

 **Operational Plan 2018/19: Quarter 4 Report**

**BOD 49/2019**
Agenda item: 12 1313313213)

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 4 (as at April 2019). The report outlines work for the quarter against the activity, quality, workforce, and key programmes commitments set out in the 2018/19 Operational Plan. This is the last summary update report of the 2018/19 Operational Plan – the Trust submitted its 2019/20 Operational Plan on 4 April 2019. The Q1 progress update for 2019/20 will be reported to Board in July 2019.

1. **Activity - referrals**

The following tables illustrate year end referrals activity for CAMHS and AMHT for the past three years.

CAMHS referrals overall and by area

CAMHS have seen a 36% rise in referral numbers over the past three years.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Referrals** | **2016/17** | **2017/18** | **2018/19** | **Difference** |
| **Y1** | **Y2** | **Y3** | **Y1-Y2** | **Y2-Y3** | **Y1-Y3** |
| **Actual** | **Actual** | **Actual** | **(%)** | **(%)** | **(%)** |
| **CAMHS** | **18709** | **20353** | **25435** | **8.8%** | **25.0%** | **36.0%** |
| Bucks | 5506 | 6198 | 7120 | 12.6% | 14.9% | 29.3% |
| Oxon | 7367 | 8080 | 11282 | 9.7% | 39.6% | 53.1% |
| SWB | 5836 | 6075 | 7033 | 4.1% | 15.8% | 20.5% |

*Source: P&I*

Adult referrals MHT

AMHTs have seen a 11.8% rise in referral numbers over the past three years.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Referrals** | **2016/17** | **2017/18** | **2018/19** | **Difference** |
| **Y1** | **Y2** | **Y3** | **Y1-Y2** | **Y2-Y3** | **Y1-Y3** |
| **Actual** | **Actual** | **Actual** | **(%)** | **(%)** | **(%)** |
| **AMHT** | **10070** | **10527** | **11257** | **4.5%** | **6.9%** | **11.8%** |
| Bucks | 4025 | 4173 | 4517 | 3.7% | 8.2% | 12.2% |
| Oxon | 6045 | 6354 | 6740 | 5.1% | 6.1% | 11.5% |

*Source: P&I*

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

The Trust has a defined quality governance structure responsible for monitoring the quality of care, sharing learning and driving improvements. Executive Directors each chair a quality sub-committee (focused on one of the national quality standards) with all sub-committees reporting to the overarching Quality Committee chaired by a Non-Executive Director. This structure ensures a ‘ward to board’ link for issues and risks to be escalated. Reporting on progress of the quality improvement strategy and operationalisation takes place at Quality Committee, Extended Executive Committee, Well-Led Committee, Safety Sub-Committee, and the *Improving Care Five Questions* (IC5) meeting.

These reporting arrangements ensure that: assurance is given on quality improvement leadership; activity is aligned with CQC lines of enquiry; and both operational and professional leads are engaged. 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 over 2019.

The *Patient Experience and Involvement Strategy* is being refreshed with patients, carers, staff and external stakeholders to be approved in April 2019 for the next 2 years.

Following the publication of national guidance, a self-assessment against suggested standards has been completed to feed into quality improvements for the 2019/20:

* 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 care quality:

* Dementia strategy;
* Suicide and self-harm reduction strategy;
* Allied Health Professionals strategy.

An independent corporate governance audit began in December 2018 (PwC). The audit includes a review of: serious incidents; complaints; coroner inquests; learning from national guidance; patient experiences; and national patient safety alerts. Th outcome of the audit stated low risk with no concerns.

