

Trust Board Performance Overview Report – Month 3 2018/19

This report provides an update to the Trust Board on National and local performance indicators.

National Performance

- **Single Oversight Framework (SOF):** The NHS Improvement (NHSI) 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.
- **National Contractual Requirements (NQRs):** There are a number of NQRs that are applicable across multiple Trust contracts.

Local Performance

- **Contractual Performance;** the Trust is contracted by a number of commissioners to provide a range of services across the 4 clinical directorates below. This report provides a summary of performance against the performance indicators within each of the Trust's contracts.
 - All Ages Mental Health – Oxfordshire (includes Swindon, Wilts and BaNES)
 - All Ages Mental Health - Buckinghamshire
 - Community Services
 - Specialised Services
- **Joint Management Groups (JMGs):** The Trust 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.

Indicators

In total, the Trust routinely reports information and performance relating to **2102 indicators**.

Directorate	Indicators with defined targets				Total	Indicators with no target	Totals
	Monthly	Quarterly	Yearly	Bi-Annual/ Seasonal			
National Performance							
Single Oversight Framework	16	4	2	0	22	24	46
Local JMG Performance							
Joint Management Groups	15	21	0	0	36	111	147
Local Contractual Performance							
Community Services	73	63	27	12	175	739	914
All Ages Mental Health Oxon and SWB	111	11	8	4	134	355	489

All Ages Mental Health Buckinghamshire	47	5	1	3	56	208	264
Specialised Services	71	59	0	0	130	112	242
Local Contractual Total	302	138	36	19	495	1414	1909
Grand Total	333	163	38	19	553	1549	2102

Performance Scorecard

77% (337/439) of targeted local contractual indicators were achieved in month 3. SOF data is not fully published and JMG indicators are reported one month in arrears, therefore the M3/Q1 FY19 Trust performance % position relates to contractual KPI performance only.

Directorate	Below target >10%	Below Target -1-9%	Target Met	No Target	Total	% Met
National Performance						
Single Oversight Framework	6	3	11	24	20	55%
Local JMG Performance						
Joint Management Groups	2	2	11	111	15	73%
Local Contractual Performance						
Community Services	12	19	104	739	135	77%
All Ages Mental Health Oxon and SWB	20	21	81	355	122	66%
All Ages Mental Health Buckinghamshire	7	7	38	208	52	73%
Specialised Services	5	11	114	112	130	88%
Local Contractual Performance Total	44	58	337	1414	439	77%

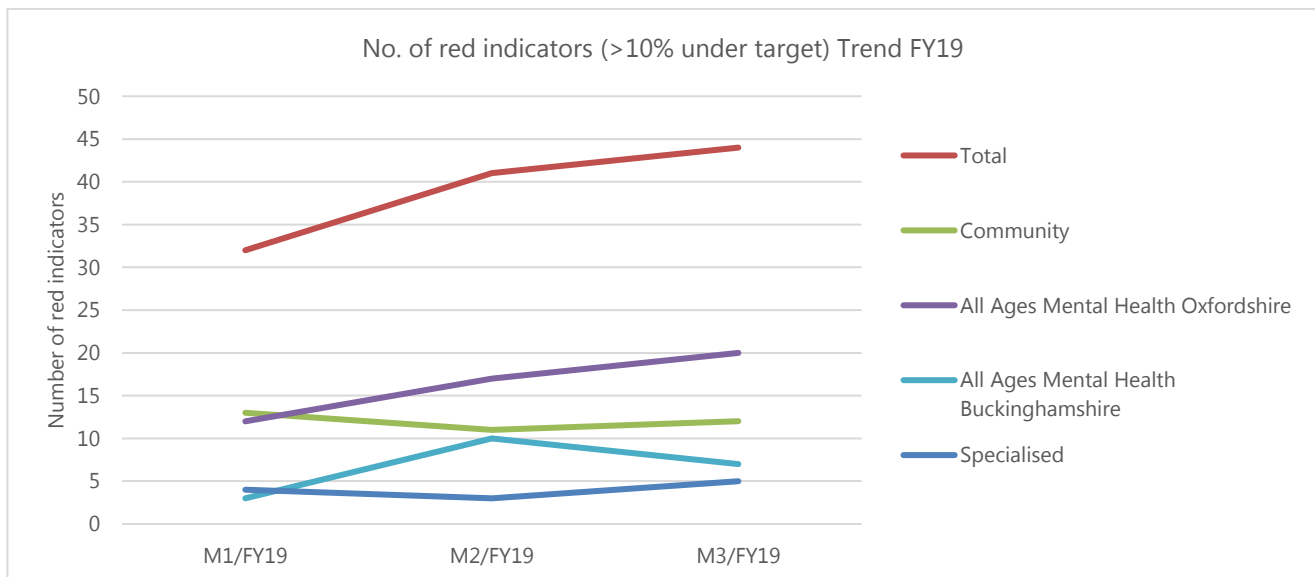
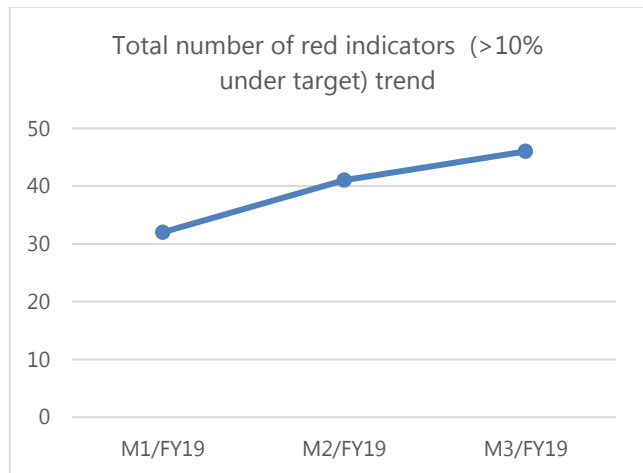
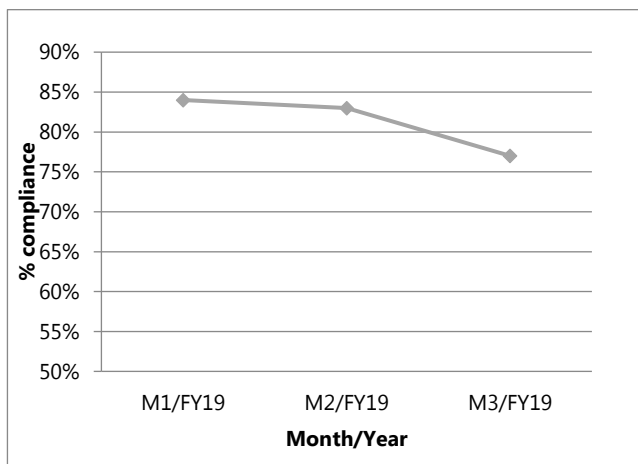
Investigating and managing under-performance

All indicators that have been below target by **more than 10%** for **two consecutive months or more** will be investigated. Reasons for under-performance and plans to address will be reported to the Board at the end of the month.

