

## Trust Board Performance Overview Report – Month 10, January 2019

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 **2076 indicators**; broken down as follows.

Area	Indicators with defined targets					Indicators with no target	Totals
	Monthly	Quarterly	Yearly	Bi-Annual/Seasonal	Total		
National Performance							
(1) Single Oversight Framework	13	5	2	0	20	15	35
Local JMG Performance							
(2) Joint Management Groups	8	11	0	0	19	111	130
Local Contractual Performance							
(3) Community Services	42	63	28	11	144	767	911
(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>275</b>	<b>141</b>	<b>30</b>	<b>14</b>	<b>460</b>	<b>1451</b>	<b>1911</b>
<b>Grand Total</b>	<b>296</b>	<b>157</b>	<b>32</b>	<b>14</b>	<b>499</b>	<b>1577</b>	<b>2076</b>

## Performance Scorecard

The tables below show performance as at month 10, and then breakdown of performance by is provided below;

### Summary

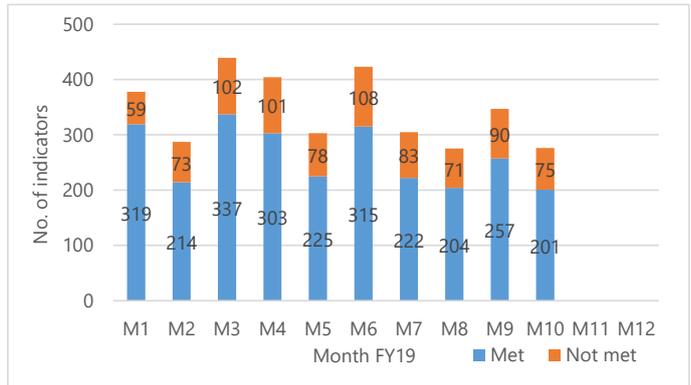
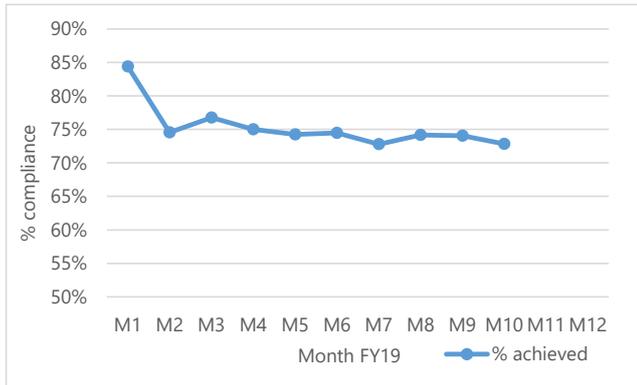
Directorate	Below target >10%	Below Target -1-9%	Target Met	No Target	Total	% Met
National Performance						
(1) Single Oversight Framework	3	0	10	15	13	77%
Local JMG Performance						
(2) Joint Management Groups	0	0	8	111	8	100%
Local Contractual Performance						
(3) Community Services	8	4	31	767	43	72%
(4) All Ages Mental Health Oxon and SWB	21	16	77	360	114	68%
(5) All Ages Mental Health Buckinghamshire	4	11	32	208	47	68%
(6) Specialised Services	3	8	61	116	72	85%
<b>Local Contractual Performance Total</b>	<b>36</b>	<b>39</b>	<b>201</b>	<b>1451</b>	<b>276</b>	<b>73%</b>
<b>Grand Total</b>	<b>39</b>	<b>39</b>	<b>219</b>	<b>1577</b>	<b>297</b>	<b>74%</b>

