

## Trust Board Performance Overview Report – Month 09, December 2018/19

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

### National Performance

**(1) Single Oversight Framework (SOF):** The NHS Improvement (NHSI) SOF was implemented on 1 October 2016. The framework follows themes which are linked to those of the Care Quality Commission. By focussing on these themes, NHSI will support providers to attain and/or maintain a CQC 'good' or 'outstanding' rating. 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. There is a reporting time lag in some cases; where this is the case the **last** available reported position is reflected in this report.

### Local Performance

**(2) 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.

**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.

- (3) All Ages Mental Health – Oxfordshire (includes Swindon, Wilts and BaNES)
- (4) All Ages Mental Health - Buckinghamshire
- (5) Community Services
- (6) Specialised Services

### Summary of Indicators

In total, the Trust routinely reports information and performance relating to **2083 indicators**; broken down as follows. Please note that contracts have various commencement dates so performance reporting is not in line with the calendar year, hence why indicator numbers may not match on quarterly basis.

Area	Indicators with defined targets					Indicators with no target	Totals
	Monthly	Quarterly	Yearly	Bi-Annual/Seasonal	Total		
National Performance							
(1) Single Oversight Framework	12	8	5	0	25	2	27
Local JMG Performance							
(2) Joint Management Groups	8	11	0	0	19	111	130
Local Contractual Performance							
(3) Community Services	41	62	28	12	143	767	910
(4) All Ages Mental Health Oxon and SWB	114	14	1	0	129	360	489
(5) All Ages Mental Health Buckinghamshire	47	5	1	3	56	208	264
(6) Specialised Services	72	59	0	0	131	116	247
<b>Local Contractual Total</b>	<b>274</b>	<b>140</b>	<b>30</b>	<b>15</b>	<b>459</b>	<b>1451</b>	<b>1910</b>
<b>Grand Total</b>	<b>294</b>	<b>159</b>	<b>35</b>	<b>15</b>	<b>503</b>	<b>1564</b>	<b>2067</b>

## Performance Scorecard

The tables below show performance as at month 09, and then breakdown of performance by is provided below;

### Summary

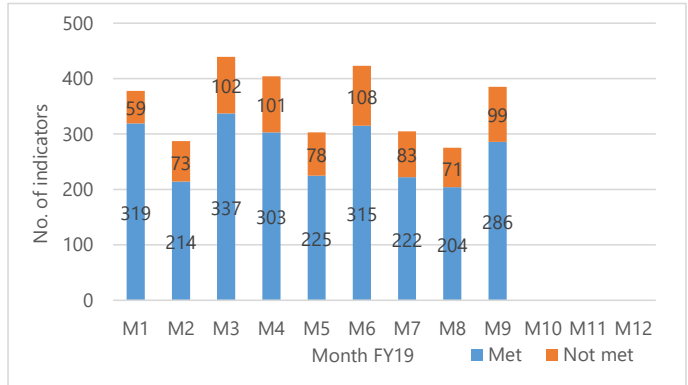
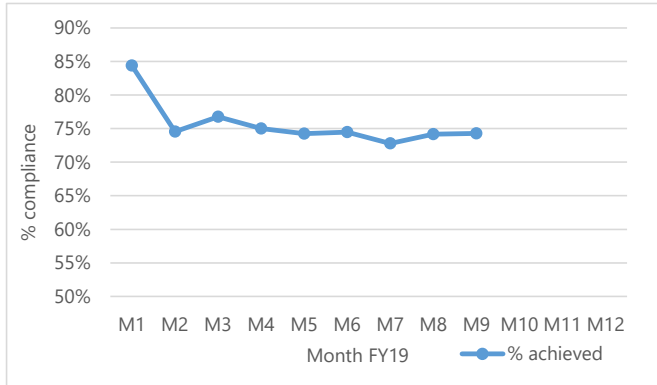
Directorate	Below target >10%	Below Target -1-9%	Target Met	No Target	Total	% Met
National Performance						
(1) Single Oversight Framework	4	2	14	2	20	70%
Local JMG Performance						
(2) Joint Management Groups	0	0	8	111	8	100%
Local Contractual Performance						
(3) Community Services	13	16	74	767	103	72%
(4) All Ages Mental Health Oxon and SWB	20	12	82	360	114	72%
(5) All Ages Mental Health Buckinghamshire	7	7	38	208	52	73%
(6) Specialised Services	3	13	72	116	88	82%
<b>Local Contractual Performance Total</b>	<b>43</b>	<b>48</b>	<b>266</b>	<b>1451</b>	<b>357</b>	<b>75%</b>
<b>Grand Total</b>	<b>47</b>	<b>50</b>	<b>288</b>	<b>1564</b>	<b>385</b>	<b>75%</b>

