

## Trust Board Performance Report – M1 FY19

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) was 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 contracted to provide a range of services across the 4 clinical directorates;

- All Ages Mental Health – Oxfordshire (includes Swindon, Wilts and BANES CAMHS services)
- All Ages Mental Health - Buckinghamshire
- Community Services
- Specialised Services

This report provides a summary of performance against the key performance and quality indicators within the Trust’s contracts.

**Joint Management Groups (JMGs):** The Trust also reports performance against a number of indicators to the Oxfordshire and Buckinghamshire JMGs. The JMGs provide oversight and management of ‘pooled budget’ spending and activity.

## 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 and JMG indicators are reported one month in arrears, therefore the M1 FY19 Trust performance % position relates to **contractual** performance only.

### 381 of 449 local indicators were achieved in M1 FY19:

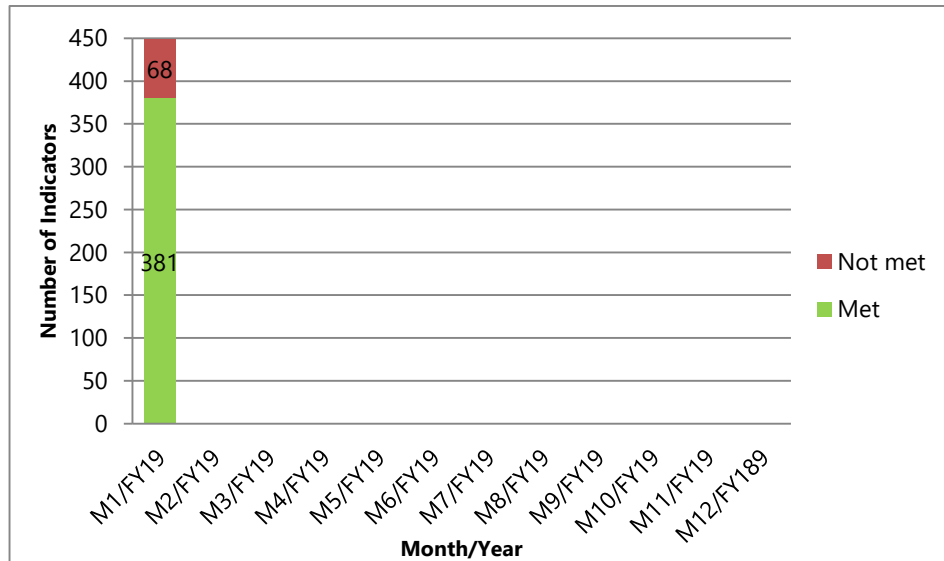
Key:	Below Target >10%	Below Target <10%	Target Met	Data not published	% met
<b>National (SOF) Performance</b>	<b>4</b>	<b>1</b>	<b>12</b>	<b>9</b>	<b>71%</b>
<b>JMG Performance</b>	<b>5</b>	<b>0</b>	<b>54</b>		<b>92%</b>
<b>Contractual Performance</b>	<b>35</b>	<b>23</b>	<b>315</b>		<b>84%</b>
All Ages Mental Health (Oxon)	12	9	137		87%
All Ages Mental Health (Bucks)	3	3	32		84%
Community Services	13	8	85		80%
Specialised Services	4	5	61		87%

NB – Due to reporting timescales, not all data is not included in the scorecard above. (Buckinghamshire CAMHS, Swindon, Wiltshire & BANES CAMHS). Once the data is available, the table will be updated and re-issued prior to publication on the Trust website.

## Performance Trend

The number of reportable indicators varies each month. In month 1 - **449 indicators** were reportable of which **381 were achieved – 85%**. These overall numbers will change with the addition of the Bucks CAMHS data once available.

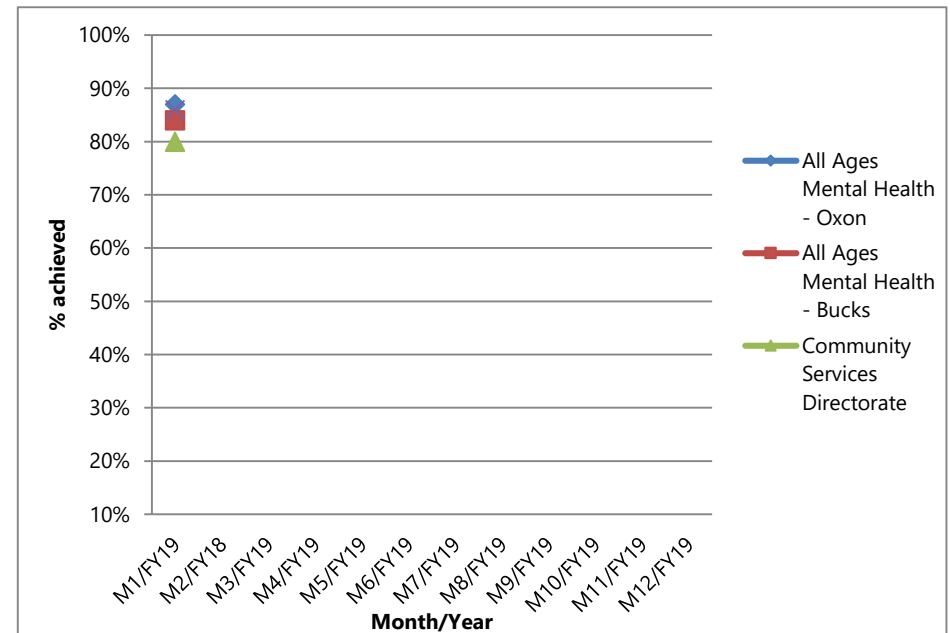
This is the first month of performance reporting following the organisational restructure of the clinical directorates. As such, whilst the Trust’s **overall** performance against the number of indicators can be compared against previous months, it is not possible to provide a comparison or trend by clinical directorate. M1 will therefore be the baseline month for future months’ reporting.



The M1 contractual performance by Directorate is as follows:

- **All Ages Mental Health - Oxfordshire** performance was 89% in M1
- **All Ages Mental Health - Buckinghamshire** performance was 84% in M1
- **Community Service Directorate** performance was 80% in M1
- **Specialised Services Directorate** performance was 86% in M1

Further information in relation to areas of underperformance is detailed within the following sections of this report.



## 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 March 2018 there were 14 inappropriate out of area placement admissions, 12 of these were in the Adult and 2 in the Older Adult Directorate.

**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 March 2/4 Organisational Health metrics had been published, one of which was below target/England average; 8/12 Quality of Care metrics had been published, two of which were below target, and 7/10 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	5	4
Operational Performance	1	0	6	3
<b>Total</b>	<b>4</b>	<b>1</b>	<b>12</b>	<b>9</b>

**R Red Indicators**

Area	Ref	Measure	Target	Actual	Trend	Narrative
Organisational Health		Staff turnover (rolling 12 months)	12% (Trust)	14.57% (Mar 18)		Staff turnover in March was 14.57%, a slight decrease compared to February's figure of 14.8%. 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 March 18, the following metrics were showing below target at the most recent available data:

Quality of Care (Mental Health)	15	% of clients in settled accommodation	62% (Eng Ave)	38% (Feb 18)		Published figures show no change from January. A data quality improvement project has started within the Trust following approval by the operational management team in early March. Meetings with operations are scheduled to take place in May to agree priority areas for improvement.
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<p>Quality of Care (Mental Health)</p>	<p>16</p>	<p>% of clients in paid employment</p>	<p>9% (Eng Ave)</p>	<p>8% (Feb 18)</p>	<p><b>% of Clients in Paid Employment</b> Note: NHS Digital only publishes age 18-69 on CPA for % in Employment</p>	<p>Published figures show no change from January. A data quality improvement project has started within the Trust following approval by the operational management team in early March. Meetings with operations are scheduled to take place in May to agree priority areas for improvement.</p>
<p>Operational Performance</p>	<p>23b</p>	<p>Priority Metric % coded (Ethnicity, Employment (Adults only), Accommodation (Adults only)</p>	<p>85% (Eng Ave)</p>	<p>51.7% (Feb 18)</p>	<p><b>Priority Metrics (Ethnicity, Employment (Adults only), Accommodation (Adults only))</b> NHS Digital</p>	<p>Performance increased by 15.5% to 57.1% in February. The England average increased by 7% 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 has started within the Trust following approval by the operational management team in early March. Meetings with operations are scheduled to take place in May to agree priority areas for improvement.</p>

**LOCAL: Joint Management Groups (JMGs) – M12 FY18**

The Trust also reports performance against a number of indicators to the Oxfordshire and Buckinghamshire **Joint Management Groups (JMGs)**.