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

Below is a summary of Quality Improvement progress against quality objectives set for 2018/19. Further detail is available in the annual quality account. The Trust has fully achieved eight out of the twelve objectives (grouped into four areas) and has made good progress in the remaining four objectives.

|  | **Quality Priority 1 - Improve staff health and wellbeing** | **Target achieved** | **Close to target** | **Not delivered** | **To be taken into 2019/20** |
| --- | --- | --- | --- | --- | --- |
| 1.1 | Deliver the workforce strategy actions for 2018/19 | Checkmark |  |  | Yes, objectives around staff retention and recruitment will continue as maintaining safe staffing remains a significant risk for the Trust. |
| 1.2 | To refine and enhance functionality of the existing electronic patient record to support integrated working |  | Checkmark |  | No, as development work will continue as part of business as usual. |
| 1.3 | Improve the uptake and quality of annual staff appraisals | Checkmark |  |  | No |

|  | **Quality Priority 2 – Improve the experiences of patients, their families and carers** | **Target achieved** | **Close to target** | **Not delivered** | **To be taken into 2019/20** |
| --- | --- | --- | --- | --- | --- |
| 2.1 | Implement the objectives in the Trust-wide patient experience strategy and carers strategy | Checkmark |  |  | Yes, in line with new actions identified in the revised strategy. |
| 2.2 | Improve transitions between care pathways across ages |  | Checkmark |  | Yes |

|  | **Quality Priority 3 – To continuously and reliably improve patient safety** | **Target achieved** | **Close to target** | **Not delivered** | **To be taken into 2019/20** |
| --- | --- | --- | --- | --- | --- |
| 3.1 | Reduce patient violence and aggression across the adult acute mental health wards |  | Checkmark |  | Yes |
| 3.2 | Improve the consistency of care processes for the adult acute mental health wards |  | Checkmark |  | No, although the quality improvement project will continue. |
| 3.3 | Continue to improve how we learn from incidents and deaths | Checkmark |  |  | No |

|  | **Quality Priority 4 – Preventing ill-health and promoting self-care** | **Target achieved** | **Close to target** | **Not delivered** | **To be taken into 2019/20** |
| --- | --- | --- | --- | --- | --- |
| 4.1 | Review the complex needs pathway (for patients suffering with a personality disorder) | Checkmark |  |  | No |
| 4.2 | Develop and introduce a new frailty pathway | Checkmark |  |  | No |
| 4.3 | Continue to develop a joint enterprise with Oxfordshire GP Federations | Checkmark |  |  | No |
| 4.4 | Smoke free work | Checkmark |  |  | No |

The Trust’s quality improvement plan for 2019/20 has been developed detailing 14 key objectives identified against the quality domains of: patient and family experiences, patient safety and clinical effectiveness. The plan does not detail all the quality improvements to be carried out across the Trust in the next year but identifies those key areas being addressed.

The objectives of the plan have been selected following a review of Trust risks, performance in 2018/19, self-assessments from recently published national reviews/ guidance, feedback from staff and patients, looking at local and national priorities including the NHS long term plan, the work of the healthcare improvement centre, and findings from the CQC’s well-led inspection. Some of the objectives from last year (2018/19) are continued into 2019/20 to build on the work already completed. All the objectives are aimed to be completed by 31 March 2020 and progress will be monitored on a quarterly basis by the Trust’s Quality Committee and the Board of Directors will be informed of performance against targets. The Trust will report formally on its progress against each objective in our Quality Account next year (2019/20).

*Source: OHI and Quality Governance*

* 1. **CQUINs**

Final results for the Trust’s FY19 CQUIN Scheme will not be available until the end of April. However, provisional results indicate that the Trust met national standards for CQUINs aimed at improving physical healthcare for people with SMIs, preventing ill health by risky behaviours (i.e. smoking and alcohol), improving services for people with mental health needs who present to A&E, reducing Length of Stay in Specialised Mental Health Services, and improving the assessment of wounds in community health. During the year we identified areas where we can strengthen processes and practices to ensure a more effective transition of Children and Young People into Adult mental health services, and we continue to work on these.

We improved our uptake rate for flu vaccinations for front line staff compared to last year, although we failed to meet the challenging national stretch target. Despite implementing a range of initiatives to improve the health and wellbeing of our staff, we received similar ‘satisfaction’ ratings as last year as measured via the annual staff survey.

*Source: Service Change & Delivery*

* 1. **CQC**

The Trust is required to register with the CQC – the Trust’s current registration status is registered with no conditions. The CQC has not taken enforcement action against OHFT during 2018/19, although following the well-led inspection mentioned below the regulator issued requirement notices.

