

Trust Board Performance Report – M2 FY18/19

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

SOF data is not fully published and JMG indicators are reported one month in arrears, therefore the M2 FY19 Trust performance % position relates to **contractual** performance only and excludes any activity indicators or indicators with no target.

329 of 385 local indicators were achieved in M2 FY19 – 85%:

Key:	Below Target >10%	Below Target <10%	Target Met	Data not published(SOF) /has no target	% met
National (SOF) Performance	4	1	15	7	74%
JMG Performance	1	1	57		97%
Contractual Performance (Local)					
Total	32	24	329	397	85%
All Ages Mental Health (Oxon)	8	6	55	78	80%
All Ages Mental Health (Bucks)	10	3	173	16	93%
Community Services	11	10	44	293	68%
Specialised Services	3	5	57	10	88%

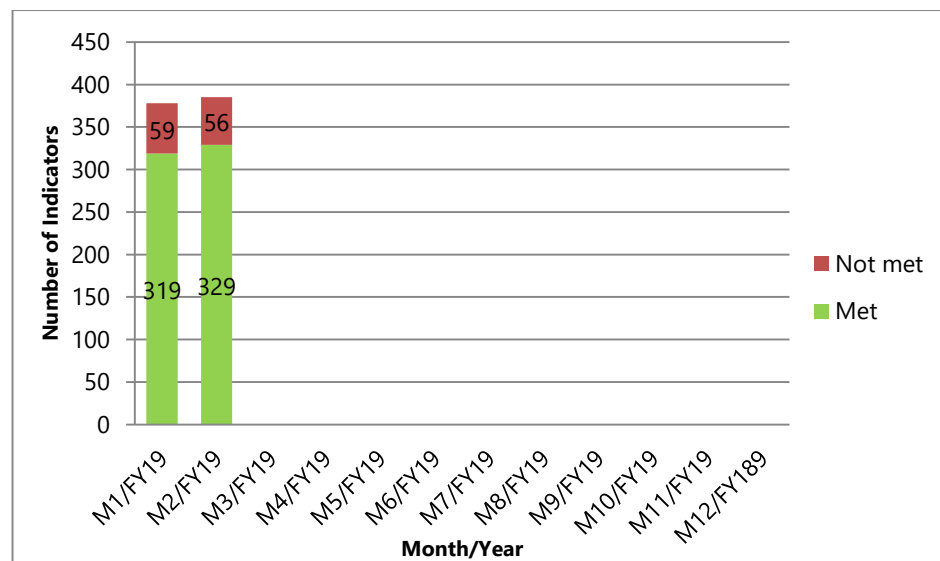
Please note that due to reporting timescales, not all data or total count of indicators is included in the scorecard above (Swindon, Wiltshire & BANES CAMHS). Once the data is available, the table will be updated and re-issued prior to publication on the Trust website. Oxon CAMHS data has also not been presented in full this month due to further work to test and validate a newly developed waits report.

Performance Trend - M2 FY18/19

The number of reportable contractual indicators varies each month. In month 2 - **385 indicators** were reportable of which **329 were achieved – 85%.**

Please note that activity only indicators are excluded from this report. The overall numbers will change with the addition of the Bucks CAMHS and Swindon, Wilts and Banes data once available.

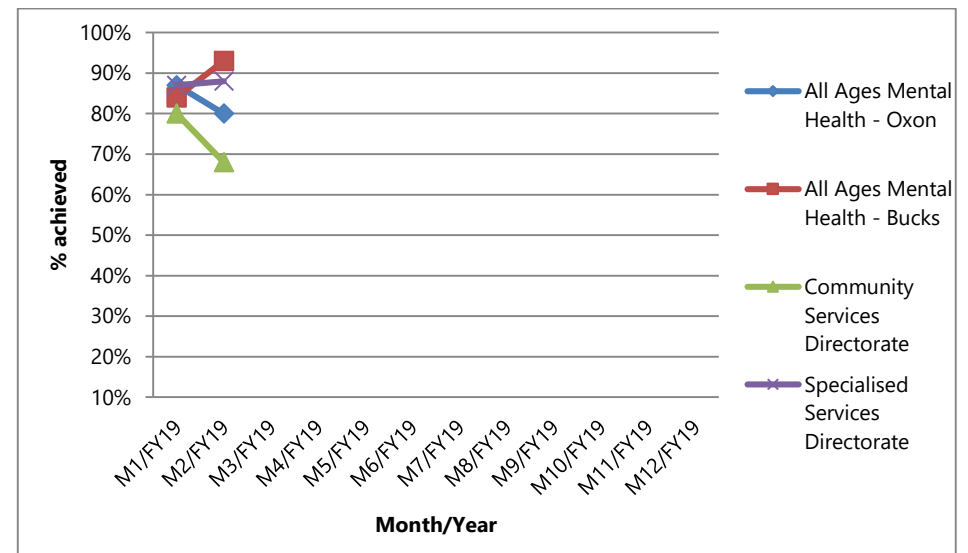
This is the second month of performance reporting following the organisational restructure of the clinical directorates and exclusion of activity only indicators. As such, it is not yet possible to provide a reliable comparison or trend for FY19. M1 and 2 performance will therefore form the basis of future FY19 trend reporting.



The M2 contractual performance by Directorate is as follows:

- **All Ages Mental Health - Oxfordshire** performance was 80% in M2
- **All Ages Mental Health - Buckinghamshire** performance was 93% in M2
- **Community Service Directorate** performance was 68% in M2
- **Specialised Services Directorate** performance was 88% in M2

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



National: Single Oversight Framework (SOF) – M2 FY18/19

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’)

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 May 2/4 Organisational Health metrics had been published, one of which was below target/England average, 10/12 Quality of Care metrics had been published, two of which were below target, and 8/11 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	7	2
Operational Performance	1	0	7	3
Total	4	1	15	7

