

## Trust Board Performance Overview Report – Month 3, June 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 **2061 indicators**; broken down as follows.

Area	Indicators with defined targets				Total	Indicators with no target	Totals
	Monthly	Quarterly	Yearly	Bi-Annual/Seasonal			
National Performance							
(1) Single Oversight Framework	13	5	2	0	20	15	35
Local Contractual Performance							
(2) Community Services	38	60	25	11	134	767	901
(3) All Ages Mental Health Oxon and BSW	131	14	1	0	146	413	559
(4) All Ages Mental Health Buckinghamshire	47	16	1	3	67	266	333
(5) Specialised Services	121	11	0	4	136	101	237
<b>Local Contractual Total</b>	<b>337</b>	<b>101</b>	<b>27</b>	<b>18</b>	<b>483</b>	<b>1547</b>	<b>2030</b>
<b>Grand Total</b>	<b>350</b>	<b>106</b>	<b>29</b>	<b>18</b>	<b>503</b>	<b>1562</b>	<b>2065</b>

### Performance Scorecard

The tables below show performance as at month 3, and then breakdown of performance is provided below;

#### Summary

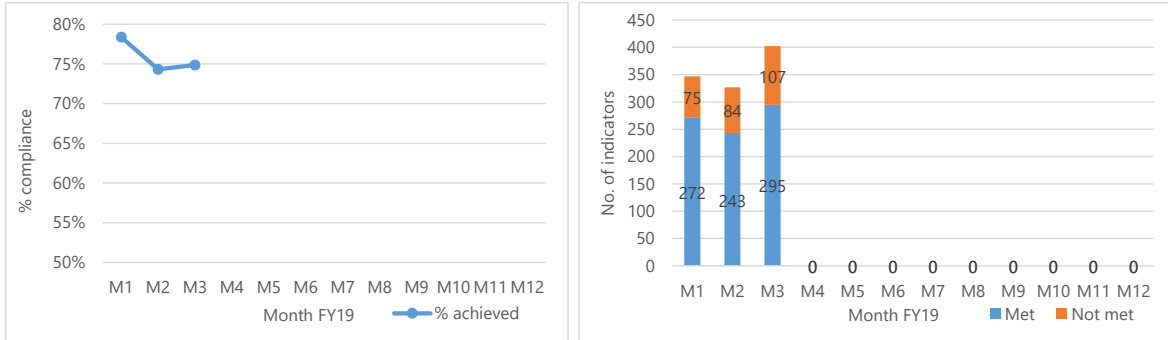
Directorate	Below target >10%	Below Target -1-9%	Target Met	No Target	Total	% Met
National Performance						
(1) Single Oversight Framework	4	4	5	15	13	38%
Local Contractual Performance						
(2) Community Services	12	15	61	767	88	69%
(3) All Ages Mental Health Oxon and BSW	30	12	90	413	132	68%
(4) All Ages Mental Health Buckinghamshire	7	9	36	266	52	69%
(5) Specialised Services	8	14	108	101	130	83%
<b>Local Contractual Performance Total</b>	<b>57</b>	<b>50</b>	<b>295</b>	<b>1547</b>	<b>402</b>	<b>73%</b>
<b>Grand Total</b>	<b>61</b>	<b>54</b>	<b>300</b>	<b>1562</b>	<b>415</b>	<b>72%</b>