The Trust’s current ‘Good’ CQC rating (2018) is, to a significant degree, the result of the innovation of OHFT staff and we now have the aim of embedding ‘Good’ to achieve ‘Outstanding. A key forum for improvement is the Trust-wide *Improving Care: 5 questions (IC5)* group. The IC5 group meets monthly and oversees the implementation of actions from CQC inspections, testing the effectiveness of actions, leading the peer review programme, promoting the learning of good practice, and identifying areas for improvement against national quality standards.

OHFT participated in a routine well-led inspection by the CQC covering the whole Trust during 2018/19. The inspection took place over March and April 2018, with results published in August 2018. The Trust maintained its previous quality rating of ‘Good’ and identified actions to address areas for improvement. Seven requirement notices were issued by the CQC following the inspection – the Trust is addressing these through and action plan. So far, ten (of the eighteen) actions have been completed with the remaining eight actions in progress. An update on the progress of all actions is reported to the Executive Team monthly. The full results of the inspection are available at <http://www.cqc.org.uk/provider/RNU>

In November 2018, OHFT was involved in a follow-up local system review in Oxfordshire to look at how health and social care providers and commissioners are working together to provide physical healthcare for people aged 65 and older. Oxfordshire was one of 20 local area systems selected to be part of the review. Details of the outcome of the original review in 2017 and follow-up review in 2018 can be found at <https://www.cqc.org.uk/local-systems-review>.  The CQC said they saw improvements, felt good foundations are in place and that the system is committed to making changes. The key areas identified for further improvement across the system are:

* Finalising the refreshed Older Person’s Strategy and implementing this at pace;
* Better engagement with independent providers to help develop the social care market;
* Implementing a joint workforce strategy across organisations;
* Developing work on identifying and supporting carers;
* Support for self-funders – brokerage service and information;
* Continue with work to make cultural changes at senior and frontline levels to better support integrated working;
* Review of commissioned care pathways.

The CQC started a national thematic review in December 2018 on the use of restraint, seclusion and segregation for people with mental health problems, a learning disability or autism. As part of an initial phase OHFT has provided information to support the review. Further details about the review can be found at <https://www.cqc.org.uk/news/stories/cqc-review-use-restraint-prolonged-seclusion-segregation-people-mental-health-problems>

*Source: Quality Governance*

* 1. **Quality Metrics**

Currently, information to support quality improvement is held in multiple systems, relying on manually pulling this work together. Work has started to develop and implement an advanced business intelligence platform to automate and visualise the triangulation of information for managers and leaders to identify and monitor quality improvements. An automated solution will:

* improve accuracy;
* analysis would be more sophisticated;
* triangulated information will be available at all times, and;
* a wider audience will be able to access the platform.

An interim solution with some basic measures across different systems at a service level has been introduced in 2018/1, with the longer-term plan to introduce a new intelligence platform in 2019 in which information can be drilled down to team, patient and staff. Training will be rolled out with the platform to improve how leaders interpret trends and variations in quality over time to direct improvement work.

*Source: Quality Governance*

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

*Refer to recent Q4 workforce reports to sub-committees from Director of HR.*

**4.1 Retaining and Engaging with our Workforce**

*Refer recent Q4 workforce reports to sub-committees from Director of HR.*

**4.2 Agency Staffing**

The upward trajectory of spend on temporary staffing has steadied in FY19 compared to 2015-18, and the increase in spend has been absorbed by growing the bank rather than by increasing agency use. It is hoped that the current use of temporary staffing can be maintained or reduced and therefore in FY20 through growing the bank further rather than maintaining agency spend it will decrease.



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, 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. Work to reduce the use of Thornbury agency use is also ongoing

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 (savings)**

The Trust has delivered savings of £8.5m as at 31 March 2019, which is £2.5m better than plan. The £8.5m savings include £0.9m of non-recurrent mitigations and agency premium cost avoidance, rather than cost reduction, of £0.7m. It also includes £0.6m one-off PFI liability saving and £5.9m in respect of forensic new models of care. A breakdown is given in the following table.



