

# Report to the Meeting of the

**CoG 35/2018**

(Agenda item: 12)

# Oxford Health NHS Foundation Trust

# Council of Governors

**November 22nd 2018**

**Performance Report Q2**

**(June 2018 – September 2018)**

**For: Information**

**Executive Summary**

This report provides a consolidated view of the Trust’s operational performance against both national and local (contracted) indicators for June – September 2018 (Q2).

A standard scorecard approach is used for all reporting within the Trust and compliance against targets are measured using a RAG rating system. 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.

The report is divided into three major sections:

**Section 1** – An update on the overall position and trends for the Trust

**Section 2** – An update on the Trust’s performance against the national criteria

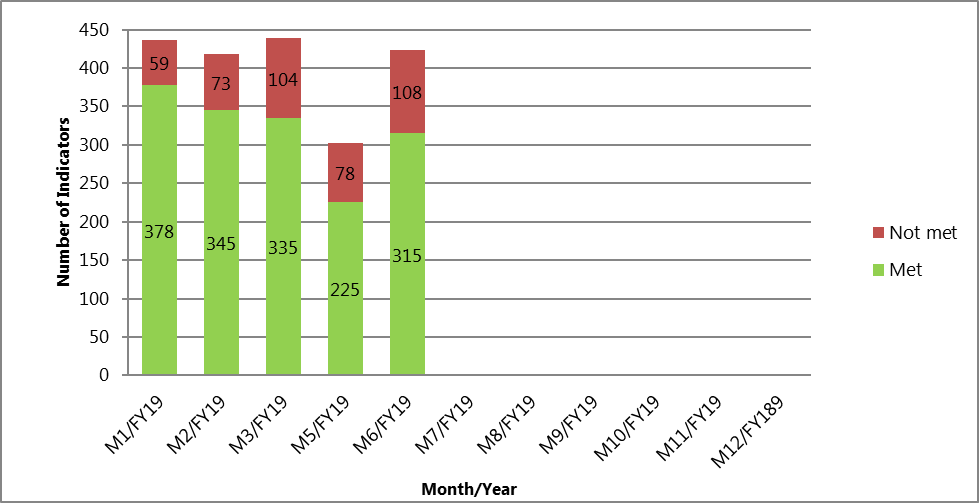
**Section 3** – An update on the individual Directorates performance against targeted key performance indicators.

**Section 1 – The Trust’s Overall Position**

The Trust has achieved an average of 74% compliance against local targeted indicators from June – September 2018 (Q2). This decline in performance since Q1 which is primarily as a result of ongoing workforce and financial pressures that extend beyond the Trust and into the broader health and social care system.

The table below illustrates the position as at Q2 broken down by National performance, Local Joint Management Group Performance and Directorate performance and the underlying graph shows the performance trend to date;

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Directorate | Below target >10% | Below Target -1-9% | Target Met | No Target | Total | % Met |
| National Performance | | | | | | |
| Single Oversight Framework | 6 | 2 | 10 | 24 | 18 | 56% |
| Local JMG Performance | | | | | | |
| Joint Management Groups | 1 | 1 | 13 | 111 | 15 | 87% |
| Directorate Performance - Local Contractual Performance | | | | | | |
| Community Services | 24 | 15 | 96 | 777 | 135 | 71% |
| All Ages Mental Health Oxon and SWB | 25 | 17 | 69 | 343 | 111 | 62% |
| All Ages Mental Health Buckinghamshire | 11 | 4 | 32 | 208 | 47 | 68% |
| Specialised Services | 1 | 11 | 118 | 116 | 130 | 91% |
| Local Contractual Performance Total | 61 | 47 | 315 | 1444 | 423 | 74% |



Note no summary board report produced M4 18/19

**Section 2 – The National Position**

**NHS Single Oversight Framework**

In addition to the Trust’s locally contracted commitment, there is also a national requirement to report against targets defined within the NHS Single Oversight Framework. The first SOF was published in Sept 2016 which replaced Monitor’s Risk Assessment Framework, to help NHSI identify where NHS Trusts/Foundation Trusts may benefit from, or require, improvement support. It sets out how NHSI will identify providers’ potential support needs under the following themes (linked to, but not identical to CQC themes); **Quality of Care, Operational Performance and Organisational Health.**

The table below illustrates the number of indicators we are required to report against each theme and the frequency.