### Breakdown

Area	Below target	Below Target	Target Met	No Target	Total	% Met
National Performance						
<b>(1) Single Oversight Framework</b>	3	0	10	15	13	77%
Local JMG Performance						
<b>(2) Joint Management Groups</b>	0	0	8	111	8	100%
Local Contractual Performance						
<b>(3) Community Services</b>	8	4	31	767	43	72%
College Nursing	n/a	n/a	n/a	180	n/a	
School Health Nursing	n/a	n/a	n/a	159	n/a	
Health Visiting	n/a	n/a	n/a	83	n/a	
Immunisations	0	0	5	3	5	100%
Community Adults	4	4	15	266	23	65%
Community Children	2	0	8	15	10	80%
Community Other	n/a	n/a	n/a	0	n/a	
AQP Podiatry	0	0	2	26	2	100%
Continuing Health Care	2	0	1	35	3	33%
<b>(4) All Ages Mental Health Oxon and SWB</b>	21	16	77	360	114	68%
Outcomes Based Commissioning (OBC) Sch 4 (Oxon)	5	1	5	3	11	45%
OBC Incentivised (Oxon)	1	5	8	87	14	57%
Child and Adolescent Mental Health Service (Oxon)	5	0	7	75	12	58%
Integrated Access to Psychological Therapies (Oxon)	0	0	10	9	10	100%
Wellbeing (Oxon)	0	1	12	0	13	92%
Community & Mental Health Contract Sch 4 (Oxon)	2	0	11	7	13	85%
Child and Adolescent Mental Health Service (SWB)	7	7	19	134	33	58%
Adult Eating Disorders (Wiltshire)	1	2	5	45	8	63%
<b>(5) All Ages Mental Health Buckinghamshire</b>	4	11	32	208	47	68%
Adults & Older Adults CMHTs and Inpatients, IAPT, Perinatal and PIRLS (Bucks)	2	9	20	35	31	65%
CAMHS (Bucks)	2	2	12	173	16	75%
<b>(6) Specialised Services</b>	3	8	61	116	72	85%
Learning Disabilities (OCCG)	1	2	7	0	10	70%
Dentistry (NHSE)	0	0	25	8	25	100%
Forensic MSU (NHSE)	1	2	7	29	10	70%
Forensic LSU (NHSE)	0	1	9	29	10	90%
CAMHS Tier 4 Inpatients (NHSE)	0	3	6	25	9	67%
ED Inpatients (NHSE)	1	0	7	25	8	88%

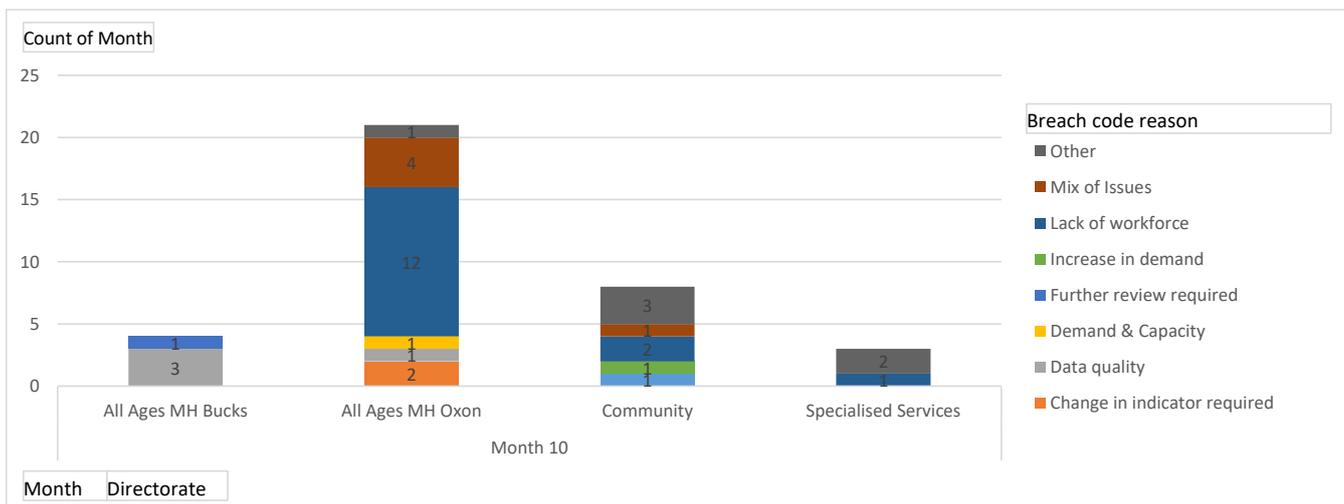
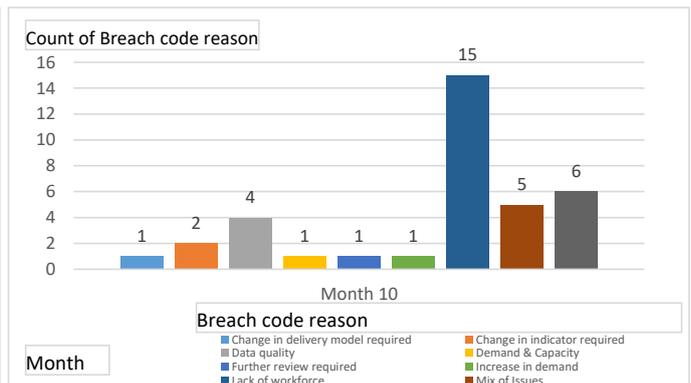
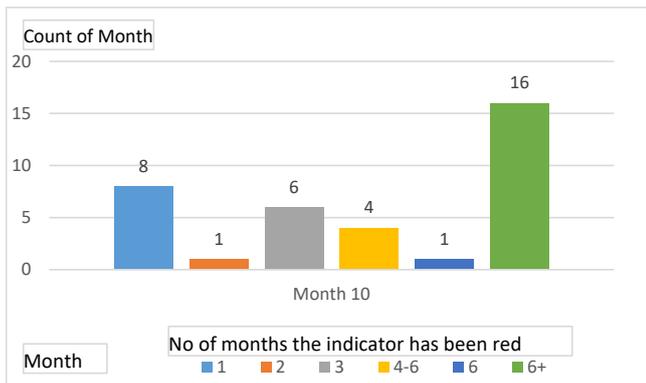
## Performance Trend