Oxfordshire and Buckinghamshire County Councils have existing and long-standing agreements under Section 75 of the National Health Services Act 2006 with the Clinical Commissioning Groups to pool resources and deliver shared objectives, often referred to as “pooled budgets”. Pooling budgets enable better integration of health and social care, leading to a better experience and outcomes for people and their carers. The pooled budgets are governed by Joint Management Groups which provide oversight and management of spending and activity in improving outcomes and meeting needs.

The reporting cycle for the Joint Management Groups is different to the contractual and National indicators and is also reported one month in arrears. Additionally, a number of the indicators reported to the JMGs are also contractual indicators as follows;

- **Oxfordshire:** 68 indicators (63 net)
- **Buckinghamshire:** 7 indicators reportable quarterly. Each indicator is required to be achieved by various teams i.e. whilst an indicator might be compliant overall, some teams may be non-compliant. This report is based on the overall performance position of the indicators.

The Trust was required to report against **59 indicators** in month 12 to the Oxfordshire JMG (indicators are reported **one month in arrears**). 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).

**92% indicators were achieved in month 12.**

	Well Below Target >10%	Below Target <- 10%	At/above Target	% met
<b>Total (59)</b>	<b>5</b>	<b>0</b>	<b>54</b>	<b>92%</b>
Oxfordshire (59)	5	0	54	92%
Buckinghamshire	n/a	n/a	n/a	n/a

**R Red Indicators**

Service	Flag	Ref	Measure	Target	Actual	Trend	Impact	Code	Action & Resolution Timescale
Oxfordshire		8	Adult CMHTs - Percentage of referrals categorised as cirsis/emergency that are assessed within 4 hours	95%	63% (5/8)		Risk to continuity of care.	W	There were 3 breaches this month. 1 was downgraded through triage but remained within the numbers of emergency, 1 was seen in 5 hours and not 4 due to capacity and 1 was at home in Witney and neither the city team or north team were able to see them within 4 hours. This person waited 27 hours.
Oxfordshire - Adults		-	Number of care placement reviews completed (s117)	100% at year end	73% (30/41)		Risk that Patients are not receiving correct care	W	Performance against these indicators is being investigated by the service and staff shortages have contributed to lower performance
Oxfordshire - Adults		-	Number of care placement reviews completed (non-s117)	100% at year end	50% (5/10)		Risk that Patients are not receiving correct care	W	

Service	Flag	Ref	Measure	Target	Actual	Trend	Impact	Code	Action & Resolution Timescale
Oxfordshire – Older Adults		-	Number of care placement reviews completed (s117)	100% at year end	79% (64/81)		Risk that Patients are not receiving correct care	W	Performance against this indicator has been impacted by staffing shortages. Overdue reviews have been raised/highlighted and will be dealt by the service asap.
Oxfordshire – Older Adults		-	Number of care placement reviews completed (non-s117)	100% at year end	67% (6/9)		Risk that Patients are not receiving correct care	DQ	Performance against this indicator has been impacted by staffing shortages. Additionally, 2 patient reviews were not recorded properly. These issues have been raised/highlighted and will be dealt by the service asap.



## All Ages Mental Health Oxfordshire – Month 1 FY19

The OBC Incentivised Measures, OBC Schedule 4, CCG Schedule 4, Oxon IAPT and Wellbeing with Oxfordshire CCG stipulate a requirement for the **All Ages Mental Health Oxfordshire Directorate** to perform against a set of quality and performance indicators.

There are 163 indicators for 2018/19 applicable to the directorate; The indicators are categorised as follows:

### **CAMHS Performance Assessment Framework (PAF):** 83 indicators

- 83 reported monthly

### **OCCG Schedule 4 CAMHS:** 9 indicators

- 8 reported monthly and 1 reported quarterly

### **OBC Incentivised Measures:**

- 15 indicators reported monthly (of which 6 baselining; under review or no target)

### **OBC Schedule 4:**

- 16 indicators reported monthly (of which 4 baselining; under review or no target)

### **OCCG Schedule 4 Adults:**

- 3 indicators, reported monthly

### **Oxon IAPT:** 12 indicators

- 11 reported monthly and 1 annually

### **Wellbeing:**

- 13 indicators, reported monthly

### **Older People's Mental Health:** 12 indicators

- 9 are reportable monthly, 3 are reportable quarterly


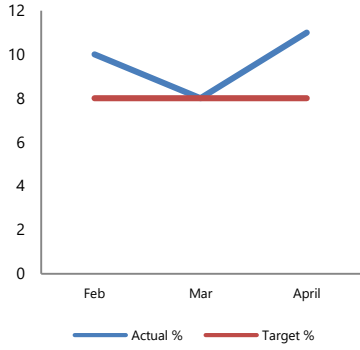

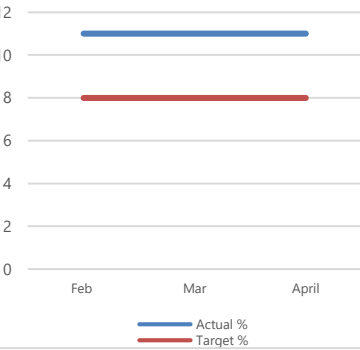
## Contractual Performance Scorecard


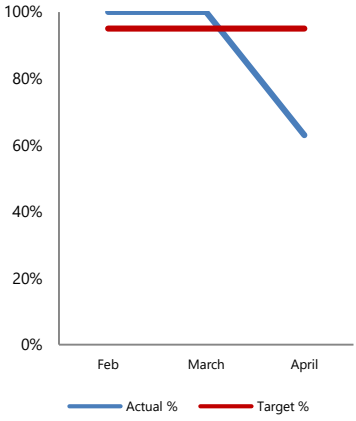

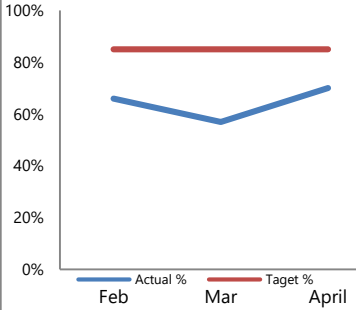
The **All Ages Mental Health Oxfordshire Directorate** was required to report against **158 indicators** in M1. Targets/thresholds are applicable to most indicators. Where there is no target/threshold, the indicator is considered compliant if it is reported. Indicators that are not reported due to a fault of the Trust are classed as non-compliant (red).


