

Trust Board Performance Report – M10 FY18

This report provides an update to the Oxford Health NHS Foundation Trust Board on National and local contractual performance, specifically;

- National**

The NHS Improvement (NHSI) **Single Oversight Framework** (SOF); implemented on 1 October 2016. The framework follows five themes which are linked to those of the Care Quality Commission (CQC). By focussing on these five themes NHSI will support providers to attain and/or maintain a CQC 'good' or 'outstanding' rating.

- Local**

Contractual performance; the Trust is commissioned to provide a range of services across the 3 clinical directorates;

- Children and Young Peoples Directorate (CYP)
- Older Peoples Directorate (OPD)
- Adults of Working Age Directorate (AWA)

This report provides a summary by directorate of operational performance against the key performance and quality indicators, as specified within the Trust's income contracts.

The Trust also reports performance against a number of indicators to the Oxfordshire and Buckinghamshire **Joint Management Groups (JMGs)**. The JMGs provide oversight and management of 'pooled budget' spending and activity. Performance will be reported from month 11.

Performance Scorecard

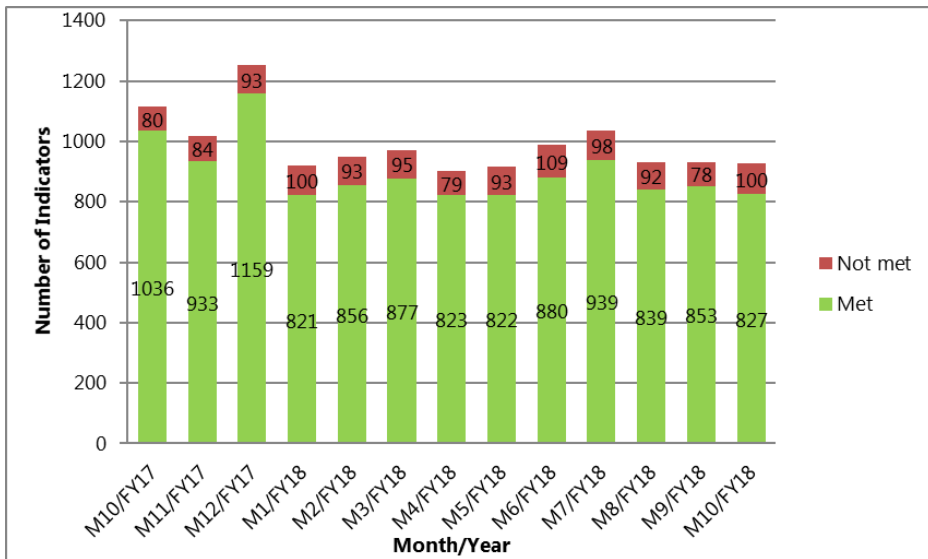
Targets/thresholds are applicable to most indicators. Where there is no target/threshold, the indicator is considered compliant if it is reported. SOF data is not fully published therefore the M10 FY18 Trust performance % position relates to **local contractual** performance only.

89% (827/927) of local indicators were achieved in M10 FY18

Key:	Below Target >10%	Below Target <10%	At/over target	Data not published	% met
Total (local contractual)	52	48	827		89%
National (SOF)	4	1	12	10	71%
Joint Management Group	To be reported next month				
Older Peoples (108)	15	10	83		77%
Oxfordshire (68)	13	9	46		68%
Buckinghamshire (40)	2	1	37		93%
Children & Young People	19	25	656		94%
Oxfordshire (348)	4	5	339		97%
Buckinghamshire (135)	2		133		99%
Swindon, Wilts, Banes (217)	13	20	184		85%
Adults of Working Age	18	13	88		74%
Oxfordshire (65)	9	11	45		69%
Buckinghamshire (54)	9	2	43		80%

Performance Trend

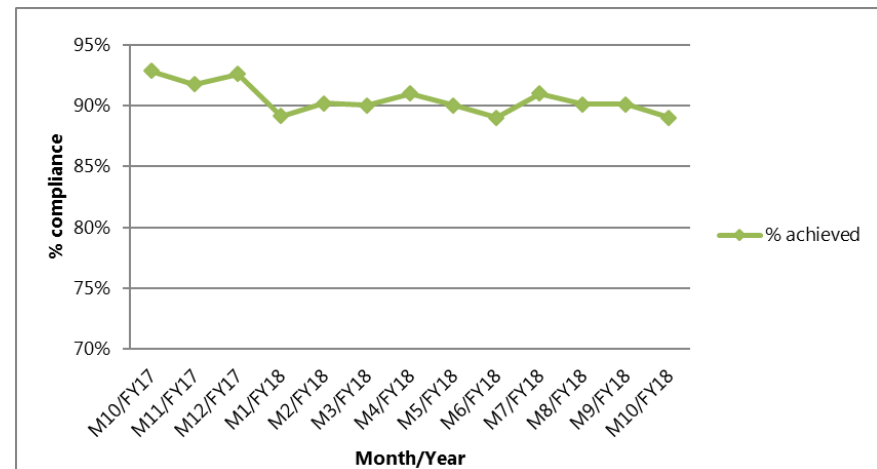
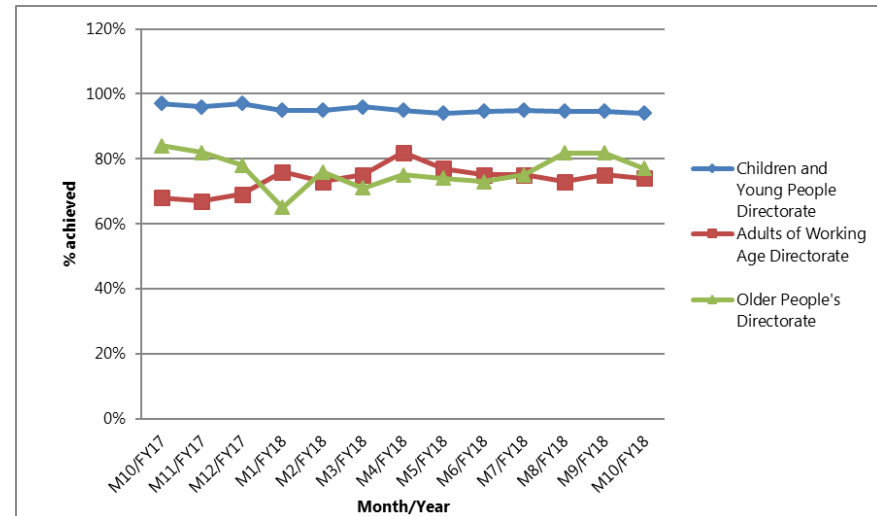
The number of reportable indicators varies each month. In month 10 - **927 indicators** were reportable of which **827 were achieved – 89%**. Despite the fluctuating numbers of indicators, the level of compliance has remained fairly stable over the past 6 months, averaging 90%.



The Directorate (local contractual) performance trend is as follows;

- **Children and Young People (CYP) Directorate** performance has averaged 95% since M1
- **Adults of Working Age (AWA) Directorate** performance has averaged 75% since M1
- **Older People’s Directorate (OPD)** performance has averaged 75% since M1

Further information in relation to areas of underperformance is detailed within the attached performance dashboard.



National: Single Oversight Framework (SOF) – FY17 & FY18

In Sept 2016 NHS Improvement (NHSI) published the first SOF 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 five themes (linked to, but not identical to CQC themes); **quality of care** (safe, effective, caring and responsive), **finance and use of resources, operational performance, strategic change** and **leadership and improvement capability** (well led).

In 2017, NHSI reviewed the SOF and made the following changes, which took effect in October 2017. These reflect changes in national policy and standards, data quality and other regulatory frameworks as well as learning from the previous year;

- The metrics were previously grouped under two headings; Organisational Health and Operational Performance. This changed to four headings in October: Quality of Care, Finance Score, Operational Performance and Organisational Health.
- 4 metrics applicable to OHFT were removed (Executive Team Turnover, Aggressive Cost Reduction Plans, CQC Community Survey and ‘patients requiring acute care who received a gatekeeping assessment by a crisis resolution and home treatment team’)
- 1 metric was added (inappropriate out of area placements - total number of bed days patients have spent out of area in last quarter).

We will be able to start reporting this when a trajectory has been agreed by the Trust. During January 2018 there were 22 inappropriate out of area placement admissions (17 in the Adult Directorate and 5 in the Older People’s Directorate).

- 1 data metric applicable to OHFT has been amended (Data Quality Maturity Index (DQMI) – MHSDS dataset score’

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. OHFT will no longer be required to directly submit data nationally for performance management.

The majority of the indicators do not have targets/thresholds, so where information is available the published performance has been set against the overall position for England.

There is a time lag of when data is published nationally. At end of January, 3/4 Organisational Health metrics had been published, one of which was below target/England average; 11/12 Quality of Care metrics had been published, three of which were below target, and 7/11 Operational Performance metrics had been published, one of which was below target.

