

# Report to the Meeting of the

**CoG 06/2019**

(Agenda Item: 12)

# Oxford Health NHS Foundation Trust

# Council of Governors

**February 28th 2019**

**Performance Report Q3**

**(October 2018 – December 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 October – December 2018 (Q3).

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**

As of Month 9 (December) the Trust achieved 75% compliance across National and local (JMG and contractual) indicators. This is consistent with performance in Q2 and reflects the 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 Q3 broken down by National performance (SOF), Local Joint Management Group (JMG) Performance and local contractual performance broken down by Directorate. The underlying graphs shows the performance trend to date. The left-hand graph shows the split of indicators achieved versus not achieved. The right-hand graphs shows the % compliance trend.







**Section 2 – The National Position**

**NHS Single Oversight Framework**

There is a national requirement for Trust’s to report against targets defined within the NHS Single Oversight Framework (SOF). 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  | 8 | 2 | 1 | 1 |
| Operational Performance | 2 | 6 | 3 | 0 |
| Organisational Health | 2 | 0 | 1 | 1 |
| Sub-Totals | 12 | 8 | 5 | 2 |

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 Q3 was 70%.** Please note this performance relates to the last available published position, this is an improvement from the 60% reported at Q2 but should be noted that the number of indicators in the SOF has reduced.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Service | Below target >10% | Below Target 1-9% | Target Met | No Target | Total | % Met |
| Total | **4** | **2** | **14** | **2** | **20** | **70%** |

**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**

Latest position 97% (Dec 18)

* **Family and Friends Test Mental Health**

Latest position 93% (Dec 18).

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

Latest position 96.2% (Dec 18)

* **% of clients in settled accommodation**

At Dec 18; 41.2% of clients were in settled accommodation against a national average of 57%. Some discrepancies with the reporting extract are in the process of being investigated to ensure that the information reported

is accurate.



 **Operational Performance Headlines**

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

Trust performance is consistently above target. Performance was 95.2% for Dec 18, maintaining positive performance throughout the year.

* **Improving Access to Psychological Therapies (IAPT) 50% proportion of people completing treatment move to recovery:** Trust consistently continues to achieve. Latest position 51% (Dec 18)
* **IAPT 75% waiting time target to beginning treatment within 6 weeks**

Latest position 99% (Dec 18)

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

Latest position 100% (Dec 18)

* **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 3 performance consistently above target with 94% achieved in Dec 18.
* **Data Quality Maturity Index**

Trust performance at the last available position (Qtr2) was at 93.3% against a target of 95%.

* **Out of Area Placements (OAPs) i**n Oxon and Bucks 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 Qtr3 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 |
| Qtr 3 | 221 | 518 | +297 | 238 | 660 | +422 |

 ** Organisational Health Headlines**

* **Staff Turnover**

Latest published data Dec 18 is at 13.57%. 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.

**Section 3 – Individual Directorate performance against** targeted KPIs

**3.1 Oxfordshire, Banes, Swindon & Wiltshire - All Ages Mental Health**

The table below illustrates the directorate’s performance against its contracts as at Q3;



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 review indicators.

**Key Performance Indicator Headlines;**

82 of the 114 indicators (72%) were achieved by the Directorate in Dec 18. 20 indicators, however, were below target by more than 10%.

13 of the 20 indicators that were below target by more than 10% related to;

**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 has not been achieving a number of waiting time targets for CAMHS in SWB. Service managers have been reviewing work plans and with the recruitment of some new staff, performance has started to improve which was forecast to happen. Performance continues to be monitored closely by the Directorate Senior Management Team and the Operations Management Team and is anticipated to improve further.

2 of the 20 indicators that were below target by more than 10% related to;

**% of outpatient letters that are sent back to GPs within 10 calendar days**

* **Oxon Adults 80% (target 95%):** Performance has improved for this month. The Trust continues to improve efficiency and productivity wherever possible. Changes to reporting requirements (7 calendar days for letters to be sent back to GPs) come in to effect from January.
* **Oxon CAMHS 63% (target 95%):** The target for this KPI has already changed from 10 days to 7 days which has resulted in a drop in performance. Vacancies are also contributing to under performance, however, recruitment has been challenging due to geographical locations of vacant positions

2 of the 20 indicators that were below target by more than 10% related to;

**Access to wellbeing support**

* **Oxon Older People 6 (target 10):** 6 people received support from the wellbeing service in Dec 18 against a target of 10. This is an improvement on last month and an improvement plan is in progress.
* **Adults 89% (target 95%):** A high number of people did not attend planned appointments around the Christmas period. Some sessions were cancelled as people only wanted 1:1 counselling.