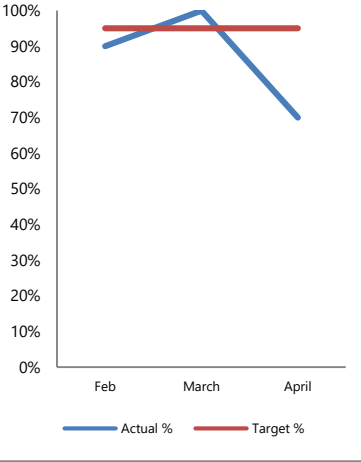

### **87% of indicators were achieved in month 1:**

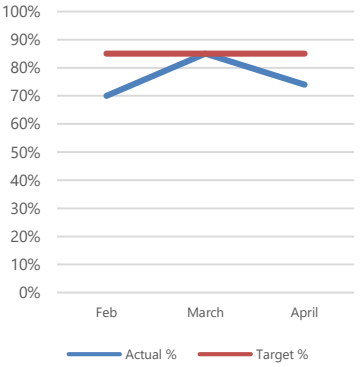
	Well Below Target >10%	Below Target <-10%	At/above Target	% met
<b>Total (158)</b>	<b>12</b>	<b>9</b>	<b>137</b>	<b>87%</b>
OCCG Schedule 4 CAMHS (8)	3	1	4	50%
CAMHS PAF (83)	0	0	83	100%
OBC Incentivised Measures (15)	1	1	13	86%
OBC Schedule 4 (16)	5	2	9	56%
OCCG Schedule 4 Adults (3)	1	0	2	66%
Oxon IAPT (11)	2	2	7	82%
Wellbeing Service (13)	0	3	10	77%
Older People's MH (9)	0	0	9	100%


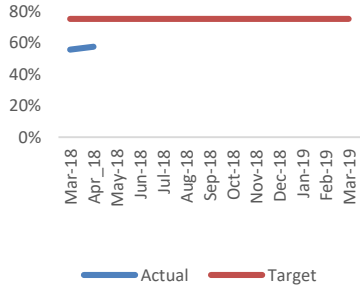

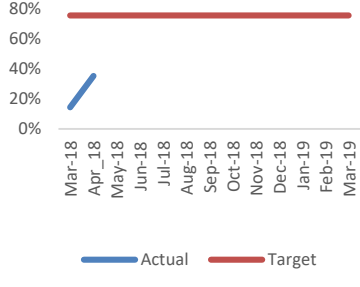
**R** Red Indicators


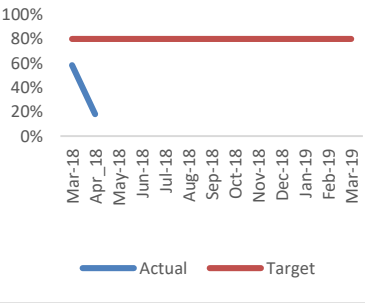
Service	Flag	Ref	Measure	Target	Actual	Trend	Impact	Code	Action & Resolution Timescale
Oxon IAPT			The length of wait for the 75th centile at Step/Cluster 3 for CBT (weeks)	8 weeks	11 weeks	 <p>Actual %    Target %</p>	Risk that patients may be waiting too long to receive care.	○	The average wait in April for CBT across the county was 11 weeks. This wait continues to be skewed due to ongoing accommodation issues in the North East. Actual waits for April were; in the City = 0 weeks, Vale = 9 weeks, South East = 6 weeks, West = 7 weeks, North East 16 weeks and North 10 weeks.
Oxon IAPT			The length of wait for the 75th centile at Step/Cluster 3 for Counselling (weeks)	8 weeks	11 weeks	 <p>Actual %    Target %</p>	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. The Service is actively working with PML in the short term to reduce the recent increase in wait and in the longer term to review the referral flow for counselling within a stepped care model. The Service is forecasting to see a reduction in waits within the next 6 weeks (4 <sup>th</sup> week of 6-week plan).

Service	Flag	Ref	Measure	Target	Actual	Trend	Impact	Code	Action & Resolution Timescale
OCCG Schedule 4 Adults		HGH	All patients referred to EDPS are seen within the agreed timeframe	95%	79%(49/62)		Risk that patients waiting too long to be assessed	W	Horton timeframes were breached. Service managers are investigating reasons to inform an expected return to performance target next month. All John Radcliffe referrals were met in the agreed timescales
OBC Incentivised		3	Percentage of all referrals to adult mental health teams that are categorised as crisis/emergency where the patient (and carer where applicable) and the referring GP are contacted within 2 hours.	95%	63% (5/8)		Risk that patients waiting too long to be assessed	O	One patient contacted within 3 hours, one patient attempted to reach three times before GP supported in making contact. One patient refused to speak to staff before their parents were present.
Oxon OBC		1	% of people that have had their cluster reviewed within the agreed timescale	85%	70% (47/67)		Right cluster of package care may not be delivered.	DQ	Performance has increased by 13% from last month. Trust analytical teams are working to identify gaps in cluster reviews for patients. Initial investigations have highlighted issues with the reporting data. It is estimated that it will take a further 3 months to resolve (August 2018)

Service	Flag	Ref	Measure	Target	Actual	Trend	Impact	Code	Action & Resolution Timescale												
Oxon OBC		5	Percentage of outpatient letters that are sent back to GPs (uploaded to CareNotes) within 10 calendar days	95%	70% (60/86)	 <table border="1"> <caption>Outpatient Letters Trend Data</caption> <thead> <tr> <th>Month</th> <th>Actual %</th> <th>Target %</th> </tr> </thead> <tbody> <tr> <td>Feb</td> <td>~90%</td> <td>95%</td> </tr> <tr> <td>March</td> <td>~100%</td> <td>95%</td> </tr> <tr> <td>April</td> <td>~70%</td> <td>95%</td> </tr> </tbody> </table>	Month	Actual %	Target %	Feb	~90%	95%	March	~100%	95%	April	~70%	95%	Risk to continuity of care.	W	South team is at 74% with 8 breaches which were 5 days late due to staff shortages. North team is at 79% had six breaches 2x patients were admitted 2x 2 days late and rest due to sickness of consultant. The City is at 70% with 11 breaches. 6 of these breaches were 4 days late and the others were all done with 20 days. Staff shortage attributed to the city team performance and service manger are working with the teams to improve performance for the coming months.
Month	Actual %	Target %																			
Feb	~90%	95%																			
March	~100%	95%																			
April	~70%	95%																			
Oxon OBC		10	Adult CMHTs - Percentage of referrals categorised as non-urgent that are assessed within 28 calendar days	90%	62% (114/183)	 <table border="1"> <caption>Adult CMHT Referrals Trend Data</caption> <thead> <tr> <th>Month</th> <th>Actual %</th> <th>Target %</th> </tr> </thead> <tbody> <tr> <td>Feb</td> <td>~85%</td> <td>90%</td> </tr> <tr> <td>Mar</td> <td>~85%</td> <td>90%</td> </tr> <tr> <td>April</td> <td>~62%</td> <td>90%</td> </tr> </tbody> </table>	Month	Actual %	Target %	Feb	~85%	90%	Mar	~85%	90%	April	~62%	90%	Delayed access to care	CR	The Trust have been more flexible with routine referrals up to 8 weeks; all patients go through the triage process and the above is based on clinical need. There were 68 breaches in April 3x ADHD lack of capacity to offer appointment, 4x lack of capacity for psychologist for appointment, 11 X DNA, 50 breaches assessed with 56 days., demand and capacity talks are ongoing between the trust and the CCG.
Month	Actual %	Target %																			
Feb	~85%	90%																			
Mar	~85%	90%																			
April	~62%	90%																			

Service	Flag	Ref	Measure	Target	Actual	Trend	Impact	Code	Action & Resolution Timescale												
Oxon OBC		14	% of service users who have had a comprehensive physical health assessment covering BMI, blood pressure, smoking status, blood sugar levels, alcohol intake and exercise levels in the previous 12 months (Manual audit of 20 patients' notes)	85%	74% (14/19)	 <table border="1"> <caption>Trend Data for Measure 14</caption> <thead> <tr> <th>Month</th> <th>Actual %</th> <th>Target %</th> </tr> </thead> <tbody> <tr> <td>Feb</td> <td>70%</td> <td>85%</td> </tr> <tr> <td>March</td> <td>85%</td> <td>85%</td> </tr> <tr> <td>April</td> <td>75%</td> <td>85%</td> </tr> </tbody> </table>	Month	Actual %	Target %	Feb	70%	85%	March	85%	85%	April	75%	85%	Risk to continuity of care.	DQ	<p>1 patient declined an offered assessment, 2 patients had BMI tested but are due a re-test and 3 were not offered/completed.</p> <p>The new physical health report has been completed and due to go live this month which will allow managers to monitor team progress with Physical Health. The data is forecast to be available next month.</p>
Month	Actual %	Target %																			
Feb	70%	85%																			
March	85%	85%																			
April	75%	85%																			
Oxon OBC		15A	Part 1 and Part 2 summaries should be issued to the service user's GP within 10 days of discharge from care under this specification	95%	80% (33/41)	 <table border="1"> <caption>Trend Data for Measure 15A</caption> <thead> <tr> <th>Month</th> <th>Actual %</th> <th>Target %</th> </tr> </thead> <tbody> <tr> <td>Feb</td> <td>95%</td> <td>95%</td> </tr> <tr> <td>March</td> <td>85%</td> <td>95%</td> </tr> <tr> <td>April</td> <td>80%</td> <td>95%</td> </tr> </tbody> </table>	Month	Actual %	Target %	Feb	95%	95%	March	85%	95%	April	80%	95%	Risk to continuity of care.	DQ	<p>The Services is working with the consultants to ensure summaries are issued on time and reminders will be sent to Ward Staff. The breaches attribute to only two wards. One ward has changeover of admin staff during the month. 3 of the breaches were issued within 11 days</p>
Month	Actual %	Target %																			
Feb	95%	95%																			
March	85%	95%																			
April	80%	95%																			