R Red Indicators

Area	Ref	Measure	Target	Actual	Trend	Narrative
Organisational Health		Staff turnover (rolling 12 months)	12% (Trust)	14.45% May 18 Latest available		Staff turnover in May was 14.45%, a slight decrease compared to April's figure of 14.75%. During 2017/18 & 2018/19 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 May 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	59% (Eng Ave)	36% Mar 18 Latest available		Published figures show a decrease for March compared to February's figure of 38%. Work continues in the Trust to improve data completeness and quality.
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<p>Quality of Care (Mental Health)</p>	<p>16</p>	<p>% of clients in paid employment</p>	<p>8% (Eng Ave)</p>	<p>7% Mar 18 Latest available</p>	<p style="text-align: center;">% of Clients in Paid Employment <i>Note: NHS Digital only publish age 18-69 on CPA for % in Employment</i></p> <table border="1"> <caption>% of Clients in Paid Employment</caption> <thead> <tr> <th>Month</th> <th>OxFT</th> <th>England</th> </tr> </thead> <tbody> <tr><td>Apr-17</td><td>10%</td><td>8%</td></tr> <tr><td>May-17</td><td>9%</td><td>8%</td></tr> <tr><td>Jun-17</td><td>8%</td><td>8%</td></tr> <tr><td>Jul-17</td><td>8%</td><td>8%</td></tr> <tr><td>Aug-17</td><td>7%</td><td>8%</td></tr> <tr><td>Sep-17</td><td>7%</td><td>8%</td></tr> <tr><td>Oct-17</td><td>8%</td><td>8%</td></tr> <tr><td>Nov-17</td><td>8%</td><td>8%</td></tr> <tr><td>Dec-17</td><td>8%</td><td>8%</td></tr> <tr><td>Jan-18</td><td>9%</td><td>8%</td></tr> <tr><td>Feb-18</td><td>8%</td><td>8%</td></tr> <tr><td>Mar-18</td><td>7%</td><td>8%</td></tr> </tbody> </table>	Month	OxFT	England	Apr-17	10%	8%	May-17	9%	8%	Jun-17	8%	8%	Jul-17	8%	8%	Aug-17	7%	8%	Sep-17	7%	8%	Oct-17	8%	8%	Nov-17	8%	8%	Dec-17	8%	8%	Jan-18	9%	8%	Feb-18	8%	8%	Mar-18	7%	8%	<p>Published figures show a decrease from February of 1%. Work continues in the Trust to improve data completeness and quality.</p>													
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<p>Operational Performance</p>	<p>23b</p>	<p>Priority Metric % coded (Ethnicity, Employment (Adults only), Accommodation (Adults only))</p>	<p>49.8% (Eng Ave)</p>	<p>35.3% Mar 18 Latest available</p>	<p style="text-align: center;">Priority Metrics (Ethnicity, Employment (Adults only), Accommodation (Adults only)) NHS Digital</p> <table border="1"> <caption>Priority Metrics (Ethnicity, Employment (Adults only), Accommodation (Adults only))</caption> <thead> <tr> <th>Month</th> <th>OxFT</th> <th>Target</th> <th>England</th> </tr> </thead> <tbody> <tr><td>Apr-17</td><td>40%</td><td>85%</td><td>85%</td></tr> <tr><td>May-17</td><td>40%</td><td>85%</td><td>85%</td></tr> <tr><td>Jun-17</td><td>40%</td><td>85%</td><td>85%</td></tr> <tr><td>Jul-17</td><td>40%</td><td>85%</td><td>85%</td></tr> <tr><td>Aug-17</td><td>40%</td><td>85%</td><td>85%</td></tr> <tr><td>Sep-17</td><td>40%</td><td>85%</td><td>85%</td></tr> <tr><td>Oct-17</td><td>40%</td><td>85%</td><td>85%</td></tr> <tr><td>Nov-17</td><td>40%</td><td>85%</td><td>85%</td></tr> <tr><td>Dec-17</td><td>40%</td><td>85%</td><td>85%</td></tr> <tr><td>Jan-18</td><td>40%</td><td>85%</td><td>85%</td></tr> <tr><td>Feb-18</td><td>50%</td><td>85%</td><td>85%</td></tr> <tr><td>Mar-18</td><td>35.3%</td><td>85%</td><td>85%</td></tr> </tbody> </table>	Month	OxFT	Target	England	Apr-17	40%	85%	85%	May-17	40%	85%	85%	Jun-17	40%	85%	85%	Jul-17	40%	85%	85%	Aug-17	40%	85%	85%	Sep-17	40%	85%	85%	Oct-17	40%	85%	85%	Nov-17	40%	85%	85%	Dec-17	40%	85%	85%	Jan-18	40%	85%	85%	Feb-18	50%	85%	85%	Mar-18	35.3%	85%	85%	<p>Performance decreased by 16.4% in February. The England average decreased by 7.3% 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. Work continues in the Trust to improve data completeness and quality.</p>
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LOCAL: Joint Management Groups (JMGs) – M2 FY18/19

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;


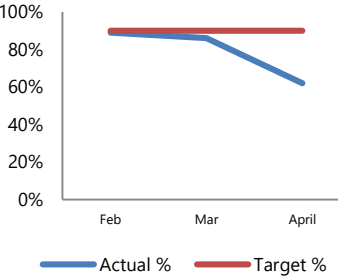
- **Oxfordshire:** 59 indicators (63 net)
- **Buckinghamshire:** 7 indicators reportable quarterly. Each indicator is required to be achieved by various teams i.e. whilst an indicator might be compliant overall, some teams may be non-compliant. This report is based on the overall performance position of the indicators.

The Trust was required to report against **59 indicators** in Month 1 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).

97% indicators were achieved in month 1.

	Well Below Target >10%	Below Target <- 10%	At/above Target	% met
Total (59)	1	1	57	97%
Oxfordshire (59)	1	1	57	97%
Buckinghamshire	n/a	n/a	n/a	n/a

R Red Indicators

Oxon OBC		OBC SCH4 -10	Adult CMHTs - Percentage of referrals categorised as non-urgent that are assessed within 28 calendar days	90%	62% (114/183)	 <p>The graph displays the percentage of referrals assessed within 28 calendar days. The Y-axis represents the percentage from 0% to 100%. The X-axis shows the months of February, March, and April. A blue line represents the 'Actual %' and a red line represents the 'Target %'. The target is consistently at 90%. The actual performance starts at approximately 85% in February, remains at 85% in March, and then drops significantly to 62% in April.</p>	Delayed access to care	<p>The Trust has been more flexible with routine referrals up to 8 weeks; all patients go through the triage process which is based on clinical need.</p> <p>There were 68 breaches in April;</p> <ul style="list-style-type: none"> • 3x ADHD lack of capacity to offer appointment, • 4x lack of capacity for psychologist for appointment, • 11 X DNA, • 50 breaches assessed within 56 days <p>Bi-weekly demand and capacity planning work is continuing to take place between the Trust Commissioners (OCCG). Longer term proposals are now being considered. A timetable will then be established.</p>
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All Ages Mental Health Oxfordshire – Month 2 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 **147 indicators** for 2018/19 applicable to the directorate, 67 of which are activity targets; The indicators are categorised as follows:

CAMHS Performance Assessment Framework (PAF): 2 indicators

- 2 reported monthly

OCCG Schedule 4 CAMHS: 17 indicators

- 11 reported monthly, 4 reported quarterly and 2 TBC

OBC Incentivised Measures: 15 indicators

- 15 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 **69 indicators in M2, excluding activity only KPIs**. 11 indicators relating to Oxon CAMHS schedule 4 were not reported due to data issues. Targets/thresholds are applicable to most indicators.