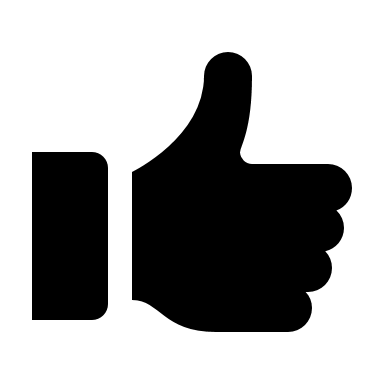
|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Theme | Monthly | Quarterly | Yearly | No Target |
| Quality of Care | 6 | 2 | 1 | 9 |
| Operational Performance | 8 | 2 | 0 | 12 |
| Organisational Health | 2 | 0 | 1 | 3 |
| Sub-Totals | 16 | 4 | 2 | 24 |
| **Grand Total** | **46** | | | |

In the majority of cases NHSI will be sourcing Trust performance data from publicly available sources e.g. CQC, NHS Digital, NHS England, and Unify.  The majority of the indicators do not have targets/thresholds, so where information is available the published performance has been measured against the average position for England.

**Performance at Q2:** please note this performance relates to the last available published position

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Service | Below target >10% | Below Target  1-9% | Target Met | No Target | Total | % Met |
| Quality of Care | 2 | 1 | 5 | 9 | 8 | 63% |
| Operational Performance | 3 | 0 | 7 | 12 | 10 | 70% |
| Organisational Health | 1 | 1 | 0 | 3 | 2 | 0% |
| Total | **6** | **2** | **12** | **24** | **20** | **60%** |

**Headlines** for each theme are as follows. The coloured square indicates whether performance against this indicator is good (green) or requiring improvement (red);

** Quality of Care Headlines**

* **Family and Friends Test Oxfordshire Community Services**

Scores for the quarter averaged 95.5% performance based last position (August).

* **Family and Friends Test Mental Health**

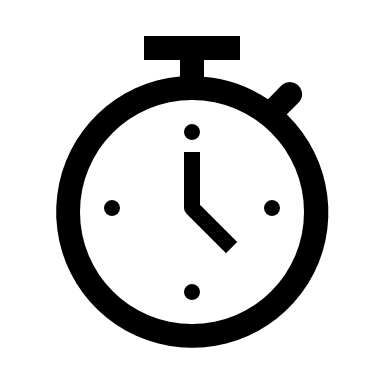
Scores for the quarter averaged 92% performance which is consistent with Q1.

* **Care Programme Approach 7 Day Follow Up**

The Trust achieved 98% performance for Qtr 2 this is an improvement from 95% in Q1.

* **% of clients in settled accommodation**

At the latest available position (July); 43.6% of clients were in settled accommodation against a target of 57.2%



**Operational Performance Headlines**

* **4 Hour Wait Times in Minor Injury Units (MIUs)**

Trust performance is consistently above target at 97.3% for the quarter, maintaining positive performance throughout the year.

* **Improving Access to Psychological Therapies (IAPT) 50% proportion of people completing treatment move to recovery:** Trust achievement at start of year was 48% and latest position is now 53% (July position).
* **IAPT 75% waiting time target to beginning treatment within 6 weeks**

Current position 99.5%

* **IAPT 95% target of patients to be treated within 18 weeks**

Latest position (July) is 100%

* **Early Intervention in Psychosis; 50% of people with first episode of psychosis begin treatment with a NICE recommended package of care within 2 weeks of referral:** Qtr 2 average is 79% consistent with Qtr1 performance.
* **Mental Health Data recording % coded - Adults ethnicity, employment and accommodation**

Trust performance at the last available position (June) was at 51.2% against a target of 85%. Whilst this performance does not relate to Q2, it is indicative of Q2 performance.

* **Out of Area Placements (OAPs) i**n Oxfordshire and Buckinghamshire continue to expose the Trust to significant financial risk and actions are being taken to address this issue as a priority. The Trust position for Qtr2 was above planned target for numbers of OAP days for both counties. The MH FYFV ambition is also to reduce the number of patients in an out of area placement.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Bucks | | | Oxon | | |
|  | Target | Actual | Variance | Target | Actual | Variance |
| Qtr 1 | 281 | 452 | +171 | 302 | 388 | +86 |
| Qtr 2 | 249 | 494 | +245 | 268 | 442 | +174 |

** Organisational Health Headlines**

* **Staff Turnover**

The average performance for Qtr 2 is at 14.06%. Whilst this is above Trust target of 12% it is an improvement against Qtr1 of 14.46%. 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 streamline the recruitment process and to improve staff retention rates continues under the workforce strategy being led by HR.