### Breakdown

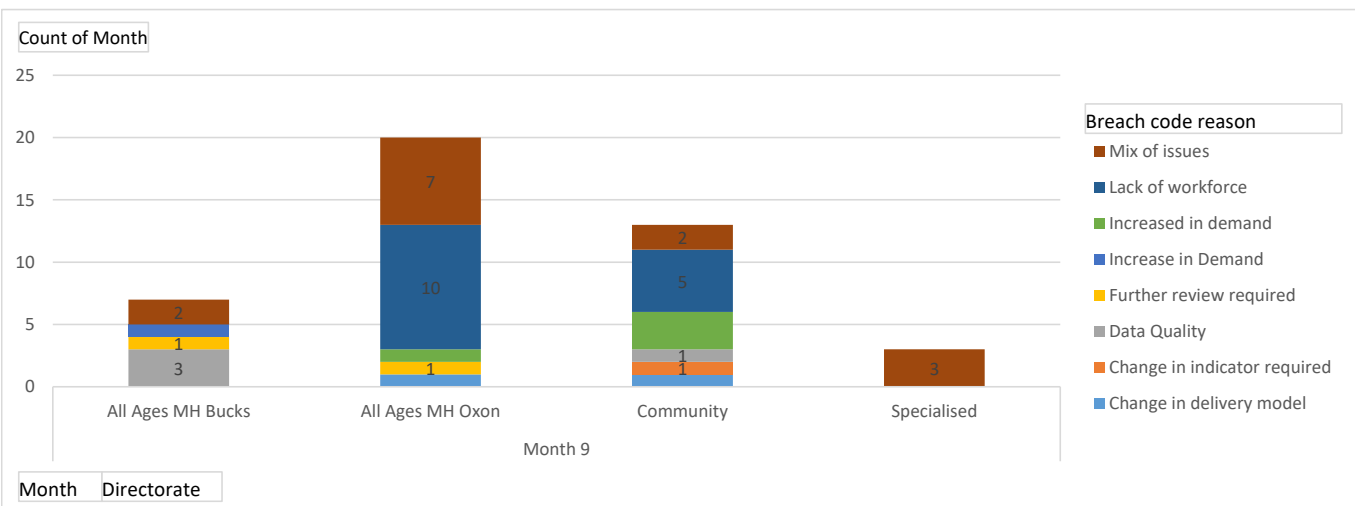
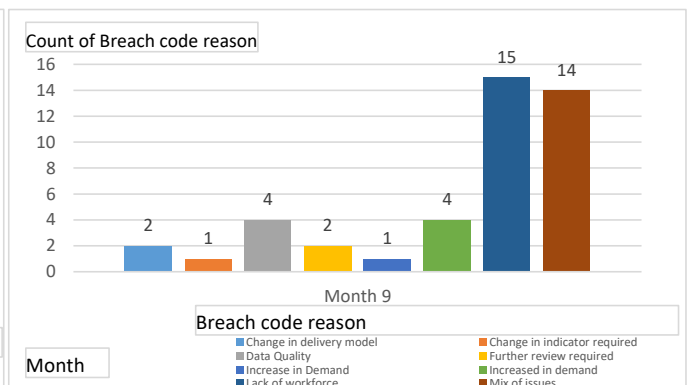
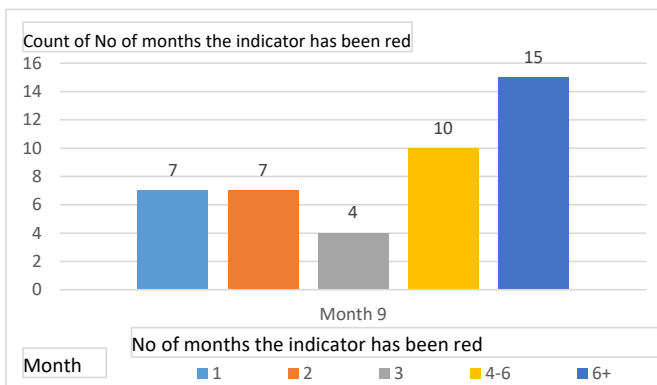
Area	Below target	Below Target	Target Met	No Target	Total	% Met
National Performance						
<b>(1) Single Oversight Framework</b>	4	2	14	2	20	70%
Local JMG Performance						
<b>(2) Joint Management Groups</b>	0	0	8	111	8	100%
Local Contractual Performance						
<b>(3) Community Services</b>	13	16	74	767	103	72%
College Nursing	2	0	7	180	9	
School Health Nursing	0	1	21	159	22	
Health Visiting	2	8	12	83	22	
Immunisations	0	0	6	3	6	100%
Community Adults	6	5	19	266	30	63%
Community Children	1	2	5	15	8	63%
Community Other	n/a	n/a	n/a	0	n/a	
AQP Podiatry	0	0	3	26	3	100%
Continuing Health Care Bucks	2	0	1	35	3	33%
<b>(4) All Ages Mental Health Oxon and SWB</b>	20	12	82	360	114	72%
Outcomes Based Commissioning (OBC) Sch 4 (Oxon)	6	1	4	3	11	36%
OBC Incentivised (Oxon)	1	0	13	87	14	93%
Child and Adolescent Mental Health Service (Oxon)	5	1	6	75	12	50%
Integrated Access to Psychological Therapies (Oxon)	1	0	9	9	10	90%
Wellbeing (Oxon)	2	1	10	0	13	77%
Community & Mental Health Contract Sch 4 (Oxon)	1	1	11	7	13	85%
Child and Adolescent Mental Health Service (SWB)	3	6	24	134	33	73%
Adult Eating Disorders (Wiltshire)	1	2	5	45	8	63%
<b>(5) All Ages Mental Health Buckinghamshire</b>	7	7	38	208	52	73%
Adults & Older Adults CMHTs and Inpatients, IAPT, Perinatal and PIRLS (Bucks)	4	6	21	35	31	68%
CAMHS (Bucks)	3	1	17	173	21	81%
<b>(6) Specialised Services</b>	3	13	72	116	88	82%
Learning Disabilities (OCCG)	0	1	9	0	10	90%
Dentistry (NHSE)	0	0	25	8	25	100%
Forensic MSU (NHSE)	1	5	4	29	10	40%
Forensic LSU (NHSE)	1	2	7	29	10	70%
CAMHS Tier 4 Inpatients (NHSE)	0	4	13	25	17	76%
ED Inpatients (NHSE)	1	1	14	25	16	88%

## Performance Trend

The number of reportable indicators varies each month as while the majority are reportable monthly, some are reportable less frequently (such as quarterly or bi-annually). In month 9, 385 contractual indicators were reportable and of these; 75% were achieved. The number of red indicators this month was 47 which represents 12.5% of the total number of indicators. Last month it was 14% based on 275 indicators.