The remaining 3 indicators that were not achieved related to timely reviews; specifically patients having a cluster or physical health review within the required timescale and the associated improvement in outcomes associated with those reviews.

**3.2 Buckinghamshire – All Ages Mental Health**

The table below illustrates the directorate’s performance against its contracts as at Q3;



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 review indicators.

**Key Performance Indicator Headlines as follows;**

38 of the 52 indicators (73%) were achieved in the Buckinghamshire All Ages Mental Health Directorate in Dec 18. 7 indicators, however, were below target by more than 10%.

4 of the 7 indicators that were below target by more than 10% related to;

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

* **Bucks Memory Services: 56% (Target 85%)**

A remedial action plan is now in place and the Trust expects to see an improvement in the January figures given the measures already taken.

* **Bucks CAMHS Targeted: 56% and Getting More Help: 71% (target 90%)**

Referrals have averaged 200 per month this quarter. The Trust is expecting an increase due to the change in operational practice where SPA referrals are allocated to Getting More Help for an initial assessment. Capacity is being reviewed and a waiting list initiative in underway to ensure there is no change or risk to patients on the waiting list.

* **Older Peoples Mental Health: 79% (target 95%)**

2 clients breached through patient choice.

The remaining 3 indicators that breached their target by more than 10% related to cluster reviews within the required timescale, mandatory training compliance and up to date care plans for woman being supported by the perinatal service.

**Oxfordshire Community Services Directorate**

The table below illustrates the directorate’s performance against its contracts as at Q3;



The number of indicators applicable to the directorate has reduced following negotiations with commissioners. This reduction has been agreed initially over the winter period.

**Key Performance Indicator Headlines as follows;**

74 of the 103 indicators (72%) were achieved by the Directorate in Dec 18. 13 indicators, however, were below target by more than 10%.

7 of the 13 indicators that were below target by more than 10% related to;

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

* **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.
* **Falls Service 40% (target 90%) -** There continues to be a shortfall in the number of available clinical appointments with the current staffing levels. There is however no clinical risk as this is a falls prevention service. The service provides a telephone triage system and if a clinical risk is identified the patient will be signposted to their GP and/or an appropriate service. Discussions have commenced regarding a proposed joint review of the service with OCCG.

2 of the 13 indicators that were below target by more than 10% related to;

**College Nursing vacancies**

* **Under 25s Chlamydia screening: 36% (target 80%)**
* **Sessions cancelled by the service due to staffing issues: 3 in Dec (target less than 1 per month) -** Vacancies have affected performance of both these indicators, however, recruitment to posts has been successful. In addition, it is not always appropriate to offer chlamydia testing during a consultation, for example where an appointment was made solely to discuss mental health issues

The remaining 4 indicators that were below target by more than 10% have only been under performing for a short period of time and are being monitored.

**Specialist Services Directorate**

The table below illustrates the directorate’s performance against its contracts as at Q3;



**Key Performance Indicator Headlines as follows;**

72 of the 88 indicators (82%) were achieved by the Directorate in Dec 18. 3 indicators, however, were below target by more than 10%.

2 of the 3 indicators that were below target by more than 10% related to;

**The number of in-patients who have accessed a routine dental check-up/ examination in the last 12 months**

* **Medium Secure Unit (MSU) and Low Secure Unit (LSU)**– Patients in the MSU and LSU services are not registered with a dentist. This means that they do not attend annual dental check-up/examinations. A number of patients refuse treatment. All patients are treated for emergency dental work and attend clinics in Oxford and Milton Keynes. This has been discussed at contract review meetings with an undertaking from NHS England to review this but no resolution at this stage.

**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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