

**Operational Plan 2018/19: Quarter 3 Report**

1. **Introduction**

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 3 (December 2018). The report outlines key achievements for the quarter against the activity, quality, workforce, finance and key programme targets and commitments set out in the Plan.

1. **Activity**

The following tables illustrate the high level Q3 activity outturn against plan by service area, as listed in the Operational Plan 18/19. Detailed demand and capacity work is now underway, linking with Directorates, to inform 2019/20 Operational Plan drafting and develop the Trust’s approach to and use of activity work.

CAMHS contacts overall and by area



CAMHS referrals overall and by area



Adult referrals MHT



1. **Quality**
	1. **Quality Improvement**

The revised quality governance frameworks for each new clinical directorate have now been implemented. The Trustwide quality governance framework has been reviewed with a decision made to separate the oversight of the Caring and Responsive quality domains; the sub-committee structure will be revised in 2019.

The Experience and Involvement Strategy with aligned objectives (patients) is being refreshed with patients, carers, staff and external stakeholders to be approved in March 2019 for the next 2 years.

The following national guidance has been recently published and a self-assessment against suggested standards has been completed to feed into quality improvements for the next 12 months:

* Extended guidance for child death reviews (Oct 2018)
* Learning from deaths guidance: engagement with bereaved families (July 2018)
* NHS resolution thematic review: learning from suicide related claims (Sept 2018)
* Pressure ulcers; revised definition and measurement (June 2018)
* Patient experience improvement framework (June 2018)
* Sexual safety on mental health wards (Sept 2018)
* CQC thematic review on restrictive practice (Dec 2018)
* The learning disability improvement standards (June 2018)

The following Trust strategies have been approved recently to improve the quality of care provided:

* Dementia strategy (approved November 2018)
* Suicide and self-harm reduction strategy (approved November 2018)
* AHP strategy

A joint group of leaders delivered a second training day in November 2018 to the second cohort of staff on the Trust’s Leadership Development Programme focused on accountability in relation to quality and performance and leadership styles.

An independent corporate governance audit began in December 2018 by PwC which includes a review of: serious incidents; complaints; coroner inquests; learning from national guidance; patient experiences; and national patient safety alerts. Provisional results highlighted reasonable assurance with no major concerns. The final report will be shared with the Board once available.

Work across the systems in which the Trust operates continues. The Trust is now actively involved in a number of quality forums and the Quality Committee in the Buckinghamshire Integrated Care System and also system working in Oxfordshire.

*Source: OHI Quality Governance*

* 1. **CQUINs**

The Trust’s Q2 CQUIN reports were submitted to commissioners by the 31 October 2018 deadline. Overall the Trust performed strongly against the CQUIN milestones, with sustained improvements in embedding physical health checks into our mental health work practices and recording systems.

The Trust met all targets in specialised services and community CQUINs. The Trust’s flu jab campaign has been well supported, with front-line staff vaccination rates 8% higher than the same time last year.

The Trust continues to strengthen its processes and practices to ensure a more effective transition of Children and Young People into Adult mental health services.

*Source: Service Change & Delivery*

* 1. **CQC**

The Trust’s Quality Summit with the CQC, NHS Improvement, HEE and CCGs took place in November 2018. A follow up system-wide health and social care review was completed by the CQC in Oxfordshire in November 2018. The final report was published in January 2019 and a ‘Quality Summit’ with the Oxfordshire Health and Well-being board members is scheduled for the end of January 2019.

The Trustwide Improving Care ‘5 questions group’ continues to meet monthly with oversight of all improvement and action plans submitted to the CQC from inspections and reviews. A monthly update goes to the Executive Team and a quarterly report to the Trust’s well-led quality sub-committee.

An internal peer review programme is in place and work continues to embed the national quality standards into how the Trust reviews and provides assurance about the quality of care.

Preparation for the Trust’s next well-led inspection has started including a series of mock inspections to the community hospitals, work with senior clinicians to complete a quality assessment at service line and work to develop how the Trust achieves an overview of safeguarding referrals, waiting times and caseload sizes.

*Source: Quality Governance*

* 1. **Quality Metrics**

The Trust has a rich amount of information and data about the quality of care provided which is reviewed weekly, monthly and quarterly. The list reviewed is:

* 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.

The focus of the Trust is on better automating the triangulation of quality, activity and performance information into an integrated dashboard. There is progress towards developing an integrated dashboard which has included work to: develop automatic feeds from a number of systems into a single *Power BI* reporting solution; develop a reporting structure and hierarchy across systems; define clinical service lines; and a team change process across all systems. An initial version of the dashboard has been developed and further work is needed before wider consultation and testing.