Graphs below show count of how many months indicators have been breached for and reason codes for the breaches. Only breaches of locally contracted indicators (43/357) are taken into account in the graphs below.

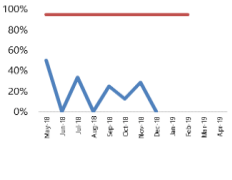
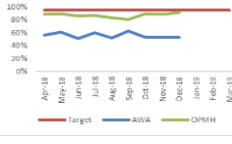

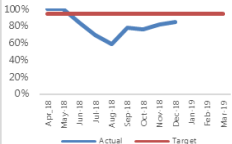
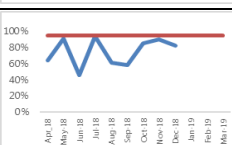
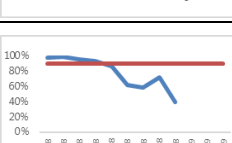
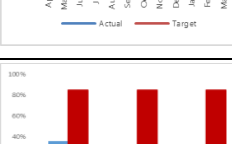



Red Indicators (>=10% under target)

Directorate	Measure	Target	Reason	Graph	Narrative
Contract/Service		Actual	Months below Target		
<b>National Performance: Single Oversight Framework</b>					
Organisational Health	Staff Turnover (rolling 12 months)	12%	Workforce		<p><b>Description of the issue:</b> Ongoing workforce retention</p> <p><b>Is there a plan to resolve:</b> Update included in HR report to Board</p> <p><b>What is the plan:</b> Update included in HR report to Board</p>
		13.57%	6+ months		
Quality of Care	% of clients in settled accommodation	57.0%	Mix of Issues		<p><b>Description of the issue:</b> Numbers of patients in settled accommodation continues to be lower than anticipated despite development of in house MHSDS solution. Potential technical issues with the MHSDS extract have been identified.</p> <p><b>Is there a plan to resolve:</b> Yes</p> <p><b>What is the plan:</b> P&amp;I Team are investigating the technical issues further. However, timescale for improvement may be compromised by capacity within the P&amp;I and BI teams to work through the identified issues.</p>
		41.9%	6+ months		
Operational Performance	Data Quality Maturity Index (DQMI)	95%	Data Quality		<p><b>Description of the issue:</b> The Trust is below the threshold for DQMI based on MHSDS. Areas of underperformance in Qtr 1 being: Ethnicity, Organisational Code, Primary Reason for Referral &amp; Ex British Armed Forces Indicator</p> <p><b>Is there a plan to resolve:</b> Yes</p> <p><b>What is the plan:</b> A Data Quality Programme has been drafted detailing proposed initial DQ projects of focus and will be shared with OMT to support the approach. The P&amp;I team are reviewing the technical reporting for each of these indicators to assure that there are no discrepancies relating to the reporting extract. Issues relating to Organisational Code was linked with issues in relation to reporting new Bucks CCG coding this has been resolved but will not be reflected in published data until Qtr 3.</p>
		93.3%	3 months		
Operational Performance	Out of Area Placements - Bed Days	Bucks 221 Oxon 238	Bed availability		Please refer to the Out of Area Placements (OAPs) section of the report
		Bucks 518 Oxon 660	3 Quarters		
<b>Local Performance: Joint Management Groups (JMGs)</b>					
All JMG indicators were achieved					
<b>Local Performance: Contractual</b>					
All Ages MH Oxon	Percentage of outpatient letters that are sent back to GPs (uploaded to CareNotes) within 10 calendar days	95%	Workforce		<p><b>Description of the issue:</b> Lack of workforce/Demand &amp; Capacity Issue</p> <p><b>Is there a plan to resolve:</b> Yes</p> <p><b>What is the plan:</b> Performance has improved for this month. The Trust continues to improve efficiency and productivity wherever possible but additional investment is required. Staff is being reminded about the letter on a regular basis. The Trust is working with commissioners to secure the additional investment required in mental health services. Changes to reporting requirements (7 calendar days for letters to be sent back to GPs) come in for from January.</p>
Oxon Adults		80%	6+ months		
All Ages MH Oxon	Referral to treatment time Community CAMHS (as per local definition - 2 f-t-f contacts (excludes ED)). No. within 8 Weeks	70%	Mix of Issues		<p><b>Description of the issue:</b> New KPI added to contract for 2018/19. Target is unachievable given the current pressures</p> <p><b>Is there a plan to resolve:</b> Yes</p> <p><b>What is the plan:</b> Target is being discussed with commissioners for next FY.</p>
Wilts CAMHS		49%	6+ months		