**Breakdown**

Area	Below target	Below Target	Target Met	No Target	Total	% Met
<b>National Performance</b>						
<b>(1) Single Oversight Framework</b>	4	4	5	15	13	38%
Quality of Care	2	2	2	9	6	33%
Operational Performance	0	2	3	3	5	60%
Organisational Health	2	0	0	3	2	0%
<b>Local Contractual Performance</b>						
<b>(2) Community Services</b>	12	15	61	767	88	69%
School Health Nursing and College Health Nursing services, Public Health Promotion Resources services and a National Child Measurement Programme	0	2	20	339	22	91%
Health Visiting and Family Nurse Partnership services	4	8	10	83	22	45%
School Age Immunisations	0	0	6	3	6	100%
Oxon Community & Mental Health Contract (Adults Community services)	4	5	16	266	25	64%
Oxon Community & Mental Health Contract (Children Community services)	2	0	4	15	6	67%
Oxon Community & Mental Health Contract (Other)	0	0	1	0	1	100%
Podiatry	0	0	3	26	3	100%
Luther Street Medical Centre	0	0	0	0	0	N/A
Buckinghamshire Continuing Healthcare	2	0	1	35	3	33%
<b>(3) All Ages Mental Health Oxon and BSW</b>	30	12	90	413	132	68%
Adult Mental Health Outcomes Based Commissioning (OBC) Sch 4	6	0	5	3	11	45%
Adult Mental Health Outcomes Based Commissioning (OBC) Incentivised	0	1	13	87	14	93%
Child and Adolescent Mental Health Service (CAMHS)	4	0	2	75	6	33%
Child and Adolescent Mental Health Service (CAMHS) Incentivised	3	0	3	0	6	50%
Integrated Access to Psychological Therapies (IAPT) Wellbeing (Oxon)	1	0	9	9	10	90%
Oxfordshire Perinatal Mental Health Service	0	0	13	0	13	100%
Oxfordshire Perinatal Mental Health Service	3	0	6	0	9	67%
Community & Mental Health Contract Sch 4 (Oxon)	2	0	11	7	13	85%
Child and Adolescent Mental Health Service (BSW)	11	7	15	134	33	45%
Adult Eating Disorders (Wiltshire)	0	3	5	45	8	63%
<b>(4) All Ages Mental Health Buckinghamshire</b>	7	9	36	266	52	69%
Adults & Older Adults Community Mental Health Teams and Inpatients, Integrated Access to Psychological Therapies and Psychiatric In Reach Liaison Service	1	5	20	35	26	77%
Child and Adolescent Mental Health Service (CAMHS)	5	2	11	173	18	61%
Child and Adolescent Mental Health Service (CAMHS) Incentivised	1	1	1	0	3	33%
Buckinghamshire Perinatal Mental Health Service	0	1	4	0	5	80%
<b>(5) Specialised Services</b>	8	14	108	101	130	83%
Learning Disabilities (OCCG)	1	0	9	4	10	90%
Dentistry (NHSE)	0	0	25	9	25	100%
Specialist Dentistry (NHSE)	0	0	0	0	0	#DIV/0!
Forensic Medium Secure Unit (NHSE)	3	4	16	22	23	70%
Forensic Low Secure Unit (NHSE)	0	6	17	22	23	74%
Child and Adolescent Mental Health Service (CAMHS) Tier 4 Inpatients	1	3	20	22	24	83%
Eating Disorders Inpatients (NHSE)	2	0	23	22	25	92%
Medium Secure Inpatient service (Evenlode)	0	0	0	0	0	#DIV/0!