Key	Well below target >10%	Below Target <10%	At Target	No Data/ Target/ Not Due
Performance as at latest available published data				
Organisational Health	1	0	1	2
Quality of Care	2	1	6	3
Operational Performance	1	0	6	4
Total	4	1	12	10

R Red Indicators

Area	Ref	Measure	Target	Actual	Trend	Narrative
Organisational Health		Staff turnover (rolling 12 months)	12% (Trust)	14.6% (Jan)		Staff turnover in January was 14.6%, a slight decrease compared to December's figure of 14.7%. During 2017/18 to date the two top reasons for leaving the Trust or moving internally were lifestyle/relocation and better prospects/career development

Whilst data has not been published for January18, the following metrics were showing below target at the most recent available data:

Quality of Care (Mental Health)	15	% of clients in settled accommodation	60.5% (Eng Ave)	37.6% Oct 17		Published figures show a decrease of 1% in October to 37.6%. A data quality improvement project is due to start within the Trust following approval by the operational management team in early March.
Quality of Care (Mental Health)	16	% of clients in paid employment	8.1% (Eng Ave)	6.7% Oct17		Published figures show an increase of 0.2% in October to 6.7%. A data quality improvement project is due to start within the Trust following approval by the operational management team in early March.

Operational Performance	23b	Priority Metric % coded (Ethnicity, Employment (Adults only), Accommodation (Adults only))	85% 50.6% (Eng Ave)	36.6% Oct17	<p style="text-align: center;">Priority Metrics (Ethnicity, Employment (adults only), Accommodation (adults only)) NHS Digital</p> <table border="1"> <caption>Estimated Data from Line Chart</caption> <thead> <tr> <th>Month</th> <th>OHFT (%)</th> <th>Target (%)</th> <th>England (%)</th> </tr> </thead> <tbody> <tr><td>Jul-16</td><td>45</td><td>85</td><td>45</td></tr> <tr><td>Aug-16</td><td>45</td><td>85</td><td>45</td></tr> <tr><td>Sep-16</td><td>35</td><td>85</td><td>45</td></tr> <tr><td>Oct-16</td><td>35</td><td>85</td><td>45</td></tr> <tr><td>Nov-16</td><td>35</td><td>85</td><td>55</td></tr> <tr><td>Dec-16</td><td>35</td><td>85</td><td>55</td></tr> <tr><td>Jan-17</td><td>35</td><td>85</td><td>55</td></tr> <tr><td>Feb-17</td><td>35</td><td>85</td><td>55</td></tr> <tr><td>Mar-17</td><td>35</td><td>85</td><td>55</td></tr> <tr><td>Apr-17</td><td>35</td><td>85</td><td>55</td></tr> <tr><td>May-17</td><td>35</td><td>85</td><td>55</td></tr> <tr><td>Jun-17</td><td>35</td><td>85</td><td>55</td></tr> <tr><td>Jul-17</td><td>35</td><td>85</td><td>55</td></tr> <tr><td>Aug-17</td><td>35</td><td>85</td><td>55</td></tr> <tr><td>Sep-17</td><td>35</td><td>85</td><td>55</td></tr> <tr><td>Oct-17</td><td>36.6</td><td>85</td><td>50</td></tr> </tbody> </table>	Month	OHFT (%)	Target (%)	England (%)	Jul-16	45	85	45	Aug-16	45	85	45	Sep-16	35	85	45	Oct-16	35	85	45	Nov-16	35	85	55	Dec-16	35	85	55	Jan-17	35	85	55	Feb-17	35	85	55	Mar-17	35	85	55	Apr-17	35	85	55	May-17	35	85	55	Jun-17	35	85	55	Jul-17	35	85	55	Aug-17	35	85	55	Sep-17	35	85	55	Oct-17	36.6	85	50	<p>Performance increased by 0.1% to 36.6% in October. The England average decreased by 0.6% and has been included on the graph for an illustration of how the rest of the country is performing. The Performance and Information Team continue to work with Advanced Healthcare to ensure the completeness of the MHSDS submission and with services to improve data completeness. A data quality improvement project is due to start within the Trust following approval by the operational management team in early March.</p>
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LOCAL: Older People's Directorate – Month 10 FY18

The Community and Mental Health Services **Contracts** with Oxfordshire and Buckinghamshire CCGs stipulate a requirement (within Schedule 4 for Oxon and via the Performance Dashboard for Bucks) for the **Older People's Directorate (OPD)** to perform against a set of quality and performance indicators.

The indicators in the Bucks Performance Dashboard have yet to be specified within the contract, however, there is an informal agreement between the Trust and Bucks CCG to report the indicators from month 1. The aim is for these to be formalised within contract Schedule 6.

There are **119 indicators** for 2017/18 applicable to OPD (excluding the 8 trust-wide Operational Standards and National Quality Requirements); 79 indicators relating to the Oxon CCG contract and 40 indicators relating to the Buckinghamshire CCG contract. The indicators are categorised as follows.

Oxfordshire: 79 indicators

- Community Services: 69 indicators
61 are reportable monthly (2 from M6 only), 6 are reportable quarterly and 2 are reportable bi-annually.
- Older People's Mental Health: 10 indicators
7 are reportable monthly, 3 are reportable quarterly

Buckinghamshire: 40 indicators

- Aylesbury and Chiltern: 19 indicators per CCG and 2 indicators county-wide

Contractual Performance Scorecard

The Older People's Directorate was required to report against **108 indicators** in month 10. Targets/thresholds are applicable to most indicators. Where there is no target/threshold, the indicator is considered compliant if it is reported. Indicators that are not reported due to a fault of the Trust are classed as non-compliant (red).

77% of indicators were achieved in month 10:

	Well Below Target >10%	Below Target <-10%	At/above Target	% met
Total (108)	15	10	83	77%
Oxfordshire				
Community Services (61)	13	9	39	64%
OP Mental Health (7)*	0	0	7*	100%
Sub-total (68)	13	9	46	68%
Buckinghamshire				
				% met
Aylesbury (19)	0	0	19	100%
Chiltern (19)	2	1	16	84%
Countywide (2)	0	0	2	100%
Sub-total (40)	2	1	37	93%

*4 of these indicators; all of which are associated with waiting times are also reported to the Oxon Joint Management Group (JMG)

R Red Indicators

Service	Ref	Measure	Target	Actual	Trend	Impact	Action and Resolution Timescale
Out of Hours (Oxon CCG)	NQR 7	OOHs % of unfilled clinical shifts	</= 2%	7% (68/916)		Extended waiting time for patients. Potential for increase in complaints	An improvement on last month however, further improvement required to meet the target of 2% - actions continue to be implemented as part of the agreed improvement plan.
Out of Hours (Oxon CCG)	B10 NQR 12	OOH urgent F/F base visit	≥ 95% within 2 hours of triage	76% (1066/1398)		Extended waiting time possibly resulting in delayed care	Whilst performance continued to be under target in January, patients remain safe as they are in a location with clinicians close at hand. The service is working with staff to ensure patients are managed by clinical risk and urgency rather than by arrival time.
Community Hospitals (Oxon CCG)	C3	All patient will have a discharge plan with an expected discharge date within 24 hours of admission to a community hospital as an inpatient	90%	39% (44/114)		Delayed discharge or transfers of care	EDDs recorded within 24 hours of admission are generic i.e. based on the pathway such as stroke or rehab. An appropriate timescale for agreeing a patient specific EDD is within 72 hours; once the MDT discussion has taken place. The Trust has submitted a proposal to OCCG to change the indicator from 24 to 72 hours. Training was also delivered to the wards in early February to improve the recording of dates in Carenotes.