1. **Key Programmes**

The tables below summarise Q4 progress on the Trust’s key programmes:

* Mental Health Transformation
* New Care Models
* Care Closer to Home and Care Alliance
* Learning Disabilities

| Mental Health Transformation | Progress |
| --- | --- |
| Perinatal Service | Referral numbers similar to those anticipated in bid.  |
| Community Acute & Crisis | IPS Bid successful with 2 years NHSE funding.OAPS – market review to ascertain if better value / quality can be procured in short term alongside reduction plan.Oxford CRHTT BC complete and linked to contract negotiation. |
| Children & Young People | Recruitment underway for Mental Health Support Teams. |
| IAPT | Meeting YTD access rates of 19% in each county, typically rising in each month.  |
| Dementia & Frailty | Dementia Strategy group formed in Bucks.Plans continue to progress in Oxfordshire. |
| Suicide Prevention | Bid submitted on behalf of STP to develop ideal psychosocial assessment and associated training and guidance, roll out safety planning & mood monitoring apps and BIRSH. |

|  |  |
| --- | --- |
| New Care Models | Progress |
| Partnerships | Forensics partnership and governance structures have been successfully maintained for full 2-year pilot period. CAMHS T4 has good representation at the Clinical Governance Group, whilst the HOPE CAP is working well with good partner engagement. |
| Clinical Model & Quality | The Forensics CAP and CAG are functioning successfully. Forensics network consultants are to implement Dundrum to support network-wide standardisation of access to services.The CAMHS T4 operational model is to go live on April 2019.The HOPE Clinical Model is maturing, and the SPA has been developed and handed over to operations. |
| Data sharing, validation and reporting  | Forensics comprehensive validation has been completed, and has been confirmed and agreed with NHSE. HOPE Bed oversight continues.HOPE & CAMHS T4 data validation on going. Forensics validation and discrepancy correction ongoing. |
| Finance | All: Comprehensive support and SOP.Forensics 18/19 budget to be formally agreed.  |

| Care Alliance and Care Closer to Home | Progress |
| --- | --- |
| Oxfordshire Care Alliance | Work continues to progress between the GP Federations, and the communities services as Primary Care Networks are establishing. Developing an overarching timeframe of all system activity to assist with planning and prioritisation in the delivery of neighbourhood working and urgent care services.  |
| Scheduled Care & Prevention | Started to deliver Integrated Respiratory pathway. Scoping diabetes pathway under way. Review of ‘getting me home’ pathway and roll out planned. Children’s Integrated Therapies and Palliative Care reviews on track. |
| Unscheduled Care | EMU Outreach trial successful and in process of evidence gathering. OOH integration with SPA on track. Option appraisal for Clinical Coordination Centre underway. Workshops to start scoping provision of sub-acute care in the community. |
| Neighbourhood Teams & Working (Frailty) | Work to develop escalating and complex pathway underway as a Neighbourhood Team (NT). Working in partnership with Oxfordshire Training Network and Primary Care completed first training needs analysis pilot. Work underway to identify a training needs analysis model to roll out across the county. Completed first draft of data set to inform NT. SPA roll out with DNs on track. |
| Communication | Internal Staff Briefings/Q&A delivered in February 2019. Communication group established. Intranet live April 2019. |

|  |  |
| --- | --- |
| Learning Disabilities  | Progress |
| Physical Health | Physical Health CQUIN completed meaning that the Trust’s Physical Health Strategy includes people with a learning disability are supported by a detailed implementation plan. |
| Mental Health | Bucks GLTK baseline audit completed. |
| Forensic | NHSE confirmed LSU capital bid.LSU detailed delivery and impact plan scoped and shared with Board. FIND team recruited and going live. |
| Autism | Oxfordshire Autism Strategy Implementation Group convened, high impact actions all underway. |
| Quality | Service User Experience consultation data collated and analysed. |
| Transition | LD Transition pathway signed off. |
| Workforce | STP workforce plan signed off and submitted/ feedback from HEE/NSHE received/ response for BOB being collated by OHFT as lead partner.  |