

# Report to the Meeting of the

**CoG 23/2019**

(Agenda item: 12)

# Oxford Health NHS Foundation Trust

# Council of Governors

**September 5th 2019**

**Performance Report Q1**

**(April 2019 – June 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 April - June 2019 (Q1).

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 2 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, 3 (June) the Trust achieved 73% compliance and averaged 75% for the quatrter. This is consistent with performance in Q4 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 Q1 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 show 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 Trust is in the process of revising its approach to the RAG rating of its performance. The majority of the national indicators did, or do not, have targets/thresholds and previously performance has been measured against the average position for England. The reason for revising the approach is two-fold;

1. More recently some targets have been introduced but have not been published within the SOF documentation. The Trust therefore needs to apply these rather than compare itself to the National average
2. In order to more accurately reflect our performance, the Trust intends to make a clear distinction between measures that have a target and measures that do not have a target. The Trust will only report its performance as non-compliant where a target exists. In these scenarios, a suitable action plan will be presented to show what action will be taken to improve the published position.

We are in liaison with NHS Improvement to understand the basis upon which they assess performance where targets do not exist.

**Headlines** for each theme are as follows:

** Quality of Care Headlines**

* **Family and Friends Test Oxfordshire Community Services**Latest Q1 position 95% (May 19) maintaining the Q4 position
* **Family and Friends Test Mental Health**
Latest Q1 position 93% (May 19) which is an improvement on Q4
* **Care Programme Approach 7 Day Follow Up**Q1 position 97.8% (June 19) maintaining the Q4 position of 97.7%
* **% of clients in settled accommodation**The Q1 position is not yet available, however, at the end of the last quarter 39% of clients were in settled accommodation. Work continues to ensure accurate recording and reporting.
* **Admissions to adult facilities of patients who are under 16 years old**In Q1; one patient was placed on Opal Ward for just under 72 hours whilst a specialist bed was arranged.
* **% of clients in employment**The Q1 position is not available, however, at the end of Q4; 8% of clients were in employment.



 **Operational Performance Headlines**

* **4 Hour Wait Times in Minor Injury Units (MIUs)**Performance at the end of the quarter was 94%, below the 95% target, however, Trust performance remains significantly higher than the national average of 86.4%
* **Improving Access to Psychological Therapies (IAPT) 50% proportion of people completing treatment move to recovery:**  Latest Q1 position 48.5% (April 19)
* **IAPT 75% waiting time target to beginning treatment within 6 weeks**Latest Q1 position 98.5% (April 19)
* **IAPT 95% target of patients to be treated within 18 weeks**Latest Q1 position 99.5% (April 19)
* **Early intervention in psychosis; people with first episode of psychosis begin treatment with a NICE recommended package of care within 2 weeks of referral;** Q1 performance was at 78% (target 50%)
* **Data Quality Maturity Index (DQMI)**The approach to calculation of the DQMI has changed and we are awaiting release of Q1 from NHSD to demonstrate performance. Latest publish performance is 85.8% against 95% target.
* **Out of Area Placements (OAPs)**Following discussions with the CCGs the trajectories have been reviewed. Performance is within the target for the Quarter (Bucks 289 bed days against target of 441 and Oxon 176 bed days against target of 393). This remains an area of focus to continue actions to maintain performance. Appendix 1 details numbers of new OAP placements each week per county and demonstrates an improving position.

 **Organisational Health Headlines**

* **Staff Turnover**The position as at the end of Q1 was 13.71% which is a decrease on the Q4 position (14.05%). 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**Performance at the end of Q1 was at 4.32% which was a slight decline on the previous quarter (4.0%) but an improvement from Month 1 and 2 position.