Performance Trend – Month 3 FY18/19

The number of reportable indicators varies each month. In month 3, 77% of local contractual indicators were achieved. This is a decrease in performance against previous months. This is mainly attributable to indicators that would have previously been excluded from the report (due to the timing of their publication) now being included. In addition, quarterly indicators are also included.

Whilst the number of 'red' indicators appears to have increased significantly this month against previous months, this is due to the new reporting approach and the ability to now include all indicators. On this basis, 'red' indicators that would have been previously excluded from the report are now included.



National: Single Oversight Framework (SOF) – Month 3 2018/19

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 four themes (linked to, but not identical to CQC themes); **Quality of Care, Finance Score, Operational Performance and Organisational Health.**

The **Trust** is required to perform against a set of qualitative and quantitative performance indicators under each theme as follows;

Theme	Monthly	Quarterly	Yearly	No Target/Not reported
Quality of Care	6	2	1	9
Operational Performance	8	2	0	12
Organisational Health	2	0	1	3
Sub-Totals	16	4	2	24
Grand Total	46			

In the majority of cases NHSI will be sourcing Trust performance data from publicly available sources e.g. CQC, NHS Digital, NHS England, and Unify. The majority of the indicators do not have targets/thresholds, so where information is available the published performance has been measured against the average position for England.

Single Oversight Framework (SOF) – Performance Scorecard

In June, 20 indicators were due to be reported, however, there is a time lag of when data is published nationally. At end of June only 9 of the 20 indicators had been published with June’s data. The remaining 11 indicators have yet to be reported with the June position. Therefore, for these 11 indicators the last reported position is reflected in the table below.

Service	Below target >10%	Below Target 1-9%	Target Met	No Target	Total	% Met
Quality of Care	2	1	5	9	8	63%
Operational Performance	3	1	6	12	10	60%
Organisational Health	1	1	0	3	2	0%
Total	6	3	11	24	20	55%

R Red Indicators

The following indicators were showing below target at the most recent available data:

Theme	Ref	Measure	Target/ Eng. Average	Actual	Trend Graph	Narrative
Organisational Health	2	Staff turnover (rolling 12 months)	12% (Trust)	14.35% June 18		Staff turnover in June was 14.35%, a slight decrease compared to April's figure of 14.45%. 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
Quality of Care (Mental Health)	13	Admission to Adult Facilities of patients who are under 16 years old	0	1 June 18		Patient admitted at 4am on 11/6/18 on S136 to the Calm Suite on Opal ward until a suitable CAMHS bed was found. Discharged from Opal on 12/6/18 at 2.30pm.
Quality of Care (Mental Health)	15	% of clients in settled accommodation	58.5%	41.7% Apr 18 (Latest data)		Creation of an in-house solution for MHSDS has enabled us to review the logic for our reporting to ensure that it accurately reflects operational processes. We anticipate seeing an improvement on this measure from June onwards.

Operational Performance	23 b	Priority Metric % coded Adults ethnicity, employment Adults accommodation	85% 51.8%	52.3% Apr 18 (Latest data)	<p>Priority Metrics (Ethnicity, Employment (Adults only), Accommodation (Adults only)) NHS Digital</p>	<p>Performance has increased from 35.3% in March.</p> <p>Work continues in the Trust to improve data completeness and quality. The development of the in-house solution will support this, as we develop automated and data quality reports.</p>
Operational Performance	26	Out of Area Placements – bed days in quarter (Bucks)	Trajectory 281	452 (Q1)	<p>Bucks CCG OAPs trajectory vs actual</p>	<p>Bucks are underperforming in Q1, Year 1 of this target by 171. The CRISIS business case is being progressed and it is anticipated, if accepted by CCG this will alleviate the obvious pressures on OAPs and assist achievement of the trajectory and ultimate goal.</p>
Operational Performance	26	Out of Area Placements – bed days in quarter (Oxon)	Trajectory 302	388 (Q1)	<p>Oxford CCG OAPs trajectory vs actual</p>	<p>Oxon is underperforming in Q1. This has been highlighted to service directors. FYFV leads working with services on reducing beds days. Regular monthly meeting take places between key stakeholders</p>

Local: Joint Management Groups (JMGs) – Month 3 2018/19

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.

In total, there are **147 indicators** for 2018/19 applicable to the Trust broken down by county as follows. 36 indicators have a defined target and 111 indicators are supplied for information only. Performance of the Trust is measured in relation to the targeted indicators only.

County	Monthly	Quarterly	Yearly	Not Targeted
Oxfordshire JMG	15	-	-	53
Buckinghamshire JMG	-	21	-	58
Sub-Totals	15	21		111
Grand Total	147			

The reporting cycle for the JMGs 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.


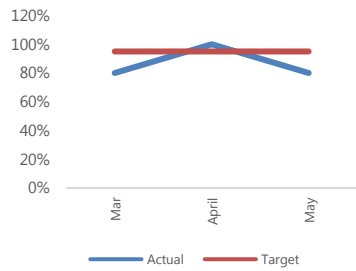

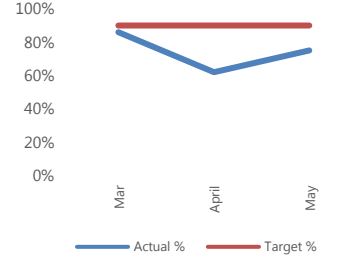
Joint Management Groups - Performance Scorecard

The Trust was required to **perform** against 15 indicators to the Oxfordshire JMG and 21 to the Buckinghamshire JMG. Buckinghamshire JMG data is reported quarterly and one month in arrears therefore will be included into the M4 Board Report. **73% of Oxfordshire JMG indicators were achieved in month 2.**

County	Below Target >10%	Below Target 1-9%	Target Met	% Met
Total	2	2	11	73%
Oxfordshire JMG	2	2	11	73%
Buckinghamshire JMG	n/a	n/a	n/a	n/a

Below are the indicators that were below target by more than 10%. The flag indicates how many month's the indicators has been below target by more than 10% (see key at end of the report).

R Red Indicators

Service/Contract	Flag	Ref	Measure	Target	Actual	Trend Graph	Narrative
Oxon OBC		Sch 4	Referral to Assessment Time: Emergency (4 Hours)	95%	80% (8/10)		<p>Two breaches:</p> <ul style="list-style-type: none"> Inputting error. The data report is to be revalidated. <p>Patient seen within 6 hours – difficulties in obtaining contact.</p>
Oxon OBC		Sch 4	Referral to Assessment Time: Routine (28 Days)	90%	59% (106/179)		<p>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;</p> <ul style="list-style-type: none"> 4x ADHD lack of capacity to offer appointment 5x lack of capacity of psychologist appointments 5 X DNA All South and North Team breaches were assessed within 56 days

All Ages Mental Health Oxfordshire and Swindon, Wilts & Banes – Month 3 FY19

The **All Ages Mental Health Oxfordshire Directorate** is required to perform against a set of qualitative and quantitative performance indicators relating to the contracts commissioned by:

- Oxfordshire Clinical Commissioning Group (OCCG)
- Swindon, Wilts and BaNES Clinical Commissioning Groups and;
- Oxfordshire County Council (OCC)

In total, there are **489 indicators** for 2018/19 applicable to the directorate (excluding JMG indicators which are reported in the JMG section). These are broken down by contract as per the table below. **134 indicators have a defined target** and 355 indicators are supplied for information only. Performance of the directorate is measured in relation to the targeted indicators only.