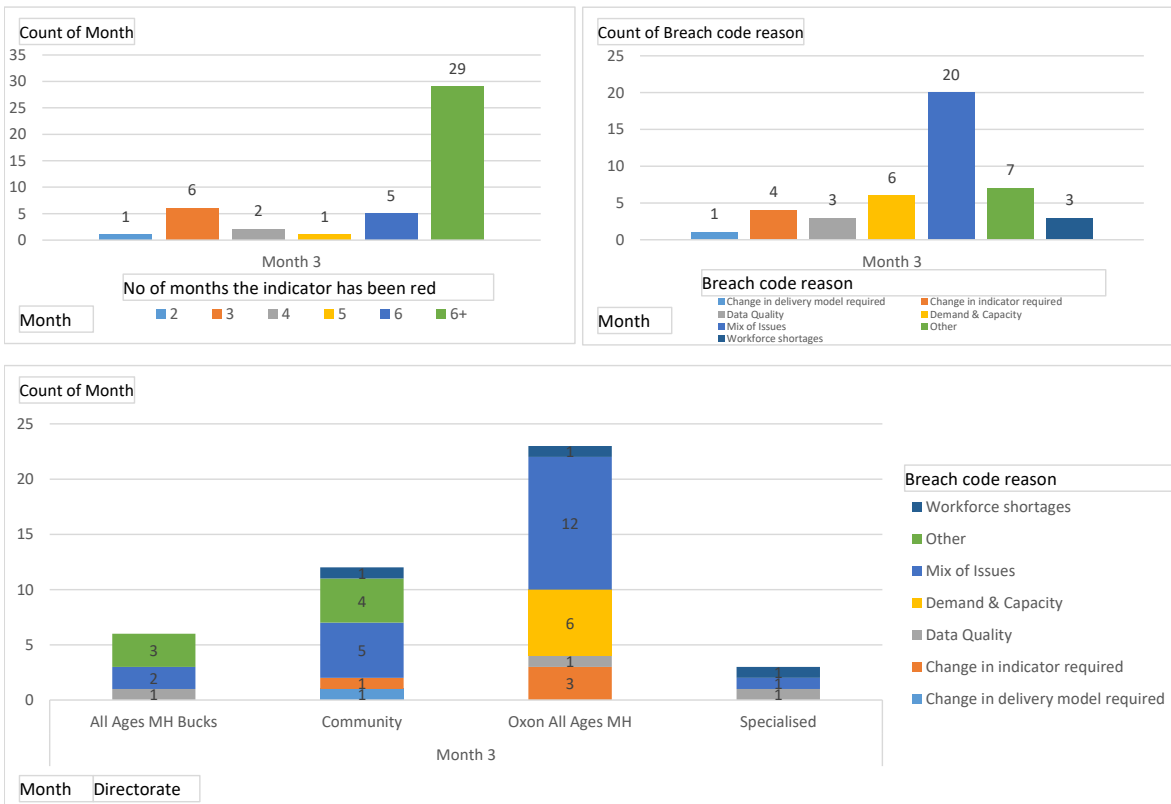
## Performance Trend

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 3, 415 contractual indicators were reportable including quarterly and of these; 72% were achieved. This is a decrease of 2% compared to last month. The number of red indicators this month was 61 which represents 15% of the total number of indicators. Last month it was 14% based on 348 indicators.



In month 3, there were 29 red indicators that have been red for more than 6 months and 8 indicators red for 4 to 6 months. Last month the figures were 22 for 6 months plus and 6 for 4 to 6 months.

In month 3, the main reason attributed to the non-achievement of local contractual indicators was "Mix of Issues"; **20 of the 61 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	Likelihood	Risk Rating	Graph	Narrative
Contract/Service		Actual	Months below Target	Impact			
<b>National Performance: Single Oversight Framework</b>							
Organisational Health	Staff Turnover (rolling 12 months)	12%	Workforce shortages				<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>
		13.60%	6+ months				
Mental Health	% of clients in settled accommodation	59%	Data Quality				<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>
		37%	6+ months				
Organisational Health	Staff Sickness (rolling 12 months)	3.5%	Workforce shortages				<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>
		4.30%	6+ months				
<b>Local Performance: Contractual</b>							
Specialised Services	% Bed Occupancy	100%	Mix of Issues				<p><b>Description of the issue:</b> there has been an impact on adult ED wards, due to the need to manage patients with high dependency and/or restraint NG feeding. This is impacting on the flow of admissions as we need to ensure patient levels match staffing resource so that patient safety is maintained. The service is also carrying some vacancies.</p> <p><b>Is there a plan to resolve:</b> Yes</p> <p><b>What is the plan:</b> The service has implemented a Single Point of Access (SPA) as part of the NCM and expect the bed status to improve as patient flow becomes established across the network. There is a monitoring mechanism in place at the weekly CAP.</p> <p>The weekly CAG meeting continues to monitor the vacancy position with updates being given at this meeting. The Forensic Senior group also provide oversight, and in recent weeks we have seen a positive trend to a reduction in patient acuity.</p>
Adult ED		77% (600/459)	6+ months				
Specialised Services	Number of staff who have had an up to date appraisal within the last 12 months	90%	Workforce shortages				<p><b>Description of the issue:</b> Not all staff have received a current PDR, and some staff have had their appraisals postponed.</p> <p><b>Is there a plan to resolve:</b> Yes</p> <p><b>What is the plan:</b> The PDR position has fallen below target as multiple staff are due an appraisal, and available resource to undertake these is limited.</p> <p>The Head of Service and Head of Nursing have been tasked with ensuring dates are booked/rebooked over the next two week period.</p>
Adult ED		72% (42/58)	6 months				