**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 Q1;



**Key Performance Indicator Headlines;**

90 of the 132 targeted indicators (68%) were achieved by the Directorate. Key points to note;

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

* **Oxfordshire: Emergency Department Psychiatric Service (EDPS).** Staffing pressures continue to affect performance against the 90 min waiting time targets at the Horton General and John Radcliffe Hospitals.  The pressures have been reported to the Quality Review Meeting (Oxfordshire CCG) so that any identified risks to patients can be understood and mitigated. OH have informed Oxfordshire CCG that without additional funding, the waiting time targets will not be achievable.
* **Swindon, Wiltshire, Bath & North East Somerset (SWB) CAMHS** – A combination of workforce shortages and high referral rates have had an impact on waiting time targets for routine appointments across Swindon, Wiltshire and BaNES over the course of the quarter. Performance is below targets but actions are underway that include recruitment, realignment of services and a waiting time initiative to address the issues. It is anticipated that there will be an improvement in performance over the next quarter.
* **CAMHS (OXON) –** Due to the long-term under-investment in mental health in Oxfordshire, the Trust continues to underperform against the 12 week routine waiting time target.  At the end of Q1; 36% of referrals were seen within 12 weeks and the average waiting time for a routine referral remains around 16+ weeks.
* **Adult Mental Health (OXON)** – A significant underfunding of mental health in Oxfordshire has resulted in considerable pressure building up for mental health services.  Referral rates remain high and without further investment, services will not be able to achieve non-urgent referrals within the 4 week target. Although the target waiting time has been changed to 8 weeks, with the current levels of resources available, this position remains challenging.

**% of letters sent to GPs within time**

* **Outpatient Letters 75% Adults and 73% CAMHS (target 95%):** The national target has been reduced from 10 days down to 7 days and therefore a decrease in performance was anticipated. Workforce shortages and a lack of investment in mental health core services are contributing to the position. The Trust continues to improve efficiency and productivity wherever possible. In CAMHS the service is advertising and actively recruiting to fill staff vacancies.

**3.2 Buckinghamshire – All Ages Mental Health**

The table below illustrates the directorate’s performance against its contracts as at Q1;



**Key Performance Indicator Headlines as follows;**

36 of the 52 indicators (69%) were achieved in the Buckinghamshire All Ages Mental Health Directorate. Key points to note:

* **Bucks Care Reviews** – Ensuring that Care Reviews are carried out within the timeframes set out in the clusters continued to be an area of underperformance for the Directorate in Q1. This issue also affects performance in Oxfordshire. As part of the improvement plan for Carenotes, a new dashboard has been setup that will give clinicians greater visibility of their caseload which will include early warning of when care reviews are required.
* **Bucks CAMHS** – The ‘Getting more help’ pathway continues to be under considerable pressure and was only able to see 27% of patients on the caseload within 4 weeks as at the end of Q1. The current average wait time is 42 days. Work is underway to improve the referral and booking process and to streamline services by removing all non-value added activity.

**Oxfordshire Community Services Directorate**

The table below illustrates the directorate’s performance against its contracts as at Q1;



The number of indicators applicable to the directorate reduced following negotiations with commissioners.

**Key Performance Indicator Headlines as follows;**

61 of the 88 indicators (69%) were achieved by the Directorate.

Key points to note include:

* **Continuing Health Care (CHC) –** The pressures affecting the delivery of Continuing Health Care services in Buckinghamshire and Oxfordshire continue to be an area of concern. An internal review will be scheduled ASAP to understand the current issues in more detail and to agree an approach to resolving the long-standing issues

**Specialist Services Directorate**

The table below illustrates the directorate’s performance against its contracts as at Q1;



**Key Performance Indicator Headlines as follows;**

108 of the 130 indicators (83%) were achieved by the Directorate.

* **Eating Disorders (Bed Occupancy)** – The Trust is still not able to use all its available bed stock due to increasingly high levels of patient acuity and a lack of workforce. Commissioners (NHS England) have been notified and a decision is now required in relation to lowering the target or investing further funding so that additional workforce can be recruited.

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**Appendix 1 Out of Area Acute and PICU: Number of new admissions placed out of area each week**

The number of OAPs in **Bucks** is on a downward trend however, there has been 1 OAP admitted w/c 12 Aug (since week of 8 July). Prior to 11 February 2019, the number of OAPs in Bucks showed an unpredictable and erratic trend ranging from 0-5 per week, however, since 11 February the number of OAPs in Bucks has stabilised.



The number of OAPs in **Oxon** is on a downward trend and over the past 7 weeks there have been 2 OAPs. Prior to 25 March 2019, the number of OAPs in Oxon showed an unpredictable and erratic trend ranging from 0-6 per week, however, since 25 March the trend has stabilised to 0-2 per week and has been below the mean of 1.5 per week for the most part.



**Appendix 2 – Performance Reporting Structure**

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