

## Trust Board Performance Overview Report – Month 1, April 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 (CQC). 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

**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.

- (2) All Ages Mental Health – Oxfordshire (includes BaNES, Swindon & Wiltshire (BSW))
- (3) All Ages Mental Health - Buckinghamshire
- (4) Community Services
- (5) Specialised Services

### Summary of Indicators

In total, the Trust routinely reports information and performance relating to **2089 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 Contractual Performance              |                                 |            |           |                     |            |                           |             |
| (2) Community Services                     | 58                              | 64         | 25        | 11                  | 158        | 767                       | 925         |
| (3) All Ages Mental Health Oxon and BSW    | 122                             | 14         | 1         | 0                   | 137        | 413                       | 550         |
| (4) All Ages Mental Health Buckinghamshire | 52                              | 16         | 1         | 3                   | 72         | 266                       | 338         |
| (5) Specialised Services                   | 106                             | 7          | 0         | 4                   | 117        | 124                       | 241         |
| <b>Local Contractual Total</b>             | <b>338</b>                      | <b>101</b> | <b>27</b> | <b>18</b>           | <b>484</b> | <b>1570</b>               | <b>2054</b> |
| <b>Grand Total</b>                         | <b>351</b>                      | <b>106</b> | <b>29</b> | <b>18</b>           | <b>504</b> | <b>1585</b>               | <b>2089</b> |

### Performance Scorecard

#### Summary

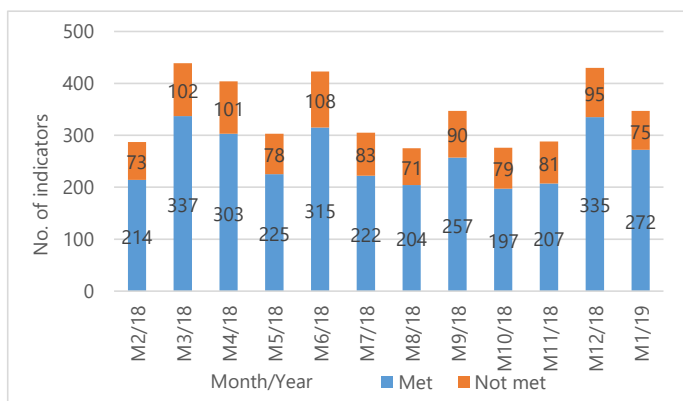
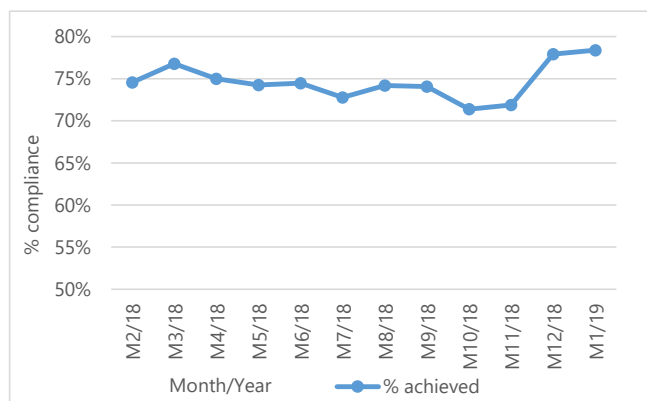
| Directorate                                | Below target >10% | Below Target -1-9% | Target Met | No Target   | Total      | % Met      |
|--------------------------------------------|-------------------|--------------------|------------|-------------|------------|------------|
| National Performance                       |                   |                    |            |             |            |            |
| (1) Single Oversight Framework             | 3                 | 2                  | 8          | 15          | 13         | 62%        |
| Local Contractual Performance              |                   |                    |            |             |            |            |
| (2) Community Services                     | 14                | 6                  | 38         | 767         | 58         | 66%        |
| (3) All Ages Mental Health Oxon and BSW    | 22                | 4                  | 104        | 413         | 130        | 80%        |
| (4) All Ages Mental Health Buckinghamshire | 8                 | 10                 | 29         | 266         | 47         | 62%        |
| (5) Specialised Services                   | 3                 | 8                  | 101        | 124         | 112        | 90%        |
| <b>Local Contractual Performance Total</b> | <b>47</b>         | <b>28</b>          | <b>272</b> | <b>1570</b> | <b>347</b> | <b>78%</b> |
| <b>Grand Total</b>                         | <b>50</b>         | <b>30</b>          | <b>280</b> | <b>1585</b> | <b>360</b> | <b>78%</b> |

