18. The specific achievements during Q1 include:   * Building on further improvements to children transitioning into adult mental health services * Working together with the OUH to achieve a 20% reduction in patients who regularly turn up to ED. * All relevant staff are trained in physical health to improve premature mortality rates in people with SMI, and work is under development to align registers with GPs. |
| CQC | Quality Governance | In 2018/19 Q1 - the Trust had our well-led annual inspection which completed in mid-April 2018. The Trust is currently going through factual accuracy with the draft reports. The outcome of the GP OOH inspection was an overall Good rating and an improvement plan in response been submitted to the CQC. The step-down care home inspection has also been finalised with an outcome of an overall Good rating with no improvement notices. |
| Quality Metrics | Quality Governance | A range of quality metrics are used to monitor the quality of care in near real-time, the main sources being the;   * patient information systems * finance system (including agency use, vacancies and sickness) * incident (including SIs) complaints and deaths recording system * *I Want Great Care* (for patient and carer feedback) * training and appraisal system * e-rostering for staffing information   In addition, we use quantitative information from a large programme of clinical audits, NICE gap analysis, safeguarding information, fire safety and health and safety reviews, internal peer review programme, inquests etc., to gather intelligence and assurance around the quality of care. This information is fed back through the governance structure weekly, monthly and quarterly to monitor, query and support decision making.  Work has been completed on confirming service lines and mapping these across the data source systems to enable integrated reporting. A high-level performance and quality dashboard is being automated at service line level as well as a more detailed quality dashboard which will be accessible and interactive for staff. Currently work is focused on bringing the data together in Power BI from the data sources listed above. The confirmed quality metrics (in line with the quality objectives for 2018/19) and report will be available by end of Sept 2018. |

1. **Workforce**
   1. **Staff Turnover**

Staff turnover as at the end of June was 14.4%, down from 15.0% in March 2018. The Trust continues to focus on achieving our turnover target of 13.5% by the end of 2018/19.

**4.1 Retaining and Engaging with our Workforce**

Most of the focus this quarter was on reducing the organisational stress staff are reporting.

A recent staff survey using the HSE management standards has shown the following domains are the leading causes of organisational stress at the Trust: Demands of the job; Control of the work; Organisational Change. Work-streams headed by operational leads and HR have been created to address each of the domains and to find support and solutions for staff.

The Trust has supported Resilience training over the last 12 months, recognising that workload and caseload are high and that stress is generally the single biggest cause of staff absence in any given month. In early 2018 a first “Retreat” was sponsored by the Trust for 12 members of staff who were seriously unwell and unable to work at all or work effectively, due mainly to stress. The feedback was unanimously positive and appreciative of the opportunity for staff to come together in a safe space with support, therapy and privacy. The Board have received a presentation on this initiative and have agreed to sponsor further similar sessions.

A recruitment and retention ‘linking leaders’ conference was held in Oxford, Aylesbury and Chippenham in March.  Over 200 managers attended the event which provided managers with tools and case studies to help them retain and recruit staff. To support the retention of both HR and Staffing Solutions staff, ‘awayday/teambuilding’ days were held this quarter. Senior HR resources have been assigned to the new directorates to support the organisational change to the Trust’s operational teams.

**4.2 Agency Staffing**

Agency use across the Trust has decreased from 12.2% of payroll spend in March, to 10.96% in June and 10% YTD.

On 14 May 2018, the Trust stopped using agency staff for non-registered nursing staff roles across inpatient units. 100 agency staff have transferred to Staffing Solutions, the Trust’s in-house bank. There has been an overall significant increase in Bank use and decrease in agency use across inpatient units. There has been no evidence of adverse impacts on patient care or staff. Recruitment of bank workers continues to reduce grade swaps to registered staff, e.g. using a registered nurse instead of a Health Care Assistant.

1. **Finance**

The Trust has delivered £1,232,000 at the end of month 3 against the forecast delivery against the total £6,000,000 target for the FY19 Cost Improvement Programme. Rather than apply specific targets to individual Directorates, Trust wide savings opportunities leveraged through changes in behaviour and process are being examined by Trust-wide Work-stream leads.