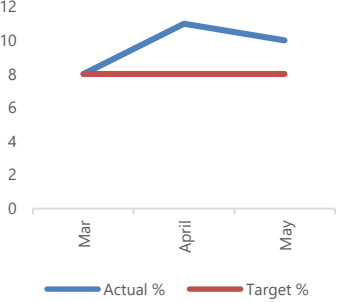

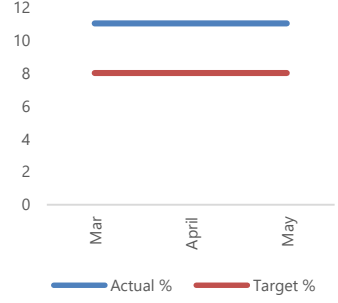
80% of reported indicators were achieved in month 2:

	Well Below Target >10%	Below Target <-10%	At/above Target	No data/Target	% met
Total (80)	8	6	55	78	80%
OCCG Schedule 4 CAMHS (11)	-	-	-	11	-
CAMHS PAF (2)	0	0	2	61	100%
OBC Incentivised Measures (15)	0	1	14	6	87%
OBC Schedule 4 (16)	6	2	8		50%
OCCG Schedule 4 Adults (3)	0	2	1		33%
Oxon IAPT (11)	2	0	9		82%
Wellbeing Service (13)	0	1	12		92%
Older People's MH (9)	0	0	9		100%

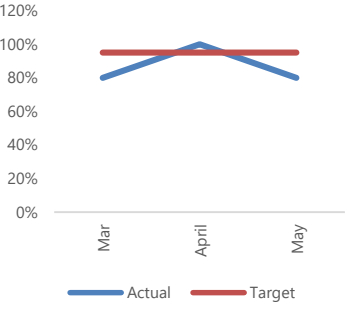
OAPS - OXON


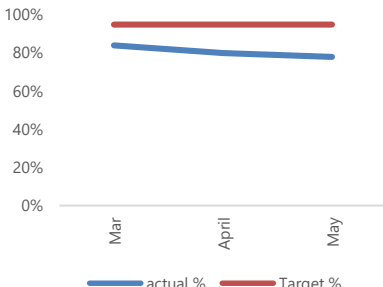
Quarter	Target	Actual	Variance
Q1 FY19 – M01 & 02	302	325	+ 23

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	10 weeks	 <p>Actual % Target %</p>	Risk that patients may be waiting too long to receive care.	○	<p>The average wait in May for CBT across the county was 10 weeks. Accommodation issues in the North East and the Vale as the main contributory factors and the Trust has escalated to Commissioners who are working with the Trust to help identify possible solutions. Actual waits for May were;</p> <ul style="list-style-type: none"> • City = 8 weeks • Vale = 17 weeks • South East = 7 weeks • West = 0 weeks • North East = 17 weeks • North 2 = 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.	○	<p>The average wait in May for counselling was 11 weeks. This wait continues to be impacted due to lack of available accommodation in the south of the county. PML (part of IAPT provision) are working to secure suitable and affordable accommodation in the area.</p>

Service	Flag	Ref	Measure	Target	Actual	Trend	Impact	Code	Action & Resolution Timescale												
Oxon OBC		1	% of people that have had their cluster reviewed within the agreed timescale	85%	56% (59/105)	 <table border="1"> <caption>Cluster Review Performance</caption> <thead> <tr> <th>Month</th> <th>Actual %</th> <th>Target %</th> </tr> </thead> <tbody> <tr> <td>Mar</td> <td>56%</td> <td>85%</td> </tr> <tr> <td>Apr</td> <td>70%</td> <td>85%</td> </tr> <tr> <td>May</td> <td>56%</td> <td>85%</td> </tr> </tbody> </table>	Month	Actual %	Target %	Mar	56%	85%	Apr	70%	85%	May	56%	85%	Right cluster of package care may not be delivered.	DQ	The Trust analytical teams are working to identify gaps in patient cluster reviews. Initial investigations have highlighted issues with the reporting data. A data action plan is in place with completion expected by August 2018.
Month	Actual %	Target %																			
Mar	56%	85%																			
Apr	70%	85%																			
May	56%	85%																			
Oxon OBC		5	Percentage of outpatient letters that are sent back to GPs (uploaded to Care Notes) within 10 calendar days	95%	60% (50/84)	 <table border="1"> <caption>Outpatient Letters Performance</caption> <thead> <tr> <th>Month</th> <th>Actual %</th> <th>Target %</th> </tr> </thead> <tbody> <tr> <td>March</td> <td>80%</td> <td>95%</td> </tr> <tr> <td>April</td> <td>70%</td> <td>95%</td> </tr> <tr> <td>May</td> <td>60%</td> <td>95%</td> </tr> </tbody> </table>	Month	Actual %	Target %	March	80%	95%	April	70%	95%	May	60%	95%	Risk to continuity of care.	W	The South team is at 37.5%, with 15 breaches attributed to the letter being uploaded between 10 & 21 days. The North team is at 94%, with 3 breaches where letters were uploaded within 15 days. The City is at 55% with 16 breaches. Six of these breaches were 4 days late and the other ten were uploaded within 21 days. Service demand increases and workforce resource shortages are the reasons for all of these breaches.
Month	Actual %	Target %																			
March	80%	95%																			
April	70%	95%																			
May	60%	95%																			

Service	Flag	Ref	Measure	Target	Actual	Trend	Impact	Code	Action & Resolution Timescale
Oxon OBC		6	Percentage of typed discharge letters that are sent back to GPs within 24 hours of discharge	95%	84% (46/55)		Risk to continuity of care.	W	3 discharges occurred over the bank holiday weekend, and the remaining breaches were due to limited workforce availability. Managers are monitoring performance where this is the first breach occurrence.
Oxon OBC		8	Adult CMHTs - Percentage of referrals categorised as crisis/emergency that are assessed within 4 hours	95%	80% (8/10)		Delayed access to care	DQ	Two breaches: <ul style="list-style-type: none"> Inputting error. The data report is to be revalidated. Patient seen within 6 hours – difficulties in obtaining contact.
Oxon OBC		10	Adult CMHTs - Percentage of referrals categorised as non-urgent that are assessed within 28 calendar days	90%	75% (135/179)		Access to care	CR	The Trust has been more flexible with routine referrals up to 8 weeks; all patients go through the triage process and resulting appointments are issued based on clinical need. Performance has improved from last month; in May there were 44 breaches compared to 68 in April. Breaches were as follows; <ul style="list-style-type: none"> 4x ADHD lack of capacity to offer appointment