* **Sickness**

Qtr 2 performance is within tolerance for the target 3.6% against Trust target of 3.5%

**Section 3 – Individual Directorates performance against** targeted key performance indicators

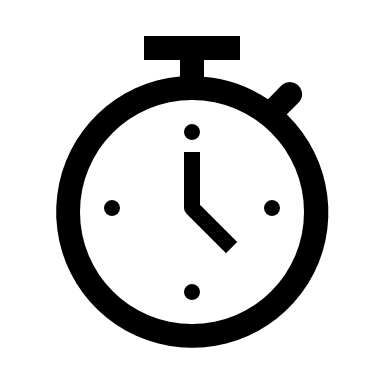
**Oxfordshire, Swindon, Wiltshire & BANES – All Ages Mental Health**

The table below illustrates the directorate’s performance against its contracts as at Q2;

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Contract | Below target >10% | Below Target -1-9% | Target Met | No Target | Total | % Met |
| **Oxfordshire Clinical Commissioning Group (CCG)** | | | | | | |
| Outcomes Based Commissioning | 8 | 1 | 2 | 3 | 11 | 18% |
| OBC Incentivised | 4 | 2 | 6 | 87 | 12 | 50% |
| Child and Adolescent Mental Health Service (CAMHS) | 5 | 1 | 8 | 75 | 14 | 57% |
| Integrated Access to Psychological Therapies (IAPT) | 1 | 2 | 7 | 9 | 10 | 70% |
| Wellbeing | 1 | 1 | 11 | 0 | 13 | 85% |
| Oxon Community & Mental Health | 0 | 3 | 10 | 7 | 13 | 77% |
| Older People | 0 | 1 | 9 | 3 | 10 | 90% |
| Adults Eating Disorders Oxon Sch 4 | 0 | 0 | 1 | 3 | 1 | 100% |
| EDPS Oxon Sch 4 | 0 | 2 | 0 | 1 | 2 | 0% |
| **Oxfordshire CCG Totals** | **19** | **10** | **44** | **181** | **73** | **60%** |
| **Swindon, Wilts and BaNES Clinical Commissioning Group (CCG)** | | | | | | |
| CAMHS | 6 | 5 | 19 | 114 | 30 | 63% |
| Wiltshire Adult Eating Disorders (ED) | 0 | 2 | 6 | 48 | 8 | 75% |
| **SWB CCG Totals** | **6** | **7** | **25** | **162** | **38** | **66%** |
| **Oxfordshire County Council (OCC)** | | | | | | |
| Joint Management Group (JMG) | 1 | 1 | 13 | 53 | 15 | 87% |
| Overall Directorate Performance (excl JMG) | 25 | 17 | 69 | 343 | 111 | 62% |

The Trust is in the process of meeting with commissioners to review contractual KPIs for Oxon Mental Health Services. The aim is to ensure that they have clinical value. This review will include **Cluster Reviews** indicators as following a discussion with the Trust Clinical Directors, it is the Trust’s view that there is limited clinical value in having a targeted performance indicator for cluster reviews. The clinical risk has been assessed as very low, however, the value of clustering has been recognised in terms of an operational/activity-based measure.

**Key Performance Indicator Headlines as follows;**



**Demand – Waiting Times for Community Mental Health Services**

* **Oxfordshire:** As a result of a long term under investment in mental health services in Oxfordshire, the Trust is not able to achieve the routine waiting time targets for either Adults or Children and Adolescent mental health. As demand exceeds available capacity work is underway with commissioners and internally with the Trust to consider options to tackle this issue. Emergency referrals are being seen within timescales.
* **Swindon, Wiltshire, Bath & North East Somerset (SWB) CAMHS** – The Trust is not achieving a number of waiting time targets for CAMHS in SWB. Service managers are reviewing work plans and with the recruitment of some new staff, performance is forecast to improve over the next few months. Performance is being monitored closely by the Directorate Senior Management Team and the Operations Management Team

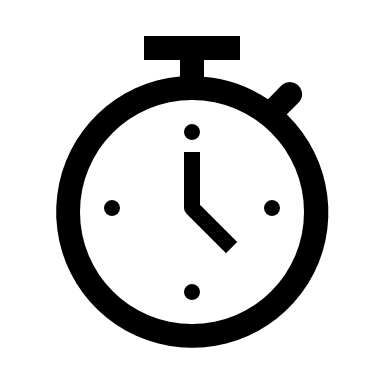
**Buckinghamshire – All Ages Mental Health**