Service	Ref	Measure	Target	Actual	Trend	Impact	Action and Resolution Timescale																																							
Community Hospitals (Oxon CCG)	C10	Average length of stay, excluding DTOC, for patients in community hospitals (excluding patients on the stroke pathway and EMU beds)	21 days	27 days	<table border="1"> <caption>Actual vs Target ALOS</caption> <thead> <tr> <th>Month</th> <th>Actual (Days)</th> <th>Target (Days)</th> </tr> </thead> <tbody> <tr><td>Aug-17</td><td>25</td><td>21</td></tr> <tr><td>Sep-17</td><td>24</td><td>21</td></tr> <tr><td>Oct-17</td><td>25</td><td>21</td></tr> <tr><td>Nov-17</td><td>26</td><td>21</td></tr> <tr><td>Dec-17</td><td>27</td><td>21</td></tr> <tr><td>Jan-18</td><td>27</td><td>21</td></tr> <tr><td>Feb-18</td><td>27</td><td>21</td></tr> <tr><td>Mar-18</td><td>27</td><td>21</td></tr> </tbody> </table>	Month	Actual (Days)	Target (Days)	Aug-17	25	21	Sep-17	24	21	Oct-17	25	21	Nov-17	26	21	Dec-17	27	21	Jan-18	27	21	Feb-18	27	21	Mar-18	27	21	Delayed discharge or transfers of care	The case mix of patients being admitted with increased dependency levels and/or co-morbidities is outside of the service's control. These patients are directly impacting on the ability of the service to achieve this KPI.												
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Physical Disability Physio Service (Oxon CCG)	D8	Percentage of Patients will wait no longer than 12 weeks to first appointment offered	95%	39% (45/114)	<table border="1"> <caption>Actual vs Target % of patients waiting < 12 weeks</caption> <thead> <tr> <th>Month</th> <th>Actual (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr><td>Apr-17</td><td>60</td><td>95</td></tr> <tr><td>May-17</td><td>55</td><td>95</td></tr> <tr><td>Jun-17</td><td>45</td><td>95</td></tr> <tr><td>Jul-17</td><td>60</td><td>95</td></tr> <tr><td>Aug-17</td><td>40</td><td>95</td></tr> <tr><td>Sep-17</td><td>45</td><td>95</td></tr> <tr><td>Oct-17</td><td>50</td><td>95</td></tr> <tr><td>Nov-17</td><td>55</td><td>95</td></tr> <tr><td>Dec-17</td><td>45</td><td>95</td></tr> <tr><td>Jan-18</td><td>40</td><td>95</td></tr> <tr><td>Feb-18</td><td>40</td><td>95</td></tr> <tr><td>Mar-18</td><td>40</td><td>95</td></tr> </tbody> </table>	Month	Actual (%)	Target (%)	Apr-17	60	95	May-17	55	95	Jun-17	45	95	Jul-17	60	95	Aug-17	40	95	Sep-17	45	95	Oct-17	50	95	Nov-17	55	95	Dec-17	45	95	Jan-18	40	95	Feb-18	40	95	Mar-18	40	95	Extended waits for assessment and treatment, patient dissatisfaction, condition exacerbation	OHFT met with OCCG and it was acknowledged that the service is operating efficiently. Investment was last received in 2012 in recognition of the increase in Parkinson's work due to the development of the Community Specialist Neurology Nurse Service. The increase in referrals since 2012, however, has far exceeded demand resulting in long waits. A business case has been submitted to OCCG.
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Stroke (Oxon CCG)	D31ii	Median % of days as an inpatient on which physiotherapy is received	60% rising to 65% Q4	42%	<table border="1"> <caption>Actual vs Target % of days as inpatient receiving physiotherapy</caption> <thead> <tr> <th>Month</th> <th>Actual (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr><td>Sep-17</td><td>55</td><td>60</td></tr> <tr><td>Oct-17</td><td>45</td><td>60</td></tr> <tr><td>Nov-17</td><td>40</td><td>60</td></tr> <tr><td>Dec-17</td><td>50</td><td>60</td></tr> <tr><td>Jan-18</td><td>40</td><td>60</td></tr> <tr><td>Feb-18</td><td>40</td><td>60</td></tr> <tr><td>Mar-18</td><td>40</td><td>60</td></tr> </tbody> </table>	Month	Actual (%)	Target (%)	Sep-17	55	60	Oct-17	45	60	Nov-17	40	60	Dec-17	50	60	Jan-18	40	60	Feb-18	40	60	Mar-18	40	60	Failure of patients to reach their full rehab potential leading to greater reliance on	Of the 13.6 WTE budgeted posts, 26% of posts were vacant in month 10. Vacancies included a 1.0 physio, 1.0 OT, 0.5 OT and 1.0 rehab assistant. In addition, there were higher levels of staff sickness than M9. Locum OT/PTs partially covered these gaps. A further increase in staffing vacancies occur through to M11 and M12 with an															
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Service	Ref	Measure	Target	Actual	Trend	Impact	Action and Resolution Timescale
Stroke (Oxon CCG)	D31 aii	Median % of days as an inpatient on which occupational therapy is received	60% rising to 65% Q4	34%		services to maintain independence	additional 0.6 OT vacancy and the end of locum cover for the 1.0 PT post mid M11. The 0.6 OT post has been recruited to but will not be in post until May. The 1.0 PT will hopefully be in post by April but attempts to source locum cover for the interim have been unsuccessful.
Stroke (Oxon CCG)	D31 bii	Median % of days as an inpatient on which speech therapy is received	35% rising to 45% Q4	29%			<p>M10 saw the start of the changeover of beds between units resulting in reduced permanent staffing at Witney Hospital, as an OT and PT moved to Abingdon, covered part time by locums. Geography and transport meant it was not appropriate to have clinicians cross covering sites. Clinical Lead cover was affected at Witney for the second half of M10 due to sickness resulting in reduced supervision/support for locum staff. The changes in service provision and ongoing staffing vacancies make delivering a consistent service challenging.</p> <p>It is anticipated that high levels of staffing vacancies will continue to limit capacity to achieve therapy targets, as the Stroke OT/PT budget has no headroom for sickness, annual leave or vacancies. The level of staffing achievable in budget only provides sufficient clinical time to consistently achieve KPIs when all posts are filled and all staff are present. Due to the lack of headroom, vacancies on top of usual sickness and annual leave significantly impact performance.</p>