Service	Flag	Ref	Measure	Target	Actual	Trend	Impact	Code	Action & Resolution Timescale												
									<ul style="list-style-type: none"> 5x lack of capacity of psychologist appointments 5 X DNA All South and North Team breaches were assessed within 56 days 												
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%	78% (42/54)	 <table border="1"> <caption>Actual vs Target Performance</caption> <thead> <tr> <th>Month</th> <th>Actual %</th> <th>Target %</th> </tr> </thead> <tbody> <tr> <td>Mar</td> <td>~85%</td> <td>95%</td> </tr> <tr> <td>April</td> <td>~80%</td> <td>95%</td> </tr> <tr> <td>May</td> <td>78%</td> <td>95%</td> </tr> </tbody> </table>	Month	Actual %	Target %	Mar	~85%	95%	April	~80%	95%	May	78%	95%	Risk to continuity of care.	DQ	The service has identified where the specific performance issues exist and are actively addressing this through targeted management approaches. Performance this month was also compounded by some specific workforce matters which are also being addressed.
Month	Actual %	Target %																			
Mar	~85%	95%																			
April	~80%	95%																			
May	78%	95%																			

All Ages Mental Health Buckinghamshire - Month 2 FY18/19

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 **204 indicators** for 2018/19 applicable to the directorate, 16 of which are activity targets; 39 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: 39 indicators

- All 39 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 narrative is not yet available for this report.

Performance Scorecard

The **All Ages Mental Health Buckinghamshire** Directorate was required to report against **39 contractual indicators in M2, excluding activity only KPIs**.

Bucks CAMHS was required to report against **147 indicators, excluding activity only KPIs**. This is a total of **186 indicators in M2**

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.


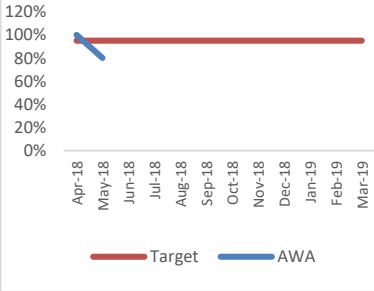

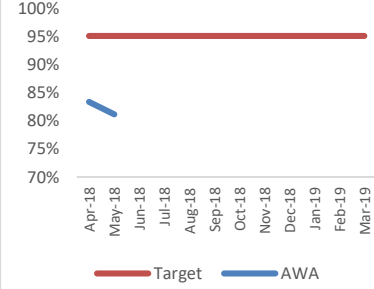
93% of indicators were achieved in month 2:


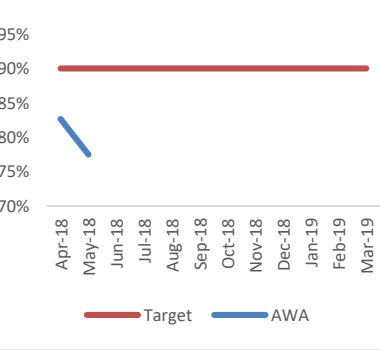

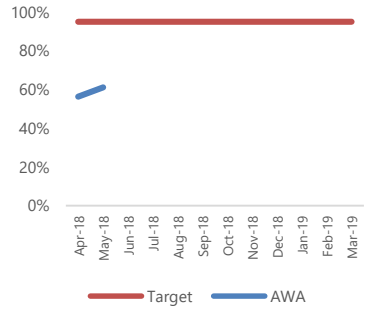
	Well Below Target >10%	Below Target <10%	At /above Target	No target	% met
Total (186)	10	3	173	16	93%
Bucks Older People and Adult MH (39)	6	3	30	16	77%
Bucks CAMHS (147)	4	0	143	N/A	98%



OAPS - BUCKS


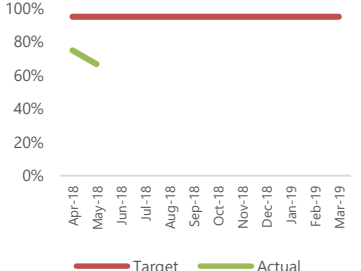
Quarter FY18/19	Target	Actual	Variance
Q1 – M01 & 02	281	317	+36

R Red Indicators


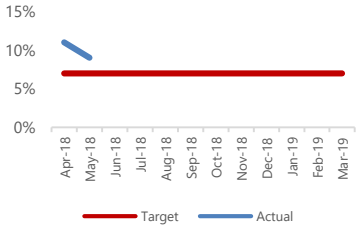

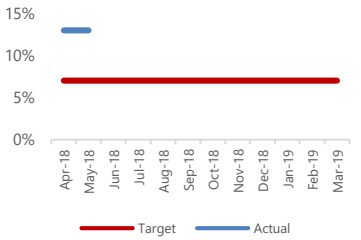
Service	Flag	Ref	Measure	Target	Actual	Trend	Impact	Code	Action & Resolution Timescale
Bucks CCG (AWA)		Pr04i	Emergency referrals to Mental Health Team will be seen within 4 hours for assessment	95%	80% (4/5)		Delayed access to services for patients	O	<p><u>Aylesbury</u> 100% (2/2) <u>Chiltern</u> 67% (2/3) One patient breached by just 2 minutes – the patient was seen, assessed and referred onward to counselling.</p>
Bucks CCG (AWA)		Pr 04ii	Urgent referrals to Mental Health Team will be seen within 7 consecutive days for assessment	95%	81% (30/37)		Delayed access to services for patients	O	<p><u>Aylesbury</u> – 91% (20/22) Two patients breached owing to their appointment being made outside the timeframe. These patients have since been seen and have received appropriate intervention. <u>Chiltern</u> – 67% (10/15) 5 breaches:</p> <ul style="list-style-type: none"> • 1 patient downgraded to routine but not communicated to GP. • 2 patients not documented as to why sooner apt was not offered • 1 patient: 1st apt patient DNAd, 2nd apt inadvertently booked outside of time frame • 1 patient chose to be seen outside of the timeframe