Service/Contract	Indicators with defined targets					Not Targeted	Totals
	Monthly	Quarterly	Yearly	Bi-annual	Totals		
Oxfordshire Clinical Commissioning Group (CCG)							
Outcomes Based Commissioning (OBC) Sch 4	11	1			12	3	15
OBC Incentivised	12				12	87	99
Child and Adolescent Mental Health Service (CAMHS)	14	3			17	87	104
Integrated Access to Psychological Therapies	10		1		11	9	20
Wellbeing	13				13		13
Oxon Community & Mental Health Contract Sch 4	13	3			16	7	23
Older People	10	3			13	3	16
Adults Eating Disorders Oxon	1				1	3	4
EDPS Oxon	2				2	1	3
Oxfordshire CCG Totals	73	7	1		81	193	274
Swindon, Wilts and BaNES (SWB) Clinical Commissioning Group (CCG)							
Child and Adolescent Mental Health Service (CAMHS)	30				30	114	144
Wiltshire Adult Eating Disorders (ED)	8	4	7	4	23	48	71
SWB CCG Totals	38	4	7	4	53	162	215
Oxfordshire County Council (OCC)							
Joint Management Group (JMG)	15				15	53	68
Directorate Sub-Total	126	11	8	4	149	408	557
Directorate Total excl JMG	111	11	8	4	134	355	489


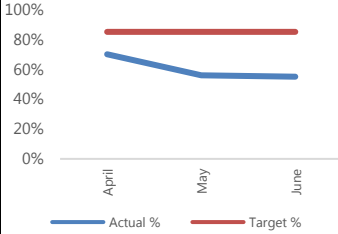

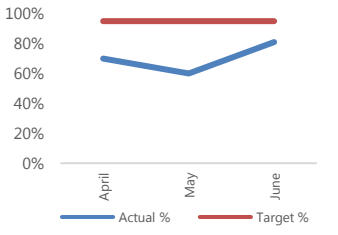

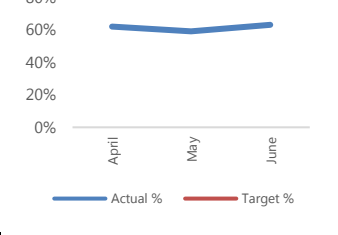
All Ages Mental Health - Oxfordshire Performance Scorecard


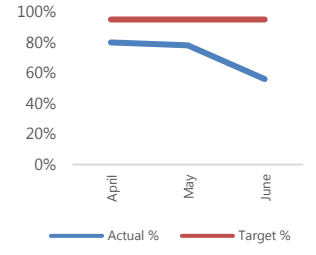

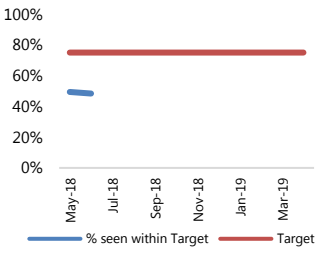

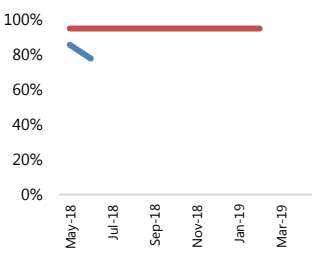
The All Ages Mental Health Oxfordshire Directorate was required to perform against 122 indicators in month 3 (excluding JMG indicators which are reported in the JMG section). **66% of reported indicators were achieved in month 3:**


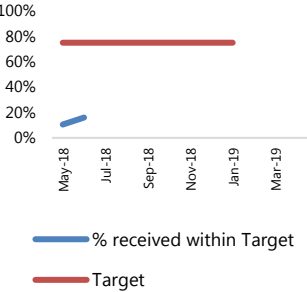

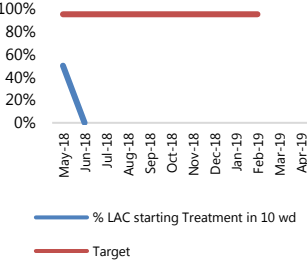

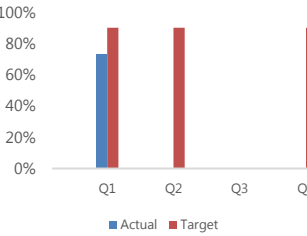
Service/Contract	Below target >10%	Below Target -1-9%	Target Met	No Target	Total	% Met
Oxfordshire Clinical Commissioning Group (CCG)						
Outcomes Based Commissioning (OBC) Sch 4	4	4	4	3	12	33%
Outcomes Based Commissioning (OBC) Incentivised	0	1	11	87	12	92%
Child and Adolescent Mental Health Service (CAMHS)	4	2	11	87	17	65%
Integrated Access to Psychological Therapies (IAPT)	0	1	9	9	10	90%
Wellbeing	0	1	12		13	92%
Oxon Community & Mental Health Contract	3	1	12	7	16	75%
Older People	1	1	11	3	13	85%
Adults Eating Disorders Oxon Sch 4			1	3	1	100%
EDPS Oxon Sch 4	2			1	2	0%
Oxfordshire CCG Totals	11	10	59	193	80	74%
Swindon, Wilts and BaNES Clinical Commissioning Group (CCG)						
Child and Adolescent Mental Health Service (CAMHS)	8	8	14	114	30	47%
Wiltshire Adult Eating Disorders (ED)	1	3	8	48	12	67%
SWB CCG Totals	9	11	22	162	42	52%
Oxfordshire County Council (OCC)						
Joint Management Group (JMG)	2	2	11	53	15	73%
Overall Directorate Performance (excl JMG)	20	21	81	355	122	66%


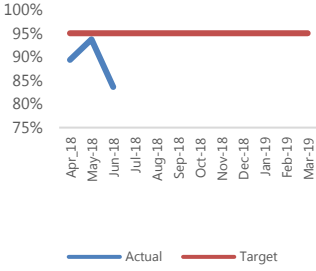

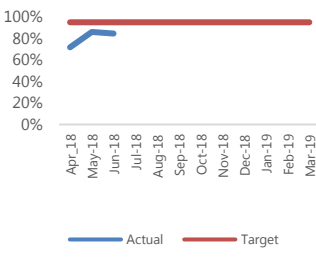
Below are the indicators that were below target by more than 10% in June. The flag indicates how many months the indicator has been below target by more than 10% (see key at end of the report).