## Breakdown

| Area                                                                                                                                                                 | Below target | Below Target | Target Met | No Target | Total | % Met   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------|------------|-----------|-------|---------|
| <b>National Performance</b>                                                                                                                                          |              |              |            |           |       |         |
| <b>(1) Single Oversight Framework</b>                                                                                                                                | 3            | 2            | 8          | 15        | 13    | 62%     |
| Quality of Care                                                                                                                                                      | 1            | 1            | 4          | 9         | 6     | 67%     |
| Operational Performance                                                                                                                                              | 0            | 1            | 4          | 3         | 5     | 80%     |
| Organisational Health                                                                                                                                                | 2            | 0            | 0          | 3         | 2     | 0%      |
| <b>Local Contractual Performance</b>                                                                                                                                 |              |              |            |           |       |         |
| <b>(2) Community Services</b>                                                                                                                                        | 14           | 6            | 38         | 767       | 58    | 66%     |
| School Health Nursing and College Health Nursing services, Public Health Promotion Resources services and a National Child Measurement Programme                     | 0            | 0            | 0          | 339       | 0     | #DIV/0! |
| Health Visiting and Family Nurse Partnership services                                                                                                                | 0            | 0            | 0          | 83        | 0     | #DIV/0! |
| School Age Immunisations                                                                                                                                             | 0            | 0            | 4          | 3         | 4     | 100%    |
| Oxon Community & Mental Health Contract (Adults Community services)                                                                                                  | 10           | 6            | 24         | 266       | 40    | 60%     |
| Oxon Community & Mental Health Contract (Children Community services)                                                                                                | 2            | 0            | 5          | 15        | 7     | 71%     |
| Oxon Community & Mental Health Contract (Other)                                                                                                                      | 1            | 0            | 2          | 0         | 3     | n/a     |
| Podiatry                                                                                                                                                             | 0            | 0            | 1          | 26        | 1     | 100%    |
| Buckinghamshire Continuing Healthcare                                                                                                                                | 1            | 0            | 2          | 35        | 3     | 67%     |
| <b>(3) All Ages Mental Health Oxon and BSW</b>                                                                                                                       | 22           | 4            | 104        | 413       | 130   | 80%     |
| Adult Mental Health Outcomes Based Commissioning (OBC) Sch 4                                                                                                         | 5            | 2            | 4          | 3         | 11    | 36%     |
| Adult Mental Health Outcomes Based Commissioning (OBC) Incentivised                                                                                                  | 2            | 0            | 12         | 87        | 14    | 86%     |
| Child and Adolescent Mental Health Service (CAMHS)                                                                                                                   | 2            | 1            | 8          | 75        | 11    | 73%     |
| Child and Adolescent Mental Health Service (CAMHS) Incentivised                                                                                                      | 2            | 0            | 4          | 0         | 6     | 67%     |
| Integrated Access to Psychological Therapies (IAPT) Wellbeing (Oxon)                                                                                                 | 3            | 0            | 7          | 9         | 10    | 70%     |
| Oxfordshire Perinatal Mental Health Service                                                                                                                          | 0            | 0            | 13         | 0         | 13    | 100%    |
| Community & Mental Health Contract Sch 4 (Oxon)                                                                                                                      | 0            | 0            | 0          | 0         | 0     |         |
| Community & Mental Health Contract Sch 4 (Oxon)                                                                                                                      | 2            | 0            | 14         | 7         | 16    | 88%     |
| Child and Adolescent Mental Health Service (BSW)                                                                                                                     | 5            | 1            | 27         | 134       | 33    | 82%     |
| Adult Eating Disorders (Wiltshire)                                                                                                                                   | 1            | 0            | 7          | 45        | 8     | 88%     |
| Oxon Joint Management Group (JMG)                                                                                                                                    | 0            | 0            | 8          | 53        | 8     | 100%    |
| <b>(4) All Ages Mental Health Buckinghamshire</b>                                                                                                                    | 8            | 10           | 29         | 266       | 47    | 62%     |
| Adults & Older Adults Community Mental Health Teams and Inpatients, Integrated Access to Psychological Therapies, Perinatal and Psychiatric In Reach Liaison Service | 1            | 8            | 17         | 35        | 26    | 65%     |
| Child and Adolescent Mental Health Service (CAMHS)                                                                                                                   | 5            | 1            | 7          | 173       | 13    | 54%     |
| Child and Adolescent Mental Health Service (CAMHS) Incentivised                                                                                                      | 2            | 0            | 1          | 0         | 3     | 33%     |
| Buckinghamshire Perinatal Mental Health Service                                                                                                                      | 0            | 1            | 4          | 0         | 5     | 80%     |
| Bucks Joint Management Group                                                                                                                                         | 0            | 0            | 0          | 58        | 0     |         |
| <b>(5) Specialised Services</b>                                                                                                                                      | 3            | 8            | 101        | 124       | 112   | 90%     |
| Learning Disabilities (OCCG)                                                                                                                                         | 1            | 2            | 6          | 0         | 9     | 67%     |
| Dentistry (NHSE)                                                                                                                                                     | 0            | 0            | 31         | 8         | 31    | 100%    |
| Specialist Dentistry (NHSE)                                                                                                                                          | 0            | 0            | 0          | 0         | 0     |         |
| Forensic Medium Secure Unit (NHSE)                                                                                                                                   | 1            | 1            | 16         | 29        | 18    | 89%     |
| Forensic Low Secure Unit (NHSE)                                                                                                                                      | 0            | 4            | 14         | 29        | 18    | 78%     |
| Child and Adolescent Mental Health Service (CAMHS) Tier 4 Inpatients                                                                                                 | 0            | 0            | 18         | 29        | 18    | 100%    |
| Eating Disorders Inpatients (NHSE)                                                                                                                                   | 1            | 1            | 16         | 29        | 18    | 89%     |
| Medium Secure Inpatient service (Evenlode)                                                                                                                           | 0            | 0            | 0          | 0         | 0     |         |