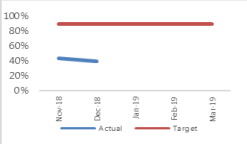

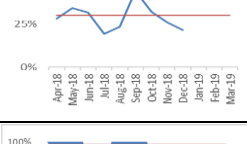
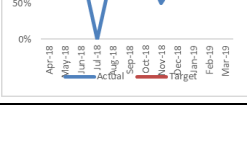
All Ages MH Oxon	Percentage of CYP having their first appointment (Excluding ED). % within 4 weeks	75%	Lack of workforce		<p><b>Description of the issue:</b> Ongoing workforce/recruitment issues in Salisbury and Melksham.</p> <p><b>Is there a plan to resolve:</b> Yes</p> <p><b>What is the plan:</b> Posts are now recruited and staff will be operational soon. We have a detailed plan to resolve the long waiting times in Wiltshire. Improvements are already being seen.</p>
Wilts CAMHS		54%	6+ months		
All Ages MH Oxon	% of people that have had their cluster reviewed within the agreed timescale	85%	Workforce		<p><b>Description of the issue:</b> Lack of workforce</p> <p><b>Is there a plan to resolve:</b> Yes</p> <p><b>What is the plan:</b> The directorate have currently decided to focus resources on other areas of performance that have a higher clinical risk. As there is a lower clinical risk on this indicator. The EHR team have started working on an interactive dashboard for the AMHT team which will flag upcoming cluster reviews of patients that are due. This work is due to be completed in February and is planned to be trialled in the North AMHT in March 2019</p>
Oxon Adults		61%	6+ months		
Community Services	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%	Increase in Demand		<p><b>Description of the issue:</b> Changes in NHSE directive had an impact on clock start rule; limited Social workers capacity impacts waiting time for MDT and subsequently the Panel sign off. Several Panel meetings were cancelled during December which has resulted in a backlog of cases waiting for LA agreement/sign off.</p> <p><b>Is there a plan to resolve:</b> Yes</p> <p><b>What is the plan:</b> The service continues to deliver training across the county and actively chases information for incomplete referrals. A Business case for having a guaranteed Social Worker on dedicated days is being reviewed by OCC.</p>
Continuing health care (Oxon)		56%	6+ months		
Community Services	If eligible the package of care for Fast Track individuals will be in place within 2 working days	95%	Change in Indicator Required		<p><b>Description of the issue:</b> 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.</p> <p><b>Is there a plan to resolve:</b> Yes</p> <p><b>What is the plan:</b> The Trust has requested the withdrawal of this indicator in June 2018</p>
Continuing health care (Oxon)		56%	6+ months		
Community Services	DST completed in acute hospital	</= 15%	Change in delivery model required		<p><b>Description of the issue:</b> D2A beds are not suitable for patients that lack capacity and have a high level of care needs. FNC determination to be made prior to discharge therefore this has increased the number of hospital assessments</p> <p><b>Is there a plan to resolve:</b> Yes</p> <p><b>What is the plan:</b> D2A beds in 4 nursing homes have been commissioned and CHC has started to target training to these homes, this will be completed by the end of January 2019. These will be health funded beds and therefore will not require FNC determination.</p>
Continuing health care (Bucks)		25%	6+ months		
Community Services	Referrals completed within 28 days	>/= 80%	Workforce		<p><b>Description of the issue:</b> Nurse workflow issues, existing backlog, lack of Social workers at MDT</p> <p><b>Is there a plan to resolve:</b> Yes</p> <p><b>What is the plan:</b> The service has a detailed action plan that is monitored on a regular basis. The service is working closely with BCC and BCCG to improve.</p>
Continuing health care (Bucks)		40%	6+ months		

Specialised Services	Total number of in-patients > 12 months in who have accessed a routine dental check-up/ examination in the last 12 months.	70%	Mix of Issues		<p><b>Description of Issue:</b> Patients in the MSU services are not registered with a dentist; except for Evenlode ward. This means that they do not attend annual dental check-up/examinations. A number of patients refuse treatment and some are not reported correctly on the system. All patients are treated for emergency dental work and attend clinics in Oxford and Milton Keynes.</p> <p><b>Is there a plan to resolve:</b> Partly</p> <p><b>What is the plan:</b> This has been discussed at numerous contract review meetings with an undertaking from NHS England to review this but no resolution at this stage - further funding is required.</p> <p>Recording issues have been reviewed and staff reminded to record data accurately</p>
MSU		39%	6+ months		
Specialised Services	Total number of in-patients > 12 months in who have accessed a routine dental check-up/ examination in the last 12 months.	70%	Mix of Issues		<p><b>Description of the issue:</b> Patients in the LSU services are not registered with a dentist; this means that they do not attend annual dental check-up/examinations.</p> <p><b>Is there a plan to resolve:</b> Partly</p> <p><b>What is the plan:</b> Work has recently been undertaken to ensure patients in the LSU services are registered with a local dentist. Registered patients will be offered routine dental check-up/ examinations (a number of patients refuse). As with the MSU service, all patients have access to emergency dental services if required.</p> <p>Recording issues have been reviewed and staff reminded to record data accurately</p> <p>Funding is being discussed with NHSE</p>
LSU		52%	6+ months		
All Ages MH Oxon	Adult CMHTs - Percentage of referrals categorised as non-urgent that are assessed within 28 calendar days	90%	Workforce		<p><b>Description of the issue:</b> Lack of workforce/ D&amp;C</p> <p><b>Is there a plan to resolve:</b> Partly</p> <p><b>What is the plan:</b> The performance target has been changed from 4 to 8 weeks for a further 3 months. The 8-week performance was 94%. There was no clinical risk to any of the patients that were seen within the extended period</p>
Oxon Adults		60%	6+ months		
All Ages MH Oxon	Clinic letters sent to GPs within 7 days	95%	Workforce		<p><b>Description of the issue:</b> Lack of workforce/indicator change</p> <p><b>Is there a plan to resolve:</b> Yes</p> <p><b>What is the plan:</b> The target for this KPI has changed from 10 days to 7 days which has led to a drop in performance and a lack of admin support across the team has caused the breach in performance. Vacancies are being advertised for open positions, recruitment has been challenging due to geographical locations</p>
CAMHS		63%	6+ months		
All Ages MH Oxon	Percentage of children/young person having their first routine appointment within 12 weeks of referral	75%	D&C		<p><b>Description of the issue:</b> Demand and Capacity</p> <p><b>Is there a plan to resolve:</b> Yes</p> <p><b>What is the plan:</b> Less assessments in December from November due to holiday period, however the performance has improved for those waiting 12 weeks and under but many for the longest waiters over 12 weeks which do not have positive impact on this KPI</p>
CAMHS		49%	6+ months		
All Ages MH Oxon	Percentage of children that receive a diagnosis or treatment within 12 weeks of routine referral into NCD (Neurodevelopment)	75%	Service Delivery Model		<p><b>Description of the issue:</b> New service Delivery model</p> <p><b>Is there a plan to resolve:</b> Yes</p> <p><b>What is the plan:</b> Cases transferring to NDC, longest waiters being picked up first which do not impact positively on this KPI. Reduced assessments in December due to holiday period. This indicator is in transition as new delivery model was only launched on 5th Nov 2018.</p>
CAMHS		23%	6+ months		