Service	Flag	Ref	Measure	Target	Actual	Trend	Impact	Code	Action & Resolution Timescale
CAMHS - OCCG		E6ai	PCAMHs (T2), CAMHS (T3), Learning Disability, Horizon and Neuro Waits - First routine appointment within 12 weeks of referral	75%	57% (119/208)		Extended waiting time possibly resulting in delayed care	DQ	Data recording and reporting issues have been identified and are currently being investigated. Initial findings indicate not all appointments may have been captured in the data reports. Regular update reports are being provided to the mobilisation team about this. The current forecasts suggest that this issue will be resolved by the end of May.
CAMHS - OCCG		E6aai	ASD Neuro Waits - First routine appointment within 12 weeks of referral	75%	35% (7/20)		Extended waiting time possibly resulting in delayed care	DQ	Data recording and reporting issues have been identified and are currently being investigated. Initial findings indicate not all appointments may have been captured in the data reports. The Neuro pathway will have increased staffing and patients referred to this service will be seen within 12 weeks. This is forecast to be achieved by July/Aug 2018. The staffing model to increase capacity is underway via staff consultation and internal and external recruitment drives.

Service	Flag	Ref	Measure	Target	Actual	Trend	Impact	Code	Action & Resolution Timescale																																										
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	18% (2/11)	 <table border="1"> <caption>Actual vs Target Performance Data</caption> <thead> <tr> <th>Month</th> <th>Actual (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr><td>Mar-18</td><td>60</td><td>80</td></tr> <tr><td>Apr-18</td><td>18</td><td>80</td></tr> <tr><td>May-18</td><td>18</td><td>80</td></tr> <tr><td>Jun-18</td><td>18</td><td>80</td></tr> <tr><td>Jul-18</td><td>18</td><td>80</td></tr> <tr><td>Aug-18</td><td>18</td><td>80</td></tr> <tr><td>Sep-18</td><td>18</td><td>80</td></tr> <tr><td>Oct-18</td><td>18</td><td>80</td></tr> <tr><td>Nov-18</td><td>18</td><td>80</td></tr> <tr><td>Dec-18</td><td>18</td><td>80</td></tr> <tr><td>Jan-19</td><td>18</td><td>80</td></tr> <tr><td>Feb-19</td><td>18</td><td>80</td></tr> <tr><td>Mar-19</td><td>18</td><td>80</td></tr> </tbody> </table>	Month	Actual (%)	Target (%)	Mar-18	60	80	Apr-18	18	80	May-18	18	80	Jun-18	18	80	Jul-18	18	80	Aug-18	18	80	Sep-18	18	80	Oct-18	18	80	Nov-18	18	80	Dec-18	18	80	Jan-19	18	80	Feb-19	18	80	Mar-19	18	80	Extended waiting time possibly resulting in delayed care	DQ	Data reporting issues have been identified and currently being investigated. Initial findings indicate issues in data recording. Additionally, there is long term sickness in the team and an operational manager vacancy, leaving a gap in clinical capacity. The team are revising clinics to fully utilise the current limited capacity they have.
Month	Actual (%)	Target (%)																																																	
Mar-18	60	80																																																	
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Mar-19	18	80																																																	

## All Ages Mental Health Buckinghamshire - Month 1 FY19

The Older People and Adult Multi Divisional Mental Health Services Contract and the Children and Adolescent Mental Health (CAMHS) **Contract** with Buckinghamshire CCGs stipulate a requirement for the **All Ages Mental Health Buckinghamshire Directorate** to perform against a set of quality and performance indicators.

There are **187 indicators** for 2018/19 applicable to the directorate; 38 indicators relating to the Bucks OP and Adult contract and 149 indicators relating to the Bucks CAMHS contract. The indicators are categorised as follows:

**Bucks Older People and Adult Multi Divisional Mental Health contract:** 38 indicators

- All 38 are reportable monthly.

**Bucks CAMHS contract:** 149 indicators

- 147 are reportable monthly and 2 are reportable quarterly. These are reportable on WD15 and not therefore available for this report.

## Performance Scorecard

The **All Ages Mental Health Buckinghamshire** Directorate was required to report against **38 indicators in M1**.

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.


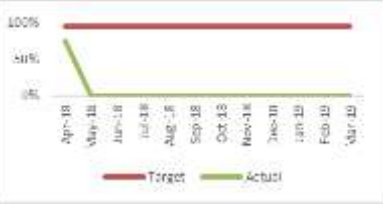


**84% of indicators were achieved in month 1:**

	Well Below Target >10%	Below Target <-10%	At/above Target	% met
<b>Total (38)</b>	<b>3</b>	<b>3</b>	<b>32</b>	<b>84%</b>
Bucks Older People and Adult MH (38)	3	3	32	84%
Bucks CAMHS (147)	N/A	N/A	N/A	N/A

NB – Due to reporting timescales, Buckinghamshire CAMHS data is not included in the scorecard above. Once the data is available, the table will be updated and re-issued prior to publication on the Trust website.