R Red Indicators

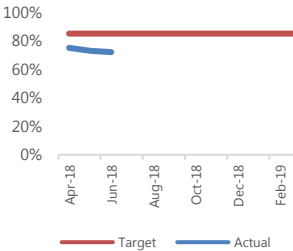
Service/Contract	Flag	Ref	Measure	Target	Actual	Trend Graph	Narrative
Oxfordshire Clinical Commissioning Group							
OBC (Sch 4)		1	% of people that have had their cluster reviewed within the agreed timescale	85%	55% (50/91)		Work is being undertaken to identify if this is a staffing issue or data quality. Action points shall follow on from findings. Trust has informed CCG that this indicator has low clinical impact.
OBC (Sch 4)		5	Percentage of outpatient letters that are sent back to GPs (uploaded to Care Notes) within 10 calendar days	95%	81% (67/83)		Business Services to link in with service leads to identify problem areas and causes of poor performance. Action plan and improvement trajectory to be created in coming months between both parties.
OBC (Sch 4)		10	Adult CMHTs - Percentage of referrals categorised as non-urgent that are assessed within 28 calendar days	90%	63% (126/200)		Agreed with CCG that target has been changed to 8 weeks for a further 3 months. OH and CCG in discussion over demand and capacity. The 56 days performance was 92%. Of the 16 breaches, 6 were seen by the OMHP, 6 were


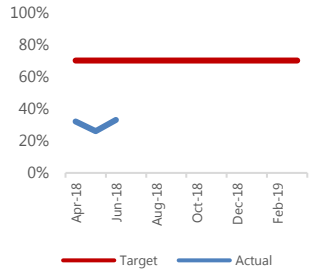

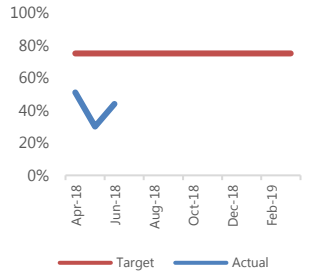

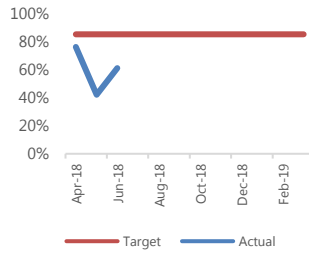

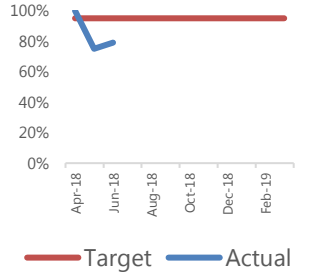
							DNA, 2 admin error and 2 were seen with 70 Days.																					
OBC (Sch 4)		15 A	Part 1 and Part 2 summaries should be issued to the service user's GP within 10 days of discharge from care under this specification	95%	56% (30/54)	 <table border="1"> <caption>OBC (Sch 4) Performance Data</caption> <thead> <tr> <th>Month</th> <th>Actual %</th> <th>Target %</th> </tr> </thead> <tbody> <tr> <td>April</td> <td>80%</td> <td>95%</td> </tr> <tr> <td>May</td> <td>80%</td> <td>95%</td> </tr> <tr> <td>June</td> <td>56%</td> <td>95%</td> </tr> </tbody> </table>	Month	Actual %	Target %	April	80%	95%	May	80%	95%	June	56%	95%	Business Services to link in with service leads to identify problem areas and causes of poor performance. Action plan and improvement trajectory to be created in coming months between both parties.									
Month	Actual %	Target %																										
April	80%	95%																										
May	80%	95%																										
June	56%	95%																										
CAMHS		-	Percentage of children/young person having their first routine appointment within 12 weeks of referral	75%	48% (74/153)	 <table border="1"> <caption>CAMHS Performance Data</caption> <thead> <tr> <th>Month</th> <th>% seen within Target</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td>May-18</td> <td>48%</td> <td>75%</td> </tr> <tr> <td>Jul-18</td> <td>48%</td> <td>75%</td> </tr> <tr> <td>Sep-18</td> <td>48%</td> <td>75%</td> </tr> <tr> <td>Nov-18</td> <td>48%</td> <td>75%</td> </tr> <tr> <td>Jan-19</td> <td>48%</td> <td>75%</td> </tr> <tr> <td>Mar-19</td> <td>48%</td> <td>75%</td> </tr> </tbody> </table>	Month	% seen within Target	Target	May-18	48%	75%	Jul-18	48%	75%	Sep-18	48%	75%	Nov-18	48%	75%	Jan-19	48%	75%	Mar-19	48%	75%	This is the first dataset of the new reporting rules for CAMHS data. Work is still on-going but accurate data is being reported. OH and CCG in discussion over funding to clear the backlog of patients with the use of Helios. OH to propose improvement plan to CCG next month. On agenda for next Exec to Exec.
Month	% seen within Target	Target																										
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CAMHS		-	% of children that are seen within 1 week for urgent CAMHS	95%	78% (7/9)	 <table border="1"> <caption>CAMHS Performance Data</caption> <thead> <tr> <th>Month</th> <th>% seen within...</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td>May-18</td> <td>78%</td> <td>95%</td> </tr> <tr> <td>Jul-18</td> <td>78%</td> <td>95%</td> </tr> <tr> <td>Sep-18</td> <td>78%</td> <td>95%</td> </tr> <tr> <td>Nov-18</td> <td>78%</td> <td>95%</td> </tr> <tr> <td>Jan-19</td> <td>78%</td> <td>95%</td> </tr> <tr> <td>Mar-19</td> <td>78%</td> <td>95%</td> </tr> </tbody> </table>	Month	% seen within...	Target	May-18	78%	95%	Jul-18	78%	95%	Sep-18	78%	95%	Nov-18	78%	95%	Jan-19	78%	95%	Mar-19	78%	95%	One YP was seen in 8 days where the family declined the original appointment offered 1 day within presenting to A&E. The second YP was assessed within 1.6 weeks of CAMHS referral as a result of complex family engagement
Month	% seen within...	Target																										
May-18	78%	95%																										
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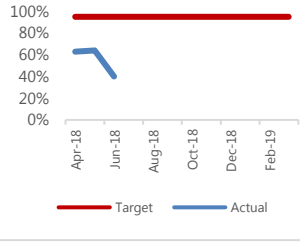
CAMHS		-	Percentage of children that receive a diagnosis or treatment within 12 weeks of routine referral into NCD (Neurodevelopment).	75%	16% (4/25)		This is the first dataset of the new reporting rules for CAMHS data. Work is still on-going but accurate data is being reported. OH and CCG in discussion over funding to clear backlog of patients with the use of Helios. OH to propose improvement plan to CCG next month. On agenda for next Exec to Exec.
CAMHS		-	LAC will be seen within 2 weeks for all CAMHS services excluding the neurodevelopment pathway	95%	0% (0/5)		There has been a miscommunication on the 2 week KPI internally. All of the LAC were triaged and none presented as clinically urgent. All of the LAC outside of the 2 week wait have now been seen. New SOPs have also been written and put in place to ensure clear communication across all teams
Community and Mental Health Older People		-	Service users who are on CPA will have an on-going personalised care plan	90%	73% (22/30)		This underperformance was mainly in the City Team. personalisation of the care plans for our patients will be a focus for our improvements over the next quarter. Clinicians will be asked to ensure that it is clear from the care plan that the goals