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 10, 276 contractual indicators were reportable and of these; 73% were achieved. This is a decline in performance of 1% compared to last month. The number of red indicators this month was 36 which represents 13% of the total number of indicators. Last month it was 12% based on 347 indicators.



In month 10, there were 16 red indicators that have been red for more than 6 months and 6 indicators red for 4 to 6 months. Last month the figures were 19 for 6 months plus and 6 for 4 months.

In month 10, the main reason attributed to the non-achievement of local contractual indicators was lack of workforce; **15 of the 36 red** indicators were not achieved due to this. The graph at the bottom shows the breakdown of reasons by directorate.



Red Indicators (>/=10% under target)

Directorate	Measure	Target	Reason	Graph	Narrative
Contract/ Service		Actual	Months below Target		

National Performance: Single Oversight Framework

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>
Mental Health	% of clients in settled accommodation	57.0%	Other		<p><b>Description of the issue:</b> The number of patients in settled accommodation continues to be lower than anticipated despite development of an 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> The P&amp;I Team is investigating the technical issues further. However, the timescale for improvement may be compromised due to capacity within the P&amp;I and BI teams to work through the identified issues.</p>
Organisational Health	Staff Sickness (rolling 12 months)	3.5%	Workforce		<p><b>Description of the issue:</b> Staff Sickness has increased above target</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>

Local Performance: Joint Management Groups (JMGs)

All JMG indicators were achieved

Local Performance: Contractual

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%	Change of indicator required		<p><b>Description of the issue:</b> This KPI requires review. The average national wait to first appointment time is 7 weeks.</p> <p><b>Is there a plan to resolve:</b> Yes</p> <p><b>What is the plan:</b> This KPI will be negotiated with Commissioners at the next CRM meeting</p>
Wiltshire CAMHS		20%	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> Staff vacancies and sickness continued during December and January along with a lack of reporting for current waiters and wait breaches. This has led to a decline in data quality. The report shows 13 eighteen week breaches but it is likely that most of these are data quality errors and not breaches.</p> <p><b>Is there a plan to resolve:</b> Yes</p> <p><b>What is the plan:</b> Recruitment to some of the Wiltshire teams has been problematic. Staff that were recruited late in 2018 are still undergoing training. Regarding data quality; it has been highlighted that BSW require regular (weekly) reports for patients that are still waiting for their first appointment and also those seen and showing as long waiters. The service is in discussion with the P&amp;I Team.</p>
Wiltshire CAMHS		24%	6+ months		
All Ages MH Oxon	Percentage of CYP having their first appointment (Excluding ED). % within 8 weeks	85%	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> The directorate has 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 has 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 trialed in the North AMHT in March 2019</p>
Wiltshire CAMHS		63%	6+ months		
All Ages MH Oxon	% of people that have had their cluster reviewed within the agreed timescale	85%	Lack of Workforce		<p><b>Description of the issue:</b> Lack of workforce/ Demand and Capacity</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 87%. There was no clinical risk to any of the patients that were seen within the extended period. City AMHT was not included in this month figures due to data validity issues.</p>
Oxon Adults		47%	6+ months		
All Ages MH Oxon	Adult CMHTs - Percentage of referrals categorised as non-urgent that are assessed within 28 calendar days	90%	Lack of Workforce		<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> There has been an increase in the number of overall assessments following the holiday period, but many of the assessments are for the longest waiters over 12 weeks which do not have a positive impact on this KPI. 66% of all the assessments were for the longest waiters over 12 weeks.</p>
Oxon Adults		44%	6+ months		
All Ages MH Oxon	Percentage of children/young person having their first routine appointment within 12 weeks of referral	75%	Demand & Capacity		<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> Patient caseload is being transferring to the NDC pathway, longest waiters being picked up first which do not impact positively on this KPI. Increase in overall number of assessments from last month.</p>
CAMHS		34%	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%	Mix of Issues		<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> There has been an increase in the number of overall assessments following the holiday period, but many of the assessments are for the longest waiters over 12 weeks which do not have a positive impact on this KPI. 66% of all the assessments were for the longest waiters over 12 weeks.</p>
CAMHS		21%	6+ months		