**R** Red Indicators

Service	Flag	Ref	Measure	Target	Actual	Trend	Impact	Code	Action & Resolution Timescale																																										
Bucks CCG (Perinatal)			% women requiring non-emergency assessments will be completed within 2 weeks of referral (14 calendar days)	95%	75% (3/4)	 <table border="1"> <caption>Trend Data for Perinatal</caption> <thead> <tr> <th>Month</th> <th>Actual (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr><td>Apr-18</td><td>100</td><td>95</td></tr> <tr><td>May-18</td><td>75</td><td>95</td></tr> <tr><td>Jun-18</td><td>75</td><td>95</td></tr> <tr><td>Jul-18</td><td>75</td><td>95</td></tr> <tr><td>Aug-18</td><td>75</td><td>95</td></tr> <tr><td>Sep-18</td><td>75</td><td>95</td></tr> <tr><td>Oct-18</td><td>75</td><td>95</td></tr> <tr><td>Nov-18</td><td>75</td><td>95</td></tr> <tr><td>Dec-18</td><td>75</td><td>95</td></tr> <tr><td>Jan-19</td><td>75</td><td>95</td></tr> <tr><td>Feb-19</td><td>75</td><td>95</td></tr> <tr><td>Mar-19</td><td>75</td><td>95</td></tr> <tr><td>Apr-19</td><td>75</td><td>95</td></tr> </tbody> </table>	Month	Actual (%)	Target (%)	Apr-18	100	95	May-18	75	95	Jun-18	75	95	Jul-18	75	95	Aug-18	75	95	Sep-18	75	95	Oct-18	75	95	Nov-18	75	95	Dec-18	75	95	Jan-19	75	95	Feb-19	75	95	Mar-19	75	95	Apr-19	75	95	Risk to patient care	O	This service user declined the first two appointments offered which pushed her outside the 14 days. She was seen within 1 month.
Month	Actual (%)	Target (%)																																																	
Apr-18	100	95																																																	
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Feb-19	75	95																																																	
Mar-19	75	95																																																	
Apr-19	75	95																																																	
Bucks CCG (AWA)		Pr 04ii	Urgent referrals to Mental Health Team will be seen within 7 consecutive days for assessment	95%	83% (40/48)	 <table border="1"> <caption>Trend Data for AWA</caption> <thead> <tr> <th>Month</th> <th>Actual (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr><td>Apr-18</td><td>100</td><td>95</td></tr> <tr><td>Jun-18</td><td>83</td><td>95</td></tr> <tr><td>Aug-18</td><td>83</td><td>95</td></tr> <tr><td>Oct-18</td><td>83</td><td>95</td></tr> <tr><td>Dec-18</td><td>83</td><td>95</td></tr> <tr><td>Feb-19</td><td>83</td><td>95</td></tr> </tbody> </table>	Month	Actual (%)	Target (%)	Apr-18	100	95	Jun-18	83	95	Aug-18	83	95	Oct-18	83	95	Dec-18	83	95	Feb-19	83	95	Delayed access to services for patients	O	<p>Aylesbury Vale CCG – 91% (29/32) 2 patients breached owing to the team being unable to downgrade the referral to routine within the specific timeframe. 1 patient requested to change the appointment at short notice which could not be accommodated within the timeframe.</p> <p>Chiltern CCG – 69% (11/16) 1 patient cancelled two appointments and did not return telephone calls. 3 breaches were due to patient choice. 1 was not documented as to why a sooner appointment was not offered. This is being explored with the team. All patients have now been assessed.</p>																					
Month	Actual (%)	Target (%)																																																	
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<p>Bucks CCG (AWA)</p>		<p>Local 20i</p>	<p>% people will have care review within the (timeframe) specified by the cluster package</p>	<p>95%</p>	<p>56% (75/133)</p>	 <table border="1" style="display: none;"> <caption>AWA Performance vs Target</caption> <thead> <tr> <th>Month</th> <th>Target (%)</th> <th>AWA (%)</th> </tr> </thead> <tbody> <tr> <td>Apr-18</td> <td>100</td> <td>60</td> </tr> <tr> <td>Jun-18</td> <td>100</td> <td>0</td> </tr> <tr> <td>Aug-18</td> <td>100</td> <td>0</td> </tr> <tr> <td>Oct-18</td> <td>100</td> <td>0</td> </tr> <tr> <td>Dec-18</td> <td>100</td> <td>0</td> </tr> <tr> <td>Feb-19</td> <td>100</td> <td>0</td> </tr> </tbody> </table>	Month	Target (%)	AWA (%)	Apr-18	100	60	Jun-18	100	0	Aug-18	100	0	Oct-18	100	0	Dec-18	100	0	Feb-19	100	0	<p>Right cluster of package care may not be delivered</p>	<p>DQ</p>	<p>Aylesbury Vale CCG – 44% (34/77)  Month 12 comments still apply to this indicator. Clustering within the correct timeframe remains a challenge in the team. The service anticipates an improvement due to the admin days recently implemented. The leadership team continue to monitor and assist where appropriate.</p> <p>Chiltern CCG – 73% (41/56)  A significant improvement on M12 performance (49%). The team have continued to work hard on this KPI through supervision and performance meetings.</p>
Month	Target (%)	AWA (%)																												
Apr-18	100	60																												
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Oct-18	100	0																												
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Feb-19	100	0																												

## Community Services Directorate – M1 FY19

The Community Services contract with Oxfordshire CCG, the School Health Nursing services and Health Promotion contract with Oxfordshire County Council, and the Continuing Healthcare contract with Buckinghamshire CCG (awaiting signatories) stipulate a requirement for the **Community Services Directorate** to perform against a set of quality and performance indicators. The indicators are categorised as follows.

### Community Services Contract – Oxfordshire CCG: 106 indicators

- 61 are reportable monthly, 5 are reportable quarterly and 2 are reportable bi-annually
- School Health Nursing Services in Oxon Primary and Secondary schools and further education colleges and Health Promotion – Oxfordshire County Council: 45 indicators. These are reportable across monthly/quarterly and annually. There were no breaches for monthly indicators for M1 18/19. Health Visiting – Oxfordshire County Council – reported quarterly so not included in this M1 Board report.
- 36 are reportable quarterly (of which baseline for 5 indicators is to be set), 2 are reportable bi-annually and 7 are reportable annually

### Continuing Healthcare (CHC) Contract – Buckinghamshire CCG (awaiting signatories) – indicators under negotiation


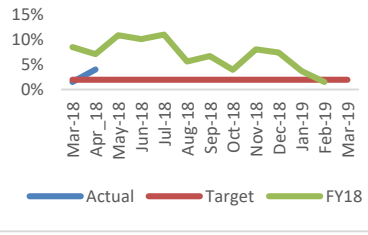

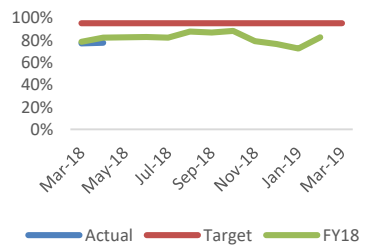
## Performance Scorecard



The **Community Services Directorate** was required to report against **106 indicators in M1**. Targets/thresholds are applicable to most indicators. Where there is no target/threshold, the indicator is considered compliant if it is reported.



### 80% of indicators were achieved in month 1





	Well Below Target >10%	Below Target <-10%	At/above Target	% met
<b>Total (106)</b>	<b>13</b>	<b>8</b>	<b>85</b>	<b>80%</b>
Community Services – Oxon CCG	13	8	40	66%
SHN & Health Promotion - OCC	0	0	45	100%
Continuing Healthcare Contract – Bucks CCG	n/a	n/a	n/a	n/a


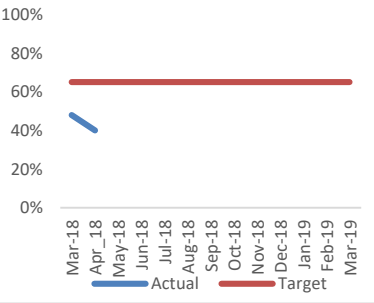

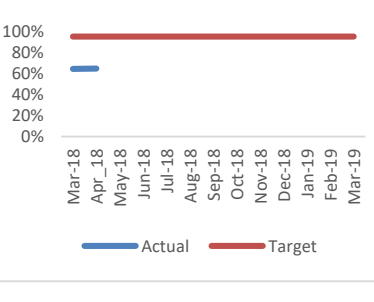

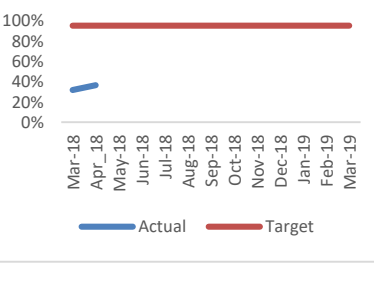
## R Red Indicators

Service	Flag	Ref	Measure	Target	Actual	Trend	Impact	Code	Action & Resolution Timescale
Out of Hours (Oxon CCG)		NQR 7	OOHs % of unfilled clinical shifts	</= 2%	4% (37/913)		Extended waiting time for patients. Potential for increase in complaints	W	A 1% improvement this month, providing 96% rota fill. The anticipated increased demand was planned for by increasing shifts required over Easter.
Out of Hours (Oxon CCG)		B10 NQR 12	OOH urgent F/F base visit	≥ 95% within 2 hours of triage	77% (1261/1630)		Extended waiting time possibly resulting in delayed care	O	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. It has been noted again this month that 111 services are able to book outside the priority disposition however, these have been included in the breach totals. This was highlighted to 111 in March and the service continues to work with 111 to understand how this can be avoided in the future. The service is working to develop and improve existing processes to prevent booking outside disposition times. This is in addition to the work with 111.