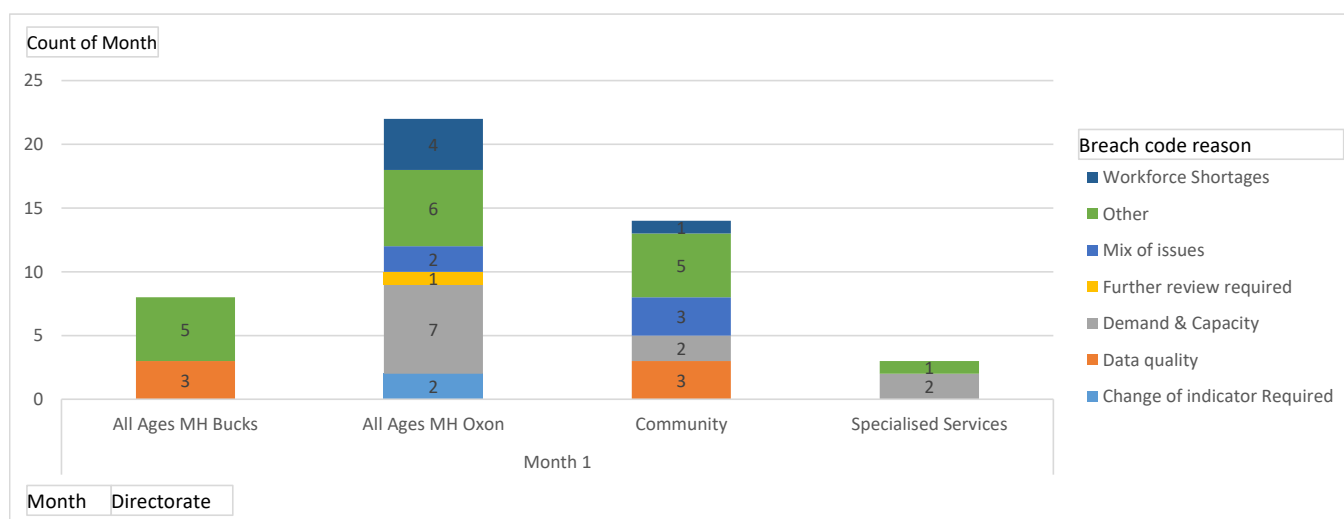
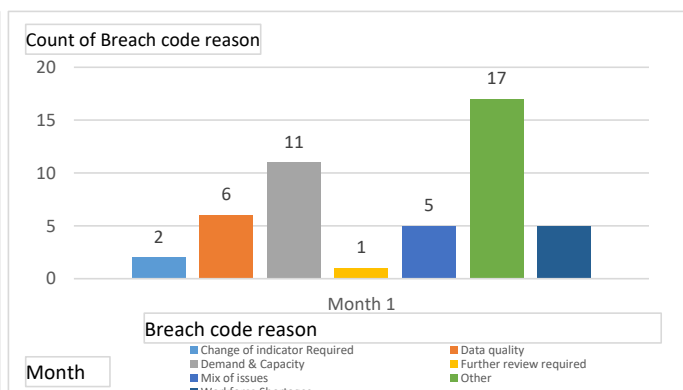
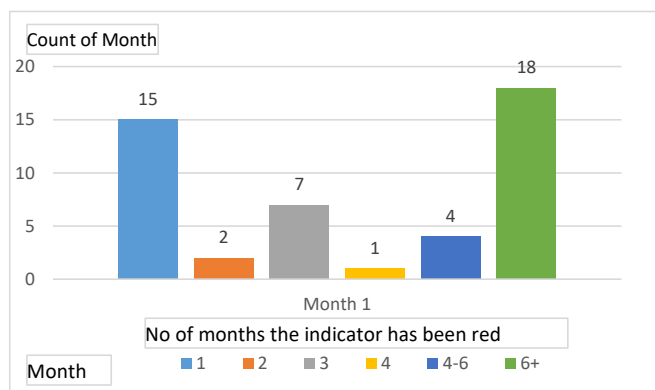
## Performance Trend

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 1, 360 contractual indicators were reportable and of these 280 (78%) were achieved. This is the same as last month. The number of red indicators this month was 50 which represents 14% of the total number of indicators.



In month 1, there were 18 red indicators that have been red for more than 6 months and 4 indicators red for 4 to 6 months. This is a decrease on last month.

In month 1, the main reason attributed to the non-achievement of local contractual indicators was "other" (e.g. related to patient acuity, indicator introduced this month, issues related to workforce other than shortages); **17 of the 47 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
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| 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 Human Resources (HR) report to Board</p> <p><b>What is the plan:</b> Update included in HR (Human Resources) report to Board</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Mental Health                                           | % of clients in settled accommodation   | 39%    | 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 Mental Health Services Data Set (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 Performance &amp; Information (P&amp;I) Team is investigating the technical issues further</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 (Human Resources) report to Board</p> <p><b>What is the plan:</b> Update included in HR (Human Resources) report to Board</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>Local Performance: Contractual</b>                   |                                         |        |                     |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Specialised Services                                    | Available Contracted Bed Days per Month | 100%   | Capacity & Demand   |       | <p><b>Description of the issue:</b> Impact of increased levels of acuity, where high numbers of patients require enhanced levels of safe and supportive observations, and direct nursing care for both mental and physical health needs. As the patients referred to the unit continue to have increasing levels of need, wards may not be able to accept these patients, as current commissioned staffing levels do not support this - in this situation beds will be found elsewhere for the patient. Bed days are also impacted by the embedding of the new care models 'patient flow'; this is because more patients remain within NCM footprint. No beds are being closed, but it may only be possible to accept patients with a lower acuity, which means that beds are some times empty for a short period of time; this impacts on the overall bed-day figure</p> <p><b>Is there a plan to resolve:</b> Yes</p> <p><b>What is the plan:</b> Implementation of the inpatient CBT-E pilot where clearer pathways for crisis or recovery treatment are available. Normalisation of patient flow so that there is a more even distribution of patients with the most complex needs across the NCM footprint rather than concentrated within CH. Monitoring via weekly meetings. Ensuring other areas are able to manage complex needs such as Ng feeding and earlier referral of very sick patients via monthly CCG meetings. Implementation of CBT-E recovery pathway and 6-8 week crisis admissions. NHSE are aware of the issues and are supportive of our approach</p> |
| Forensics ED                                            |                                         | 78%    | 6+ months           |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