These work-streams include: VAT and technical adjustments, service line productivity, new care models (income), changes in the way recruitment of temporary staff takes place, estates rationalisation and non-pay (especially, IT, medicines, business mileage and postage).

1. **Key Programmes**

Good progress has been made during the quarter on the Trust’s key programmes.

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| Mental Health Five Year Forward View | Progress |
| Perinatal Service | The Trust received approval and funding from NHSE to implement a Specialist Perinatal Mental Health Service. Implementation is expected to commence from July. |
| Safehavens | A Beyond Places of Safety Capital bid was approved by Dept of Health to fund refurbishment of 3 Safehaven sites (Aylesbury, High Wycombe, Oxford). Oxford and Bucks Safehaven pilots have now opened. |
| Assessment Hub | Estates work was completed during the quarter on an Assessment Hub at the Littlemore site. The Hub is expected to be operational from July. |
| Oxon CAMHS new service model | The new Child and Adolescent Mental Health Service (CAMHS) model for the Oxfordshire county was launched, which will allow young people, families and carers to make direct initial contact with our services for the first time. |
| SWB new pathway model | We launched a new Child and Adolescent Mental Health Services in Bath and North-East Somerset (BaNES). |

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| New Care Models | Progress |
| Thames Valley & Wessex Forensic Network | A network manager is in post, and the total Year 1 and Year 2 planned net repatriations were achieved in Year 1 (18 achieved). |
| Hope (Eating Disorders) New Care Model | ‘HOPE’, the Eating Disorders NCM will go live in July, providing clinical oversight of inpatient placements across the network and clinical collaboration about future placements. |
| CAMHS Tier 4 | During Quarter 1, work has commenced to identify the partners to form the new care model for CAMHS Tier 4 beds and to share learning and agree protocol for working across borders. |

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| Care Alliance and Care Closer to Home | Progress |
| Care Alliance | The Oxfordshire Care Alliance Board Programme framework is under development to design how Oxford Health services work more collaboratively with GP Federations at neighbourhood level.  The single point of access (SPA) went live with Community Therapies Service in Abingdon on 5th June 2018, which will be rolled out across all sites in July.  Two trials are underway in Chipping Norton and Wantage to test and embed MDTs (multi-disciplinary team) which consist of GP staff and Oxford Health community teams. The aim of this work is to provide a joint approach to care for patients close to their home. |
| Care Closer to Home | A Governance framework has been established and a high-level programme plan has been developed to change the way services are provided to deliver care closer to home, which will prevent admissions into acute hospitals, and facilitate timely discharge. There are four workstreams: prevention, unscheduled care, scheduled care and Home First principles.  It was agreed during Q1 that winter planning will be the main focus during in Q2, to ensure preparations and options are explored and agreed well in advance. |

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| Learning Disabilities Transformation | Progress |
| Inpatient Flats | Business Justification drafted. |
| Standby Beds | MoU in place with HPFT to spot purchase beds (finalising contracts for standby beds) |
| Step Down Redesign | CQC registration amended from ‘Care Home with Nursing’ to ‘Care Home’ |
| Low Secure Unit | Potential options considered to create a new LD Low Secure Unit to complete the LD forensic pathway and complement the existing Medium Secure unit at Evenlode. A bid for capital funding for this scheme has been agreed as a priority for the BOB STP capital funding bids to be submitted.  Held consultation with staff and partners on new Learning Disability Unit plans for Littlemore site. |

**7.0 STPs**

A major focus of the Bob STP has become the development of plans to enable Oxfordshire to move towards becoming an Integrated Care System along the lines of Buckinghamshire and West Berkshire. The development of collaborative models between providers (including GP providers) is an essential part of the core functioning of integrated care systems at a local level, making the most effective use of allocated resources to meet the needs of the local population. This underscores the significance of the Oxfordshire Care Alliance which is being developed with the GP Federations and which forms the core of our ‘Care Closer to Home’ strategic theme.

The Buckinghamshire ICS operational plan describes the delivery priorities for 2018/19 and the infrastructure and governance arrangements to be put in place to ensure delivery. The Trust continues to be an active partner in delivery of the ICS in Buckinghamshire.