*Source: Quality Governance*

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

*Refer to recent Q3 workforce reports to sub-committees from Director of HR.*

**4.1 Retaining and Engaging with our Workforce**

*Refer recent Q3 workforce reports to sub-committees from Director of HR.*

**4.2 Agency Staffing**

Total temporary staffing spend has increased by 3% of payroll in the past year. Agency spend has remained static and the increase has been absorbed by growing the Trust’s internal bank where spend has increased by 40% in the last year. Agency spend remains high at approximately 10% of payroll, despite the growth of the bank.

The Trust has continued to hold the line on not using agency staff for HCA shifts. The number of grade swaps to Registered nurses and expensive off-framework agency, although slight, remains a concern. Work continues to grow the HCA bank although availability of training has become a barrier. This has been a major piece of work and will have significant benefits in raising the quality and reducing the reliance on Agency staff for the Trust.

Significant focus is now being given to replace with bank workers admin and clerical and estates and facilities agency staff, with the new Staffing Solutions structure nearing completion.

*Source: Staffing Solutions*

1. **Finance**

The Trust has delivered savings of £2.9m (including mitigations of £0.9m) as at month 8 year-to-date, which is £0.1m above plan. The £2.9m savings includes £0.9m of non-recurrent mitigations and agency premium cost avoidance, rather than cost reduction, of £0.7m. It also includes £0.8m one-off PFI liability saving.

Achievements to date include:

* Reduced utilisation/savings in postage, printing, photocopying, medicines and IT hardware contracts;
* Further development in service line productivity, including creating a Service Directory, defining activity measures and validating data, producing draft finance/productivity reporting and commencing activity and process analysis;
* Continuing to grow our staff Bank and in certain areas attracting people across from agencies.

The forecast savings for FY19 are £5.7m, including £0.9m for mitigations.

1. **Key Programmes**

The tables below summarise Q3 progress on the Trust’s key programmes.

| Mental Health Five Year Forward View | Progress |
| --- | --- |
| Perinatal Service | Ongoing recruitment. Attendance at national training and collaboration events |
| Community Acute & Crisis | Submitted EOI for IPS bid. Oxfordshire MH Recovery Plan complete. Safe Haven capital funds drawn down |
| Children & Young People | Green Paper Trailblazer applications across all 3 CAMHS patches. Successful in Ox and Bucks. |
| IAPT | Targeted marketing campaigns in place to increase access. |
| Dementia & Frailty | Dementia Diagnosis Rates close to 66% target.Delirium pathway developments in A&E |
| Suicide Prevention | 72 hour follow ups from acute ward discharges now live. |
| Health & Justice | Liaison & Diversion services in place as appropriate. |

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| New Care Models | Progress |
| Partnerships | Partnerships strengthening especially with Priory group. All groups meeting regularly except CAMHS T4 finance – these are planned. |
| Clinical Model & Quality | Improved partner engagement and Clinical Model maturing.HOPE SPA handing over to operation. |
| Data sharing, validation and reporting  | HOPE Bed oversight underway.HOPE & CAMHS T4 data validation on going. Forensics validation and discrepancy correction ongoing. |
| Finance | All: Comprehensive support and SOP.Forensics 17/18 budget agreed and 18/19 nearing agreement.  |

| Care Alliance and Care Closer to Home | Progress |
| --- | --- |
| Oxfordshire Care Alliance | Work is progressing between the GP Federations and the Communities services to develop a joint approach in the delivery of neighbourhood working and urgent care services.   |
| Scheduled Care & Prevention | Workstream Vision and Governance established. Children’s Integrated Therapies review on track and SI150 Action plan closed. Palliative Pathway recommissioning slipped to Mar 2020; Head of Service engaging with CCG to understand impact/next steps. Respiratory/Diabetes pathway under way. |
| Unscheduled Care | Workstream Vision and Governance established. Gold ward development underway. OOH integration with SPA on track. |
| Neighbourhood Teams & Working (Frailty) | NT rollout & SPA to DNs on track. Support to OxFEd Frailty p/w underway. CTS review ongoing; waiting lists of 900 in May reduced to 400 by 1 November. |

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| Learning Disabilities  | Progress |
| Physical Health | Physical Health CQUIN completed. |
| Mental Health | Bucks GLTK baseline audit drafted. |
| Forensic | NHSE confirmed LSU capital bid.LSU detailed delivery and impact plan scoped and shared with Board. Expressions of interest launched for recruitment of new FIND team. |
| Autism | Oxon Autism Strategy Implementation Group convened. |
| Quality | Service User Experience consultation data collated and analysed. |
| Transition | LD Transition pathway signed off. |
| Workforce | HEE Project Manager appointed (STP).HEE/NSHE informed of workforce plan progress. |