							are individualised and have been set either in collaboration with the patient or where not possible with clear consideration of the patients personal needs and circumstances.
Community and Mental Health EDPS		-	All patients referred to EDPS are seen within the agreed timeframe - JR	95%	84% (199/238)		Increase in referral numbers and complexity of patients has led to the breaches. EDPS doctor occasionally gets called away to cover extra demand/sickness on wards at JR. Extra funding for the night team would enable increased staffing to cover long night shifts.
Community and Mental Health EDPS		-	All patients referred to EDPS are seen within the agreed timeframe - HGH	95%	84% (38/45)		The problems relate to the video link to the Horton (meaning staff have to drive to the Horton site); OUH have been made aware of the issues. Increased incidences of junior doctor sickness and increased complexity of patients.

Swindon, Wilts and BaNES Clinical Commissioning Group

SWB community CAMHS – BANES		-	Referral to treatment time. Those who have a wait time of 8 weeks or less	70%	42% (15/36)		<p>The waiting time breaches in BANES are in the Getting More Help service. An action plan has been put in place to address performance against the wait targets and the team are reviewing their demand vs capacity currently</p>
SWB community CAMHS – BANES		-	Percentage of CYP having their first appointment (Excluding ED) % within 4 weeks	75%	53% (34/64)		
SWB community CAMHS – BANES		-	Percentage of CYP having their first appointment (Excluding ED) % within 8 weeks	85%	72% (46/64)		
SWB community CAMHS – BANES ED		-	Percentage of CYP Eating Disorder patients having their first appointment % of Routine within 4 weeks	95%	57% (4/7)		

SWB community CAMHS – Wilts		-	Referral to treatment time. Those who have a wait time of 8 weeks or less.	70%	33% (24/73)		<p>Waits in the Getting More Help service are now improving and are approaching the agreed targets. Waits are now being skewed by the Getting Help service which is below target in Melksham and Salisbury. This will be reviewed with Team Managers and the Service Manager and an action plan put in place.</p>
SWB community CAMHS – Wilts		-	Percentage of CYP having their first appointment (Excluding ED) % within 4 weeks	75%	44% (39/89)		
SWB community CAMHS – Wilts		-	Percentage of CYP having their first appointment (Excluding ED) % within 8 weeks	85%	61% (54/89)		
SWB community CAMHS – Wilts		-	Percentage of CYP having their first appointment (Excluding ED) % within 12 weeks	95%	79% (70/89)		

Wilts Eating Disorders Step 3		-	Percentage of referrals to assessment within 4 weeks	95%	40%		Breaches are investigated and narrative provided for the PAF reports. Nearly all of the breaches were due to patient choice/cancellations
Oxfordshire County Council							
JMG			Please refer to JMG section of the report				

Out of Area Placements (OAPs) – Oxfordshire

Quarter FY18/19	Target	Actual	Variance
Quarter 1	302	388	+86

All Ages Mental Health Buckinghamshire – Month 3 FY19

The **All Ages Mental Health Buckinghamshire Directorate** is required to perform against a set of qualitative and quantitative performance indicators relating to contracts commissioned by:

- Buckinghamshire Clinical Commissioning Group (BCCG)
- Buckinghamshire County Council (BCC)

In total, there are **264 indicators** for 2018/19 applicable to the directorate (excluding the JMG indicators which are reported in the JMG section of the report). These are broken down by contract as follows. **56 indicators have a defined target** and 208 indicators are supplied for information only. Performance of the directorate is measured in relation to the targeted indicators only.

Service	Indicators with defined targets					No Target	Totals
	Monthly	Quarterly	Yearly	Bi-Annual	Totals		
Buckinghamshire Clinical Commissioning Group (BCCG)							
Adults & Older Adults CMHTs Inpatients, IAPT, Perinatal, PIRLS	31	0	0	0	31	35	66
CAMHS	16	5	1	3	25	173	198
BCCG Totals	47	5	1	3	56	208	264
Buckinghamshire County Council (BCC)							
Joint Management Group	0	21	0	0	21	58	79
Directorate Totals	47	26	1	3	77	266	343

At the time of writing, the data relating to CAMHS is subject to validation by the Directorate.

All Ages Mental Health Buckinghamshire – Performance Scorecard


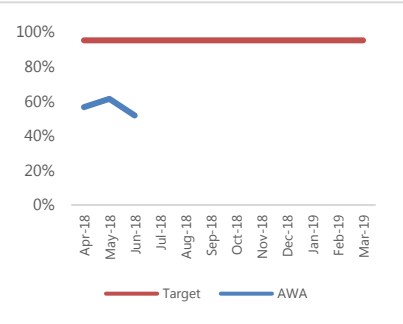

The All Ages Mental Health Buckinghamshire Directorate was required to perform against 70 indicators in month 3. **73% of indicators were achieved**

Service	Below target >10%	Below Target -1-9%	Target Met	No Target	Total	% Met
Buckinghamshire Clinical Commissioning Group (BCCG)						
Adults & Older Adults CMHTs and Inpatients, IAPT, Perinatal and PIRLS	3	5	23	35	31	74%
CAMHS	4	2	15	173	21	71%
BCCG Totals	7	7	38	208	52	73%
Buckinghamshire County Council (BCC)						


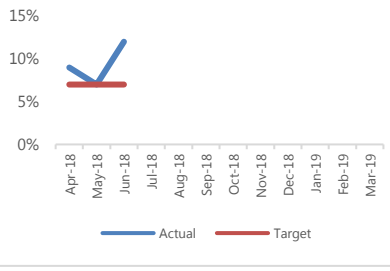

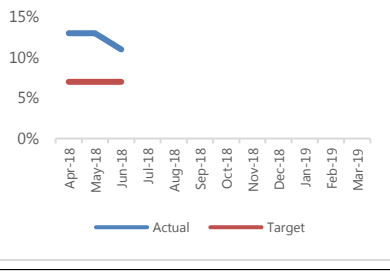

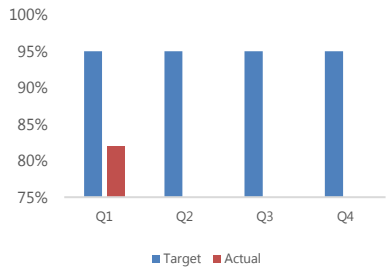
Joint Management Group	n/a	n/a	n/a	n/a	n/a	n/a
Overall Directorate Performance (excl JMG)	7	7	38	208	52	73%

Below are the indicators that were below target by more than 10% in June. The flag indicates how many month's the indicators has been below target by more than 10% (see key at end of the report).