Service	Ref	Measure	Target	Actual	Trend	Impact	Action and Resolution Timescale																																							
							<p>In house actions to maximise therapy contacts include the following:</p> <ul style="list-style-type: none"> • Caseload structure for OT/PT staff from end of M10; improves clarification of responsibility for achieving data on individual patient basis • Review of data entry and tighter reporting when patients no longer require intensive stroke therapy • Implementation of groups where possible • Training/upskilling to increase efficiencies • Efficient recruitment to vacant posts <p>During M10 SLT staffing (1.4 SLT and 0.5 SLTA) was reduced due to staff annual and compassionate leave, training and sickness. Delivering services on both Abingdon and Witney sites made clinical cover especially challenging.</p>																																							
Falls Service (Oxon CCG)	D8	% of Routine referrals had an appointment (offered) within 8 weeks	90%	77% (91/118)	<table border="1"> <caption>Actual vs Target Performance (Estimated from Chart)</caption> <thead> <tr> <th>Month</th> <th>Actual (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr><td>Apr-17</td><td>55</td><td>90</td></tr> <tr><td>May-17</td><td>35</td><td>90</td></tr> <tr><td>Jun-17</td><td>45</td><td>90</td></tr> <tr><td>Jul-17</td><td>55</td><td>90</td></tr> <tr><td>Aug-17</td><td>85</td><td>90</td></tr> <tr><td>Sep-17</td><td>75</td><td>90</td></tr> <tr><td>Oct-17</td><td>65</td><td>90</td></tr> <tr><td>Nov-17</td><td>80</td><td>90</td></tr> <tr><td>Dec-17</td><td>85</td><td>90</td></tr> <tr><td>Jan-18</td><td>75</td><td>90</td></tr> <tr><td>Feb-18</td><td>80</td><td>90</td></tr> <tr><td>Mar-18</td><td>85</td><td>90</td></tr> </tbody> </table>	Month	Actual (%)	Target (%)	Apr-17	55	90	May-17	35	90	Jun-17	45	90	Jul-17	55	90	Aug-17	85	90	Sep-17	75	90	Oct-17	65	90	Nov-17	80	90	Dec-17	85	90	Jan-18	75	90	Feb-18	80	90	Mar-18	85	90	<p>Extended waits for assessment and treatment, patient dissatisfaction, condition exacerbation</p>	<p>The service accepts more referrals than it is commissioned to receive. The increased demand on the service is having an effect on appointment availability and waiting times. In addition, the service currently has a 0.85 WTE falls specialist vacancy. A new specialist is starting on 9 April 2018. The service will work with the Performance Team this month to review demand to inform a business case.</p>
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Continuing Health Care (Oxon CCG)	1	Eligibility decisions are made within 28 days of accepting a referral. All assessments required for eligibility decisions to be completed within this time	95%	75% (24/32)	<table border="1"> <caption>Actual Performance vs Target for Measure 1</caption> <thead> <tr> <th>Month</th> <th>Actual (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr><td>Jul-17</td><td>75</td><td>95</td></tr> <tr><td>Aug-17</td><td>55</td><td>95</td></tr> <tr><td>Sep-17</td><td>90</td><td>95</td></tr> <tr><td>Oct-17</td><td>60</td><td>95</td></tr> <tr><td>Nov-17</td><td>85</td><td>95</td></tr> <tr><td>Dec-17</td><td>75</td><td>95</td></tr> <tr><td>Jan-18</td><td>75</td><td>95</td></tr> <tr><td>Feb-18</td><td>75</td><td>95</td></tr> <tr><td>Mar-18</td><td>75</td><td>95</td></tr> </tbody> </table>	Month	Actual (%)	Target (%)	Jul-17	75	95	Aug-17	55	95	Sep-17	90	95	Oct-17	60	95	Nov-17	85	95	Dec-17	75	95	Jan-18	75	95	Feb-18	75	95	Mar-18	75	95	Extended waits for assessment and treatment, patient dissatisfaction, condition exacerbation	The service was unfortunately let down by an agency worker who had not fulfilled the instruction to complete the outstanding 'waiting list' assessments. The service has now received an instruction from the CCG to hold on progressing this work until further notice. This is likely to be later this month (February).									
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Continuing Health Care (Oxon CCG)	2	Individuals eligible for CHC will receive a case review which will include care plan review 3 months after eligibility decision	95%	34% (12/35)	<table border="1"> <caption>Actual Performance vs Target for Measure 2</caption> <thead> <tr> <th>Month</th> <th>Actual (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr><td>Apr-17</td><td>70</td><td>95</td></tr> <tr><td>May-17</td><td>50</td><td>95</td></tr> <tr><td>Jun-17</td><td>50</td><td>95</td></tr> <tr><td>Jul-17</td><td>30</td><td>95</td></tr> <tr><td>Aug-17</td><td>30</td><td>95</td></tr> <tr><td>Sep-17</td><td>70</td><td>95</td></tr> <tr><td>Oct-17</td><td>90</td><td>95</td></tr> <tr><td>Nov-17</td><td>90</td><td>95</td></tr> <tr><td>Dec-17</td><td>90</td><td>95</td></tr> <tr><td>Jan-18</td><td>30</td><td>95</td></tr> <tr><td>Feb-18</td><td>30</td><td>95</td></tr> <tr><td>Mar-18</td><td>30</td><td>95</td></tr> </tbody> </table>	Month	Actual (%)	Target (%)	Apr-17	70	95	May-17	50	95	Jun-17	50	95	Jul-17	30	95	Aug-17	30	95	Sep-17	70	95	Oct-17	90	95	Nov-17	90	95	Dec-17	90	95	Jan-18	30	95	Feb-18	30	95	Mar-18	30	95	Ongoing eligibility for continuing health care not known; potential financial implications	These KPIs have not been achieved this month due to a 40% increase in referrals in January that require a 7-day assessment. This has been across the department and the service continues to work proactively to reduce the number of outstanding reviews and avoid any unnecessary delay where ever possible.
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Continuing Health Care (Oxon CCG)	3	Individuals eligible for CHC will receive a case review which will include care plan review every 12 months	95%	55% (11/20)	<table border="1"> <caption>Actual Performance vs Target for Measure 3</caption> <thead> <tr> <th>Month</th> <th>Actual (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr><td>Apr-17</td><td>55</td><td>95</td></tr> <tr><td>May-17</td><td>55</td><td>95</td></tr> <tr><td>Jun-17</td><td>40</td><td>95</td></tr> <tr><td>Jul-17</td><td>40</td><td>95</td></tr> <tr><td>Aug-17</td><td>40</td><td>95</td></tr> <tr><td>Sep-17</td><td>70</td><td>95</td></tr> <tr><td>Oct-17</td><td>90</td><td>95</td></tr> <tr><td>Nov-17</td><td>40</td><td>95</td></tr> <tr><td>Dec-17</td><td>90</td><td>95</td></tr> <tr><td>Jan-18</td><td>55</td><td>95</td></tr> <tr><td>Feb-18</td><td>55</td><td>95</td></tr> <tr><td>Mar-18</td><td>55</td><td>95</td></tr> </tbody> </table>	Month	Actual (%)	Target (%)	Apr-17	55	95	May-17	55	95	Jun-17	40	95	Jul-17	40	95	Aug-17	40	95	Sep-17	70	95	Oct-17	90	95	Nov-17	40	95	Dec-17	90	95	Jan-18	55	95	Feb-18	55	95	Mar-18	55	95	Ongoing eligibility for continuing health care not known; potential financial implications	These KPIs have not been achieved this month due to a 40% increase in referrals in January that require a 7-day assessment. This has been across the department and the service continues to work proactively to reduce the number of outstanding reviews and avoid any unnecessary delay where ever possible.
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Continuing Health Care (Oxon CCG)	5	If eligible the package of care for Fast Track individuals will be in place within 2 working days	95%	50% (23/46)	<table border="1"> <caption>Actual Performance vs Target for Measure 5</caption> <thead> <tr> <th>Month</th> <th>Actual (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr><td>Apr-17</td><td>40</td><td>95</td></tr> <tr><td>May-17</td><td>20</td><td>95</td></tr> <tr><td>Jun-17</td><td>40</td><td>95</td></tr> <tr><td>Jul-17</td><td>40</td><td>95</td></tr> <tr><td>Aug-17</td><td>10</td><td>95</td></tr> <tr><td>Sep-17</td><td>40</td><td>95</td></tr> <tr><td>Oct-17</td><td>50</td><td>95</td></tr> <tr><td>Nov-17</td><td>30</td><td>95</td></tr> <tr><td>Dec-17</td><td>30</td><td>95</td></tr> <tr><td>Jan-18</td><td>40</td><td>95</td></tr> <tr><td>Feb-18</td><td>40</td><td>95</td></tr> <tr><td>Mar-18</td><td>50</td><td>95</td></tr> </tbody> </table>	Month	Actual (%)	Target (%)	Apr-17	40	95	May-17	20	95	Jun-17	40	95	Jul-17	40	95	Aug-17	10	95	Sep-17	40	95	Oct-17	50	95	Nov-17	30	95	Dec-17	30	95	Jan-18	40	95	Feb-18	40	95	Mar-18	50	95	Extended waits for care, blockage in the patient pathway, patient dissatisfaction	OHFT is commissioned to assess eligibility for Fast Track packages of care. The responsibility for putting the packages of care in place within 2 working days does not sit with OHFT. On this basis, the Trust has requested the withdrawal of this indicator.
Month	Actual (%)	Target (%)																																												
Apr-17	40	95																																												
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Service	Ref	Measure	Target	Actual	Trend	Impact	Action and Resolution Timescale																																							
Older Peoples Mental Health (Chiltern CCG)	-	% people will have documented risk assessment	95%	70% (7/10)	<table border="1"> <caption>OPMH Performance Trend (Apr-17 to Mar-18)</caption> <thead> <tr> <th>Month</th> <th>OPMH (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr><td>Apr-17</td><td>100</td><td>95</td></tr> <tr><td>May-17</td><td>70</td><td>95</td></tr> <tr><td>Jun-17</td><td>95</td><td>95</td></tr> <tr><td>Jul-17</td><td>100</td><td>95</td></tr> <tr><td>Aug-17</td><td>100</td><td>95</td></tr> <tr><td>Sep-17</td><td>80</td><td>95</td></tr> <tr><td>Oct-17</td><td>100</td><td>95</td></tr> <tr><td>Nov-17</td><td>100</td><td>95</td></tr> <tr><td>Dec-17</td><td>70</td><td>95</td></tr> <tr><td>Jan-18</td><td>70</td><td>95</td></tr> <tr><td>Feb-18</td><td>70</td><td>95</td></tr> <tr><td>Mar-18</td><td>70</td><td>95</td></tr> </tbody> </table>	Month	OPMH (%)	Target (%)	Apr-17	100	95	May-17	70	95	Jun-17	95	95	Jul-17	100	95	Aug-17	100	95	Sep-17	80	95	Oct-17	100	95	Nov-17	100	95	Dec-17	70	95	Jan-18	70	95	Feb-18	70	95	Mar-18	70	95	Clinical quality and risk issue	The service is reviewing this; there is a constant challenge with recruitment and there has been no 8a in post since December. As of reporting there is an 8b and 8a in the team who are focussing on the clinical quality process. The QIC has also been recruited to work with the team manager to improve processes around assessment. However, to note this team has 12.5 WTE B6/5 vacancies.
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Older Peoples Mental Health (Chiltern CCG)	-	Memory Service Users with Diagnosis (F00, F01, F02, F03, F06.7) will receive an assessment and diagnosis <40 days of referral received	85%	70% (30/43)	<table border="1"> <caption>Net Performance Trend (Oct-17 to Mar-18)</caption> <thead> <tr> <th>Month</th> <th>Net Performance (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr><td>Oct-17</td><td>100</td><td>85</td></tr> <tr><td>Nov-17</td><td>100</td><td>85</td></tr> <tr><td>Dec-17</td><td>100</td><td>85</td></tr> <tr><td>Jan-18</td><td>70</td><td>85</td></tr> <tr><td>Feb-18</td><td>70</td><td>85</td></tr> <tr><td>Mar-18</td><td>70</td><td>85</td></tr> </tbody> </table>	Month	Net Performance (%)	Target (%)	Oct-17	100	85	Nov-17	100	85	Dec-17	100	85	Jan-18	70	85	Feb-18	70	85	Mar-18	70	85	Extended waiting time possibly resulting in delayed care	Due to team vacancies (12.5 B5/6) the service has breached some of our 40-day targets, there has been a focus on the acute work coming through the team. This has been discussed with the commissioners – patients are being offered access to other memory clinics in the county.																		
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CYP Performance Overview – Month 10 FY18

The Community and Mental Health Services Contracts with Oxfordshire, Buckinghamshire, Swindon, Wiltshire and Bath and North East Somerset CCGs stipulate a requirement (within contract Schedule 4) for the Children and Young Peoples Directorate (CYP) to perform against a set of quality and performance indicators.

Oxfordshire Services

- Oxfordshire CAMHS and Children’s Services (Oxon CCG)
- SHN (OCC Public Health)
- College Nursing (OCC Public Health)
- Imms (Public Health)

Buckinghamshire Services

- Buckinghamshire CAMHS (Bucks LA/CCG)

Swindon Wilts & BaNES

- Swindon CAMHS (Swindon CCG)
- Wilts & BaNES CAMHS (Wilts & BaNES CCG)
- Wilts T2 (Wilts CC)
- BaNES T2 (BaNES LA/CCG)
- Wiltshire Adult ED (Wilts CCG)

Performance Scorecard

The Children and Young People’s Directorate was required to report against 700 indicators in month 10 (this excludes Dental).