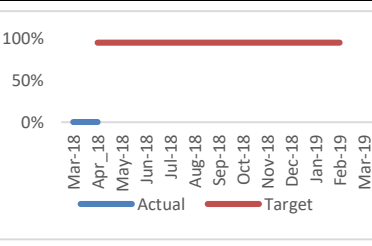
Service	Flag	Ref	Measure	Target	Actual	Trend	Impact	Code	Action & Resolution Timescale
Community Hospitals (Oxon CCG)		C3	All patient will have a discharge plan with an expected discharge date within 24 hours of admission to a community hospital as an inpatient	90%	66% (79/119)		Delayed discharge or transfers of care	I	<p>Following discussion with OCCG it has been agreed that there will be two KPIs:</p> <ol style="list-style-type: none"> <li>EDD within 24 hours for EMU pathway (no target % until baselining complete)</li> <li>EDD within 48 hours for generic and stroke pathways (no target % until baselining complete)</li> </ol> <p>The EDD will be based on a meaningful clinical assessment (MDT) and will only be recorded on this basis. It was agreed that June and July would be used as baseline months to inform a potential target % for the KPIs thereafter. It was also agreed to cease reporting of the current KPI from the 1<sup>st</sup> June..</p>
Community Hospitals (Oxon CCG)		C8	Percentage of interim inpatient discharge letters (MDT letter for Community Hospitals) that are sent back to GPs within 24 hours of discharge	95%	76% (68/89)		Delay in information being received by GPs	DQ	<p>This has been identified as a data quality issue. Some discharge summaries are being sent outside this system and therefore causing under reporting. Work is underway with the medics and the Carenotes team to improve the use of a single system.</p>

Service	Flag	Ref	Measure	Target	Actual	Trend	Impact	Code	Action & 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)	26 days (national average)	30 days		Delayed discharge or transfers of care	O	<p>The Community Hospitals are receiving patients with increasing level of complexity and co-morbidity, including those with more acute medical needs and level of frailty. This increased dependency may be multi-factorial, but the following should be considered:</p> <ul style="list-style-type: none"> <li>• Wider criteria for discharge from secondary care to the community hospitals, including those that previously that may once have been considered medically unstable for transfer to such a facility.</li> <li>• An increased wait for placement to Community Hospitals from secondary care leading to physical decompensation.</li> <li>• Patients awaiting care in the community may enter a cycle of recurrent illness requiring medical input and increased length of stay.</li> </ul> <p>Mitigations: focusing the patient flow leads and their social care counterpart on facilitating rapid discharge for patients who will not benefit from community hospital/rehab pathway (within 7 days) and triangulating age and dependency with length of stay.</p>