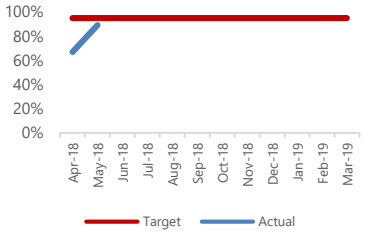

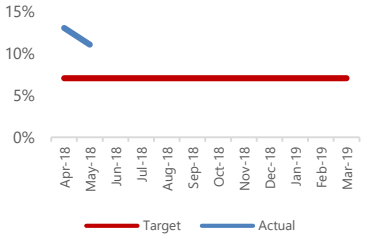
Bucks CCG (AWA)		Pr04ii i	Routine (non-emergency referral to Mental Health Team will be seen within 28 days for assessment	90%	78% (93/120)	 <table border="1"> <caption>Line Chart Data: Routine referral to Mental Health Team</caption> <thead> <tr> <th>Month</th> <th>Target (%)</th> <th>AWA (%)</th> </tr> </thead> <tbody> <tr><td>Apr-18</td><td>90</td><td>82</td></tr> <tr><td>May-18</td><td>90</td><td>78</td></tr> <tr><td>Jun-18</td><td>90</td><td>78</td></tr> <tr><td>Jul-18</td><td>90</td><td>78</td></tr> <tr><td>Aug-18</td><td>90</td><td>78</td></tr> <tr><td>Sep-18</td><td>90</td><td>78</td></tr> <tr><td>Oct-18</td><td>90</td><td>78</td></tr> <tr><td>Nov-18</td><td>90</td><td>78</td></tr> <tr><td>Dec-18</td><td>90</td><td>78</td></tr> <tr><td>Jan-19</td><td>90</td><td>78</td></tr> <tr><td>Feb-19</td><td>90</td><td>78</td></tr> <tr><td>Mar-19</td><td>90</td><td>78</td></tr> </tbody> </table>	Month	Target (%)	AWA (%)	Apr-18	90	82	May-18	90	78	Jun-18	90	78	Jul-18	90	78	Aug-18	90	78	Sep-18	90	78	Oct-18	90	78	Nov-18	90	78	Dec-18	90	78	Jan-19	90	78	Feb-19	90	78	Mar-19	90	78	Delayed access to services for patients	O	<p><u>Aylesbury</u>: 67% (14/21) Six patients received intervention outside of the routine timeframe.</p> <ul style="list-style-type: none"> 4 patients did not receive a medical appointment within 28 days, 1 was not referred to a more suitable service in a timely manner 1 patient opted for an appointment which led to a timescale breach. <p><u>Chiltern</u>: 80% (79/99) Breaches were as follows:</p> <ul style="list-style-type: none"> 11 were patient choice 1 – staff were unaware that the patient had arrived, resulting in inability to see the patient on that day 8 - no documentation as to why a sooner appointment was not offered (breaches by 2 or 3 days)
Month	Target (%)	AWA (%)																																														
Apr-18	90	82																																														
May-18	90	78																																														
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Jan-19	90	78																																														
Feb-19	90	78																																														
Mar-19	90	78																																														
Bucks CCG (AWA)		Local 20i	% people will have care review within the (timeframe) specified by the cluster package	95%	61% (49/80)	 <table border="1"> <caption>Line Chart Data: Care review within timeframe</caption> <thead> <tr> <th>Month</th> <th>Target (%)</th> <th>AWA (%)</th> </tr> </thead> <tbody> <tr><td>Apr-18</td><td>95</td><td>58</td></tr> <tr><td>May-18</td><td>95</td><td>60</td></tr> <tr><td>Jun-18</td><td>95</td><td>60</td></tr> <tr><td>Jul-18</td><td>95</td><td>60</td></tr> <tr><td>Aug-18</td><td>95</td><td>60</td></tr> <tr><td>Sep-18</td><td>95</td><td>60</td></tr> <tr><td>Oct-18</td><td>95</td><td>60</td></tr> <tr><td>Nov-18</td><td>95</td><td>60</td></tr> <tr><td>Dec-18</td><td>95</td><td>60</td></tr> <tr><td>Jan-19</td><td>95</td><td>60</td></tr> <tr><td>Feb-19</td><td>95</td><td>60</td></tr> <tr><td>Mar-19</td><td>95</td><td>61</td></tr> </tbody> </table>	Month	Target (%)	AWA (%)	Apr-18	95	58	May-18	95	60	Jun-18	95	60	Jul-18	95	60	Aug-18	95	60	Sep-18	95	60	Oct-18	95	60	Nov-18	95	60	Dec-18	95	60	Jan-19	95	60	Feb-19	95	60	Mar-19	95	61	Right cluster of package care may not be delivered	DQ	<p><u>Aylesbury</u> 74% (23/31) <u>Chiltern</u> 53% (26/49) Although the service has seen an improvement for this reporting period, cluster review remains a challenge. The service will continue with the agreed improvement plan going forward with a target resolution date of month 5 (August 2018).</p>
Month	Target (%)	AWA (%)																																														
Apr-18	95	58																																														
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Jan-19	95	60																																														
Feb-19	95	60																																														
Mar-19	95	61																																														

Bucks CCG (OPMH)			Memory Service Users with Diagnosis (F00, F01, F02, F03 and F06.7) will receive an assessment and diagnosis within 40 days of receipt of referral.	85%	69% (47/68)	 <table border="1"> <caption>Performance Data</caption> <thead> <tr> <th>Month</th> <th>Target (%)</th> <th>Actual (%)</th> </tr> </thead> <tbody> <tr><td>Apr-18</td><td>85</td><td>85</td></tr> <tr><td>May-18</td><td>85</td><td>69</td></tr> <tr><td>Jun-18</td><td>85</td><td>69</td></tr> <tr><td>Jul-18</td><td>85</td><td>69</td></tr> <tr><td>Aug-18</td><td>85</td><td>69</td></tr> <tr><td>Sep-18</td><td>85</td><td>69</td></tr> <tr><td>Oct-18</td><td>85</td><td>69</td></tr> <tr><td>Nov-18</td><td>85</td><td>69</td></tr> <tr><td>Dec-18</td><td>85</td><td>69</td></tr> <tr><td>Jan-19</td><td>85</td><td>69</td></tr> <tr><td>Feb-19</td><td>85</td><td>69</td></tr> <tr><td>Mar-19</td><td>85</td><td>69</td></tr> </tbody> </table>	Month	Target (%)	Actual (%)	Apr-18	85	85	May-18	85	69	Jun-18	85	69	Jul-18	85	69	Aug-18	85	69	Sep-18	85	69	Oct-18	85	69	Nov-18	85	69	Dec-18	85	69	Jan-19	85	69	Feb-19	85	69	Mar-19	85	69		<p><u>Aylesbury</u>: 94% (17/18)</p> <ul style="list-style-type: none"> 1 patient breach no reason documented <p><u>Chiltern</u>: 60% (30/50)</p> <ul style="list-style-type: none"> 19 patients received the first available appointment (which was outside of target time) 1 cancelled by service due to a clinical emergency. <p>The service has seen a significant increase in memory clinic referrals over the past 4 months; on average, there have been over 100 new memory clinic referrals per month.</p> <p>Unplanned workforce absences have resulted in a small backlog of patients, as well as adversely impacting on patient waits. In response, the service has remapped memory clinics and medic cover and are now able to offer a further 10 appointments per month; this will take the amount of new assessments available to 75.</p>
Month	Target (%)	Actual (%)																																													
Apr-18	85	85																																													
May-18	85	69																																													
Jun-18	85	69																																													
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Bucks CCG (Perinatal)			% women requiring non-emergency assessments will be completed within 2 weeks of referral (14 calendar days)	95%	67% (4/6)		Risk to patient care	O	1 patient declined the first two appointments offered, and the second patient could not be contacted within the two-week period, which pushed her outside the timeframe. Both patients have since been seen and have received the appropriate intervention.
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BUCKS CAMHS –

Service	Flag	Ref	Measure	Target	Actual	Trend	Impact	Code	Action & Resolution Timescale
Bucks CAMHS; Access: Targeted Pathway (Getting Help)			% DNA's	7%	9%				
Bucks CAMHS Access-Specialist: Getting More Help			% DNA's	7%	13%				

<p>Bucks CAMHS Access-Specialist: Eating Disorders</p>			<p>%Routine Referrals Assessed within 4 weeks</p>	<p>95%</p>	<p>89%</p>				
<p>Bucks CAMHS Access-Specialist: Help-Reconnect</p>			<p>\$ DNA's</p>	<p>7%</p>	<p>11%</p>				

Community Services Directorate – M2 FY18/19

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.