The table below illustrates the directorate’s performance against its contracts as at Q2;

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Service/Contract | Below target >10% | Below Target -1-9% | Target Met | No Target | Total | % Met |
| **Buckinghamshire Clinical Commissioning Group (BCCG)** | | | | | | |
| Adults & Older Adults CMHTs and Inpatients, IAPT, Perinatal and PIRLS | 8 | 3 | 20 | 35 | 31 | 65% |
| CAMHS | 3 | 1 | 12 | 173 | 16 | 75% |
| **BCCG Totals** | **11** | **4** | **32** | **208** | **47** | **68%** |
| **Buckinghamshire County Council (BCC)** | | | | | | |
| Joint Management Group | n/a | n/a | n/a | n/a | n/a | n/a |
| Overall Directorate Performance | 11 | 4 | 32 | 208 | 47 | 68% |

The Trust is in the process of meeting with commissioners to review contractual KPIs for Bucks Mental Health Services. The aim is to ensure that they have clinical value. This review will include **Cluster Reviews** indicators.

**Key Performance Indicator Headlines as follows;**



**Demand - Waiting Times for Community Mental Health Services**

* **Bucks Adult MH Teams Urgent Referrals (7 day)**The Trust has consistently breached the target set for urgent referrals since April 2018. This has been for a variety of reasons including a lack of workforce, patient choice and patient availability. Reasons for breach are being reported on a regular basis and services are working to improve this position.
* **Bucks Memory Services**

Although there has been a shortage of staff due to annual leave, performance has been in gradual decline since the start of the reporting year. Services are aware of the issue with teams in the south of the county being most affected. Workshops are planned to understand what the issues are and improvement plans are being developed.

* **Bucks CAMHS Did not attend (DNA)**

There has been an increase in DNAs in three of the major service pathways in CAMHS since the start of the year. Further work is underway to remind patients and families (e.g. using technology) to let services know if they are unable to attend appointments.

**Oxfordshire Community Services Directorate**

The table below illustrates the directorate’s performance against its contracts as at Q2;

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Service/Contract | Below target >10% | Below Target 1-9% | Target Met | No Target | Total | % Met |
| Oxfordshire County Council (OCC) | | | | | | |
| College Nursing | n/a | n/a | n/a | 180 | n/a | n/a |
| School Health Nursing | 1 | 1 | 23 | 159 | 25 | 92% |
| Health Visiting | 4 | 7 | 11 | 83 | 22 | 50% |
| Immunisations | 0 | 0 | 6 | 3 | 6 | 100% |
| **OCC Totals** | **5** | **8** | **40** | **425** | **53** | **75%** |
| Oxfordshire Clinical Commissioning Group (OCCCG) | | | | | | |
| Community Adults | 15 | 4 | 48 | 276 | 67 | 72% |
| Community Children | 2 | 1 | 3 | 15 | 6 | 50% |
| Community other (trust, training etc) | 0 | 1 | 2 | 0 | 3 | 67% |
| AQP Podiatry | 0 | 0 | 3 | 26 | 3 | 100% |
| **OCCG Totals** | **17** | **6** | **56** | **317** | **79** | **71%** |
| Buckinghamshire Clinical Commissioning Group (OCCCG) | | | | | | |
| Continuing Health Care | 2 | 1 | 0 | 35 | 3 | 0% |
| Directorate Performance | 24 | 15 | 96 | 777 | 135 | 71% |

The Trust is in the process of meeting with commissioners to review contractual KPIs for Oxon Older Peoples Community Services. The aim is to ensure that they have clinical value, negotiations underway to reduce performance reporting during winter period.

**Key Performance Indicator Headlines as follows;**

* **Number of DTOCs that are within the service’s control** (i.e. excluding delays coded to Social Services and E2 Both) has reduced significantly
* **Average length of stay, excluding DTOC, for patients in community hospitals** for patients in a generic bed has from 26 days on average in Q1 to 19 on average in Q2
* **Hospital at Home (H@H), Emergency Multidisciplinary Unit (EMU) and Rapid Access Care Unit (RACU)** maintained 100% performance against urgent access KPIs
* **School Health Nursing** – A number of indicators breached performance targets over the summer months due to a combination of staffing pressures, vacancy factor and the unavailability of patients.
* **Continuing Health Care (CHC)** – Referrals into the Oxfordshire CHC service continue to increase and there is insufficient capacity in the service to meet demand. The service is prioritising referrals based on need and work to produce a suitable business case for additional resource is being developed.

