

# Report to the Meeting of the

**CoG 14/2019**

(Agenda item: 12)

# Oxford Health NHS Foundation Trust

# Council of Governors

**June 12th 2019**

**Performance Report Q4**

**(January 2019 – March 2019)**

**For: Information**

**Executive Summary**

This report provides a consolidated view of the Trust’s operational performance against both national and local (contracted) indicators for January – March 2019 (Q4).

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 12 (March) the Trust achieved 78% compliance across National and local (JMG and contractual) indicators. This is consistent with performance in Q3 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 Q4 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**

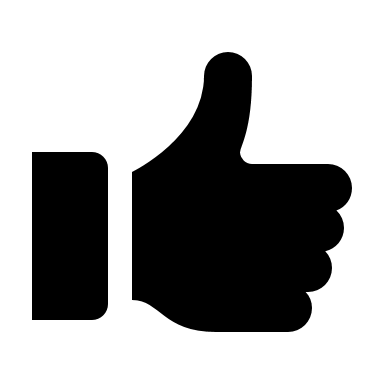
There is a national requirement for Trust’s to report against targets defined within the NHS Single Oversight Framework (SOF). The first SOF was published in Sept 2016 which replaced Monitor’s Risk Assessment Framework, to help NHSI identify where NHS Trusts/Foundation Trusts may benefit from, or require, 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.**

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 Q4 was 60%.** Please note this performance relates to the last available published position, this is a decrease from the 70% reported at Q3 but should be noted that the number of indicators in the SOF has also reduced.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Directorate | Below target >10% | Below Target  -1-9% | Target Met | No Target | Total | % Met |
| National Performance | | | | | | |
| Single Oversight Framework | 5 | 1 | 9 | 15 | **15** | 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**

Latest position 93% (Feb 19) which is a slight decrease on the position at Q3 (97%) and 3% under the national position.

* **Family and Friends Test Mental Health**

Latest position 93% (Feb 19) which is the same as at Q3 and 4% higher than the national position.

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

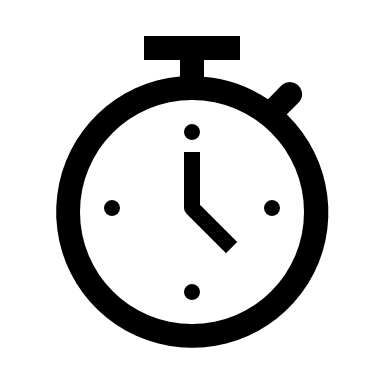
Latest position 97.7% (Mar 19) which is an improvement on the Q3 position of 96.2%.

* **% of clients in settled accommodation**

At Jan 19; 39% of clients were in settled accommodation against a national average of 59%. Work continues to ensure accurate reporting.

* **% of clients in employment**

At Jan 19; 9% of clients were in employment which is line with the national position; also at 9%



**Operational Performance Headlines**

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

Performance was 94.3% in Mar 19, which is the first time in the year the Trust has not achieved the 95% target, however, YTD performance remains above the threshold. Trust performance is also higher than the national average of 86.6%

* **Improving Access to Psychological Therapies (IAPT) 50% proportion of people completing treatment move to recovery:** Trust consistently continues to achieve. Latest position 52% (Dec 18)
* **IAPT 75% waiting time target to beginning treatment within 6 weeks**

Latest position 99.5% (Dec 18)

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

Latest position 100% (Dec 18)

* **Early intervention in psychosis; people with first episode of psychosis begin treatment with a NICE recommended package of care within 2 weeks of referral;** Q4 performance was at 93% (target 50%)
* **Data Quality Maturity Index (DQMI)**

Trust performance at the last available position (Qtr2) was at 95.3% 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 which are seeing positive effect. The Trust position for Q4, whilst still above planned target for numbers of OAP days for both counties was at the lowest level this year.

** Organisational Health Headlines**

* **Staff Turnover**

The position as at March 2019 was 14.05% which is a slight increase on the Q3 position (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.

* **Staff Sickness**

March 2019 performance was at 4.0% which was a slight improvement on the previous quarter (4.5%) and consistent with sickness rates for this time of year.

**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 Q4;



The Trust is finalising its review contractual KPIs for Oxon Mental Health Services. The aim is to ensure that they have clinical value. This review includes cluster review indicators.

**Key Performance Indicator Headlines;**

81 of the 118 targeted indicators (69%) were achieved by the Directorate in Mar 19. 27 indicators, however, were below target by more than 10%.

18 of the 27 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** – A number of indicators breached due to a small cohort of patients and the impact of patient choice or patient cancellations. In relation to the more longstanding issues, a detailed plan has been put in place by the service and shared with the commissioners. We are providing regular updates at CRM meetings.

3 of the 27 indicators that were below target by more than 10% related to;

**% of outpatient letters that are sent back to GPs within 7 calendar days and Part 1 and Part 2 summaries issued to GPs within 10 days of discharge**

* **Oxon Adults Outpatient Letters 70% (target 95%):** Performance decreased in Mar 19 against the Q3 position (80%), however, the target has also reduced from 10 days down to 7 days and therefore this decrease was anticipated. Workforce shortages are contributing to the position – the service is advertising and actively recruiting to fill staff vacancies.
* **Oxon CAMHS Outpatient Letters 72% (target 95%):** Vacancies are contributing to under performance, however, recruitment has been challenging due to geographical locations of vacant positions. The service continues to advertise and actively recruit to fill staff vacancies.
* **Oxon Adults Part 1 and Part 2 summaries 85% (target 95%);** whilst performance was under target at Mar 19, the position improved in Mar by 10% against the previous month

The remaining 6 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 Q4;



**Key Performance Indicator Headlines as follows;**

38 of the 54 indicators (70%) were achieved in the Buckinghamshire All Ages Mental Health Directorate in Mar 19. 6 indicators, however, were below target by more than 10%.