There are **367** indicators for 2018/19 applicable to the directorate, 245 of which are activity targets; The indicators are categorised as follows:

- **Adults Community Services** – 66 indicators
59 are reportable monthly, 5 are reportable quarterly and 2 are reportable bi-annually;
 - **Children’s Community Services** – 8 indicators
6 are reportable monthly, 1 quarterly and 1 at the end of each term;
 - **School Health Nursing Services in Oxon Primary and Secondary schools and further education colleges and Health Promotion – Oxfordshire County Council** - 293 indicators
48 quality indicators and 245 activity indicators. Quality indicators are reportable quarterly and annually. Activity indicators are reported monthly and termly. Health Visiting – Oxfordshire County Council – reported quarterly
- Continuing Healthcare (CHC) Contract – Buckinghamshire CCG (awaiting signatories)** – indicators under negotiation


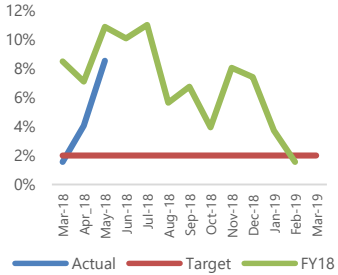

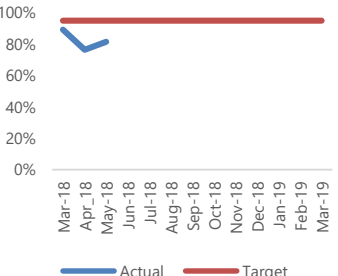
Performance Scorecard


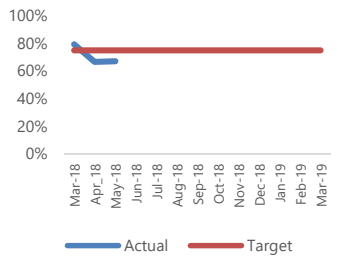

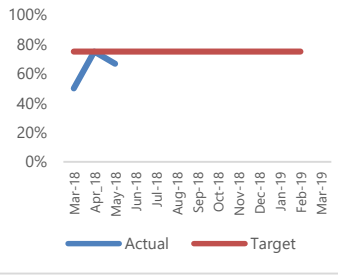


The **Community Services Directorate** was required to report against **65 indicators in M2, excluding activity only KPIs**




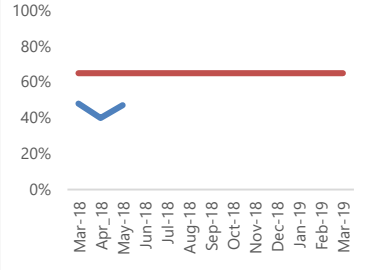

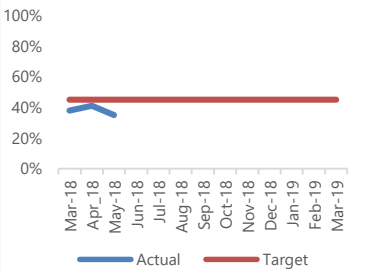
68% of performance indicators were achieved in month 2

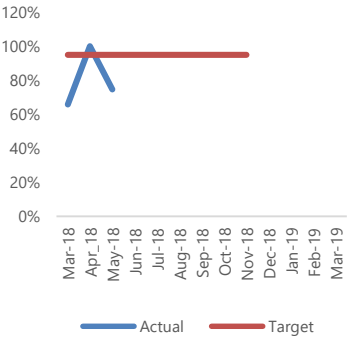
	Well Below Target >10%	Below Target <-10%	At/above Target	No target	% met
Total (65)	11	10	44	293	68%
Community Services (Adults and Children’s) – Oxon CCG	11	10	44	n/a	68%
SHN & Health Promotion - OCC	n/a	n/a	n/a	293	n/a
Continuing Healthcare Contract – Bucks CCG	n/a	n/a	n/a	n/a	n/a



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%	9% (74/866)		Extended waiting time for patients. Potential for increase in complaints	W	A decrease in performance was seen this month despite service planning for the anticipated increase in demand (bank holidays and school half term). There is an ongoing challenge, both locally and nationally, to recruit GPs and the Trust is working collaboratively with Oxon CCG OUH, GP federations and SCAS to address this. A business case has been developed and is under review with Commissioners to identify an appropriate solution.
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%	82% (80/98)		Delay in information being received by GPs	DQ	This has been identified as a data quality/IT issue. It appears that several discharge summaries are being sent outside the IT system route, resulting in under reporting. Work is underway with the medics and the Carenotes team to improve the use of a single system. A clear action plan and associated timetable for resolution is in development.

Service	Flag	Ref	Measure	Target	Actual	Trend	Impact	Code	Action & Resolution Timescale
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% (43/64)		Failure of patients to reach their full rehab potential leading to greater reliance on services to maintain independence	CR	The service is seeing more patients with increasingly high dependency levels, which in turn adversely impacts on FIM scores. The service is gradually improving the accuracy of predictions regarding how well specific patients are likely to respond to rehabilitation; however, there will always be an element of changeability with some patients.
Community Hospitals (Oxon CCG)		D2a	% of stroke patients will have an improved FIM score of 11 points or more by their MDT fit date	75%	67% (12/18)		Failure of patients to reach their full rehab potential leading to greater reliance on services to maintain independence	CR	Limited Tier 2 stroke service resources have impacted on the performance of this indicator, which is nevertheless moving in the right direction. Planned service changes will result in alignment of the different teams on one site from July 2018 where it is anticipated that patient outcomes will be further improved.
Physical Disability Physio Service (Oxon CCG)		D8	Percentage of Patients will wait no longer than 12 weeks to first appointment offered	95%	58% (46/80)		Extended waits for assessment and treatment, patient dissatisfaction, condition exacerbation	DF	A revised business case has been submitted to commissioners (OCCG) and escalated through contract governance where a response is still awaited. Commissioners have requested a further month to consider all options and will respond to the Trust by end of July 2018.