Service	Flag	Ref	Measure	Target	Actual	Trend	Impact	Code	Action & Resolution Timescale																																										
Community Hospitals (Oxon CCG)		C11	The snapshot number of DTOCs that are within the service's control (i.e. excluding delays coded to Social Services and E2 Both)	15 patients	17 patients	 <table border="1"> <caption>Data for C11 Trend Chart</caption> <thead> <tr> <th>Month</th> <th>Actual</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Mar-18</td><td>5</td><td>15</td></tr> <tr><td>Apr-18</td><td>17</td><td>15</td></tr> <tr><td>May-18</td><td>17</td><td>15</td></tr> <tr><td>Jun-18</td><td>17</td><td>15</td></tr> <tr><td>Jul-18</td><td>17</td><td>15</td></tr> <tr><td>Aug-18</td><td>17</td><td>15</td></tr> <tr><td>Sep-18</td><td>17</td><td>15</td></tr> <tr><td>Oct-18</td><td>17</td><td>15</td></tr> <tr><td>Nov-18</td><td>17</td><td>15</td></tr> <tr><td>Dec-18</td><td>17</td><td>15</td></tr> <tr><td>Jan-19</td><td>17</td><td>15</td></tr> <tr><td>Feb-19</td><td>17</td><td>15</td></tr> <tr><td>Mar-19</td><td>17</td><td>15</td></tr> </tbody> </table>	Month	Actual	Target	Mar-18	5	15	Apr-18	17	15	May-18	17	15	Jun-18	17	15	Jul-18	17	15	Aug-18	17	15	Sep-18	17	15	Oct-18	17	15	Nov-18	17	15	Dec-18	17	15	Jan-19	17	15	Feb-19	17	15	Mar-19	17	15	Delayed discharge or transfers of care	O	The Community Hospitals continue to experience a high turnover of beds with flow managers focusing on G codes. The service is closely monitoring the situation.
Month	Actual	Target																																																	
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Community Hospitals (Oxon CCG)		D2	% of rehabilitation patients will have an improved FIM score of 11 points or more by their MDT fit date	75%	67% (40/60)	 <table border="1"> <caption>Data for D2 Trend Chart</caption> <thead> <tr> <th>Month</th> <th>Actual</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Mar-18</td><td>75%</td><td>75%</td></tr> <tr><td>Apr-18</td><td>67%</td><td>75%</td></tr> <tr><td>May-18</td><td>67%</td><td>75%</td></tr> <tr><td>Jun-18</td><td>67%</td><td>75%</td></tr> <tr><td>Jul-18</td><td>67%</td><td>75%</td></tr> <tr><td>Aug-18</td><td>67%</td><td>75%</td></tr> <tr><td>Sep-18</td><td>67%</td><td>75%</td></tr> <tr><td>Oct-18</td><td>67%</td><td>75%</td></tr> <tr><td>Nov-18</td><td>67%</td><td>75%</td></tr> <tr><td>Dec-18</td><td>67%</td><td>75%</td></tr> <tr><td>Jan-19</td><td>67%</td><td>75%</td></tr> <tr><td>Feb-19</td><td>67%</td><td>75%</td></tr> <tr><td>Mar-19</td><td>67%</td><td>75%</td></tr> </tbody> </table>	Month	Actual	Target	Mar-18	75%	75%	Apr-18	67%	75%	May-18	67%	75%	Jun-18	67%	75%	Jul-18	67%	75%	Aug-18	67%	75%	Sep-18	67%	75%	Oct-18	67%	75%	Nov-18	67%	75%	Dec-18	67%	75%	Jan-19	67%	75%	Feb-19	67%	75%	Mar-19	67%	75%	Failure of patients to reach their full rehab potential leading to greater reliance on services to maintain independence	CR	Patients with increasingly very high dependency levels plus a lack of Tier 2 stroke services have impacted on the performance of this indicator.
Month	Actual	Target																																																	
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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%	53% (60/113)	 <table border="1"> <caption>Data for D8 Trend Chart</caption> <thead> <tr> <th>Month</th> <th>Actual</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Mar-18</td><td>95%</td><td>95%</td></tr> <tr><td>Apr-18</td><td>53%</td><td>95%</td></tr> <tr><td>May-18</td><td>53%</td><td>95%</td></tr> <tr><td>Jun-18</td><td>53%</td><td>95%</td></tr> <tr><td>Jul-18</td><td>53%</td><td>95%</td></tr> <tr><td>Aug-18</td><td>53%</td><td>95%</td></tr> <tr><td>Sep-18</td><td>53%</td><td>95%</td></tr> <tr><td>Oct-18</td><td>53%</td><td>95%</td></tr> <tr><td>Nov-18</td><td>53%</td><td>95%</td></tr> <tr><td>Dec-18</td><td>53%</td><td>95%</td></tr> <tr><td>Jan-19</td><td>53%</td><td>95%</td></tr> <tr><td>Feb-19</td><td>53%</td><td>95%</td></tr> <tr><td>Mar-19</td><td>53%</td><td>95%</td></tr> </tbody> </table>	Month	Actual	Target	Mar-18	95%	95%	Apr-18	53%	95%	May-18	53%	95%	Jun-18	53%	95%	Jul-18	53%	95%	Aug-18	53%	95%	Sep-18	53%	95%	Oct-18	53%	95%	Nov-18	53%	95%	Dec-18	53%	95%	Jan-19	53%	95%	Feb-19	53%	95%	Mar-19	53%	95%	Extended waits for assessment and treatment, patient dissatisfaction, condition exacerbation	DF	The revised paper submitted by Oxford Health to OCCG has been considered by OCCG and a wider review of a number of services is now planned. The Trust has submitted a proposal to reduce the current target to 50% until the outcome of the review is known and agreed.
Month	Actual	Target																																																	
Mar-18	95%	95%																																																	
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Stroke (Oxon CCG)		D31ii	Median % of days as an inpatient on which physiotherapy is received	65%	53%	 <table border="1"> <caption>Data for D31ii Trend Chart</caption> <thead> <tr> <th>Month</th> <th>Actual</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Mar-18</td><td>65%</td><td>65%</td></tr> <tr><td>Apr-18</td><td>53%</td><td>65%</td></tr> <tr><td>May-18</td><td>53%</td><td>65%</td></tr> <tr><td>Jun-18</td><td>53%</td><td>65%</td></tr> <tr><td>Jul-18</td><td>53%</td><td>65%</td></tr> <tr><td>Aug-18</td><td>53%</td><td>65%</td></tr> <tr><td>Sep-18</td><td>53%</td><td>65%</td></tr> <tr><td>Oct-18</td><td>53%</td><td>65%</td></tr> <tr><td>Nov-18</td><td>53%</td><td>65%</td></tr> <tr><td>Dec-18</td><td>53%</td><td>65%</td></tr> <tr><td>Jan-19</td><td>53%</td><td>65%</td></tr> <tr><td>Feb-19</td><td>53%</td><td>65%</td></tr> <tr><td>Mar-19</td><td>53%</td><td>65%</td></tr> </tbody> </table>	Month	Actual	Target	Mar-18	65%	65%	Apr-18	53%	65%	May-18	53%	65%	Jun-18	53%	65%	Jul-18	53%	65%	Aug-18	53%	65%	Sep-18	53%	65%	Oct-18	53%	65%	Nov-18	53%	65%	Dec-18	53%	65%	Jan-19	53%	65%	Feb-19	53%	65%	Mar-19	53%	65%	Failure of patients to reach their full rehab potential leading to greater reliance on services to maintain independence	W	The service has recently experienced a reduction in staffing due to extended annual leave, sickness and compassionate leave. This has directly impacted on patient activity.
Month	Actual	Target																																																	
Mar-18	65%	65%																																																	
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Service	Flag	Ref	Measure	Target	Actual	Trend	Impact	Code	Action & Resolution Timescale																																										
Stroke (Oxon CCG)		D31 aii	Median % of days as an inpatient on which occupational therapy is received	65%	40%	 <table border="1"> <caption>Stroke Trend Data</caption> <thead> <tr> <th>Month</th> <th>Actual (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr><td>Mar-18</td><td>40</td><td>65</td></tr> <tr><td>Apr-18</td><td>40</td><td>65</td></tr> <tr><td>May-18</td><td>40</td><td>65</td></tr> <tr><td>Jun-18</td><td>40</td><td>65</td></tr> <tr><td>Jul-18</td><td>40</td><td>65</td></tr> <tr><td>Aug-18</td><td>40</td><td>65</td></tr> <tr><td>Sep-18</td><td>40</td><td>65</td></tr> <tr><td>Oct-18</td><td>40</td><td>65</td></tr> <tr><td>Nov-18</td><td>40</td><td>65</td></tr> <tr><td>Dec-18</td><td>40</td><td>65</td></tr> <tr><td>Jan-19</td><td>40</td><td>65</td></tr> <tr><td>Feb-19</td><td>40</td><td>65</td></tr> <tr><td>Mar-19</td><td>40</td><td>65</td></tr> </tbody> </table>	Month	Actual (%)	Target (%)	Mar-18	40	65	Apr-18	40	65	May-18	40	65	Jun-18	40	65	Jul-18	40	65	Aug-18	40	65	Sep-18	40	65	Oct-18	40	65	Nov-18	40	65	Dec-18	40	65	Jan-19	40	65	Feb-19	40	65	Mar-19	40	65	Failure of patients to reach their full rehab potential leading to greater reliance on services to maintain independence	W	There has been a senior vacancy in the OT team since February. The replacement has now started and the rehab assistant vacancy has also been filled. Timetabling of sessions to maximise patient contact time with more senior staff will enable a more consistent clinical delivery model.
Month	Actual (%)	Target (%)																																																	
Mar-18	40	65																																																	
Apr-18	40	65																																																	
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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%	65% (22/34)	 <table border="1"> <caption>Continuing Health Care Trend Data</caption> <thead> <tr> <th>Month</th> <th>Actual (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr><td>Mar-18</td><td>65</td><td>95</td></tr> <tr><td>Apr-18</td><td>65</td><td>95</td></tr> <tr><td>May-18</td><td>65</td><td>95</td></tr> <tr><td>Jun-18</td><td>65</td><td>95</td></tr> <tr><td>Jul-18</td><td>65</td><td>95</td></tr> <tr><td>Aug-18</td><td>65</td><td>95</td></tr> <tr><td>Sep-18</td><td>65</td><td>95</td></tr> <tr><td>Oct-18</td><td>65</td><td>95</td></tr> <tr><td>Nov-18</td><td>65</td><td>95</td></tr> <tr><td>Dec-18</td><td>65</td><td>95</td></tr> <tr><td>Jan-19</td><td>65</td><td>95</td></tr> <tr><td>Feb-19</td><td>65</td><td>95</td></tr> <tr><td>Mar-19</td><td>65</td><td>95</td></tr> </tbody> </table>	Month	Actual (%)	Target (%)	Mar-18	65	95	Apr-18	65	95	May-18	65	95	Jun-18	65	95	Jul-18	65	95	Aug-18	65	95	Sep-18	65	95	Oct-18	65	95	Nov-18	65	95	Dec-18	65	95	Jan-19	65	95	Feb-19	65	95	Mar-19	65	95	Ongoing eligibility for continuing health care not known; potential financial implications	DF	Whilst in this month the service has not been able to demonstrate an improvement on 12 month reviews there has been a significant improvement on 3-month review assessments which are now at 100%. The annual reviews are being maintained and now the resource will be concentrated on the 12-month review backlog bringing it up to date within the next 6 weeks. This data relates to one locality only with the other two being up to date.
Month	Actual (%)	Target (%)																																																	
Mar-18	65	95																																																	
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Mar-19	65	95																																																	
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%	36% (4/11)	 <table border="1"> <caption>Continuing Health Care Trend Data</caption> <thead> <tr> <th>Month</th> <th>Actual (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr><td>Mar-18</td><td>36</td><td>95</td></tr> <tr><td>Apr-18</td><td>36</td><td>95</td></tr> <tr><td>May-18</td><td>36</td><td>95</td></tr> <tr><td>Jun-18</td><td>36</td><td>95</td></tr> <tr><td>Jul-18</td><td>36</td><td>95</td></tr> <tr><td>Aug-18</td><td>36</td><td>95</td></tr> <tr><td>Sep-18</td><td>36</td><td>95</td></tr> <tr><td>Oct-18</td><td>36</td><td>95</td></tr> <tr><td>Nov-18</td><td>36</td><td>95</td></tr> <tr><td>Dec-18</td><td>36</td><td>95</td></tr> <tr><td>Jan-19</td><td>36</td><td>95</td></tr> <tr><td>Feb-19</td><td>36</td><td>95</td></tr> <tr><td>Mar-19</td><td>36</td><td>95</td></tr> </tbody> </table>	Month	Actual (%)	Target (%)	Mar-18	36	95	Apr-18	36	95	May-18	36	95	Jun-18	36	95	Jul-18	36	95	Aug-18	36	95	Sep-18	36	95	Oct-18	36	95	Nov-18	36	95	Dec-18	36	95	Jan-19	36	95	Feb-19	36	95	Mar-19	36	95	Extended waits for care, blockage in the patient pathway, patient dissatisfaction	I	OHFT is commissioned to <b>assess</b> 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. CHC are working with the CCG to investigate other options in care provision.
Month	Actual (%)	Target (%)																																																	
Mar-18	36	95																																																	
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Service	Flag	Ref	Measure	Target	Actual	Trend	Impact	Code	Action & Resolution Timescale
Continuing Health Care (Oxon CCG)		9	All appeals will be processed and closed within 6 months of receipt	95%	0% (0/1)	 <p>The chart displays performance over time from March 2018 to March 2019. The Y-axis represents percentage from 0% to 100%. A red horizontal line at 95% represents the target. A blue line representing actual performance remains at 0% throughout the period.</p>	Extended wait for appeal decision	O	There was one appeal in the month that required additional information to allow a robust process of appeal to be completed. Obtaining the care records was delayed due to archiving by the provider.