|                                |                                                                                                                                                                      |     |                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|--------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Specialised Services           | % of routine referrals to Specialist Learning Disability Health Services meeting 6 week wait                                                                         | 95% | Capacity & Demand |  | <p><b>Description of the issue:</b> 4 LD service breaches of the 6 week wait KPI - the reasons for the four breaches are varied.</p> <p><b>Is there a plan to resolve:</b> Yes</p> <p><b>What is the plan:</b> As an immediate measure, the LD Nurse consultant has been deployed to support teams with meeting their external waits. The service has completed some work with NHS Elect on demand and capacity work (2 days workshop) and are working through potential solutions given their shared expertise (e.g. a Single Point of Access). This is being led by the LD project team.</p>                                                                                                                                                                                                                                         |
| LD                             |                                                                                                                                                                      | 73% | 6+ months         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Community Services             | Referrals completed within 28 days                                                                                                                                   | 80% | Mix of issues     |  | <p><b>Description of the issue:</b> Inability to sustain permanent workforce and the quality assurance process requiring Multi Disciplinary Team (MDT) to reconvene at times; this has resulted in some delays in completing referrals within 28 days. Conversely, this has a positive impact on the conversion rate. There is also limited Social Workers availability at present.</p> <p><b>Is there a plan to resolve:</b> Partly</p> <p><b>What is the plan:</b> Promoting virtual MDTs to improve efficiency and reduce delays. The Service continues working with Staffing Solutions and recruitment agencies to attract sustainable staff, however, lack of car parking seems to be one of the main issues attributing to inability to retain a sustainable workforce, as local car parking costs have increased to £9/day.</p> |
| Continuing health care (Bucks) |                                                                                                                                                                      | 49% | 6+ months         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Community Services             | % of Routine referrals had an appointment (offered) within 8 weeks                                                                                                   | 90% | Mix of issues     |  | <p><b>Description of the issue:</b> Further improvement, but demand continues to exceed commissioned capacity. More clinical appointments are available following service recruitment, but 14 - 18 appointments were lost due to having 2 Bank Holidays in April, which meant patients had to wait longer to be seen.</p> <p><b>Is there a plan to resolve:</b> Yes</p> <p><b>What is the plan:</b> A collaborative review of the pathway in conjunction with the commissioners, is in progress. Service has already started reducing triage time and is maintaining accurate data collection &amp; recording (even when this increases time spent on administrative tasks rather than clinical appointments)</p>                                                                                                                      |
| Falls Service                  |                                                                                                                                                                      | 74% | 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% | Mix of issues     |  | <p><b>Description of the issue:</b> Increase in referrals in April combined with two Bank Holidays, resulted in an increased amount of Hub beds, but limited availability of Local Authority staff</p> <p><b>Is there a plan to resolve:</b> Partly</p> <p><b>What is the plan:</b> Whilst the Service has no control over the number of referrals, the Service is working with partners to ensure referrals are timely and not made when a Hub bed is identified. A meeting with the Local Authority has been arranged to discuss how to improve collaborative working.</p>                                                                                                                                                                                                                                                           |
| Continuing health care (Oxon)  |                                                                                                                                                                      | 52% | 6+ months         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Community Services             | Individuals eligible for Continuing Healthcare will receive a case review which will include care plan review 3 months after eligibility decision                    | 95% | Demand & Capacity |  | <p><b>Description of the issue:</b> There has been an increase in referrals requiring full assessment, combined with vacancies within the service</p> <p><b>Is there a plan to resolve:</b> Yes</p> <p><b>What is the plan:</b> Weekly reminders to clinical leads and operational manager to monitor reviews</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Continuing health care (Oxon)  |                                                                                                                                                                      | 44% | 6+ months         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Community Services             | Individuals eligible for Continuing healthcare will receive a case review which will include care plan review every 12 months                                        | 95% | Demand & Capacity |  | <p><b>Description of the issue:</b> There has been an increase in referrals requiring full assessment, combined with vacancies within the service</p> <p><b>Is there a plan to resolve:</b> Yes</p> <p><b>What is the plan:</b> Weekly reminders to clinical leads and operational manager to monitor reviews</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Continuing health care (Oxon)  |                                                                                                                                                                      | 48% | 6+ 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 7 children outside of Oxfordshire seen 1 and 3 days late respectively, due to an appointment offered outside of the timeframe by the Looked After Children team in another county</p> <p><b>Is there a plan to resolve:</b> Yes</p> <p><b>What is the plan:</b> Develop a strategy that strengthens our relationship with other areas</p>                                                                       |
| Looked After Children (out of county)                 |                                                                                                           | 71% | 6 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> 4 out of 14 children outside of Oxfordshire were not seen within the timeframe, due to appointments being offered outside of the timeframe by the Looked After Children team in another county - difficulties engaging and living/schooling area mis-match.</p> <p><b>Is there a plan to resolve:</b> Yes</p> <p><b>What is the plan:</b> Develop a strategy that strengthens our relationship with other areas</p>      |
| Looked After Children (out of county)                 |                                                                                                           | 71% | 6 months          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| All Ages Mental Health Oxon                           | Adult CMHTs - Percentage of referrals categorised as non-urgent that are assessed within 28 calendar days | 90% | Demand & Capacity |  | <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> The Trust continues to improve efficiency and productivity wherever possible but additional investment is required. Referrals continue to be dealt with as efficiently and effectively as possible. The Trust is working with commissioners to secure the additional investment required in mental health services</p> |
| OBC (Outcomes Based Contract) Sch 4                   |                                                                                                           | 60% | 6+ months         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| All Ages Mental Health Oxon                           | Percentage of outpatient letters that are sent back to GPs (uploaded to CareNotes) within 7 calendar days | 95% | Demand & Capacity |  | <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> 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</p>                   |
| OBC (Outcomes Based Contract) Sch 4                   |                                                                                                           | 70% | 6+ months         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| All Ages Mental Health Oxon                           | Clinic letters sent to GPs within 7 calendar days                                                         | 95% | Workforce         |  | <p><b>Description of the issue:</b> Workforce shortages</p> <p><b>Is there a plan to resolve:</b> Yes</p> <p><b>What is the plan:</b> Currently advertising and actively recruiting to fill staff vacancies. Performance has improved by 4% compared to last month</p>                                                                                                                                                                                       |
| Oxon CAMHS (Child & Adolescent Mental Health Service) |                                                                                                           | 76% | 6+ months         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| All Ages Mental Health Oxon                           | LAC will be seen within 2 weeks for all CAMHS services excluding the neurodevelopment pathway             | 95% | Demand & Capacity |  | <p><b>Description of the issue:</b> 1 breach by 2.2 weeks due to availability of assessment slot, transfer of care from Buckinghamshire.</p> <p><b>Is there a plan to resolve:</b> Yes</p> <p><b>What is the plan:</b> The service is working to improve capacity issues. Oxfordshire CCG aware of issues and this is regularly discussed at QRM to ensure there is no risk to patients.</p>                                                                 |
| Oxon CAMHS (Child & Adolescent Mental Health Service) |                                                                                                           | 67% | 6+ months         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