Service	Flag	Ref	Measure	Target	Actual	Trend	Impact	Code	Action & Resolution Timescale																																										
Stroke (Oxon CCG)		D31ii	Median % of days as an inpatient on which physiotherapy is received	65%	57%	 <table border="1"> <caption>Physiotherapy Trend 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>65</td></tr> <tr><td>Apr-18</td><td>55</td><td>65</td></tr> <tr><td>May-18</td><td>57</td><td>65</td></tr> <tr><td>Jun-18</td><td>57</td><td>65</td></tr> <tr><td>Jul-18</td><td>57</td><td>65</td></tr> <tr><td>Aug-18</td><td>57</td><td>65</td></tr> <tr><td>Sep-18</td><td>57</td><td>65</td></tr> <tr><td>Oct-18</td><td>57</td><td>65</td></tr> <tr><td>Nov-18</td><td>57</td><td>65</td></tr> <tr><td>Dec-18</td><td>57</td><td>65</td></tr> <tr><td>Jan-19</td><td>57</td><td>65</td></tr> <tr><td>Feb-19</td><td>57</td><td>65</td></tr> <tr><td>Mar-19</td><td>57</td><td>65</td></tr> </tbody> </table>	Month	Actual (%)	Target (%)	Mar-18	60	65	Apr-18	55	65	May-18	57	65	Jun-18	57	65	Jul-18	57	65	Aug-18	57	65	Sep-18	57	65	Oct-18	57	65	Nov-18	57	65	Dec-18	57	65	Jan-19	57	65	Feb-19	57	65	Mar-19	57	65	Failure of patients to reach their full rehab potential leading to greater reliance on services to maintain independence	W	Workforce vacancy in physio has continued to impact service delivery but the post has now been successfully recruited to with anticipated start date of September 2018. In the interim, a timetable structure has been implemented to maximise therapy contacts, together with an improved use of rehabilitation assistant sessions.
Month	Actual (%)	Target (%)																																																	
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Mar-19	57	65																																																	
Stroke (Oxon CCG)		D31 aii	Median % of days as an inpatient on which occupational therapy is received	65%	47%	 <table border="1"> <caption>Occupational Therapy Trend Data</caption> <thead> <tr> <th>Month</th> <th>Actual (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr><td>Mar-18</td><td>45</td><td>65</td></tr> <tr><td>Apr-18</td><td>47</td><td>65</td></tr> <tr><td>May-18</td><td>47</td><td>65</td></tr> <tr><td>Jun-18</td><td>47</td><td>65</td></tr> <tr><td>Jul-18</td><td>47</td><td>65</td></tr> <tr><td>Aug-18</td><td>47</td><td>65</td></tr> <tr><td>Sep-18</td><td>47</td><td>65</td></tr> <tr><td>Oct-18</td><td>47</td><td>65</td></tr> <tr><td>Nov-18</td><td>47</td><td>65</td></tr> <tr><td>Dec-18</td><td>47</td><td>65</td></tr> <tr><td>Jan-19</td><td>47</td><td>65</td></tr> <tr><td>Feb-19</td><td>47</td><td>65</td></tr> <tr><td>Mar-19</td><td>47</td><td>65</td></tr> </tbody> </table>	Month	Actual (%)	Target (%)	Mar-18	45	65	Apr-18	47	65	May-18	47	65	Jun-18	47	65	Jul-18	47	65	Aug-18	47	65	Sep-18	47	65	Oct-18	47	65	Nov-18	47	65	Dec-18	47	65	Jan-19	47	65	Feb-19	47	65	Mar-19	47	65	Failure of patients to reach their full rehab potential leading to greater reliance on services to maintain independence	W	Vacancy and unplanned leave workforce matters both contributed to impact on occupational therapy service delivery in May. A timetable structure has been implemented to maximise therapy contacts, together with an improved use of rehabilitation assistant sessions.
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Stroke (Oxon CCG)		D31 bii	Median % of days as an inpatient on which speech therapy is received	45%	35%	 <table border="1"> <caption>Speech Therapy 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>45</td></tr> <tr><td>Apr-18</td><td>42</td><td>45</td></tr> <tr><td>May-18</td><td>35</td><td>45</td></tr> <tr><td>Jun-18</td><td>35</td><td>45</td></tr> <tr><td>Jul-18</td><td>35</td><td>45</td></tr> <tr><td>Aug-18</td><td>35</td><td>45</td></tr> <tr><td>Sep-18</td><td>35</td><td>45</td></tr> <tr><td>Oct-18</td><td>35</td><td>45</td></tr> <tr><td>Nov-18</td><td>35</td><td>45</td></tr> <tr><td>Dec-18</td><td>35</td><td>45</td></tr> <tr><td>Jan-19</td><td>35</td><td>45</td></tr> <tr><td>Feb-19</td><td>35</td><td>45</td></tr> <tr><td>Mar-19</td><td>35</td><td>45</td></tr> </tbody> </table>	Month	Actual (%)	Target (%)	Mar-18	40	45	Apr-18	42	45	May-18	35	45	Jun-18	35	45	Jul-18	35	45	Aug-18	35	45	Sep-18	35	45	Oct-18	35	45	Nov-18	35	45	Dec-18	35	45	Jan-19	35	45	Feb-19	35	45	Mar-19	35	45	Failure of patients to reach their full rehab potential leading to greater reliance on services to maintain independence	W	A high proportion of patients on the unit continue to require increased SLT input, compared to national averages. This has resulted in an increase in therapy requirement without an increase in resource, which in turn has adversely impacted on KPI attainment. In response, this is being reviewed regularly via SQM, and the SLT service have commenced the use of timetables to maximise therapy contacts.
Month	Actual (%)	Target (%)																																																	
Mar-18	40	45																																																	
Apr-18	42	45																																																	
May-18	35	45																																																	
Jun-18	35	45																																																	
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Service	Flag	Ref	Measure	Target	Actual	Trend	Impact	Code	Action & Resolution Timescale
Continuing Health Care (Oxon CCG)		1	Eligibility decisions are made within 28 days of accepting a referral. All assessments required for eligibility decisions are to be completed within this timeframe	95%	75% (44/59)		Extended waits for assessment and treatment, patient dissatisfaction, condition exacerbation	O	The service continues to work towards sustaining 28 days. This is being actioned through a variety of management approaches including daily locality conversations and close tracking through management oversight.
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%	58% (7/12)		Extended waits for care, blockage in the patient pathway, patient dissatisfaction	I	OHFT is commissioned to assess eligibility for Fast Track packages of care. The responsibility for providing packages of care which are in place within 2 working days, sits outside of the remit of The Trust. On this basis, the Trust has requested the withdrawal of this indicator. A system triggered escalation meeting was held in June with all key stakeholders with several short term and long-term actions agreed to be led and co-ordinated by commissioners at OCCG. Contract governance is also being deployed to ensure greater oversight and focus to achieve a timely resolution to this issue and proposed removal of