## Specialised Services Directorate – M1 FY19

The Specialist Learning Disability Health Services Contract with Oxfordshire CCG and the Specialised Services Contract with NHSE stipulate a requirement for the **Specialised Services Directorate** to perform against a set of quality and performance indicators as follows;

### Specialist Learning Disability Health Services contract - Oxfordshire CCG

#### Learning Disabilities (14)

- 13 indicators reported monthly (of which 4 are baselining, under review or have no target. 1 indicator in development)
- 1 indicator reported quarterly

### Specialised Services Contract – NHSE

#### Dental Services (36)

- 30 indicators reported monthly
- 6 indicators, reported quarterly

#### Forensic Services (38)

##### MSU (19)

- 16 indicators reported monthly (of which 3 have no target)
- 2 indicators, reported quarterly
- 1 bi-annually

##### LSU (19)

- 16 indicators reported monthly (of which 3 have no target)
- 2 indicators, reported quarterly
- 1 bi-annually

## Performance Scorecard

The **Specialised Services Directorate** was required to report against **71 indicators in M1**. Targets/thresholds are applicable to most indicators. Where there is no target/threshold, the indicator is considered compliant if it is reported.

### 86% of indicators were achieved in month 1


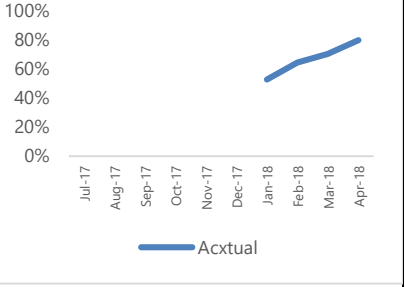

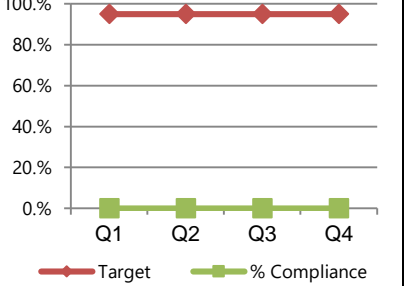
	Well Below Target >10%	Below Target <-10%	At/above Target	% met
<b>Total (71)</b>	<b>4</b>	<b>5</b>	<b>61</b>	<b>87%</b>
Community and Mental Health Contract – Oxon CCG (09)	3	2	3	38%
<u>NHSE Specialised Services</u>				
Dental (30)	0	0	30	100%
MSU (16)	1	1	14	88%
LSU (16)	0	2	14	88%

### NOTE:




Dental Services report mid-month to mid-month for commissioning purposes, however they will provide an end of month snapshot for the Board Report, to enable monthly reporting in-line with all other services.

## R Red Indicators

Service	Flag	Ref	Measure	Target	Actual	Trend	Impact	Code	Action & Resolution Timescale																																	
Learning Disabilities			Referrals: % of routine referrals to Specialist Learning Disability Health Services meeting 6 week wait (3 CLDs only but contact with these teams and also IST)	95%	68% (15/22)	 <table border="1"> <caption>Referrals: % of routine referrals to Specialist Learning Disability Health Services meeting 6 week wait</caption> <thead> <tr> <th>Month</th> <th>Actual (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr><td>Jul-17</td><td>100</td><td>95</td></tr> <tr><td>Aug-17</td><td>95</td><td>95</td></tr> <tr><td>Sep-17</td><td>90</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>85</td><td>95</td></tr> <tr><td>Feb-18</td><td>75</td><td>95</td></tr> <tr><td>Mar-18</td><td>70</td><td>95</td></tr> <tr><td>Apr-18</td><td>68</td><td>95</td></tr> </tbody> </table>	Month	Actual (%)	Target (%)	Jul-17	100	95	Aug-17	95	95	Sep-17	90	95	Oct-17	85	95	Nov-17	80	95	Dec-17	95	95	Jan-18	85	95	Feb-18	75	95	Mar-18	70	95	Apr-18	68	95	Delayed care	DQ	From review of the information there were no breaches in the South, in the North there were 3 cases that showed as breaches but this is inaccurate, as 1 was a child, so the notes and assessment will transfer once they are 18, 1 was a person open to AMH services with LD consulting only and inaccurately recorded as new ref, and the 3 <sup>rd</sup> was a case transferred to community physio (so inappropriate referral) and when re-referred for nursing, they were seen with in the time lines. <b>Correct % attainment is 79% (15/19)</b>
Month	Actual (%)	Target (%)																																								
Jul-17	100	95																																								
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Learning Disabilities			Care Planning: % of Service Users with an individualised assessment of need informing an up to date care plan - applicable from 1 January 2018	95%	75% (428/569)	 <table border="1"> <caption>Care Planning: % of Service Users with an individualised assessment of need informing an up to date care plan</caption> <thead> <tr> <th>Month</th> <th>Actual (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr><td>Jul-17</td><td>-</td><td>95</td></tr> <tr><td>Aug-17</td><td>-</td><td>95</td></tr> <tr><td>Sep-17</td><td>-</td><td>95</td></tr> <tr><td>Oct-17</td><td>-</td><td>95</td></tr> <tr><td>Nov-17</td><td>-</td><td>95</td></tr> <tr><td>Dec-17</td><td>-</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> <tr><td>Apr-18</td><td>75</td><td>95</td></tr> </tbody> </table>	Month	Actual (%)	Target (%)	Jul-17	-	95	Aug-17	-	95	Sep-17	-	95	Oct-17	-	95	Nov-17	-	95	Dec-17	-	95	Jan-18	75	95	Feb-18	75	95	Mar-18	75	95	Apr-18	75	95	Risk to continuity of care.	DQ	This indicator is currently under review as some anomalies have been identified in the reporting system. This will be investigated and corrected next month.
Month	Actual (%)	Target (%)																																								
Jul-17	-	95																																								
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Service	Flag	Ref	Measure	Target	Actual	Trend	Impact	Code	Action & Resolution Timescale
Learning Disabilities			Risk Assessment: % of service users with an up to date risk assessment (reviewed within the last 12 months)	95%	80% (450/564)		Risk to continuity of care.	O	Month on month improvement can be seen across the service. All clients have uploaded risk assessments and all new cases have risk assessment via care notes. Remedial actions is underway in all teams to ensure all cases have a risk summary in place -this has been highlighted via governance and operational meetings as a priority for all teams.
Forensics MSU			MSU – (LQ4) Number with length of stay >9 months who have had an HCR 20 and HONOS Secure Assessment within previous 6 months	95%	83% (29/35)		Risk to continuity of care.	O	This exception is as a result of one particular RC who has not updated the HONOS for the previous 6 month period, in relation to 5 patients. This has been brought to the attention of the RC and plans are in place to update all outstanding patient HONOS. (reported quarterly to NHSE)

**Key:**

Flag	Description
	Indicator has been >10% under plan for 1 month
	Indicator has been >10% under target for 2 consecutive months
	Indicator has been >10% under target for 3+ consecutive months

Code	W	DF	CR	I	DQ	FR	O
Description of reason	Lack of workforce: establishment not complete	Increase in demand – additional staff required	Change in delivery model required	Change in indicator required/reporting issue	Data quality/completeness issue	Further Review Required	Other