All Ages MH Oxon	LAC will be seen within 2 weeks for all CAMHS services excluding the neurodevelopment pathway	95%	Workforce		<b>Description of the issue:</b> Lack of Workforce <b>Is there a plan to resolve:</b> Yes <b>What is the plan:</b> 1 x breach initial referral was not picked up as a LAC case and only became aware when social care linked in with CAMHS. This caused the delay as marked as routine rather than LAC within 2 weeks. 1 x breach referral received but was not LAC, became informed of new LAC status on the 16th November by SW. We had request for service again on the 21st November and assessed on the 7th December, 2 weeks and 2 days from the point of LAC and full details given to CAMHS. Previously open to CAMHS whilst in care proceedings but agreement no role for CAMHS so referral closed.
CAMHS		0% (0/2)	6+ months		
All Ages MH Bucks	Local 20i -% people will have care review within the (timeframe) specified by the cluster package	95%	Data Quality		<b>Description of the issue:</b> Care reviews not being completed within the contracted timescales. <b>Is there a plan to resolve:</b> Yes <b>What is the plan:</b> The EHR team have started working on an interactive dashboard that is currently being piloted in an AMHT team in Oxon which will flag upcoming cluster reviews of patients that are due through a clinician dashboard. The Trust will review how successful the pilot has been in improving timeliness of cluster reviews and report back in March 2019.
Bucks CCG (AWA)		63% (35/56)	6 months		
All Ages MH Bucks	Memory Service Users with Diagnostics (F00,F01,F02,F03 and F06.7) will receive an assessment and diagnostic within 40 days of receipt of referral	85%	Further Review Required		<b>Description of the issue:</b> Of 36 people with the given diagnosis of dementia, we saw 21/36 within 40 days. 14 were breaches. Staff availability was problematic. In addition, 1 patient cancelled and 5 were assessed with no diagnosis given. <b>Is there a plan to resolve:</b> Yes <b>What is the plan:</b> Remedial action plan in place over the next reporting period. We expect to see an improvement in the January figures given the measures already taken.
Bucks CCG (OPMH)		56% (31/55)	6 months		
Community Services	Individuals eligible for CHC will receive a case review which will include care plan review 3 months after eligibility decision	95%	Increase in Demand		<b>Description of the issue:</b> There has been a delay in completing 3 month reviews due to the Christmas holiday period however the number of late reviews in December was just two. The service has seen an increase in the number of new referrals which have taken priority. <b>Is there a plan to resolve:</b> Yes <b>What is the plan:</b> The service is creating an action plan that will address identification and completion of reviews. 2.2WTE new staff have recently been recruited and will commence in post over the coming months.
Continuing health care (Oxon)		85%	6 months		
Community Services	Individuals eligible for CHC will receive a case review which will include care plan review every 12 months	95%	Increase in Demand		<b>Description of the issue:</b> There has been a delay in completing 12 month reviews due to the Christmas holiday period however the number of late reviews in December was just three. The service has seen an increase in the number of new referrals which have taken priority. <b>Is there a plan to resolve:</b> Yes <b>What is the plan:</b> The service is creating an action plan that will address identification and completion of reviews. 2.2WTE new staff have recently been recruited and will commence in post over the coming months.
Continuing health care (Oxon)		83%	6 months		
Community Services	% of Routine referrals had an appointment (offered) within 8 weeks	90%	Lack of workforce		<b>Description of the issue:</b> There continues to be a shortfall in the number of available clinical appointments with the current staffing levels. The high level of referrals received in October added to the increased demand this month. There is however no clinical risk as this is a falls prevention service. The service provides a telephone triage system and if a clinical risk is identified the patient will be signposted to their GP and/or an appropriate service <b>Is there a plan to resolve:</b> Yes <b>What is the plan:</b> Discussions have commenced regarding a proposed joint review of the service with OCCG
Falls Service		40%	4-6 months		
Community Services	Percentage of all under 25 year olds screened for chlamydia (supported by offering chlamydia screening to 100% attendees on an opt out basis)	>/= 80%	Lack of workforce		<b>Description of the issue:</b> Vacancies at Banbury and Oxford College since 09/2018. In addition it is not always appropriate to offer chlamydia testing during a consultation, for example where an appointment was made solely to discuss mental health issues. <b>Is there a plan to resolve:</b> Yes <b>What is the plan:</b> The new Sexual Health and College Team Leader commences in post on 1st March 2019.
College Nursing		36%	1 term		
Community Services	Number of clinics/sessions cancelled or reduced due to staffing issues	<1 per month	Lack of workforce		<b>Description of the issue:</b> Vacancies at Banbury and Oxford College since 09/2018 <b>Is there a plan to resolve:</b> Yes <b>What is the plan:</b> The service has recruited to one of the vacancies and have 2 excellent candidates for the second vacancy. There is a plan in place for the SHNs to help cover the empty colleges until the recruited staff are in post.
College Nursing		3	1 term		