R Red Indicators

Service/ Contract	Flag	Measure	Target	Actual	Trend Graph	Narrative																																							
Buckinghamshire Clinical Commissioning Group																																													
Adult CMHTs		% people will have care review within the (timeframe) specified by the cluster package	95%	52% (49/80)	 <table border="1"> <caption>AWA Performance vs Target (Apr-18 to Mar-19)</caption> <thead> <tr> <th>Month</th> <th>AWA (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr><td>Apr-18</td><td>58</td><td>95</td></tr> <tr><td>May-18</td><td>62</td><td>95</td></tr> <tr><td>Jun-18</td><td>52</td><td>95</td></tr> <tr><td>Jul-18</td><td>55</td><td>95</td></tr> <tr><td>Aug-18</td><td>58</td><td>95</td></tr> <tr><td>Sep-18</td><td>55</td><td>95</td></tr> <tr><td>Oct-18</td><td>52</td><td>95</td></tr> <tr><td>Nov-18</td><td>55</td><td>95</td></tr> <tr><td>Dec-18</td><td>52</td><td>95</td></tr> <tr><td>Jan-19</td><td>55</td><td>95</td></tr> <tr><td>Feb-19</td><td>52</td><td>95</td></tr> <tr><td>Mar-19</td><td>52</td><td>95</td></tr> </tbody> </table>	Month	AWA (%)	Target (%)	Apr-18	58	95	May-18	62	95	Jun-18	52	95	Jul-18	55	95	Aug-18	58	95	Sep-18	55	95	Oct-18	52	95	Nov-18	55	95	Dec-18	52	95	Jan-19	55	95	Feb-19	52	95	Mar-19	52	95	<p>Aylesbury: 59% (22/37) Re-clustering within the correct timeframe remains a challenge across Buckinghamshire. Whilst we continue to try and concentrate on this within supervision and clinical meetings, we welcome the opportunity to think differently about this measure which has been a topic for discussion at previous contract meetings.</p> <p>Chiltern: 46% (25/54) This target continues to be a challenge for the team, we continue to focus on this through supervision and team meetings.</p>
Month	AWA (%)	Target (%)																																											
Apr-18	58	95																																											
May-18	62	95																																											
Jun-18	52	95																																											
Jul-18	55	95																																											
Aug-18	58	95																																											
Sep-18	55	95																																											
Oct-18	52	95																																											
Nov-18	55	95																																											
Dec-18	52	95																																											
Jan-19	55	95																																											
Feb-19	52	95																																											
Mar-19	52	95																																											
Older People CMHTs		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%	64% (35/55)		<p>Aylesbury: 100% (26/26) Chiltern: 31% (9/29) There has been increased demand. Ongoing recruitment and retention issues. The service has been remodelled in the last</p>																																							

						<p>few weeks and we are offering extra assessment slots to meet the demand. We will expect to have worked through the backlog of referrals in the next few months.</p>
Perinatal		% women requiring non-emergency assessments will be completed within 2 weeks of referral (14 calendar days)	95%	<p>50% (4/8)</p>		<p>1 Patient did not attend and was sent an appointment letter which was declined. 1 Patient was not suitable for secondary services and was discharged to Healthy Minds following the assessment which occurred slightly outside the timeframe after a delay in referral received by Chiltern AF. 1 patient was initially declined by Chiltern AF, as she was out of area. 1 patient did not attend her appointment but was assessed and follow-up arranged</p>
CAMHS		Access: Targeted Pathway - % of DNA's	7%	<p>10%</p>		<p>The service has noticed an increase in the DNA rate during the exam period and approaching the school summer holidays</p>

CAMHS		Access: Specialist (neurodevelopmental) - % of DNA's	7%	12%		The service has noticed an increase in the DNA rate during the exam period and approaching the school summer holidays
CAMHS		Access: Specialist (Getting More Help) - % DNAs	7%	11%		
CAMHS		% Mandatory Training Up to Date (12mths old or less)	95%	82%		
Buckinghamshire County Council						
JMG		Please refer to JMG section				

Out of Area Placements (OAPS) – Buckinghamshire

Quarter FY18/19	Target	Actual	Variance
Quarter 1	281	452	171

Community Services Directorate – Month 3 FY19

The **Community Services Directorate** is required to perform against a set of qualitative and quantitative performance indicators relating to contracts commissioned by:

- Oxfordshire Clinical Commissioning Group (OCCG)
- Buckinghamshire Clinical Commissioning Group (BCCG)
- Oxfordshire County Council (OCC)

In total, there are **914 indicators** for 2018/19 applicable to the directorate broken down by contract as follows. **175 indicators have a defined target** and 739 indicators are supplied for information only. Performance of the directorate is measured in relation to the targeted indicators only.

Service	Indicators with defined targets						No Target	Totals
	Monthly	Quarterly	Yearly	Bi-annual	Seasonal	Totals		
Oxfordshire County Council (OCC)								
College Nursing	0	9	5	0	0	14	180	194
School Health Nursing	0	22	7	3	0	32	159	191
Health Visiting	0	22	9	0	0	31	81	112
Immunisations	5	2	6	0	1	14	3	17
OCC Sub-Totals	5	55	27	3	1	91	423	514
Oxfordshire Clinical Commissioning Group (OCCCG)								
Community Adults	57	6	0	2	0	65	275	340
Community Children	6	1	0	0	0	7	15	22
Community other (trust, training etc)	3	0	0	0	0	3	0	3
AQP Podiatry	2	1	0	6	0	9	26	35
OCCCG Sub-Totals	68	8	0	8	0	84	316	400
Buckinghamshire Clinical Commissioning Group (OCCCG)								
Continuing Health Care	Contract awaiting signature. Confirmation awaited from commissioner regarding number of targeted indicators							
Directorate Totals	73	63	27	11	1	175	739	914

Community Services Directorate – Performance Scorecard

The Community Services Directorate was required to perform against 135 indicators in month 3.
77% of indicators were achieved.