Targets/thresholds are only applicable to a small proportion of CYP indicators. Where there are no targets/thresholds, the indicator is considered compliant if it is reported.

94% of indicators were achieved in month 10:

Commissioner		Well Below Target >10%	Below Target <10%	At Target	% at Target or Above
Total		19	25	656	94%
Oxfordshire					% Met
Oxon CCG	LQR		2	1	33%
	Childrens Community Services	1	2	3	50%
	CAMHS - Schedule 4	3		3	50%
	CAMHS PAF		1	81	99%
Oxon LA	SHN			173	100%
	College			70	100%
Public Health	Imms			8	100%
Buckinghamshire					% Met
Buck CCG/CC	CAMHS PAF	2		133	99%
Swindon Wilts & BaNES					% Met
Swindon CCG	CAMHS PAF	3	6	47	84%
Wilts and BaNES CCG	Wilts and BaNES T3	6	9	64	81%
BaNES CCG	BaNES T2	1	2	23	88%
Wilts CC	Wilts T2	1	2	18	86%
Wilts CCG	Adult ED	2	1	32	91%

R Red Indicators

Service	Ref	Measure	Target	Actual	Trend	Impact	Action and Resolution Timescale
Children's Community Services	E5	All initial referrals for clients who are post court (excl. Pre Court) into the YOS to be offered a health assessment <10 working days	90%	75% (3/4)		Extended waiting time possibly resulting in delayed care	There was one breach in January as the child was in an unstable living arrangement. In conjunction with the YJS officer it was decided to delay the initial health contact until the child was settled.
CAMHS - OCCG	E6ai	PCAMHs (T2), CAMHS (T3), Learning Disability, Horizon and Neuro Waits - First routine appointment within 12 weeks of referral	75%	50% (168/336)		Extended waiting time possibly resulting in delayed care	There have been discussions between OCCG/OHFT and the CAMHS Mobilisation board has been established to give assurance. OHFT are working on an improvement trajectory to meet the target. This month the service completed 336 assessments; the largest number ever completed. The decreasing performance figure, however, is representative of the fact that there is a significant backlog of waiters who had already breached the 12 week wait time when they were assessed. Full details regarding the CAMHS capacity modelling and the improvement trajectory have been sent to the CCG for further discussion.
CAMHS - OCCG	E6aii	ASD Waits - First routine appointment within 12 weeks of referral	75%	29% (14/48)		Extended waiting time possibly resulting in delayed care	A new Neurodevelopmental pathway will be in place within Oxfordshire CAMHS by the end of this financial year. The new pathway will have increased staffing and patients referred to this service will be seen within 12 weeks, this will hopefully be achieved by April 2018. Further work is being undertaken in relation to the collection and reporting of

							data for this indicator which will be completed by March 2018.																																							
CAMHS - OCCG	E6b	CAMHS ED Specialist Pathway - % of routine referrals where children/young people starting NICE compliant treatment within 4 weeks of referral.	2016/17 M10-12: baseline + 10% OR 95% whichever is lower	50% (4/8)	<table border="1"> <caption>Actual vs Target for CAMHS ED Specialist Pathway</caption> <thead> <tr> <th>Month</th> <th>Actual (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr><td>Apr-17</td><td>40</td><td>75</td></tr> <tr><td>May-17</td><td>65</td><td>75</td></tr> <tr><td>Jun-17</td><td>40</td><td>75</td></tr> <tr><td>Jul-17</td><td>80</td><td>75</td></tr> <tr><td>Aug-17</td><td>75</td><td>75</td></tr> <tr><td>Sep-17</td><td>85</td><td>75</td></tr> <tr><td>Oct-17</td><td>70</td><td>75</td></tr> <tr><td>Nov-17</td><td>95</td><td>75</td></tr> <tr><td>Dec-17</td><td>50</td><td>75</td></tr> <tr><td>Jan-18</td><td>50</td><td>75</td></tr> <tr><td>Feb-18</td><td>50</td><td>75</td></tr> <tr><td>Mar-18</td><td>50</td><td>75</td></tr> </tbody> </table>	Month	Actual (%)	Target (%)	Apr-17	40	75	May-17	65	75	Jun-17	40	75	Jul-17	80	75	Aug-17	75	75	Sep-17	85	75	Oct-17	70	75	Nov-17	95	75	Dec-17	50	75	Jan-18	50	75	Feb-18	50	75	Mar-18	50	75	Extended waiting time possibly resulting in delayed care	2 patients were offered appointments within the 4-week timeframe; however, these were cancelled by the patient for appointments outside the 4-week timeframe which were more suitable for the YP and family. 2 patients were seen in week 5.
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Swindon CCG	PAF	T3 Waits 4 weeks	90%	40% (14/35)	<p>Target: 4 Weeks CAMHS Swindon T3 Waiting 4 Weeks</p>	Extended waiting time possibly resulting in delayed care	The service experienced a higher number of cancellations during the month of December which has impacted on the % of patients seen within the month of January, the service would expect this to improve by March 2018.
Swindon CCG	PAF	LD Waits-4 Weeks	90%	75% (6/8)	<p>Target: 4 Weeks CAMHS Swindon LD Waiting 4 Weeks</p>	Extended waiting time possibly resulting in delayed care	6 out of 8 patients were assessed within 4 weeks, 2 patients breached the 4 week wait, 1 patient seen in week 5, 1 patient seen in week 7.
Swindon CCG	PAF	Completed Episodes of care-LD	11	2	<p>Target CAMHS Swindon LD Completed Episodes of Care</p>	No immediate impact	The Swindon LD team are reviewing their caseload to ensure all patients have been discharged from the electronic patient system. An improvement in performance is expected by April 2018.
CAMHS BaNES /Wilts CCG	PAF	Wilts T3 Waiting 4 Weeks	90%	56% (33/59)	<p>Target CAMHS Wilts T3 Waiting 4 Weeks</p>	Extended waiting time possibly resulting in delayed care	Wilts T3 CAMHS are achieving 97% YTD for patients assessed within 12 weeks; data includes patient cancellations and breaches due to patient choice. The service experienced a higher number of cancellations during the month of December which has impacted on the % seen within the month of January. An action plan has been put in place

CAMHS BaNES /Wilts CCG	PAF	Wilts T3 Waiting 8 Weeks	95%	81% (48/59)	<table border="1"> <caption>CAMHS Wilts T3 Waiting 8 Weeks Performance</caption> <thead> <tr> <th>Month</th> <th>Actual Performance (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr><td>Apr-17</td><td>95</td><td>95</td></tr> <tr><td>May-17</td><td>90</td><td>95</td></tr> <tr><td>Jun-17</td><td>95</td><td>95</td></tr> <tr><td>Jul-17</td><td>85</td><td>95</td></tr> <tr><td>Aug-17</td><td>80</td><td>95</td></tr> <tr><td>Sep-17</td><td>95</td><td>95</td></tr> <tr><td>Oct-17</td><td>85</td><td>95</td></tr> <tr><td>Nov-17</td><td>80</td><td>95</td></tr> <tr><td>Dec-17</td><td>95</td><td>95</td></tr> <tr><td>Jan-18</td><td>80</td><td>95</td></tr> </tbody> </table>	Month	Actual Performance (%)	Target (%)	Apr-17	95	95	May-17	90	95	Jun-17	95	95	Jul-17	85	95	Aug-17	80	95	Sep-17	95	95	Oct-17	85	95	Nov-17	80	95	Dec-17	95	95	Jan-18	80	95	Extended waiting time possibly resulting in delayed care	to address performance against the 4 and 8 week targets and the team are reviewing their demand vs capacity currently.
Month	Actual Performance (%)	Target (%)																																						
Apr-17	95	95																																						
May-17	90	95																																						
Jun-17	95	95																																						
Jul-17	85	95																																						
Aug-17	80	95																																						
Sep-17	95	95																																						
Oct-17	85	95																																						
Nov-17	80	95																																						
Dec-17	95	95																																						
Jan-18	80	95																																						
CAMHS BaNES /Wilts CCG	PAF	BaNES T3 Waiting 4 Weeks	90%	25% (6/24)	<table border="1"> <caption>CAMHS BaNES T3 Waiting 4 Weeks Performance</caption> <thead> <tr> <th>Month</th> <th>Actual Performance (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr><td>Apr-17</td><td>45</td><td>90</td></tr> <tr><td>May-17</td><td>35</td><td>90</td></tr> <tr><td>Jun-17</td><td>40</td><td>90</td></tr> <tr><td>Jul-17</td><td>25</td><td>90</td></tr> <tr><td>Aug-17</td><td>20</td><td>90</td></tr> <tr><td>Sep-17</td><td>25</td><td>90</td></tr> <tr><td>Oct-17</td><td>90</td><td>90</td></tr> <tr><td>Nov-17</td><td>85</td><td>90</td></tr> <tr><td>Dec-17</td><td>80</td><td>90</td></tr> <tr><td>Jan-18</td><td>25</td><td>90</td></tr> </tbody> </table>	Month	Actual Performance (%)	Target (%)	Apr-17	45	90	May-17	35	90	Jun-17	40	90	Jul-17	25	90	Aug-17	20	90	Sep-17	25	90	Oct-17	90	90	Nov-17	85	90	Dec-17	80	90	Jan-18	25	90	Extended waiting time possibly resulting in delayed care	BaNES T3 CAMHS are achieving 94% YTD for patients assessed within 12 weeks; data includes patient cancellations and breaches due to patient choice. The service experienced a higher number of cancellations during the month of December this has impacted on the % seen within the month of January. The team is holding some vacancies and recruitment is currently underway this will have an impact of the % of patients seen for the next couple months.
Month	Actual Performance (%)	Target (%)																																						
Apr-17	45	90																																						
May-17	35	90																																						
Jun-17	40	90																																						
Jul-17	25	90																																						
Aug-17	20	90																																						
Sep-17	25	90																																						
Oct-17	90	90																																						
Nov-17	85	90																																						
Dec-17	80	90																																						
Jan-18	25	90																																						
CAMHS BaNES /Wilts CCG	PAF	Wilts & BaNES T3 Completed Episodes of Care	132	81	<table border="1"> <caption>CAMHS Wilts+BaNES T3 Completed Episodes of Care</caption> <thead> <tr> <th>Month</th> <th>Actual Performance</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Apr-17</td><td>90</td><td>132</td></tr> <tr><td>May-17</td><td>90</td><td>132</td></tr> <tr><td>Jun-17</td><td>105</td><td>132</td></tr> <tr><td>Jul-17</td><td>115</td><td>132</td></tr> <tr><td>Aug-17</td><td>100</td><td>132</td></tr> <tr><td>Sep-17</td><td>100</td><td>132</td></tr> <tr><td>Oct-17</td><td>115</td><td>132</td></tr> <tr><td>Nov-17</td><td>100</td><td>132</td></tr> <tr><td>Dec-17</td><td>65</td><td>132</td></tr> <tr><td>Jan-18</td><td>80</td><td>132</td></tr> </tbody> </table>	Month	Actual Performance	Target	Apr-17	90	132	May-17	90	132	Jun-17	105	132	Jul-17	115	132	Aug-17	100	132	Sep-17	100	132	Oct-17	115	132	Nov-17	100	132	Dec-17	65	132	Jan-18	80	132	No immediate impact	The service is reviewing caseloads for all patients not seen for more than 3 months. Caseload management is undertaken in all teams on a regular basis, This target will be reviewed with commissioners during Q4
Month	Actual Performance	Target																																						
Apr-17	90	132																																						
May-17	90	132																																						
Jun-17	105	132																																						
Jul-17	115	132																																						
Aug-17	100	132																																						
Sep-17	100	132																																						
Oct-17	115	132																																						
Nov-17	100	132																																						
Dec-17	65	132																																						
Jan-18	80	132																																						