All Ages Mental Health Bucks	Local 20i -% people will have care review within the (timeframe) specified by the cluster package	95%	Data Quality				<p><b>Description of the issue:</b> Care reviews not being completed within the contracted timescales.</p> <p><b>Is there a plan to resolve:</b> Yes</p> <p><b>What is the plan:</b> The new MH Assessment is available to all the services, however, the dashboards and the letter are currently being piloted with the Oxford City and South AMHTs. We have created two dashboards – one for the assessment and one for the treatment function, the main goal of the dashboards is to help clinicians keep track of the assessments completed and review dates. The dashboards also improve navigation around Carenotes, allowing clinicians to access and create forms from a single place. The auto-populate letter pulls information from various forms on Carenotes and can be sent to GPs electronically using the Docman Delivery Console. The main purpose of the letter is to reduce admin time required to create letters and send them to GPs. We are still actioning the feedback that we have received from the pilot and are planning to make the dashboard available to all AMHTs in August.</p>
Bucks CCG (Adults Working Age)		49% (44/90)	6+ months				
All Ages Mental Health Bucks	% Mandatory Training Up to Date (12mths old or less)	95%	Mix of Issues				<p><b>Description of the issue:</b> Mandatory Training target not met. The service has highlighted some issues around course availability, additionally staff at times are pressured by caseload demand which may result in training being cancelled or not attended.</p> <p><b>Is there a plan to resolve:</b> Yes</p> <p><b>What is the plan:</b> Mandatory Training target not met. The service has highlighted some issues around course availability, additionally staff at times are pressured by caseload demand which may result in training being cancelled or not attended.</p>
Bucks CAMHS (Child & Adolescent Mental Health Service)		80%	6+ months				
All Ages Mental Health Bucks	Access: Specialist Pathway (Getting More Help) - % referrals assessed within 4 weeks	90%	Mix of Issues				<p><b>Description of the issue:</b> 81 x 4 week referral to assessment breaches which represents 79 patients. For 47 this was the first available appointment, 26 were patient choice, 3 were clinicians changing the appointment and 3 were due administrative procedure.</p> <p><b>Is there a plan to resolve:</b> Yes</p> <p><b>What is the plan:</b> The current average wait for assessment is 42 days. Work has taken place to fully understand the value stream and patient journey from referral to treatment to identify the bottlenecks and areas where delays occur. Work is underway to further improve the referral and booking process within Single Point Access (SPA), Targeted and Getting More Help (GMH) services by removing all non-value-added activity and streamlining processes further to deliver the care as close as possible to the point of request.</p>
Bucks CAMHS (Child & Adolescent Mental Health Service)		27% (30/111)	6+ months				
Community Services	Referrals completed within 28 days	80%	Mix of issues	3	6		<p><b>Description of the issue:</b> Workforce shortages, quality assurance process impacting on the need for Multi Disciplinary Teams to reconvene, complex case management of Learning Disabilities/Acquired Brain Injury cases have reduced nurses' availability, increased number of transition cases</p> <p><b>Is there a plan to resolve:</b> Partly</p> <p><b>What is the plan:</b> Continue monitoring Service improvement action plan through the monthly Monitoring meeting with Buckinghamshire Clinical Commissioning Group; on-going recruitment and attending Job fair in September 2019</p>
Continuing health care (Bucks)		50%	6+ months	2			
Community Services	Decision Support Tool (DST) completed in acute hospital	</=15%	Change in delivery model required	3	3		<p><b>Description of the issue:</b> Suitable Discharge to Assess (D2A) provision remains a problem as it is not suitable for a person with challenging behaviour and cognitive impairment. FNC determination is still being made prior to discharge therefore in some cases this triggers DST assessments. Requests from Social Care to assess for Continuing Healthcare prior discharge.</p> <p><b>Is there a plan to resolve:</b> Partly</p> <p><b>What is the plan:</b> Continue monitoring Service improvement action plan through the monthly Monitoring meeting with Buckinghamshire Clinical Commissioning Group, piloting Registered Nursing assessment prior to discharge (in place of Checklist), additional Buckinghamshire Healthcare Trust CHC nurse attending weekly meeting to assist in identifying and planning only essential checklists and DST assessments within the hospital setting.</p>
Continuing health care (Bucks)		31%	6+ months	1			