**Specialist Services Directorate**

The table below illustrates the directorate’s performance against its contracts as at Q2;

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Service/Contract | Below Target >10% | Below Target  1-9% | Target Met | No Target | % met |
| Total | **1** | **11** | **118** | **116** | **91%** |

|  |
| --- |
| Oxfordshire Clinical Commissioning Group (OCCG) |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Learning Disabilities | 0 | 2 | 12 | 0 | 86% |

|  |
| --- |
| National Health Service England (NHSE) - Specialised |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Dentistry | 0 | 0 | \*31 | 8 | 100% |
| Forensic Medium Secure Unit (MSU) | 1 | 3 | 22 | 29 | 85% |
| Forensic Low Secure Unit (LSU) | 0 | 3 | 23 | 29 | 88% |
| CAMHS Tier 4 Inpatients | 0 | 2 | 15 | 25 | 88% |
| Eating Disorders (ED) Inpatients | 0 | 1 | 15 | 25 | 94% |

**Key Performance Indicator Headlines as follows;**

* **Out of Area Placements (OAPs)** in the Learning Disabilities Service are performing well against the plan. Figures are shown below

|  |  |  |  |
| --- | --- | --- | --- |
| Quarter FY18/19 | Target | Actual | Variance |
| Quarter 1 | Ceiling target of 9 | 3 | -6 |
| Quarter 2 | Ceiling target of 9 | 4 | -5 |

**Governance Route/Approval Process**

This is a quarterly update report.

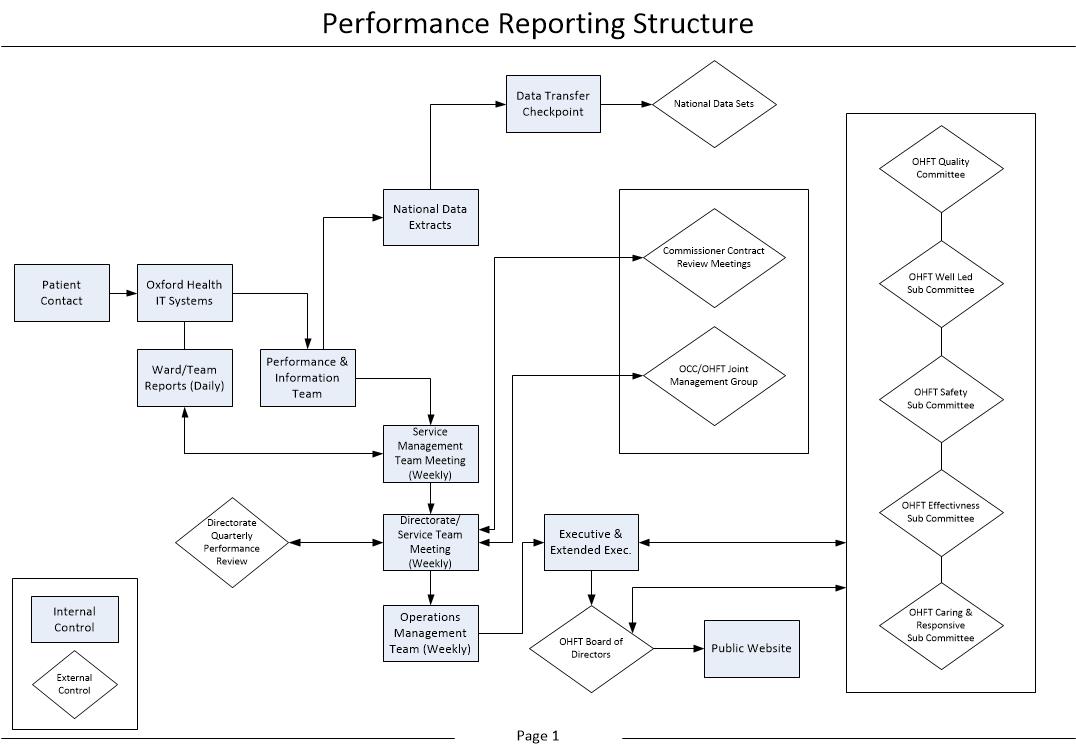
**Recommendation**

The Council of Governors is invited to note the report.

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**Lead Executive Director:** Martyn Ward, Director of Strategy & Performance

**Appendix 1 – Performance Reporting Structure**

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