CAMHS BaNES /Wilts CCG	PAF	Waits 4 weeks LD	95%	50% (1/2)	<table border="1"> <caption>CAMHS Wilts + BaNES LD Waiting 4 Weeks</caption> <thead> <tr> <th>Month</th> <th>Performance (%)</th> </tr> </thead> <tbody> <tr><td>Apr-17</td><td>35</td></tr> <tr><td>May-17</td><td>60</td></tr> <tr><td>Jun-17</td><td>0</td></tr> <tr><td>Jul-17</td><td>40</td></tr> <tr><td>Aug-17</td><td>15</td></tr> <tr><td>Sep-17</td><td>0</td></tr> <tr><td>Oct-17</td><td>0</td></tr> <tr><td>Nov-17</td><td>50</td></tr> <tr><td>Dec-17</td><td>0</td></tr> <tr><td>Jan-18</td><td>50</td></tr> </tbody> </table>	Month	Performance (%)	Apr-17	35	May-17	60	Jun-17	0	Jul-17	40	Aug-17	15	Sep-17	0	Oct-17	0	Nov-17	50	Dec-17	0	Jan-18	50	Extended waiting time possibly resulting in delayed care	This underachievement represents one YP. This is a small team and currently holding a vacancy which will impact on the % assessed, new staff member to commence in February 2018.
Month	Performance (%)																												
Apr-17	35																												
May-17	60																												
Jun-17	0																												
Jul-17	40																												
Aug-17	15																												
Sep-17	0																												
Oct-17	0																												
Nov-17	50																												
Dec-17	0																												
Jan-18	50																												
CAMHS BaNES /Wilts CCG	PAF	Waits 1 week- CAMHS Wilts ED	95%	67% (2/3)	<table border="1"> <caption>Wilts CAMHS ED Urgent Referrals assessed within 1 week</caption> <thead> <tr> <th>Month</th> <th>Performance (%)</th> </tr> </thead> <tbody> <tr><td>Apr-17</td><td>100</td></tr> <tr><td>May-17</td><td>100</td></tr> <tr><td>Jun-17</td><td>100</td></tr> <tr><td>Jul-17</td><td>100</td></tr> <tr><td>Aug-17</td><td>0</td></tr> <tr><td>Sep-17</td><td>50</td></tr> <tr><td>Oct-17</td><td>70</td></tr> <tr><td>Nov-17</td><td>100</td></tr> <tr><td>Dec-17</td><td>100</td></tr> <tr><td>Jan-18</td><td>70</td></tr> </tbody> </table>	Month	Performance (%)	Apr-17	100	May-17	100	Jun-17	100	Jul-17	100	Aug-17	0	Sep-17	50	Oct-17	70	Nov-17	100	Dec-17	100	Jan-18	70	Extended waiting time possibly resulting in delayed care	This represents one YP who breached by 2 hours.
Month	Performance (%)																												
Apr-17	100																												
May-17	100																												
Jun-17	100																												
Jul-17	100																												
Aug-17	0																												
Sep-17	50																												
Oct-17	70																												
Nov-17	100																												
Dec-17	100																												
Jan-18	70																												
CAMHS BaNES CCG/CC	PAF	Waits 4 week CAMHS BaNES T2	90%	64% (27/42)	<table border="1"> <caption>CAMHS BaNES T2 Waiting 4 Weeks</caption> <thead> <tr> <th>Month</th> <th>Performance (%)</th> </tr> </thead> <tbody> <tr><td>Apr-17</td><td>40</td></tr> <tr><td>May-17</td><td>15</td></tr> <tr><td>Jun-17</td><td>10</td></tr> <tr><td>Jul-17</td><td>15</td></tr> <tr><td>Aug-17</td><td>40</td></tr> <tr><td>Sep-17</td><td>75</td></tr> <tr><td>Oct-17</td><td>85</td></tr> <tr><td>Nov-17</td><td>80</td></tr> <tr><td>Dec-17</td><td>80</td></tr> <tr><td>Jan-18</td><td>65</td></tr> </tbody> </table>	Month	Performance (%)	Apr-17	40	May-17	15	Jun-17	10	Jul-17	15	Aug-17	40	Sep-17	75	Oct-17	85	Nov-17	80	Dec-17	80	Jan-18	65	Extended waiting time possibly resulting in delayed care	The service experienced a higher number of cancellations during the month of December this has impacted on the % seen within the month of January.
Month	Performance (%)																												
Apr-17	40																												
May-17	15																												
Jun-17	10																												
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Sep-17	75																												
Oct-17	85																												
Nov-17	80																												
Dec-17	80																												
Jan-18	65																												

CAMHS Wilts CC	PAF	T2 Wilts Waiting 4 Weeks	90%	13% (8/61)	<p>Target: 90% CAMHS Wilts T2 Waiting 4 Weeks</p>	Extended waiting time possibly resulting in delayed care	Wilts T2 CAMHS are achieving 87% for patients assessed within 12 weeks; this 4-week data includes patient cancellations and breaches due to patient choice. Current staffing gaps in this service with maternity leave and vacancies which are currently being recruited to. The service is reviewing the demand vs available capacity within the team.
Wilts CCG	PAF	Adult ED Waits 4 weeks	95%	55% (6/11)	<p>Target: 95% Adult Wilts ED Waiting 4 Weeks</p>	Extended waiting time possibly resulting in delayed care	<p>1 breach is attributed to the patient being seen in week 5 due to admission to an inpatient unit.</p> <p>3 breaches are attributed to patients cancelling earlier appointments both seen in week 5.</p> <p>1 breach seen in week 5.</p>
Wilts CCG	PAF	Adult ED Recording of ethnicity	90%	76% (71/93)	<p>Target: 90% Adult Wilts ED Recording of Ethnicity</p>	No immediate impact	The team currently record ethnicity on assessment and are reviewing this process to enable patient's ethnicity to be captured and recorded at point of referral. This will make an immediate impact and should be resolved by March 2018.

LOCAL: Adult of Working Age Directorate – M10 FY18

The contracts with Oxfordshire and Buckinghamshire CCGs and NHS England stipulate a requirement (within Schedule 4) for the **Adult Directorate** to perform against a set of quality and performance indicators. The Adult Directorate reports to commissioners as follows:

Oxfordshire

- OBC Incentivised Measures: 15 indicators reported monthly (of which 6 baselining, under review or no target)
- OBC Schedule 4: 13 indicators reported monthly (of which 4 baselining, under review or no target)
- CCG Schedule 4: 3 indicators, reported monthly
- Oxon IAPT: 12 indicators, 11 reported monthly and 1 annually
- Wellbeing: 13 indicators, reported monthly
- Learning Disabilities: 10 indicators, reported monthly.