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	3	6		<p><b>Description of the issue:</b> The Service continues receiving referrals from acute sector for patients that should be admitted to Discharge to Assess(D2A) beds, which can delay the eligibility assessment by up to two weeks. In addition, the Service is now required to complete a support plan for each client for Personal Health Budget purposes (NHS England directive) without additional resources available to the Service. Some workforce shortages within the Service and lack of Local Authority staff availability.</p> <p><b>Is there a plan to resolve:</b> Partly</p> <p><b>What is the plan:</b> New recruits undergoing induction (can take up to six weeks), continue working with colleagues from the acute sector to promote referrals to be made from Hub beds rather than the acute setting. Full staffing establishment expected by end of September 2019.</p>
Continuing health care (Oxon)		54%	6+ months	2			
Community Services	Individuals eligible for Continuing Healthcare will receive a case review which will include care plan review 3 months after eligibility decision	95%	Mix of issues	3	6		<p><b>Description of the issue:</b> 6 people have not had a three month review due to initial eligibility assessments taking priority</p> <p><b>Is there a plan to resolve:</b> Yes</p> <p><b>What is the plan:</b> One Whole Time Equivalent (WTE) protected time to work on the backlog of reviews. Expect to be up to date with three month reviews by the end of August 2019.</p>
Continuing health care (Oxon)		14%	6+ months	2			
Community Services	Individuals eligible for Continuing healthcare will receive a case review which will include care plan review every 12 months	95%	Mix of issues	3	6		<p><b>Description of the issue:</b> 20 people have not had a twelve month review due to initial eligibility assessments taking priority</p> <p><b>Is there a plan to resolve:</b> Yes</p> <p><b>What is the plan:</b> One Whole Time Equivalent (WTE) protected time to work on the backlog of reviews. Expect to be up to date with three month reviews by the end of August 2019.</p>
Continuing health care (Oxon)		33%	6+ months	2			
Community Services	Every child under the age of five will receive a review health assessment at six-monthly intervals	90%	Other	3	6		<p><b>Description of the issue:</b> One child outside of Oxfordshire was not seen within the timeframe due to The Looked After Children team in another county offering appointment outside of the timeframe</p> <p><b>Is there a plan to resolve:</b> No</p> <p><b>What is the plan:</b> N/A</p>
Looked After Children (out of county)		50%	6+ months	2			
Community Services	Every child over five years of age will receive a review health assessment annually	90%	Other	3	6		<p><b>Description of the issue:</b> Children outside of Oxfordshire were not seen within the timeframe due to a mix of issues outside the Trust's control. The Looked After Children teams in another county offered appointments outside of the timeframe or reported limited capacity to conduct the health assessments. Also young people refused to have the health assessment or did not attend the appointment.</p> <p><b>Is there a plan to resolve:</b> No</p> <p><b>What is the plan:</b> N/A</p>
Looked After Children (out of county)		63%	6+ months	2			
Community Services	Percentage of Multidisciplinary Team (MDT) letters that are sent back to GPs within 24 hours of discharge	95%	Mix of issues	3	9		<p><b>Description of the issue:</b> IT systems requiring certain adaptations, inconsistent use of systems across sites, admin workforce shortages on weekends</p> <p><b>Is there a plan to resolve:</b> Yes</p> <p><b>What is the plan:</b> Working with Clinical Applications Support Team (CAST) to improve the system, senior Ward Administrators to review processes in their respective wards and promote one way of working, Standard Operating procedure to be developed for all staff to follow;</p>
Community Hospitals		83%	6+ months	3			
Community Services	Under 5 year olds with an attended contacts where the ethnicity is recorded	100%	Change in indicator required	1	2		<p><b>Description of the issue:</b> Change in indicator is required due to difficulties recording ethnicity retrospectively as universal contacts do not occur after the age of 30 months. New referrals have ethnicity recorded.</p> <p><b>Is there a plan to resolve:</b> Partly</p> <p><b>What is the plan:</b> Approach commissioner regarding changing the indicator</p>
Health Visiting & Family Nurse Partnership		89.6%	6+ months	2			