All Ages MH Oxon		95%	Lack of Workforce		
CAMHS	LAC will be seen within 2 weeks for all CAMHS services excluding the neurodevelopment pathway	50% (4/8)	6+ months		<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> Performance has improved this month. Two Breaches relate to DNA and the other two patients were seen with 2.4 weeks.</p>
All Ages MH Oxon		95%	Lack of Workforce		
Oxon Adults	Percentage of outpatient letters that are sent back to GPs (uploaded to CareNotes) within 10 calendar days	84%	6+ months		<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 are 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 to effect from next month.</p>
All Ages MH Bucks		95%	Data Quality		
Bucks CCG (AWA)	Local 20i -% people will have care review within the (timeframe) specified by the cluster package	57%	6+ months		<p><b>Description of the issue:</b> Care reviews not being completed within the contracted timescales</p> <p><b>Is there a plan to resolve:</b> Yes</p> <p><b>What is the plan:</b> The EHR team has 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 via 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.</p>
All Ages MH Bucks		85%	Further Review Required		
Bucks CCG (OPMH)	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	70%	6+ months		<p><b>Description of the issue:</b> 21 patients breached, 15 in North Bucks and 6 in South Bucks. Consultant availability and patient cancellations have contributed to the breaches.</p> <p><b>Is there a plan to resolve:</b> Yes</p> <p><b>What is the plan:</b> A remedial action plan is still in place over the next reporting period. This is an improvement on the December figure of 63% and is showing an upward trend which we expect to continue.</p>
Specialised Services	% Bed Occupancy	100%	Other		
ED		59%	6+ months		<p><b>Description of Issue:</b> The service is experiencing high levels of Safe and Supportive Observations secondary to patient safety concerns. This has impacted negatively on the ability to safely admit patients; this means that the service cannot currently admit patients who have high dependency needs, due to the already high patient acuity on the wards.</p> <p><b>Is there a plan to resolve:</b> No</p> <p><b>What is the plan:</b> The service is unable to impact on patient acuity at the point of admission and does not have the ability to staff above the agreed funded levels</p>