Buckinghamshire

- Aylesbury & Chiltern CCGs: 15 indicators each, reported monthly (of which 5 without target)
- Bucks IAPT services: 8 indicators reported monthly
- PIRLS: 6 indicators reported monthly
- Perinatal: 10 indicators reported monthly

NHS England: Forensic Service

- MSU & LSU Schedule 4: 16 indicators for each service reported quarterly.

Performance Scorecard

The Adult Directorate was required to report against **119 indicators in M10**. Targets/thresholds are applicable to most indicators. Where there is no target/threshold, the indicator is considered compliant if it is reported.

74% of indicators were achieved in month 10

	Well Below Target >10%	Below Target <-10%	At/above Target	% met
Total	18	13	88	74%
Oxfordshire	9	11	45	69%
OBC Incentivised Measures (15)		2	13	87%
OBC Schedule 4 (13)	2	5	6	46%
Oxon Schedule 4 (3)		1	2	67%
IAPT (11)	2		9	82%
Wellbeing Service (13)	2		11	85%
Learning Disabilities (10)	3	3	4	40%

Buckinghamshire	9	2	43	80%
Aylesbury (15)	4	1	10	67%
Chiltern (15)	5	1	9	60%
IAPT (8)			8	100%
PIRLS (6)			6	100%
Perinatal (10)			10	100%

R Red Indicators

Service	Ref	Measure	Target	Actual	Trend	Impact	Action and Resolution Timescale																																	
Oxon OBC		% of people that have had their cluster reviewed within the agreed timescale	85%	66% (57/87)	<p>% of people that have had their cluster reviewed within the agreed timescale</p> <table border="1"> <thead> <tr> <th>Month</th> <th>Target (%)</th> <th>Actual (%)</th> </tr> </thead> <tbody> <tr><td>Apr</td><td>85</td><td>55</td></tr> <tr><td>May</td><td>85</td><td>60</td></tr> <tr><td>Jun</td><td>85</td><td>55</td></tr> <tr><td>Jul</td><td>85</td><td>60</td></tr> <tr><td>Aug</td><td>85</td><td>65</td></tr> <tr><td>Sep</td><td>85</td><td>65</td></tr> <tr><td>Oct</td><td>85</td><td>65</td></tr> <tr><td>Nov</td><td>85</td><td>65</td></tr> <tr><td>Dec</td><td>85</td><td>65</td></tr> <tr><td>Jan</td><td>85</td><td>66</td></tr> </tbody> </table>	Month	Target (%)	Actual (%)	Apr	85	55	May	85	60	Jun	85	55	Jul	85	60	Aug	85	65	Sep	85	65	Oct	85	65	Nov	85	65	Dec	85	65	Jan	85	66	Right cluster of package care may not be delivered.	Service managers are working with teams reviewing the patient level detail to ensure cluster reviews are occurring on time. This started in December 2017 and the service hopes to see an increase to target by April 2018.
Month	Target (%)	Actual (%)																																						
Apr	85	55																																						
May	85	60																																						
Jun	85	55																																						
Jul	85	60																																						
Aug	85	65																																						
Sep	85	65																																						
Oct	85	65																																						
Nov	85	65																																						
Dec	85	65																																						
Jan	85	66																																						
Oxon OBC		Adult CMHTs - Percentage of referrals categorised as non-urgent that are assessed within 28 calendar days	90%	78% (159/204)	<p>Adult CMHTs - Percentage of referrals categorised as non-urgent that are assessed within 28 calendar days</p> <table border="1"> <thead> <tr> <th>Month</th> <th>Target (%)</th> <th>Actual (%)</th> </tr> </thead> <tbody> <tr><td>Apr</td><td>90</td><td>85</td></tr> <tr><td>May</td><td>90</td><td>85</td></tr> <tr><td>Jun</td><td>90</td><td>90</td></tr> <tr><td>Jul</td><td>90</td><td>92</td></tr> <tr><td>Aug</td><td>90</td><td>85</td></tr> <tr><td>Sep</td><td>90</td><td>85</td></tr> <tr><td>Oct</td><td>90</td><td>88</td></tr> <tr><td>Nov</td><td>90</td><td>85</td></tr> <tr><td>Dec</td><td>90</td><td>90</td></tr> <tr><td>Jan</td><td>90</td><td>78</td></tr> </tbody> </table>	Month	Target (%)	Actual (%)	Apr	90	85	May	90	85	Jun	90	90	Jul	90	92	Aug	90	85	Sep	90	85	Oct	90	88	Nov	90	85	Dec	90	90	Jan	90	78	Risk that patients may be waiting too long to receive care.	There were 45 breaches in January which were due to capacity (13), cancellation/DNA (17), patient choice (7), ADHD (4) and other (4). Referrals into AMHTs are increasing; the service is currently looking at the AMHT model of care in relation to how capacity is managed.
Month	Target (%)	Actual (%)																																						
Apr	90	85																																						
May	90	85																																						
Jun	90	90																																						
Jul	90	92																																						
Aug	90	85																																						
Sep	90	85																																						
Oct	90	88																																						
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Dec	90	90																																						
Jan	90	78																																						
Oxon IAPT		The length of wait for the 75th centile at Step/Cluster 3 for CBT (weeks)	8 weeks (M10)	10 weeks	<p>The length of wait for the 75th centile at Step/Cluster 3 for CBT (weeks). Target is profiled.</p> <table border="1"> <thead> <tr> <th>Month</th> <th>Target (weeks)</th> <th>Actual (Weeks)</th> </tr> </thead> <tbody> <tr><td>Apr</td><td>17</td><td>10</td></tr> <tr><td>May</td><td>17</td><td>13</td></tr> <tr><td>Jun</td><td>17</td><td>14</td></tr> <tr><td>Jul</td><td>17</td><td>14</td></tr> <tr><td>Aug</td><td>17</td><td>17</td></tr> <tr><td>Sep</td><td>17</td><td>18</td></tr> <tr><td>Oct</td><td>14</td><td>20</td></tr> <tr><td>Nov</td><td>13</td><td>21</td></tr> <tr><td>Dec</td><td>10</td><td>19</td></tr> <tr><td>Jan</td><td>8</td><td>10</td></tr> </tbody> </table>	Month	Target (weeks)	Actual (Weeks)	Apr	17	10	May	17	13	Jun	17	14	Jul	17	14	Aug	17	17	Sep	17	18	Oct	14	20	Nov	13	21	Dec	10	19	Jan	8	10	Risk that patients may be waiting too long to receive care.	The average wait in January for CBT across the county was 10 weeks. This wait is skewed due to accommodation issues in the North and North East of the county, which the service is actively trying to address and was also discussed at CRM last month. Actual waits for January were; in the City = 0 weeks, Vale = 8 weeks, South East = 14 weeks, West = 8 weeks, North East 21 weeks and North 11 weeks.
Month	Target (weeks)	Actual (Weeks)																																						
Apr	17	10																																						
May	17	13																																						
Jun	17	14																																						
Jul	17	14																																						
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Oxon IAPT		The length of wait for the 75th centile at Step/Cluster 3 for Counselling (weeks)	8 weeks (M10)	11 weeks	<p>The length of wait for the 75th centile at Step/Cluster 3 for Counselling (weeks). Target is profiled.</p> <table border="1"> <thead> <tr> <th>Month</th> <th>Target (weeks)</th> <th>Actual (Weeks)</th> </tr> </thead> <tbody> <tr><td>Apr</td><td>16</td><td>7</td></tr> <tr><td>May</td><td>16</td><td>6</td></tr> <tr><td>Jun</td><td>16</td><td>7</td></tr> <tr><td>Jul</td><td>16</td><td>8</td></tr> <tr><td>Aug</td><td>16</td><td>7</td></tr> <tr><td>Sep</td><td>16</td><td>8</td></tr> <tr><td>Oct</td><td>14</td><td>8</td></tr> <tr><td>Nov</td><td>13</td><td>8</td></tr> <tr><td>Dec</td><td>10</td><td>9</td></tr> <tr><td>Jan</td><td>8</td><td>11</td></tr> </tbody> </table>	Month	Target (weeks)	Actual (Weeks)	Apr	16	7	May	16	6	Jun	16	7	Jul	16	8	Aug	16	7	Sep	16	8	Oct	14	8	Nov	13	8	Dec	10	9	Jan	8	11	Risk that patients may be waiting too long to receive care.	Waiting times in the south of the county remain high due to lack of available accommodation. Overall waiting times are increasing due to increase demand and lack of financial resource to maintain increased capacity; this is being addressed in our PMG.
Month	Target (weeks)	Actual (Weeks)																																						
Apr	16	7																																						
May	16	6																																						
Jun	16	7																																						
Jul	16	8																																						
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Nov	13	8																																						
Dec	10	9																																						
Jan	8	11																																						