Community Services	Percentage of staff who have completed mandatory training at levels commensurate with roles and responsibilities (Levels 1, 2, 3) in child protection within the last three years	100%	Other	3	9		<b>Description of the issue:</b> Learning & Development system issues; lack of face to face training sessions in suitable locations <b>Is there a plan to resolve:</b> Partly <b>What is the plan:</b> Requested Safeguarding team to provide more training sessions; issues with the system reported and a fix is expected imminently
Health Visiting & Family Nurse Partnership		87.7%	6+ months	3			
Community Services	Number of whole time equivalent Health Visitors	>119	Workforce shortages	2	6		<b>Description of the issue:</b> Combination of vacancies, maternity leave and long term sickness <b>Is there a plan to resolve:</b> Partly <b>What is the plan:</b> On-going rolling advert
Health Visiting & Family Nurse Partnership		97.1	6+ months	3			
All Ages Mental Health Oxon	Adult CMHTs - Percentage of referrals categorised as non-urgent that are assessed within 28 calendar days	90%	Demand & Capacity				<b>Description of the issue:</b> Demand and Capacity <b>Is there a plan to resolve:</b> Yes <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		48%	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				<b>Description of the issue:</b> Demand and Capacity <b>Is there a plan to resolve:</b> Yes <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
OBC (Outcomes Based Contract) Sch 4		75%	6+ months				
All Ages Mental Health Oxon	All patients referred to EDPS are seen within the agreed timeframe - JR 60 Minutes	95%	Demand & Capacity				<b>Description of the issue:</b> Workforce shortages/Investment <b>Is there a plan to resolve?</b> Yes <b>What is the plan?</b> It is not possible for the OHFT to achieve the target set by commissioners with the current investment at this time. The Trust would need additional funding to be able to recruit to post, that represent the staff shortages
Emergency Department Psychiatric Service (EDPS)		79%	6+ months				
All Ages Mental Health Oxon	All patients referred to EDPS are seen within the agreed timeframe - HGH 90 Minutes	95%	Demand & Capacity				<b>Description of the issue:</b> Workforce shortages/Investment <b>Is there a plan to resolve?</b> Yes <b>What is the plan?</b> It is not possible for the OHFT to achieve the target set by commissioners with the current investment at this time. The Trust would need additional funding to be able to recruit to post, that represent the staff shortages
Emergency Department Psychiatric Service (EDPS)		63%	6+ months				