|                                                            |                                                                                                                               |     |                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-----|-------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| All Ages Mental Health 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> Demand and capacity. There has been an increase in performance from last month, with an increase in overall assessments and those being assessed prior to 12 weeks. Unfortunately, many of the assessments are for the longest waiters (over 12 weeks) which do not have a positive impact on this KPI; 57% of all the assessments were for the longest waiters over 12 weeks.</p> <p><b>Is there a plan to resolve:</b> Yes</p> <p><b>What is the plan:</b> Helios have started working with the trust to reduce the waiting list and plan is in place for next 6 months. Oxfordshire CCG are regularly updated of progress.</p> |
| Oxon CAMHS Incentivized (£££)                              |                                                                                                                               | 48% | 6+ months         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| All Ages Mental Health 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> Performance has improved on last month but the overall number of assessments overall has not increased due to estate issues</p> <p><b>Is there a plan to resolve:</b> Yes</p> <p><b>What is the plan:</b> Staff recruitment is almost complete and the service is currently in the process of moving bases to allow for more capacity and better team working.</p>                                                                                                                                                                                                                                                                |
| Oxon CAMHS Incentivized (£££)                              |                                                                                                                               | 24% | 6+ months         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| All Ages Mental Health Oxon                                | All patients referred to EDPS are seen within the agreed timeframe - JR 60 Minutes                                            | 95% | Demand & Capacity |  | <p><b>Description of the issue:</b> Workforce shortages/Investment</p> <p><b>Is there a plan to resolve?</b> Yes</p> <p><b>What is the plan?</b> OH are in talks with Oxfordshire Clinical Commissioning Group (OCCG) about funding in Mental Health to improve capacity and meet demand. This issue will be referred to Quality Review Meeting (QRM) to confirm the status of any clinical risk to patients</p>                                                                                                                                                                                                                                                      |
| Emergency Department Psychiatric Service (EDPS)            |                                                                                                                               | 83% | 6+ months         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| All Ages Mental Health Oxon                                | All patients referred to EDPS are seen within the agreed timeframe - GHG 90 Minutes                                           | 95% | Demand & Capacity |  | <p><b>Description of the issue:</b> Workforce shortages/Investment</p> <p><b>Is there a plan to resolve?</b> Yes</p> <p><b>What is the plan?</b> OH are in talks with Oxfordshire Clinical Commissioning Group (OCCG) about funding in Mental Health to improve capacity and meet demand. This issue will be referred to Quality Review Meeting (QRM) to confirm the status of any clinical risk to patients</p>                                                                                                                                                                                                                                                      |
| Emergency Department Psychiatric Service (EDPS)            |                                                                                                                               | 73% | 6+ months         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| All Ages Mental Health Oxon                                | Percentage of CYP having their first appointment (Excluding ED). % within 4 weeks                                             | 75% | Workforce         |  | <p><b>Description of the issue:</b> Staffing sickness in Salisbury, difficulty recruiting to posts and holiday</p> <p><b>Is there a plan to resolve:</b> Yes</p> <p><b>What is the plan:</b> A detailed plan has been put in place by the service and shared with the commissioners. We are providing regular updates at the contract review meetings.</p>                                                                                                                                                                                                                                                                                                            |
| Wiltshire CAMHS (Child & Adolescent Mental Health Service) |                                                                                                                               | 36% | 6+ months         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| All Ages Mental Health Oxon                                | Percentage of CYP having their first appointment (Excluding ED). % within 8 weeks                                             | 85% | Workforce         |  | <p><b>Description of the issue:</b> Staffing sickness in Salisbury, difficulty recruiting to posts and holiday</p> <p><b>Is there a plan to resolve:</b> Yes</p> <p><b>What is the plan:</b> A detailed plan has been put in place by the service and shared with the commissioners. We are providing regular updates at the contract review meetings</p>                                                                                                                                                                                                                                                                                                             |
| Wiltshire CAMHS (Child & Adolescent Mental Health Service) |                                                                                                                               | 68% | 6+ months         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