2 of the 6 indicators that were below target by more than 10% related to;

**Did Not Attend (DNA) rates**

* **Bucks Looked After Children (LAC) Service: 11% (Target <7%)**

The 23 breaches related to 10 patients, of these; 8 have since been successfully seen and 2 have been discharged

* **Bucks CAHBS (Children & Adolescent Harmful Behaviours) Service: 33% (Target <7%)**

The 3 breaches related to 2 siblings. For both young people planned meeting with social care had to be cancelled as they are due to move away imminently. No further intervention was required.

2 of the 6 indicators that were below target by more than 10% related to;

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

* **Bucks Specialist Pathway (Getting Help) - % referrals assessed within 4 weeks 63% (target 90%)**
* **Bucks Specialist Pathway (Getting More Help) - % referrals assessed within 4 weeks: 63% (target 90%)**

For both of the above indicators, the reporting is correct within the parameters agreed for 18/19 but has highlighted a need to review and update the report rules to align with the change in the operational service model undertaken during this financial year. The Trust has been in discussion with commissioners and are working to make the changes with effect from 1 April 2019.

The remaining 2 indicators that breached their target by more than 10% related to cluster reviews within the required timescale and mandatory training compliance.

**Oxfordshire Community Services Directorate**

The table below illustrates the directorate’s performance against its contracts as at Q4;



The number of indicators applicable to the directorate reduced following negotiations with commissioners in Q3. This reduction continued in to Q4.

**Key Performance Indicator Headlines as follows;**

94 of the 119 indicators (79%) were achieved by the Directorate in Mar 19. 11 indicators, however, were below target by more than 10%.

4 of the 11 indicators that were below target by more than 10% related to;

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

* **Continuing Health Care (CHC) – 3 indicators** – demand exceeds commissioned capacity within the Service, new referrals from acute and community hospitals and high cost reviews are prioritised. Active recruitment is underway and the service is improving ways of working in order to balance the competing demands of new referrals with reviews of existing clients.
* **Falls Service 70% (target 90%) –** Significant improvement since Q3 (40%) due to more clinical appointments available as the Service is now fully staffed. Further phased improvement is expected subject to induction and training of new staff (can take up to six months) and review of the Service specification in collaboration with the commissioners. However, demand continues to exceed commissioned capacity.

3 of the 11 indicators related to;

* **College Nursing - Under 25s Chlamydia screening: 28% (target 80%)** Not all appointments that included reference to sexual health were appropriate to offer screening. This indicator is being reviewed by commissioners to ensure a meaningful metric is applied.
* **CHC (Bucks) - Decision Support Tool (DST) completed in acute hospital: 18% (target <15%)** Suitable Discharge to Assess (D2A) provision remains a problem as it is not suitable for a person with challenging behaviour and cognitive impairment. FNC determination is still being made prior to discharge therefore in some cases this triggers DST assessments. Buckinghamshire Clinical Commissioning Group (BCCG) is considering broadening the D2A provision. A move towards Registered Nursing Assessment prior to discharge is currently being discussed with Buckinghamshire County Council (BCC) and BCCG - awaiting decision from BCCG. BCCG continues exploring D2A/spot purchase beds for patients with high level needs.
* **Health Visiting (Family Nurse Partnership) - % of service users recruited before 16 weeks of pregnancy: 50% (target >60%)** there are capacity issues in particular areas (Oxford city). In addition, there was a delay in the pathway due to annual leave within the OUH Midwifery admin who send referrals to the Service.

The remaining 4 indicators that were below target by more than 10% related to the completion of routine assessment or annual reviews within time in the Looked After Children service (3) and the number of WTEs in the Health Visiting service which was under target by 15 WTEs against a target if <119 WTEs

**Specialist Services Directorate**

The table below illustrates the directorate’s performance against its contracts as at Q4;



**Key Performance Indicator Headlines as follows;**

122 of the 139 indicators (88%) were achieved by the Directorate in Mar 19. 2 indicators, however, were below target by more than 10%. These related to;

* **Eating Disorder Inpatient % bed occupancy: 81% (target 100%)** - Throughout FY18/19 all of the TVWFN (Thames Valley & Wessex Forensic Network) services have seen a change in the type of patient being referred to the units. Patient acuity has increased steadily, across the region, which has caused admissions to be closely scrutinised re: level of support required, which has meant that it some instances, despite units being fully staffed, the acuity of the residing patients is such that admissions requiring high levels of support cannot be accepted for safety reasons (hence subsequent dip in bed occupancy). The Trust is currently in conversation with NHSE around reducing bed occupancy targets, within the current funding envelope, and/or increase in funding for extra staff
* **Patients who have had a routine dental check-up/examination within the last 12 months: 59% (target 70%)** - Continuous improvement is being made. Not all inpatients are registered with a dentist to enable access to routine oral health checks. Plans are in place to enable all patients to access a dentist in the event of an emergency.

**Governance Route/Approval Process**

This is a quarterly update report.

**Recommendation**

The Council of Governors is invited to note the report.

**Author and Title:** Claire Page, Head of Performance and Information

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

**Appendix 1 – Performance Reporting Structure**

****