All Ages MH Bucks	% of women will have an up to date care plan	95%	Mix of Issues		<p><b>Description of the issue:</b> 5 clients breached as they were newly allocated to Carenotes.</p> <p><b>Is there a plan to resolve:</b> Yes</p> <p><b>What is the plan:</b> All five patients were allocated to a new care coordinator who has just commenced employment in the team. Whilst there was a clear plan of clinical care in the electronic record, the care plan template had yet to be completed. This has since been actioned with all 5 patients.</p>
Bucks CCG (Perinatal)		80% (20/25)	4 months		
All Ages MH Oxon	All patients referred to EDPS are seen within the agreed timeframe – HGH (within 90 minutes)	95%	Lack of workforce		<p><b>Description of the issue:</b> Lack of workforce/ Under Investment</p> <p><b>Is there a plan to resolve?</b> Yes</p> <p><b>What is the plan?</b> All of these breaches have occurred out of hours due to the service not having sufficient staff available on the night shift and only one Band 7 Clinician. The service is in the process of creating a paper to ask for increased funding from the OCCG to improve capacity and to try to meeting demand. This issue will be referred to the QRM to confirm the status of any clinical risk to patients</p>
EDPS - HGH		81%	4 months		
All Ages MH Oxon	The number of ended Step 3 CBT referrals that enter a course of treatment having their first appointment within 4 weeks of referral from any source (step 1, step 2, triage)	4 Weeks	Lack of workforce		<p><b>Description of the issue:</b> Lack of Workforce</p> <p><b>Is there a plan to resolve?</b> Yes</p> <p><b>What is the plan?</b> 3 members of staff left the service. The service is recruiting to fill these vacancies. It takes 4 months for the full recruitment cycle and notice periods of successful candidates. Two roles has been recruited for.</p>
IAPT		8 Weeks	4 months		
Community Services	Percentage of staff who have completed mandatory training at levels commensurate with roles and responsibilities (levels 1,2,3) in child protection within the last three years	100%	Mix of Issues		<p><b>Description of the issue:</b> The L&amp;D system is not automatically clearing previous recorded attempts which therefore prevent staff being able to access and undertake Elearning.</p> <p><b>Is there a plan to resolve:</b> Yes</p> <p><b>What is the plan:</b> This has been reported and a fix is due imminently.</p>
Health Visiting		86.6%	1 Qtr		
Community Services	Number of whole time equivalent Health Visitors	>119HV	Lack of workforce		<p><b>Description of the issue:</b> Staff maternity leave, long-term sick leave, career breaks and secondment.</p> <p><b>Is there a plan to resolve:</b> Yes</p> <p><b>What is the plan:</b> Ongoing rolling advert. Peripatetic band 5s CSNs in post to help backfill 6.87 WTE. Band 6 HV Staff Appointed to start between now and end of Jan 19 = 2.0 WTE. Band 5 CSN peripatetic appointed to start between now and end of Jan 19 = 2.0 WTE</p>
Health Visiting		106.14	1 Qtr		
All Ages MH Oxon	% of service users who have had a comprehensive physical health assessment covering BMI, blood pressure, smoking status, blood sugar levels, alcohol intake and exercise levels in the previous 12 months (electronic caseload reporting)	85%	Mix of Issues		<p><b>Description of the issue:</b> New reporting Method</p> <p><b>Is there a plan to resolve:</b> Yes</p> <p><b>What is the plan:</b> This is a new data capture method, and this is the 2nd month of the new electronic method. Performance has improved from pervious month The reporting rules for this indicator are still to be agreed with commissioners. It is anticipated that it will take 9-12 months to get close to the target as patients are transferred over on the electronic system.</p>
Oxon Adults		49%	3 months		
All Ages MH Oxon	Number of Older People who have received support from the wellbeing service	10	Mix of Issues		<p><b>Description of the issue:</b> Patient Engagement</p> <p><b>Is there a plan to resolve:</b> Yes</p> <p><b>What is the plan:</b> Improvement on last month performance. Improvement plan in progress. This KPI also impacted by high number of DNAs last month. Plan in place for each locality to engage with groups supporting older people going forward.</p>
Wellbeing		6	3 months		