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| All Ages Mental Health 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> 4 week wait breach<br><b>Is there a plan to resolve:</b> Yes<br><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 (Electronic Healthcare Records) team and the Relationship Manager to investigate improvements required. This is ongoing work with an action plan in place. Performance & Information have reported waits in April based on contact team to ensure waits information reflects operational commissioned service. |
| Bucks CCG (Adults Working Age)                         |                                                                                                                                  | 54% | 6+ months           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| All Ages Mental Health Bucks                           | Access: Specialist Pathway (Getting Help) - % referrals assessed within 4 weeks                                                  | 90% | Data Quality        |  | <b>Description of the issue:</b> 4 week wait breach<br><b>Is there a plan to resolve:</b> Yes<br><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 (Electronic Healthcare Records) team and the Relationship Manager to investigate improvements required. This is ongoing work with an action plan in place. Performance & Information have reported waits in April based on contact team to ensure waits information reflects operational commissioned service. |
| Bucks CAMHS (Child & Adolescent Mental Health Service) |                                                                                                                                  | 60% | 6 months            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| All Ages Mental Health 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<br><b>Is there a plan to resolve:</b> Yes<br><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 (Electronic Healthcare Records) team and the Relationship Manager to investigate improvements required. This is ongoing work with an action plan in place. Performance & Information have reported waits in April based on contact team to ensure waits information reflects operational commissioned service. |
| Bucks CAMHS (Child & Adolescent Mental Health Service) |                                                                                                                                  | 41% | 6 months            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| All Ages Mental Health Oxon                            | Referral to treatment time Community CAMHS (as per local definition - 2 f-t-f contacts (excludes ED)). Percentage within 8 weeks | 70% | Change of Indicator |  | <b>Description of the issue:</b> Indicator requires review<br><b>Is there a plan to resolve?</b> Yes<br><b>What is the plan?</b> The KPI will be reviewed under the 2019/20 contract.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| BANES CAMHS (Child & Adolescent Mental Health Service) |                                                                                                                                  | 20% | 4 months            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| All Ages Mental Health Oxon                            | Adult CMHTs - Percentage of referrals categorised as crisis/emergency that are assessed within 4 hours                           | 95% | Other               |  | <b>Description of the issue:</b> It was identified that there were 2 breaches, however, following investigation there was only one breach and therefore this indicator is no longer red. The breach was due to one patient being seen in 5 hours due to capacity issues.<br><b>Is there a plan to resolve:</b> No<br><b>What is the plan:</b> N/A                                                                                                                                                                                                                                                                                                                                                                                               |
| OBC (Outcomes Based Contract) Sch 4                    |                                                                                                                                  | 75% | 3 months            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| All Ages Mental Health Oxon                            | Adult CMHTs - Percentage of referrals categorised as urgent that are assessed within 7 calendar days                             | 95% | Demand & Capacity   |  | <b>Description of the issue:</b> Demand and Capacity<br><b>Is there a plan to resolve:</b> Yes<br><b>What is the plan:</b> The Trust continues to improve efficiency and productivity wherever possible but additional investment is required. Referrals continue to be dealt with, as efficiently and effectively as possible. The Trust is working with commissioners to secure the additional investment required in mental health services                                                                                                                                                                                                                                                                                                  |
| OBC (Outcomes Based Contract) Sch 4                    |                                                                                                                                  | 85% | 3 months            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |



|                                                            |                                                                                                                                                                                                     |     |                     |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
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| All Ages Mental Health 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                            | 85% | Other               |                | <b>Description of the issue:</b> Data capture - this is a new data capture via the clinical system as opposed to via patient audit.<br><b>Is there a plan to resolve:</b> Yes<br><b>What is the plan:</b> The reporting rules for this indicator are agreed with commissioners and are now being implemented into the new system. It is anticipated that it will take 9-12 months to get close to the target, whilst patients are transferred over on the electronic system                                                                                                                                                                                                                                                                     |
| OBC (Outcomes Based Contract) Sch 4                        |                                                                                                                                                                                                     | 51% | 3 months            |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| All Ages Mental Health 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% | Other               |                | <b>Description of the issue:</b> It was identified that there were 2 breaches, however, following investigation there was only one breach and therefore this indicator is no longer red. The breach was due to one patient being seen in 5 hours due to capacity issues.<br><b>Is there a plan to resolve:</b> No<br><b>What is the plan:</b> N/A                                                                                                                                                                                                                                                                                                                                                                                               |
| OBC Incentivized (£££)                                     |                                                                                                                                                                                                     | 75% | 3 months            |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| All Ages Mental Health Oxon                                | Percentage of CYP Eating Disorder ONLY having their first appointment. % routine within 4 weeks                                                                                                     | 95% | Other               | Not applicable | <b>Description of the issue:</b> Patient choice - breaches were due to patient cancellations and patient choice which led to assessments being done outside the 4 weeks.<br><b>Is there a plan to resolve:</b> No<br><b>What is the plan:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Wiltshire CAMHS (Child & Adolescent Mental Health Service) |                                                                                                                                                                                                     | 50% | 3 months            |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| All Ages Mental Health Oxon                                | Referral to treatment time Community CAMHS (as per local definition - 2 f-t-f contacts (excludes ED)). Percentage within 8 weeks                                                                    | 70% | Change of Indicator |                | <b>Description of the issue:</b> Indicator requires review<br><b>Is there a plan to resolve?</b> Yes<br><b>What is the plan?</b> The KPI will be reviewed under the 2019/20 contract.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Wiltshire CAMHS (Child & Adolescent Mental Health Service) |                                                                                                                                                                                                     | 35% | 3 months            |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| All Ages Mental Health Oxon                                | Percentage of Children and Young People (CYP) having their first appointment (Excluding ED). % within 4 weeks                                                                                       | 75% | Workforce           |                | <b>Description of the issue:</b> Staffing vacancies<br><b>Is there a plan to resolve:</b> Yes<br><b>What is the plan:</b> A detailed plan has been put in place by the service and shared with the commissioners. We are providing regular updates at CRM meetings.                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| BANES CAMHS (Child & Adolescent Mental Health Service)     |                                                                                                                                                                                                     | 17% | 3 months            |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| All Ages Mental Health Bucks                               | Access – Specialist: LAC (Looked After Children) - % DNAs (Did Not Attend)                                                                                                                          | 7%  | Other               |                | <b>Description of the issue:</b> 4 week wait breach<br><b>Is there a plan to resolve:</b> Yes<br><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 (Electronic Healthcare Records) team and the Relationship Manager to investigate improvements required. This is ongoing work with an action plan in place. Performance & Information have reported waits in April based on contact team to ensure waits information reflects operational commissioned service. |
| Bucks CAMHS (Child & Adolescent Mental Health Service)     |                                                                                                                                                                                                     | 24% | 2 months            |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