Community Services	Eligibility decisions are made within 28 days of accepting a referral.	95%	Increase in demand		<p><b>Description of the issue:</b> Social workers are unable to attend assessments and therefore cases have to wait to be seen by panel social worker on a Thursday. There are, at times, too many cases for the social worker to read and ratify and this means cases have to wait another week for local authority sign off. Although CHC can have a constituted MDT without Local Authority this can be challenged if cases proceed to appeal.</p> <p><b>Is there a plan to resolve:</b> Yes</p> <p><b>What is the plan:</b> There is a plan for each of the localities to have a social worker assigned for assessments on specific days and times. This plan is due to roll out within the next few weeks. This will mean that there is a constituted MDT for most cases taking place in the community.</p>
Continuing health care (Oxon)		56%	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%	Lack of workforce		<p><b>Description of the issue:</b> Continued high referrals in to the department and as above (lack of social worker support)</p> <p><b>Is there a plan to resolve:</b> Yes</p> <p><b>What is the plan:</b> To continue to look at smarter ways of working and are trying to work in a planned way by looking at reviews due in 3 month blocks. This will allow the service to predict where it needs to put resources in order to meet demand. The service is currently using agency staff to support vacancies; recruitment to two full time posts underway</p>
Continuing health care (Oxon)		76%	6+ months		
Community Services	DST completed in acute hospital	< /=15%	Change in delivery model required		<p><b>Description of the issue:</b> Buckinghamshire County Council continues to request that Funded Nursing Care determination is made prior to discharge from hospital and this request generates an increase in Decision Support Tool (DST) triggered in an acute hospital setting.</p> <p><b>Is there a plan to resolve:</b> Yes</p> <p><b>What is the plan:</b> Discussions are taking place around the possibility to move away from completing a checklist to completing a Registered Nursing Needs Assessment. Additional CHC resource has been funded by Buckinghamshire CCG to support the Buckinghamshire Healthcare Trust discharge team</p>
Continuing health care (Bucks)		24%	6+ months		
Community Services	Referrals completed within 28 days	> /= 80%	Mix of Issues		<p><b>Description of the issue:</b> A combination of staff sickness, interim staff leaving, incomplete referrals, awaiting confirmation from responsible commissioner, non-agreed MDTs that need a Panel process.</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)		26%	6+ months		
Community Services	% of Routine referrals had an appointment (offered) within 8 weeks	90%	Lack of workforce		<p><b>Description of the issue:</b> There continues to be a shortfall in the number of available clinical appointments with the current staffing levels (direct impact of lack of funding)</p> <p><b>Is there a plan to resolve:</b> Yes</p> <p><b>What is the plan:</b> Discussions have commenced regarding a proposed joint review of the service with OCCG</p>
Falls		35%	6 months		
All Ages MH Oxon	All patients referred to EDPS are seen within the agreed timeframe – JR (within 60 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		83%	5 months		

All Ages MH Oxon	Clinic letters sent to GPs within 7 calendar days	95%	Lack of workforce		<p><b>Description of the issue:</b> Lack of workforce/Indicator change</p> <p><b>Is there a plan to resolve:</b> Partly</p> <p><b>What is the plan:</b> The downward trajectory of performance is represented by the recent change of indicator from 10 to 7 days. Vacancies are being advertised</p>
CAMHS (Oxon)		53%	5 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%	5 months		
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		50%	4 months		
Community Services	Every child under the age of five will receive a review health assessment at six-monthly intervals	90%	Other		<p><b>Description of the issue:</b> 2 out of 4 out of county not see within the timeframe due to assessments being due over the festive period. Assessments completed 5 and 6 days after the due date.</p> <p><b>Is there a plan to resolve:</b> Yes</p> <p><b>What is the plan:</b> Robust forward planning</p>
Looked After Children (Out of County)		50%	3 months		
Community Services	Every child over five years of age will receive a review health assessment annually	90%	Other		<p><b>Description of the issue:</b> 9 of the 19 out of county children were not seen within the timeframe due to the young person refusing to engage, the service is still waiting for appointment confirmation, placement area unable to offer appointment or appointment completed outside of timeframe</p> <p><b>Is there a plan to resolve:</b> Yes</p> <p><b>What is the plan:</b> To strengthen relationship with other areas</p>
Looked After Children (Out of County)		53%	3 months		
Community Services	Percentage of Patients will wait no longer than 12 weeks to first appointment attended	95%	Other		<p><b>Description of the issue:</b> 10 of the 15 breaches related to patient choice or patients not being available for the appointment. The remaining 5 breaches related to lack of available appointments at certain clinics.</p> <p><b>Is there a plan to resolve:</b> Yes</p> <p><b>What is the plan:</b> To look into demand and capacity at certain clinics</p>
Dietetics		81%	3 months		