All Ages Mental Health Oxon		95%	Workforce shortages							
Oxon CAMHS (Child & Adolescent Mental Health Service)	Clinic letters sent to GPs within 7 calendar days	73%	6+ months							<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 6% compared to last month</p>
All Ages Mental Health Oxon		95%	Mix of issues							
Oxon CAMHS (Child & Adolescent Mental Health Service)	LAC will be seen within 2 weeks for all CAMHS services excluding the neurodevelopment pathway	0% (0/1)	6+ months							<p><b>Description of the issue:</b> Current social care system integration does not support achievement of this KPI, due to delays caused by external factors outside of OH control</p> <p><b>Is there a plan to resolve?</b> Yes</p> <p><b>What is the plan?</b> CCG have been made aware and discussions are underway to look to rectify this KPI or CCG will accept the delays caused and breach report will be provided each month to CCG.</p>
All Ages Mental Health Oxon		75%	Demand & Capacity							
Oxon CAMHS Incentivized (£££)	Percentage of children/young person having their first routine appointment within 12 weeks of referral.	36%	6+ months							<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 has 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>
All Ages Mental Health Oxon		75%	Mix of Issues							
Oxon CAMHS Incentivized (£££)	Percentage of children that receive a diagnosis or treatment within 12 weeks of routine referral into NCD (Neurodevelopment).	18%	6+ months							<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. This reduce capacity for this month</p>
All Ages Mental Health Oxon		75%	Mix of Issues							
Wiltshire CAMHS (Child & Adolescent Mental Health Service)	Percentage of Children and Young People (CYP) having their first appointment (Excluding ED). % within 4 weeks	26%	6+ months							<p><b>Description of the issue:</b> Staffing vacancies, Demand and Capacity</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 at individual team levels and shared with the commissioners. Teams are struggling with capacity issues and to meet current demand levels. Backlog has been created and teams are working hard to address this. A number of vacancies have been advertised and we hope to have these filled by September/October. Staff sickness has contributed to this as well as some teams have been reduced to 50% Capacity. This is being monitored by the service and their is no clinical risk to patients and all patients are aware of how to contact the CAMHS service if case of any escalations</p>
All Ages Mental Health Oxon		85%	Mix of Issues							
Wiltshire CAMHS (Child & Adolescent Mental Health Service)	Percentage of Children and Young People (CYP) having their first appointment (Excluding ED). % within 8 weeks	50%	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				<p><b>Description of the issue:</b> Staffing vacancies, Demand and Capacity</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 at individual team levels and shared with the commissioners. Teams are struggling with capacity issues and to meet current demand levels. Backlog has been created and teams are working hard to address this. A number of vacancies have been advertised and we hope to have these filled by September/October. Staff sickness has contributed to this as well as some teams have been reduced to 50% Capacity. This is being monitored by the service and their is no clinical risk to patients and all patients are aware of how to contact the CAMHS service if case of any escalations</p>
Wiltshire CAMHS (Child & Adolescent Mental Health Service)		22%	6+ months				
All Ages Mental Health Oxon	Percentage of Children and Young People (CYP) having their first appointment (Excluding ED). % within 4 weeks	45%	Mix of Issues				<p><b>Description of the issue:</b> Staffing vacancies, Demand and Capacity</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 at individual team levels and shared with the commissioners. Teams are struggling with capacity issues and to meet current demand levels. Backlog has been created and teams are working hard to address this. A number of vacancies have been advertised and we hope to have these filled by September/October. Staff sickness has contributed to this as well as some teams have been reduced to 50% Capacity. This is being monitored by the service and their is no clinical risk to patients and all patients are aware of how to contact the CAMHS service if case of any escalations</p>
Swindon CAMHS (Child & Adolescent Mental Health Service)		21%	6+ months				
All Ages Mental Health Oxon	Percentage of Children and Young People (CYP) having their first appointment (Excluding ED). % within 8 weeks	65%	Mix of Issues				<p><b>Description of the issue:</b> Staffing vacancies, Demand and Capacity</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 at individual team levels and shared with the commissioners. Teams are struggling with capacity issues and to meet current demand levels. Backlog has been created and teams are working hard to address this. A number of vacancies have been advertised and we hope to have these filled by September/October. Staff sickness has contributed to this as well as some teams have been reduced to 50% Capacity. This is being monitored by the service and their is no clinical risk to patients and all patients are aware of how to contact the CAMHS service if case of any escalations</p>
Swindon CAMHS (Child & Adolescent Mental Health Service)		42%	6+ months				
All Ages Mental Health Oxon	Percentage of Children and Young People (CYP) having their first appointment (Excluding ED). % within 12 weeks	85%	Mix of Issues				<p><b>Description of the issue:</b> Staffing vacancies, Demand and Capacity</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 at individual team levels and shared with the commissioners. Teams are struggling with capacity issues and to meet current demand levels. Backlog has been created and teams are working hard to address this. A number of vacancies have been advertised and we hope to have these filled by September/October. Staff sickness has contributed to this as well as some teams have been reduced to 50% Capacity. This is being monitored by the service and their is no clinical risk to patients and all patients are aware of how to contact the CAMHS service if case of any escalations</p>
Swindon CAMHS (Child & Adolescent Mental Health Service)		54%	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	50%	Change of Indicator				<p><b>Description of the issue:</b> Staffing vacancies, Demand and Capacity</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 at individual team levels and shared with the commissioners. Teams are struggling with capacity issues and to meet current demand levels. Backlog has been created and teams are working hard to address this. A number of vacancies have been advertised and we hope to have these filled by September/October. Staff sickness has contributed to this as well as some teams have been reduced to 50% Capacity. This is being monitored by the service and their is no clinical risk to patients and all patients are aware of how to contact the CAMHS service if case of any escalations</p>
Swindon CAMHS (Child & Adolescent Mental Health Service)		26%	6+ months				