All Ages MH Bucks	Access: Targeted Pathway (Getting Help)	90%	Data Quality		<b>Description of the issue:</b> 4 week wait breach <b>Is there a plan to resolve:</b> Yes <b>What is the plan:</b> The reporting is correct within the parameters agreed for 18/19 but has highlighted a need to review and update the report rules to align with the change in the operational service model undertaken during this financial year. Performance & Information team to work with the Service and Relationship Manager to investigate improvements required.
Bucks CAMHS	% of referrals assessed within 4 weeks	56% (5/9)	2 months		
All Ages MH Bucks	Access: Specialist Pathway (Getting More Help) - % referrals assessed within 4 weeks	90%	Increase in Demand		<b>Description of the issue:</b> 4 week wait breach <b>Is there a plan to resolve:</b> Yes <b>What is the plan:</b> There were nearly 200 referrals again this month, 210 in October and 212 in November. We were expecting an increase due to the change in operational practice where SPA referrals are allocated to GMH for an initial assessment. We are looking at capacity and have organised a waiting list initiative to ensure there is no change or risk to patients on the waiting list. There will be extensive resource into this pathway as part of the trailblazer bid going forward.
Bucks CAMHS		71% (25/35)	2 months		
Community Services	Every child (out of county) over five years of age will receive a review health assessment annually	90%	Mix of Issues		<b>Description of the issue:</b> 6 out of 10 out of county children not seen within the timeframe due to young person refusing to engage, Service still waiting for appointment confirmation, placement area unable to offer appointment or appointment completed outside of timeframe. <b>Is there a plan to resolve:</b> Yes <b>What is the plan:</b> Strengthen relationship with other areas.
Looked after children's team Phoenix		40%	2 months		
Specialised Services	Bed occupancy	100%	Increase in Demand		<b>Description of the issue:</b> Increasing acuity of patient & increase in patients requiring level 3 observations <b>Is there a plan to resolve:</b> partly <b>What is the plan:</b> NHSE is fully aware of the situation and supports the service to continue caring for patients in line with acuity and staff resources
Eating Disorders		78%	2 months		
All Ages MH Oxon	% of service users in clusters 4-17 under the care of OHFT with a reduction in intensity in HoNOS rating score at their most recent cluster review	30%	Further Review Required		<b>Description of the issue:</b> Further review required <b>Is there a plan to resolve:</b> Partly <b>What is the plan:</b> No report available around reduction in HoNOS rating - therefore the figures entered here relate to step down to a lower intensity cluster.
OMHP - Incentivized		21%	2 months		
All Ages MH Oxon	Percentage of CYP Eating Disorder ONLY having their first appointment. % of Urgent within 1 week	95%	Mix of Issues		<b>Description of the issue:</b> 1 breach due to capacity within team. <b>Is there a plan to resolve:</b> No <b>What is the plan:</b> The ED administrator keeps a very close eye on the targets and ensuring patients fall within these, however we anticipate the odd breach due to capacity.
Wilts CAMHS		50%	2 months		
All Ages MH Oxon	% of referrals to assessment within 4 weeks	95%	Mix of Issues	N/A	<b>Description of the issue:</b> The breaches were due to patient choice. <b>Is there a plan to resolve:</b> No <b>What is the plan:</b>
Wilts Adult ED		65%	2 months		

All Ages MH Oxon	Access to Mental Health Options, Support to access services, educational groups and peer support	100%	Mix of Issues		<b>Description of the issue:</b> Patient Engagement <b>Is there a plan to resolve:</b> Yes <b>What is the plan:</b> High number of people did not attend planned appointments around the Christmas period. Some options sessions cancelled as people only wanted 1:1 counselling & were not interested in finding out about other services. We are looking into how people have ended up with unrealistic expectations & any actions which can be taken by us/others.
Wellbeing		89%	1 month		
All Ages MH Oxon	Percentage of typed discharge letters that are sent back to GPs within 24 hours of discharge	95%	Lack of workforce		<b>Description of the issue:</b> Lack of workforce/ D&C <b>Is there a plan to resolve:</b> Partly <b>What is the plan:</b> There were staff issues on the city wards this month and all discharged letter were sent with 36 hours. Consultants have been reminded of the importance to ensure these summaries are sent out on time.
Oxon Adults		84% (42/50)	1 month		
All Ages MH Bucks	% Mandatory Training Up to Date (12mths old or less)	95%	Data Quality	N/A	<b>Description of the issue:</b> Training Records need updating <b>Is there a plan to resolve:</b> Yes <b>What is the plan:</b> We are in discussion with the Learning & Development team as the service have cleansed their staff list including adding staff exemptions where appropriate eg. maternity leave.
All Ages MH Bucks		77%	1 month		
All Ages MH Bucks	PrO4ii - % Urgent referrals to Mental Health Team will be seen within 7 consecutive days for assessment.	95%	Mix of Issues		<b>Description of the issue:</b> 2 clients breached through patient choice. The first was due to family availability over Christmas, the second was not at home for the clinician's initial visit and was rescheduled and seen at a later date due to family availability again over Christmas <b>Is there a plan to resolve:</b> No.
Bucks CCG (OMPH)		78% (7/9)	1 month		
Community Services	Percentage of Patients will wait no longer than 12 weeks to first appointment attended	95%	Data Quality		<b>Description of the issue:</b> The service has identified areas of data recording that require improvement. <b>Is there a plan to resolve:</b> Yes <b>What is the plan:</b> The service will be reviewing and revising their current SOPs (standard operating procedures). Data recording and KPIs to be included in new staff inductions and to be routinely discussed at staff team meetings.
Nutrition & Dietetics		84%	1 month		
All Ages MH Oxon	Adult CMHTs - Percentage of referrals categorised as urgent that are assessed within 7 calendar days	95%	Lack of workforce		<b>Description of the issue:</b> Lack of workforce <b>Is there a plan to resolve:</b> Partly <b>What is the plan:</b> 15 breaches happened within the City team due to staff shortages, 4 appointments were downgraded to Routine and the Mix of Issues 11 breaches were seen within 12 days. The other two breaches in the south were also downgraded to routine
Oxon Adults		83% (87/105)	1 month		
All Ages MH Oxon	% of children that are seen within 1 week for urgent CAMHS	95%	Mix of Issues		<b>Description of the issue:</b> Patient choice/Other <b>Is there a plan to resolve:</b> Partly <b>What is the plan:</b> 1 x breach was seen within 8 days, initial referral received was non-urgent from A&E, then further escalation we changed referral to urgent and saw patient. 1 x breach, contact made day of referral and safety plan agreed. Offered appt within 2 days and then within 4 days, both refused due to family holiday. First accepted appointment caused the breach due to family choice.
CAMHS		80% (8/10)	1 month		