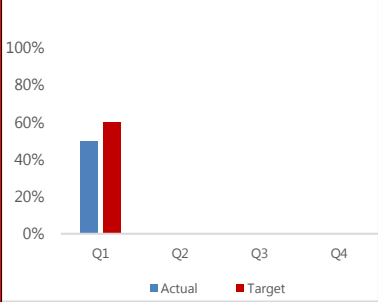

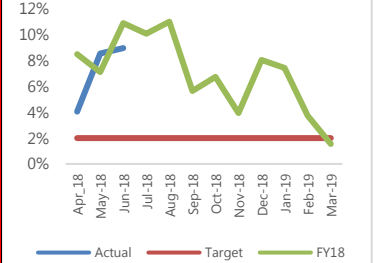
Service/Contract	Below target >10%	Below Target 1-9%	Target Met	No Target	Total	% Met
Oxfordshire County Council (OCC)						
College Nursing	1	0	8	180	9	89%
School Health Nursing	0	2	20	159	22	91%
Health Visiting	3	7	12	81	22	55%
Immunisations	0	0	7	3	7	100%
OCC Totals	4	9	47	423	60	78%
Oxfordshire Clinical Commissioning Group (OCCCG)						
Community Adults	8	8	47	275	63	75%
Community Children	0	0	6	15	6	100%
Community other (trust, training etc)	0	2	1	0	3	33%
AQP Podiatry	0	0	3	26	3	100%
OCCG Totals	8	10	57	316	75	76%
Buckinghamshire Clinical Commissioning Group (OCCCG)						
Continuing Health Care	Contract yet to be signed					
Directorate Performance	12	19	104	739	135	77%




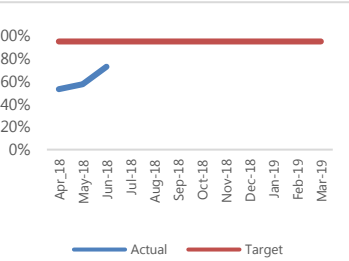

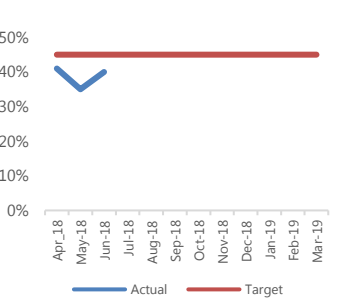
Below are the indicators that were below target by more than 10% in June. The flag indicates how many months' the indicators has been below target by more than 10% (see key at end of the report).


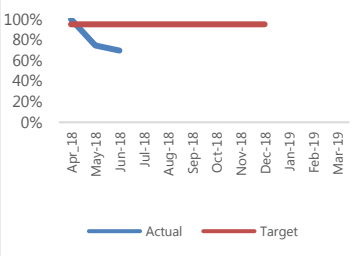

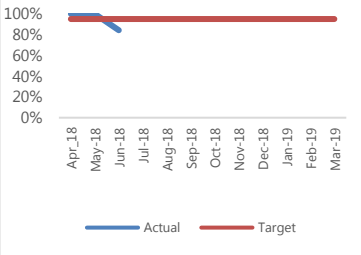
R Red Indicators

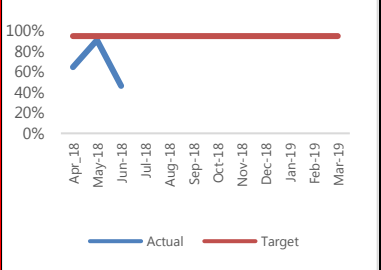
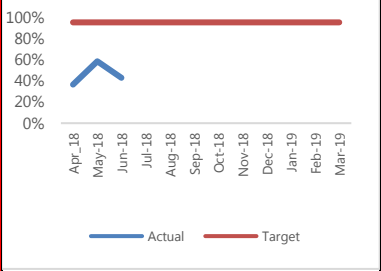
Service/Contract	Flag	Ref	Measure	Target	Actual	Trend Graph	Narrative															
Oxfordshire County Council																						
College Nursing	🚩		Percentage of all under 25-year olds screened for chlamydia (supported by offering chlamydia screening to 100% attendees on an opt out basis) N.B. Q1 and Q2 data is reported combined at the end of Q2; this performance therefore relates to Q4 of FY17/18	>85% of new attendees	29%	<table border="1"> <caption>Actual vs Target Performance</caption> <thead> <tr> <th>Quarter</th> <th>Actual</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td>Q1</td> <td>~30%</td> <td>~85%</td> </tr> <tr> <td>Q2</td> <td>-</td> <td>-</td> </tr> <tr> <td>Q3</td> <td>-</td> <td>-</td> </tr> <tr> <td>Q4</td> <td>-</td> <td>-</td> </tr> </tbody> </table>	Quarter	Actual	Target	Q1	~30%	~85%	Q2	-	-	Q3	-	-	Q4	-	-	<p>Several factors have influenced these figures; vacancies in colleges caused a drop in all new contacts in the service. Banbury College (Sept – Jan), Henley College (Feb – Jul). Now fully staffed for Sept 2018</p> <p>There is no longer a chlamydia support team to give assistance and resources to teams in colleges. These were very successful events usually at the beginning of the college year, but there is now neither staff or resources available to support these initiatives.</p> <p>We have had a steady increase in the mental health activity in college face to face appointments in line with national figures – it is not appropriate to be offering STI testing for these attendees.</p>
Quarter	Actual	Target																				
Q1	~30%	~85%																				
Q2	-	-																				
Q3	-	-																				
Q4	-	-																				

Health Visiting			Ethnicity by contacts	100%	89%		<p>The service collect information for ethnicity up to 2 years of age at the core universal contacts. After 2 years of age there is no universal contact until the child is discharged at 5 years of age. There is no the capacity to retrospectively collate ethnicity for children and their parents after this age, but the service are gradually improving this figure where possible.</p>
Health Visiting			Number of whole time equivalent Health Visitors	>119	105.74		<p>The service has already appointed another 9.2 HVs which takes their total to 114.94 in Sept. There is another 1.2 appointed from interviews this week taking the total to 116.14. With return to work staff and ongoing recruitment and interviews the service hope to be close to or at target by September. They do have 2.67 band 5 Peripatetic staff nurse backfilling HV vacancies which would take the numbers to just under 119 without further interviews. We have also appointed an additional 4WTE band 5 peripatetic CSN</p>

Health Visiting (Family Nurse Partnership)			Percentage of service users recruited before 16 weeks of pregnancy	>60%	50%	 <p>100% 80% 60% 40% 20% 0%</p> <p>Q1 Q2 Q3 Q4</p> <p>■ Actual ■ Target</p>	<p>12 Clients were enrolled in the period. 50% were notified and enrolled onto the programme before 16 weeks. We consistently work to full/near capacity of the service. Notifications exceed numbers. In this case we have to make a clinical judgement and enrol the most vulnerable (youngest mothers, LAC, Social Care involvement, domestic violence). These were referred to the service after 16 weeks or did not engage initially. The national figure for FNP is 34.9%.</p>
Oxfordshire Clinical Commissioning Group							
Out of Hours		NQR 7	OOHs % of unfilled clinical shifts	</= 2%	9% (76/847)	 <p>12% 10% 8% 6% 4% 2% 0%</p> <p>Apr-18 May-18 Jun-18 Jul-18 Aug-18 Sep-18 Oct-18 Nov-18 Dec-18 Jan-19 Feb-19 Mar-19</p> <p>— Actual — Target — FY18</p>	<p>The NQR7 has remained unchanged this month. The service is actively recruiting to both flexible and substantive contracts for all staff groups to increase the pool of available workforce. Challenges remain as this process embeds.</p>