All Ages MH Bucks	Access: Targeted Pathway (Getting Help) % of referrals assessed within 4 weeks	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. The Performance & Information team are to work with the service, EHR team and the Relationship Manager to investigate improvements required. An action plan will be in place by Friday 22nd February.
Bucks CAMHS		70%	3 months		
All Ages MH Bucks	Access: Specialist Pathway (Getting More Help) - % referrals assessed within 4 weeks	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. The Performance & Information team are to work with the Service, EHR team and the Relationship Manager to investigate improvements required. An action plan will be in place by Friday 22nd February.
Bucks CAMHS		44%	3 months		
All Ages MH Oxon	% of referrals to assessment within 4 weeks	95%	Other		<b>Description of the issue:</b> The breaches have been investigated and were due to patient choice. Cancellations and DNAs are frequent in this team due to the difficulty in engagement <b>Is there a plan to resolve:</b> Yes <b>What is the plan:</b> We are planning on introducing SMS reminders in this team in the near future with the hope of improving attendance at appointments (or cancellations with sufficient notice to reschedule).
Wilts Adult ED		40%	3 months		
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> One patient was seen in 1.1 weeks and the other breach is a data quality error.
CAMHS		60% (3/5)	2 months		
All Ages MH Oxon	Percentage of all referrals to adult mental health teams that are categorised as crisis/emergency where the patient (and carer where applicable) and the referring GP are contacted within 2 hours.	95%	Mix of Issues		<b>Description of the issue:</b> Mix of issues <b>Is there a plan to resolve?</b> Yes <b>What is the plan?</b> 1 breach was seen within 6 hrs and 1x breach was a police weekend referral and was seen the same day and within 7 hrs. 1 breach was seen within 3 hours due to the GP having to be emailed as they were not reachable by phone.
OBC Incentivized		75%	1 month		
All Ages MH Oxon	Adult CMHTs - Percentage of referrals categorised as crisis/emergency that are assessed within 4 hours	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> 1 breach was seen within 6 hrs and 1 breach was a police weekend referral and was seen the same day and within 7 hrs
Oxon Adults		83%	1 month		

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> Staffing sickness and holiday</p> <p><b>Is there a plan to resolve:</b> Yes</p> <p><b>What is the plan:</b> Online rostering while highlight gaps in future so they can be addressed.</p>
BANES CAMHS		29%	1 month		
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%	Change of indicator required		<p><b>Description of the issue:</b> KPI requires review. Average national wait to first appointment time is 7 weeks.</p> <p><b>Is there a plan to resolve:</b> Yes</p> <p><b>What is the plan:</b> This KPI will be negotiated with Commissioners at next CRM meeting</p>
BANES CAMHS		35%	1 month		
All Ages MH Oxon	Percentage of CYP Eating Disorder having their first appointment. % of Urgent within 1 week	95%	Data Quality		<p><b>Description of the issue:</b> Data quality issues identified</p> <p><b>Is there a plan to resolve:</b> Yes</p> <p><b>What is the plan:</b> Performance &amp; Information team is investigating</p>
Swindon CAMHS		0%	1 month		
All Ages MH Oxon	Percentage of CYP having their first appointment (Excluding ED). % within 18 weeks	100%	Lack of Workforce		<p><b>Description of the issue:</b> Staff vacancies and sickness continued during December and January along with a lack of reporting for current waiters and wait breaches. This has led to a decline in data quality. The report shows 13 eighteen week breaches but it is likely that most of these are data quality errors and not breaches.</p> <p><b>Is there a plan to resolve:</b> Yes</p> <p><b>What is the plan:</b> Recruitment to some of the Wiltshire teams has been problematic. Staff that were recruited late in 2018 are still undergoing training. Regarding data quality; it has been highlighted that BSW require regular (weekly) reports for patients that are still waiting for their first appointment and also those seen and showing as long waiters. The service is in discussion with the P&amp;I Team.</p>
Wiltshire CAMHS		89%	1 month		
Specialised Services	Referrals: % of routine referrals to Specialist Learning Disability Health Services meeting 6 week wait	95%	Lack of workforce		<p><b>Description of Issue:</b> Lack of workforce due to unplanned absences</p> <p><b>Is there a plan to resolve:</b> Yes</p> <p><b>What is the plan:</b> The expectation is that staffing levels will return to 'normal' next month. In the interim, the waiting list is being actively managed to ensure longest waiters are seen first, and available clinic appointments are maximised</p>
Learning Disabilities		60%	1 month		
Specialised Services	Number of patients with a HCR 20 complete in 3 months of admission.	90%	Other		<p><b>Description of Issue:</b> failure to meet HCR target by 7 days</p> <p><b>Is there a plan to resolve:</b> Yes</p> <p><b>What is the plan:</b> This is a first-time breach, and relates to one patient. The service leads will ensure all staff are aware of the requirement to complete HCR within 3 months. This will be done via emails and team meetings</p>
Forensics MSU		75%	1 month		

## Out of Area Placements (OAPs)

There were 30 patients in Out of Area placements during Jan19, utilising a total of 380 bed days in the month of Jan19.