## Out of Area Placements (OAPs)

There were 33 patients in Out of Area placements during Dec18, utilising a total of 391 bed days in the month of Dec18.

22 Patients were admitted to an OAP placement in Dec18 and 11 placements rolled over from previous months.(one of these patients moved from one OAP placement to another). One patient was admitted in Sept18 and was still out during Dec18, and 10 patients were admitted in Nov18 and were still out during Dec18. All were attributed to bed availability. 4 Placements were in PICU beds, and 30 in Acute mental health beds (one patient was moved from an Acute OAP bed to a PICU OAP bed)14 Patients were Oxfordshire CCG, 19 were Buckinghamshire CCG patients. 16 Patients were male and 17 were female.

The distance from patients' home to placements ranged from 24.9 to 191.0 miles, with the average distance being 79.3 miles. The pink highlighted rows relate to same patient who transferred from an Acute OAP placement to a PICU OAP placement

CCG	Service	OAP admission month	Gender	NHS or Independent	Bed type	Reason for OAP admission	No. of OAP days in Dec18	Distance (miles)
Oxon	Adults	Sep-18	F	NHS	PICU	Unavailability of bed	31	46.4
Oxon	Adults	Nov-18	M	Independent	Acute	Unavailability of bed	17	97
Oxon	Adults	Nov-18	F	Independent	Acute	Unavailability of bed	11	59.9
Oxon	Adults	Nov-18	F	Independent	Acute	Unavailability of bed	4	108
Oxon	Adults	Nov-18	F	Independent	Acute	Unavailability of bed	14	54.3
Bucks	Adults	Nov-18	M	Independent	Acute	Unavailability of bed	13	34.4
Bucks	Adults	Nov-18	M	Independent	Acute	Unavailability of bed	31	44
Bucks	Adults	Nov-18	F	Independent	Acute	Unavailability of bed	21	51.1
Bucks	Adults	Nov-18	M	Independent	Acute	Unavailability of bed	31	35.9
Bucks	Adults	Nov-18	M	Independent	Acute	Unavailability of bed	6	42.3
Bucks	Adults	Nov-18	M	Independent	Acute	Unavailability of bed	3	28.4
Oxon	Adults	Dec-18	F	Independent	Acute	Unavailability of bed	20	68
Oxon	Adults	Dec-18	F	Independent	Acute	Unavailability of bed	11	65.6
Oxon	Adults	Dec-18	F	Independent	Acute	Unavailability of bed	14	76.5
Oxon	Adults	Dec-18	M	Independent	PICU	Unavailability of bed	10	139
Oxon	Adults	Dec-18	F	Independent	Acute	Unavailability of bed	11	61
Oxon	Adults	Dec-18	M	Independent	Acute	Unavailability of bed	10	56
Oxon	Adults	Dec-18	M	Independent	Acute	Unavailability of bed	10	114
Oxon	Adults	Dec-18	M	Independent	Acute	Unavailability of bed	11	185
Oxon	Adults	Dec-18	M	Independent	Acute	Unavailability of bed	1	177
Bucks	Adults	Dec-18	F	Independent	Acute	Unavailability of bed	3	191
Bucks	Adults	Dec-18	F	Independent	Acute	Unavailability of bed	12	94.8
Bucks	Adults	Dec-18	F	Independent	Acute	Unavailability of bed	11	66.7
Bucks	Adults	Dec-18	F	Independent	Acute	Unavailability of bed	6	107
Bucks	Adults	Dec-18	F	Independent	Acute	Unavailability of bed	12	123

Bucks	Adults	Dec-18	F	Independent	Acute	Unavailability of bed	12	41.5
Bucks	Adults	Dec-18	F	Independent	Acute	Unavailability of bed	8	24.9
Bucks	Adults	Dec-18	F	Independent	Acute	Unavailability of bed	6	98.1
Bucks	Adults	Dec-18	F	Independent	PICU	Unavailability of bed	12	50.1
Bucks	Adults	Dec-18	M	Independent	Acute	Unavailability of bed	10	35.2
Bucks	Adults	Dec-18	M	Independent	Acute	Unavailability of bed	7	67.2
Bucks	Adults	Dec-18	M	Independent	Acute	Unavailability of bed	3	97.4
Bucks	Adults	Dec-18	M	Independent	Acute	Unavailability of bed	1	71.7
Bucks	Adults	Dec-18	M	Independent	PICU	Unavailability of bed	8	84.5