Community Hospitals		D2a	% of stroke patients will have an improved FIM score of 11 points or more by their MDT fit date	75%	63% (5/8)		Limited Tier 2 stroke service resources have impacted on the performance of this indicator. The stroke ward relocated last week and the service anticipates an improvement in performance.
Physical Disability Physio Service		D8	Percentage of Patients will wait no longer than 12 weeks to first appointment offered	95%	73% (75/103)		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.
Stroke		D31 bii	Median % of days as an inpatient on which speech therapy is received	45%	40%		An improvement on month 2. 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.
Continuing Health Care		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%	70% (48/69)		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. The slight decrease in this KPI for June is a result of the 30% increase in referrals received in May which when eligible for a full assessment impacts on the CHC work for up to 28 days post referral.
Continuing Health Care		2	Individuals eligible for CHC will receive a case review which will include care plan review 3 months after eligibility decision	95%	84% (16/19)		With the significant increase in referrals in May 2018 there was an impact on existing resources to be able to undertake this work in a timely manner. The review element of the work was impacted due to

Continuing Health Care		3	Individuals eligible for CHC will receive a case review which will include care plan review every 12 months	95%	46% (19/41)	 <p>Actual Target</p>	<p>prioritising new referrals who may be in the discharge pathway from an acute setting or at home without care. The 3 month reviews were given priority above the yearly as no longer eligible for CHC is more likely at this point which would have a positive impact on the work flow and financial risk going forward.</p> <p>The service has requested additional resources to assist with this accumulation of work and aim to increase the KPI next month.</p>
Continuing Health Care		5	If eligible the package of care for Fast Track individuals will be in place within 2 working days	95%	43% (9/21)	 <p>Actual Target</p>	<p>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.</p> <p>A system triggered escalation meeting was held in June with all key stakeholders with several short term and long-</p>

						<p>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 this KPI from the Trust's contract but retention at a system level.</p>
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Specialised Services Directorate – Month 3 FY19

The **Specialised Services Directorate** is required to perform against a set of qualitative and quantitative performance indicators relating to contracts commissioned by:

- Oxfordshire Clinical Commissioning Group (OCCG)
- National Health Service England (NHSE) – Specialised

In total, there are **242 indicators** for 2018/19 applicable to the directorate broken down by contract as follows. **130 indicators have a defined target** and 112 indicators are supplied for information only. Performance of the directorate is measured in relation to the targeted indicators only.

Service	Indicators with defined targets				No Target	Totals
	Monthly	Quarterly	Yearly	Totals		
Oxfordshire Clinical Commissioning Group (OCCG)						
Learning Disabilities	9	5		14	0	28
National Health Service England (NHSE) - Specialised						
Dentistry	25	6		31	8	39
Forensic MSU	10	16		26	24	50
Forensic LSU	10	16		26	24	50
CAMHS Tier 4 Inpatients	9	8		17	28	45
ED Inpatients	8	8		16	28	44
NHSE Totals	62	54	0	116	112	228
Directorate Totals	71	59	0	130	112	242

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.

Specialised Services Directorate – Performance Scorecard


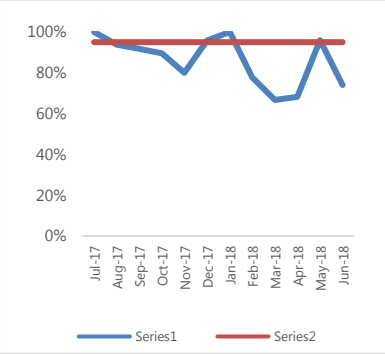

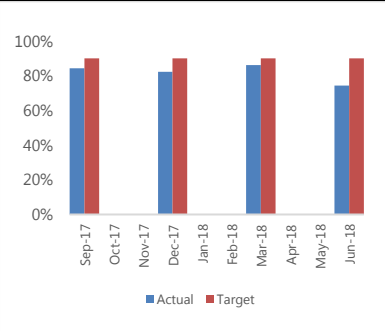
The Specialised Services Directorate was required to **perform** against **130 indicators** in month 3. **88% of indicators were achieved.**



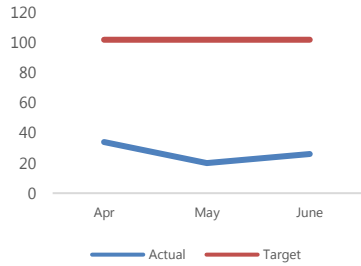

Service/Contract	Below Target >10%	Below Target 1-9%	Target Met	No Target	% met
Total	5	11	114	112	88%
Oxfordshire Clinical Commissioning Group (OCCG)					
Learning Disabilities	2	0	12	0	86%
National Health Service England (NHSE) - Specialised					

Dentistry	3	4	24	8	77%
Forensic Medium Secure Unit (MSU)	0	2	24	24	92%
Forensic Low Secure Unit (LSU)	0	3	23	24	88%
CAMHS Tier 4 Inpatients	0	1	16	28	94%
Eating Disorders (ED) Inpatients	0	1	15	28	94%

Overleaf are the indicators that were below target by more than 10% in June. The flag indicates how many month's the indicators has been below target by more than 10% (see key at end of the report).

R Red Indicators




Service/Contract	Flag	Measure	Target	Actual	Trend Graph	Narrative
Learning Disabilities		Referrals: % of routine referrals to Specialist Learning Disability Health Services meeting 6 week wait	95%	74%		This is calculated via a manual audit. Not all of this month's data has been received from the service so these are not the final figures. Review shows that the breaches relate to one service locality in particular, which is taking steps to remedy this issue CCG continue to receive weekly updates from the service re: data accuracy/collation
Learning Disabilities		Safeguarding Adults - % staff who are up to date with safeguarding training, including Adults, Children, Prevent, Mental Capacity Act, DOLs	90%	74%		The breach relates primarily to the capacity aspect of the training, and completion by medical clinicians. One of the services' senior consultants is a specialist in the Capacity Act, and is therefore able to offer 'on the ground' training to staff, to ensure patient safety is maintained.

Dental – Special Care		24,085 UDA per year	2007 per month	1361	1 st breach – no graph available	Dental data for the board report is taken as a snapshot at the end of the month – the contractual NHSE Dental reporting period, is mid-month to mid-month. Monthly targets are for Board reporting purposes only, and are not required for NHSE reporting.
Dental – Urgent Care		In-hours emergency care for patients who are not eligible for acceptance into the main contract and should be seen in general practice.	102 per month	26		Dental UDAs will vary month on month, and will not show a true level of activity until the final episode of care is complete (due to multiple UDAs within one treatment episode). This is also reflected in the figures for in-hours and out of hours urgent care.
Dental – Urgent Care		Urgent Care - Main out of hours dental service	334 per month	139	1 st breach – no graph available	Monthly breaches are reported for board purposes only and are not a cause for concern to NHSE commissioners, as targets will be met by year end.

Out of Area Placements (OAPS) – Learning Disabilities

Quarter FY18/19	Target	Actual	Variance
Quarter 1	Ceiling target of 9	3	-6

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.