|                            |                                                                                                                                                                |     |              |                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
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| Specialised Services       |                                                                                                                                                                | 95% | Other        |    | <b>Description of Issue:</b> The one exception was as a result of a transfer from another service where the HCR-20 had not been commenced prior to transfer. This gave less time to complete it after the patient's admission to Kennet Ward. If the admission date for Kennet is used, then the HCR 20 has been completed within 90 days. In addition the process has been complicated by the patient not having a lot of historical information other than the index offence, making completion difficult. The service has also been seeking more information to make the HCR-20 more clinically relevant<br><b>Is there a plan to resolve:</b> No<br><b>What is the plan:</b> No plan required as this was a 'one off' and has been resolved |
| Forensic MSU               | Number of patients with a HCR 20 complete in 3 months of admission.                                                                                            | 67% | 1 month      |                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Community Services         | All staff are up to date with the agreed level of training in safeguarding adults, children, mental capacity act and prevent commensurate to their job role    | 90% | Other        |    | <b>Description of the issue:</b> The Trust continues to face challenges with recruitment and the training challenges that come with this.<br><b>Is there a plan to resolve:</b> Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Adult directorate training |                                                                                                                                                                | 79% | 1 month      |                                                                                      | <b>What is the plan:</b> The full set of measures within the CQC action plan have been implemented. Significant work is taking place across the services to ensure that mandatory training is a high priority; clinical staff are supported to ensure they have the skills to deliver care to an excellent standard                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Community Services         | Percentage of interim inpatient discharge letters that are sent back to GPs within 24 hours of discharge                                                       | 95% | Other        |    | <b>Description of the issue:</b> Discharge letters should be sent electronically via Carenotes to General Practice, however, there have been some technical implementation and roll out issues in some sites. Discharge letters for Emergency Disciplinary Units patients in Abingdon and Witney are sent via Case notes and data can not be obtained through Carenotes.<br><b>Is there a plan to resolve:</b> Yes                                                                                                                                                                                                                                                                                                                              |
| Community Hospitals        |                                                                                                                                                                | 75% | 1 month      |                                                                                      | <b>What is the plan:</b> Clinical Applications Support Team (CAST) is working with teams to roll out the technical functionality solution, and train staff to use it                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Community Services         | Average length of stay, excluding Delayed Transfers of Care (DTC), for patients in community hospitals for patients in a generic bed                           | 26  | Data quality |   | <b>Description of the issue:</b> Technical issues running data, resulting in performance figure inaccuracies<br><b>Is there a plan to resolve:</b> Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Community Hospitals        |                                                                                                                                                                | 37  | 1 month      |                                                                                      | <b>What is the plan:</b> Business Intelligence team are working to fix the coding issues                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Community Services         | Average length of stay, excluding Delayed Transfers of Care (DTC), for patients in community hospitals for patients in an Emergency Multidisciplinary Unit bed | 9   | Data quality |  | <b>Description of the issue:</b> Technical issues running data, resulting in performance figure inaccuracies<br><b>Is there a plan to resolve:</b> Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Community Hospitals        |                                                                                                                                                                | 19  | 1 month      |                                                                                      | <b>What is the plan:</b> Business Intelligence team are working to fix the coding issues                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Community Services         | Average length of stay, excluding Delayed Transfers of Care (DTC), for patients in community hospitals for patients in a Stroke bed                            | 28  | Data quality |  | <b>Description of the issue:</b> Technical issues running data, resulting in performance figure inaccuracies<br><b>Is there a plan to resolve:</b> Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Community Hospitals        |                                                                                                                                                                | 44  | 1 month      |                                                                                      | <b>What is the plan:</b> Business Intelligence team are working to fix the coding issues                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |

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| Community Services                                  | % of patients who are classified as "urgent swallow" to be offered assessment within two working days of referral received | 95%      | Workforce               |                | <b>Description of the issue:</b> Workforce shortages and locum SALT availability to cover vacancies and sickness<br><b>Is there a plan to resolve:</b> Yes<br><b>What is the plan:</b> Active recruitment is ongoing and overtime is being offered to permanent staff                                                                                                                                                                                                                                                |
| Speech & Language Therapy                           |                                                                                                                            | 80%      | 1 month                 |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Community Services                                  | All appeals will be processed and closed within 6 months of receipt                                                        | 95%      | Other                   |                | <b>Description of the issue:</b> One appeal outside of the timeframe due to delays in receiving information from the appellant<br><b>Is there a plan to resolve:</b> Partly<br><b>What is the plan:</b> Appellant asked to expediate the supply of information                                                                                                                                                                                                                                                       |
| Continuing health care (Oxon)                       |                                                                                                                            | 50%      | 1 month                 |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| All Ages Mental Health Oxon                         | Recovery Star % of SU showing an improvement (2+ stars)                                                                    | 50%      | Further Review Required |                | <b>Description of the issue:</b> Further investigation required to determine issue<br><b>Is there a plan to resolve:</b> Yes<br><b>What is the plan:</b> This month performance was unexpected and requires further investigation to identify cause. Business services are working with the AMHT to understand the reason behind the breach                                                                                                                                                                          |
| OBC Incentivized (£££)                              |                                                                                                                            | 38%      | 1 month                 |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| All Ages Mental Health Oxon                         | The proportion of people who complete IAPT treatment who are moving to recovery.                                           | 50%      | Other                   |                | <b>Description of the issue:</b> The service experienced an unexpected drop in recovery rates. Following a detailed review of the data, which highlighted a significant number of people had not attended booked appointments in the Easter holiday period. The service followed their routine practice of contacting patients, however a proportion did not re-engage.<br><b>Is there a plan to resolve:</b> Yes<br><b>What is the plan:</b> We will keep this under close review and continue to contact patients. |
| Integrated Access to Psychological Therapies (IAPT) |                                                                                                                            | 47%      | 1 month                 |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| All Ages Mental Health Oxon                         | Access Rates                                                                                                               | 19%      | Other                   |                | <b>Description of the issue:</b> Talking space plus fell short of our access rate target by 80 patients. This reporting period covers 2 bank holidays and we continue to experience seasonal variation at significant holiday periods.<br><b>Is there a plan to resolve:</b> No<br><b>What is the plan:</b> Service have a plan in place to increase access rates which has been agreed with the CCG. This KPI will be monitored closely                                                                             |
| Integrated Access to Psychological Therapies (IAPT) |                                                                                                                            | 18%      | 1 month                 |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| All Ages Mental Health Oxon                         | The length of wait for the 75th centile at Step/Cluster 3 for counselling                                                  | 8 Weeks  | Mix of Issues           | Not applicable | <b>Description of the issue:</b> Accommodation Issues and capacity<br><b>Is there a plan to resolve:</b> Yes<br><b>What is the plan:</b> Oxfordshire CCG have confirmed funding for FY19/20 and the service has commenced recruitment into posts. There also continues to be accommodation pressures in the North East and Vale; the CCG were alerted earlier in the year and the service is awaiting a response                                                                                                     |
| Integrated Access to Psychological Therapies (IAPT) |                                                                                                                            | 10 Weeks | 1 month                 |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |

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| All Ages Mental Health Bucks                           | Access: Specialist Pathway - Eating Disorders - % referrals assessed within 4 weeks | 7%  | Other   |  | <p><b>Description of the issue:</b> 4 week wait breach</p> <p><b>Is there a plan to resolve:</b> Yes</p> <p><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 &amp; Information team are to work with the Service, EHR (Electronic Healthcare Records) team and the Relationship Manager to investigate improvements required. This is ongoing work with an action plan in place. Performance &amp; Information have reported waits in April based on contact team to ensure waits information reflects operational commissioned service.</p> |
| Bucks CAMHS (Child & Adolescent Mental Health Service) |                                                                                     | 71% | 1 month |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| All Ages Mental Health Bucks                           | Access – Targeted (Getting Help) - % DNAs (Did Not Attend)                          | 7%  | Other   |  | <p><b>Description of the issue:</b> 4 week wait breach</p> <p><b>Is there a plan to resolve:</b> Yes</p> <p><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 &amp; Information team are to work with the Service, EHR (Electronic Healthcare Records) team and the Relationship Manager to investigate improvements required. This is ongoing work with an action plan in place. Performance &amp; Information have reported waits in April based on contact team to ensure waits information reflects operational commissioned service.</p> |
| Bucks CAMHS (Child & Adolescent Mental Health Service) |                                                                                     | 10% | 1 month |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| All Ages Mental Health Bucks                           | Access – Specialist: Neurodevelopmental - % DNAs (Did Not Attend)                   | 7%  | Other   |  | <p><b>Description of the issue:</b> 4 week wait breach</p> <p><b>Is there a plan to resolve:</b> Yes</p> <p><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 &amp; Information team are to work with the Service, EHR (Electronic Healthcare Records) team and the Relationship Manager to investigate improvements required. This is ongoing work with an action plan in place. Performance &amp; Information have reported waits in April based on contact team to ensure waits information reflects operational commissioned service.</p> |
| Bucks CAMHS (Child & Adolescent Mental Health Service) |                                                                                     | 10% | 1 month |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| All Ages Mental Health Bucks                           | Access – Specialist: Help Reconnect - % DNAs (Did Not Attend)                       | 7%  | Other   |  | <p><b>Description of the issue:</b> 4 week wait breach</p> <p><b>Is there a plan to resolve:</b> Yes</p> <p><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 &amp; Information team are to work with the Service, EHR (Electronic Healthcare Records) team and the Relationship Manager to investigate improvements required. This is ongoing work with an action plan in place. Performance &amp; Information have reported waits in April based on contact team to ensure waits information reflects operational commissioned service.</p> |
| Bucks CAMHS (Child & Adolescent Mental Health Service) |                                                                                     | 29% | 1 month |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |

## Out of Area Placements - April 2019

There were 11 patients in Out of Area placements during Apr19, utilising a total of 163 bed days in the month  
 5 Patients were admitted to an OAP placement in Apr19.  
 6 patients were admitted in Mar19 and were still out during Apr19.  
 All placements were attributed to bed availability.  
 6 Placements were in PICU beds, and 5 in Acute mental health beds.  
 5 Patients were Oxfordshire CCG, 6 were Buckinghamshire CCG patients.  
 7 Patients were male and 4 were female.  
 The distance from patients' home to placements ranged from 34.4 to 129 miles, with the average distance being 69.4 miles.

| CCG   | Service | OAP admission month | Gender | NHS or Independent | Bed type | Reason for OAP admission | No. of OAP days in Mar19 | Distance (miles) |
|-------|---------|---------------------|--------|--------------------|----------|--------------------------|--------------------------|------------------|
| Oxon  | Adults  | Mar-19              | F      | Independent        | PICU     | Unavailability of bed    | 10                       | 93.5             |
| Oxon  | Adults  | Mar-19              | M      | Independent        | Acute    | Unavailability of bed    | 10                       | 35.6             |
| Oxon  | Adults  | Mar-19              | M      | Independent        | Acute    | Unavailability of bed    | 22                       | 110              |
| Bucks | Adults  | Mar-19              | F      | Independent        | PICU     | Unavailability of bed    | 30                       | 53.4             |
| Bucks | Adults  | Mar-19              | F      | Independent        | PICU     | Unavailability of bed    | 9                        | 34.4             |
| Bucks | Adults  | Mar-19              | F      | Independent        | PICU     | Unavailability of bed    | 30                       | 49.3             |
| Oxon  | Adults  | Apr-19              | M      | Independent        | Acute    | Unavailability of bed    | 16                       | 129              |
| Oxon  | Adults  | Apr-19              | M      | Independent        | Acute    | Unavailability of bed    | 13                       | 94.2             |
| Bucks | Adults  | Apr-19              | M      | Independent        | PICU     | Unavailability of bed    | 8                        | 90.4             |
| Bucks | Adults  | Apr-19              | M      | Independent        | PICU     | Unavailability of bed    | 8                        | 35.4             |
| Bucks | Adults  | Apr-19              | M      | Independent        | Acute    | Unavailability of bed    | 7                        | 38.2             |