Service	Flag	Ref	Measure	Target	Actual	Trend	Impact	Code	Action & Resolution Timescale																																										
									this KPI from the Trust's contract but retention at a system level.																																										
Children's Community Services		E3	Percentage of new pupils to an educational setting covered by a named clinical nurse specialist to have had a completed full nursing assessment within one school term of them starting in that setting. Section 76 CNS Special Schools.	90%	72% (68/95)	 <table border="1"> <caption>Actual Performance vs Target (Percentage of new pupils covered by a named clinical nurse specialist)</caption> <thead> <tr> <th>Month</th> <th>Actual (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr><td>Mar-18</td><td>~65</td><td>90</td></tr> <tr><td>Apr-18</td><td>~65</td><td>90</td></tr> <tr><td>May-18</td><td>~75</td><td>90</td></tr> <tr><td>Jun-18</td><td>~65</td><td>90</td></tr> <tr><td>Jul-18</td><td>~65</td><td>90</td></tr> <tr><td>Aug-18</td><td>~65</td><td>90</td></tr> <tr><td>Sep-18</td><td>~65</td><td>90</td></tr> <tr><td>Oct-18</td><td>~65</td><td>90</td></tr> <tr><td>Nov-18</td><td>~65</td><td>90</td></tr> <tr><td>Dec-18</td><td>~65</td><td>90</td></tr> <tr><td>Jan-19</td><td>~65</td><td>90</td></tr> <tr><td>Feb-19</td><td>~65</td><td>90</td></tr> <tr><td>Mar-19</td><td>~65</td><td>90</td></tr> </tbody> </table>	Month	Actual (%)	Target (%)	Mar-18	~65	90	Apr-18	~65	90	May-18	~75	90	Jun-18	~65	90	Jul-18	~65	90	Aug-18	~65	90	Sep-18	~65	90	Oct-18	~65	90	Nov-18	~65	90	Dec-18	~65	90	Jan-19	~65	90	Feb-19	~65	90	Mar-19	~65	90	Extended waiting time possibly resulting in delayed care	DQ	It has been identified that data reporting issues have attributed to this breach. Required system and performance reporting changes are in progress and to bring about resolution to prevent reoccurrence.
Month	Actual (%)	Target (%)																																																	
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Specialised Services Directorate – M2 FY18/19

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;

There are 88 indicators for 2018/19 applicable to the directorate, 10 of which are activity targets; The indicators are categorised as follows:

Specialist Learning Disability Health Services contract - Oxfordshire CCG

Learning Disabilities (14) – (contract effective July-June)

- 13 indicators reported monthly (of which 4 are baselining, under review, have no target, or 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 **65 indicators in M2, excluding activity only KPIs**

88% of indicators were achieved in month 2

	Well Below Target >10%	Below Target <-10%	At/above Target	No target	% met
Total (65)	3	5	57	10	88%
LD – Oxon CCG (09)	3	1	5	4	56%
NHSE Specialised Services					
Dental (30)	0	0	30		100%
MSU (13)	0	1	12	3	92%
LSU (13)	0	3	10	3	77%


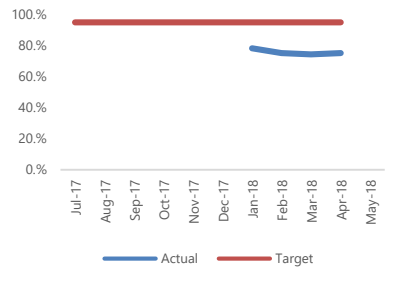

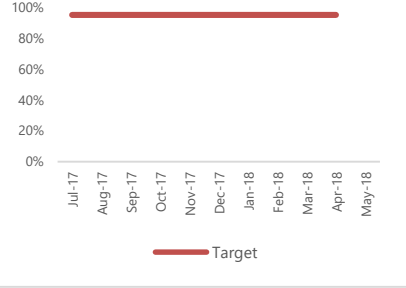

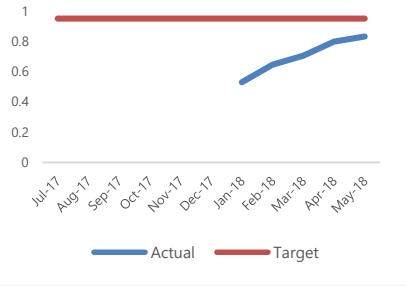
NOTE:

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.

OAPS - LD




Quarter FY18/19	Target	Actual	Variance
Q1 – M01 & 02	Ceiling target of 9	3	- 6

R Red Indicators

Service	Flag	Ref	Measure	Target	Actual	Trend	Impact	Code	Action & Resolution Timescale
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%	tbc		Risk to continuity of care.	DQ	A data improvement plan has been put in place where it's been identified that the system is not capturing the information automatically to enable clear reporting around performance. This has an anticipated completion date of end of July 2018 (Month 4). In the meantime, a manual process is in place that records the medics letter uploaded on the progress notes, as constituting the care plan.
Learning Disabilities			CPA: % of service users on CPA for at least 12 months who had a CPA review within the last 12 months (applicable from 1 January 2018)	95%	tbc		Risk to continuity of care.	DQ	A data improvement plan has been put in place to agree the reporting rules for this measure. Reported figures for month 2 are therefore still provisional at present. Weekly progress updates are provided to the commissioners.
Learning Disabilities			Risk Assessment: % of service users with an up to date risk assessment (reviewed within the last 12 months) (applicable from 1 January 2018)	95%	83% (473/572)		Risk to continuity of care.	O	A month on month improvement can be seen since Jan, across the service. All clients have uploaded risk assessments and all new cases have a risk assessment via the Trusts patient record system (Care notes). Remedial actions are under way in all teams to ensure all cases have a risk summary in

Service	Flag	Ref	Measure	Target	Actual	Trend	Impact	Code	Action & Resolution Timescale
									place. This has been highlighted as a priority for all teams via governance and operational meetings.

Key:

Flag	Description	Action Required
	Indicator has been > 10% under plan for 1 month	noted by Board, if a material dip is reported, causation to be explored and explained, otherwise watching brief with limited action
	Indicator has been > 10% under target for 2 consecutive months	initial root-cause analysis required with remedial actions defined, with date for improved performance confirmed. Reported to Board for information and oversight
	Indicator has been > 10% under target for 3+ consecutive months	deep dive required; confirmation of actions required, responsible officer confirmed, delivery dates detailed with improvement trajectory as appropriate, any additional requirements to be agreed in advance.

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