19 Patients were admitted to an OAP placement in Jan19 (three of these patients moved from one OAP placement to another: one from a PICU to another PICU, one from an Acute to a PICU, and one from an Acute to another Acute).

One patient was admitted in Sept18 and was still out during Jan19, two admitted in Nov18 and were still out during Jan19, and eight admitted in Dec18 and still out during Jan19.

All placements were attributed to bed availability.

8 Placements were in PICU beds, and 25 in Acute mental health beds.

12 Patients were Oxfordshire CCG, 18 were Buckinghamshire CCG patients.

17 Patients were male and 13 were female.

The distance from patients' home to placements ranged from 34.4 to 204 miles, with the average distance being 85.2 miles.

The pink highlighted rows relate to same patient who transferred from one PICU OAP placement to another PICU OAP placement. The purple highlighted rows relate to same patient who transferred from an Acute OAP placement to a PICU OAP placement. The green highlighted rows relate

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	2	46.4
Bucks	Adults	Nov-18	M	Independent	Acute	Unavailability of bed	20	44
Bucks	Adults	Nov-18	M	Independent	Acute	Unavailability of bed	11	35.9
Oxon	Adults	Dec-18	M	Independent	Acute	Unavailability of bed	23	56
Oxon	Adults	Dec-18	M	Independent	Acute	Unavailability of bed	17	185
Oxon	Adults	Dec-18	M	Independent	Acute	Unavailability of bed	8	177
Bucks	Adults	Dec-18	F	Independent	PICU	Unavailability of bed	31	50.1

Bucks	Adults	Dec-18	M	Independent	Acute	Unavailability of bed	9	35.2
Bucks	Adults	Dec-18	M	Independent	Acute	Unavailability of bed	31	67.2
Bucks	Adults	Dec-18	M	Independent	Acute	Unavailability of bed	10	97.4
Bucks	Adults	Dec-18	M	Independent	Acute	Unavailability of bed	15	71.7
Oxon	Adults	Jan-19	M	Independent	Acute	Unavailability of bed	29	60.6
Oxon	Adults	Jan-19	F	Independent	Acute	Unavailability of bed	8	81.6
Oxon	Adults	Jan-19	M	Independent	Acute	Unavailability of bed	18	71.7
Oxon	Adults	Jan-19	F	Independent	PICU	Unavailability of bed	13	58.9
Oxon	Adults	Jan-19	F	NHS	PICU	Unavailability of bed	4	62.8
Oxon	Adults	Jan-19	F	Independent	Acute	unavailability of bed	4	113
Oxon	Adults	Jan-19	F	Independent	Acute	unavailability of bed	5	76.1
Oxon	Adults	Jan-19	F	Independent	Acute	unavailability of bed	5	81.3
Oxon	Adults	Jan-19	F	NHS	PICU	Unavailability of bed	2	48.4
Bucks	Adults	Jan-19	M	Independent	Acute	Unavailability of bed	6	34.4
Bucks	Adults	Jan-19	M	Independent	PICU	Unavailability of bed	7	49.6
Bucks	Adults	Jan-19	F	Independent	Acute	unavailability of bed	9	92.7
Bucks	Adults	Jan-19	F	Independent	PICU	Unavailability of bed	20	77.8
Bucks	Adults	Jan-19	F	Independent	Acute	unavailability of bed	11	204

Bucks	Adults	Jan-19	M	Independent	Acute	Unavailability of bed	10	97.9
Bucks	Adults	Jan-19	F	NHS	PICU	Unavailability of bed	15	73.5
Bucks	Adults	Jan-19	F	Independent	Acute	Unavailability of bed	5	54
Bucks	Adults	Jan-19	F	Independent	Acute	Unavailability of bed	5	85.1
Bucks	Adults	Jan-19	M	Independent	Acute	Unavailability of bed	2	90.1
Bucks	Adults	Jan-19	M	Independent	Acute	Unavailability of bed	5	182
Bucks	Adults	Jan-19	M	Independent	Acute	Unavailability of bed	1	171
Oxon	Older Adults	Jan-19	M	Independent	Acute	Unavailability of bed	19	80.1