Service	Ref	Measure	Target	Actual	Trend	Impact	Action and Resolution Timescale
Oxon Wellbeing	11-1	Question 1: "The service I received has helped me to better understand my problems"	90%	74% (20/27)	<p>Patient Experience: The service I received has helped me to better understand my problems</p>	Risk that patients may not be receiving the care that they need.	In agreement with the CCG, the service has just completed a 3-month pilot asking the questions in a different format. We are in the process of finalising the report which will be shared with the CCG shortly.
Oxon Wellbeing	11-2	Question 2: "I got the help that matters to me"	90%	69% (38/55)	<p>Patient Experience: I got the help that matters to me</p>	Risk that patients may not be receiving the care that they need.	In agreement with the CCG, the service has just completed a 3-month pilot asking the questions in a different format. We are in the process of finalising the report which will be shared with the CCG shortly.
Learning Disabilities		CPA: % of service users on CPA for at least 12 months who had a CPA review within the last 12 months*	95%	2% (15/709)	Jan-18 is the first month reported for this indicator.	Risk to continuity of care.	January 2018 is the first month these indicators have been reported. The data quality is currently under review as the reported position is not believed to be an accurate reflection of performance. A thorough review by the Performance and Information Team of the reporting rules associated with the Learning Disability indicators is underway. It is anticipated that an updated position will be made available in month.
Learning Disabilities		CPA Crisis Contingency Plan: % of service users on CPA who have a crisis contingency plan*	95%	52% (371/709)	Jan-18 is the first month reported for this indicator.	Risk to continuity of care.	
Learning Disabilities		Risk Assessment: % of service users with an up to date risk assessment (reviewed within the last 12 months) *	95%	67% (475/709)	Jan-18 is the first month reported for this indicator.	Risk to continuity of care	

Service	Ref	Measure	Target	Actual	Trend	Impact	Action and Resolution Timescale																																							
Aylesbury Vale CCG		Aylesbury Vale: % people will have care review within the timeframe specified by the cluster package	95%	50% (16/32)	<table border="1"> <caption>Aylesbury Vale CCG - Care Review Trend</caption> <thead> <tr> <th>Month</th> <th>AWA (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr><td>Apr-17</td><td>65</td><td>95</td></tr> <tr><td>May-17</td><td>85</td><td>95</td></tr> <tr><td>Jun-17</td><td>60</td><td>95</td></tr> <tr><td>Jul-17</td><td>70</td><td>95</td></tr> <tr><td>Aug-17</td><td>75</td><td>95</td></tr> <tr><td>Sep-17</td><td>50</td><td>95</td></tr> <tr><td>Oct-17</td><td>55</td><td>95</td></tr> <tr><td>Nov-17</td><td>65</td><td>95</td></tr> <tr><td>Dec-17</td><td>40</td><td>95</td></tr> <tr><td>Jan-18</td><td>50</td><td>95</td></tr> <tr><td>Feb-18</td><td>50</td><td>95</td></tr> <tr><td>Mar-18</td><td>50</td><td>95</td></tr> </tbody> </table>	Month	AWA (%)	Target (%)	Apr-17	65	95	May-17	85	95	Jun-17	60	95	Jul-17	70	95	Aug-17	75	95	Sep-17	50	95	Oct-17	55	95	Nov-17	65	95	Dec-17	40	95	Jan-18	50	95	Feb-18	50	95	Mar-18	50	95	Right cluster of package care may not be delivered	Achieving this indicator remains a challenge for the team. There is senior management oversight in terms of monitoring performance and the issue is discussed weekly at the management team meeting. During the next reporting period the service will be liaising with Chiltern colleagues in order to share the learning that has improved this target across South Buckinghamshire
Month	AWA (%)	Target (%)																																												
Apr-17	65	95																																												
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Feb-18	50	95																																												
Mar-18	50	95																																												
Aylesbury Vale CCG		Urgent referral to mental health Team will be seen within 7 consecutive days for assessment	95%	75% (18/24)	<table border="1"> <caption>Aylesbury Vale CCG - Urgent Referral Trend</caption> <thead> <tr> <th>Month</th> <th>AWA (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr><td>Apr-17</td><td>95</td><td>95</td></tr> <tr><td>May-17</td><td>95</td><td>95</td></tr> <tr><td>Jun-17</td><td>90</td><td>95</td></tr> <tr><td>Jul-17</td><td>85</td><td>95</td></tr> <tr><td>Aug-17</td><td>90</td><td>95</td></tr> <tr><td>Sep-17</td><td>90</td><td>95</td></tr> <tr><td>Oct-17</td><td>100</td><td>95</td></tr> <tr><td>Nov-17</td><td>80</td><td>95</td></tr> <tr><td>Dec-17</td><td>75</td><td>95</td></tr> <tr><td>Jan-18</td><td>75</td><td>95</td></tr> <tr><td>Feb-18</td><td>75</td><td>95</td></tr> <tr><td>Mar-18</td><td>75</td><td>95</td></tr> </tbody> </table>	Month	AWA (%)	Target (%)	Apr-17	95	95	May-17	95	95	Jun-17	90	95	Jul-17	85	95	Aug-17	90	95	Sep-17	90	95	Oct-17	100	95	Nov-17	80	95	Dec-17	75	95	Jan-18	75	95	Feb-18	75	95	Mar-18	75	95		1 breach occurred as a result of not being able to contact the GP who referred the case. The Team manager will ensure that the governance issue is raised within team meetings. The remaining breaches related to urgent referrals that were downgraded without observing the correct procedure (documentation). Data quality and validation will be addressed.
Month	AWA (%)	Target (%)																																												
Apr-17	95	95																																												
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Chiltern CCG		Chiltern: % people will have care review within the timeframe specified by the cluster package.	95%	58% (29/50)	<table border="1"> <caption>Chiltern CCG - Care Review Trend</caption> <thead> <tr> <th>Month</th> <th>AWA (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr><td>Apr-17</td><td>65</td><td>95</td></tr> <tr><td>May-17</td><td>70</td><td>95</td></tr> <tr><td>Jun-17</td><td>60</td><td>95</td></tr> <tr><td>Jul-17</td><td>60</td><td>95</td></tr> <tr><td>Aug-17</td><td>70</td><td>95</td></tr> <tr><td>Sep-17</td><td>50</td><td>95</td></tr> <tr><td>Oct-17</td><td>60</td><td>95</td></tr> <tr><td>Nov-17</td><td>55</td><td>95</td></tr> <tr><td>Dec-17</td><td>60</td><td>95</td></tr> <tr><td>Jan-18</td><td>60</td><td>95</td></tr> <tr><td>Feb-18</td><td>60</td><td>95</td></tr> <tr><td>Mar-18</td><td>60</td><td>95</td></tr> </tbody> </table>	Month	AWA (%)	Target (%)	Apr-17	65	95	May-17	70	95	Jun-17	60	95	Jul-17	60	95	Aug-17	70	95	Sep-17	50	95	Oct-17	60	95	Nov-17	55	95	Dec-17	60	95	Jan-18	60	95	Feb-18	60	95	Mar-18	60	95	Right cluster of package care may not be delivered.	There continues to be an improvement with this target – last month recorded at 52%. The team are working on fortnightly reports and supporting staff to complete through supervision.
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Mar-18	60	95																																												
Chiltern CCG		Routine (non-emergency) referral to mental health team will be seen within 28 consecutive days for assessment	90%	78% (72/92)	<table border="1"> <caption>Chiltern CCG - Routine Referral Trend</caption> <thead> <tr> <th>Month</th> <th>AWA (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr><td>Apr-17</td><td>95</td><td>90</td></tr> <tr><td>May-17</td><td>90</td><td>90</td></tr> <tr><td>Jun-17</td><td>85</td><td>90</td></tr> <tr><td>Jul-17</td><td>85</td><td>90</td></tr> <tr><td>Aug-17</td><td>80</td><td>90</td></tr> <tr><td>Sep-17</td><td>80</td><td>90</td></tr> <tr><td>Oct-17</td><td>80</td><td>90</td></tr> <tr><td>Nov-17</td><td>90</td><td>90</td></tr> <tr><td>Dec-17</td><td>90</td><td>90</td></tr> <tr><td>Jan-18</td><td>80</td><td>90</td></tr> <tr><td>Feb-18</td><td>80</td><td>90</td></tr> <tr><td>Mar-18</td><td>80</td><td>90</td></tr> </tbody> </table>	Month	AWA (%)	Target (%)	Apr-17	95	90	May-17	90	90	Jun-17	85	90	Jul-17	85	90	Aug-17	80	90	Sep-17	80	90	Oct-17	80	90	Nov-17	90	90	Dec-17	90	90	Jan-18	80	90	Feb-18	80	90	Mar-18	80	90		There were 20 routine breaches. 11 were due to patient choice, 1 was due to staff sickness, 1 was due to physical health liaison and 1 was due to the cancellation of the first appointment as advised by the GP (due to high risk of home visit). The reasons for the remaining 6 breaches are unclear. The Team Manager is working with the team to establish the reasons and why they were not documented.
Month	AWA (%)	Target (%)																																												
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