All Ages Mental Health Oxon BANES CAMHS (Child & Adolescent Mental Health Service)	Referral to treatment time Community CAMHS (as per local definition - 2 f-t-f contacts (excludes ED)). Percentage within 8 weeks	70%	Staffing				<p><b>Description of the issue:</b> Staffing vacancies, additional pressures and increased demand</p> <p><b>Is there a plan to resolve:</b> Yes</p> <p><b>What is the plan:</b> BaNES is a small team that has been carrying a number of vacancies. We had been holding recruitment on several recent vacancies as we were awaiting confirmation of the decision around the SPA from BANES CCG. Recently filled vacancies were filled internally leaving other vacancies. We are now having to free up 12 hours a week of clinician time to provide the Coping and Thriving Service. We are setting up 2 weeks of assessment clinics in July to help clear this backlog. We will be undertaking a deep dive in BaNES to understand whether there are any other issues that are impacting on waits including data quality but our view is that its vacancies within this small team that have impacted heavily on capacity and thereby waits. This has been compounded by an increase in demand both in respect of referrals, referrals accepted and complexity.</p>
All Ages Mental Health Oxon BANES CAMHS (Child & Adolescent Mental Health Service)	Percentage of Children and Young People (CYP) having their first appointment (Excluding ED). % within 4 weeks	75%	Mix of Issues				
All Ages Mental Health Oxon BANES CAMHS (Child & Adolescent Mental Health Service)	Percentage of Children and Young People (CYP) having their first appointment (Excluding ED). % within 8 weeks	85%	Mix of Issues				
All Ages Mental Health Oxon OBC (Outcomes Based Contract) Sch 4	% 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%	Data Quality				<p><b>Description of the issue:</b> Technical &amp; Data capture issues</p> <p><b>Is there a plan to resolve:</b> Yes</p> <p><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 as previously wrong rules were set up. The P&amp;I team are working on the creating new report for performance reporting.</p>
All Ages Mental Health Oxon OBC (Outcomes Based Contract) Sch 4	Adult CMHTs - Percentage of referrals categorised as urgent that are assessed within 7 calendar days	95%	Demand & Capacity				
All Ages Mental Health Oxon OBC (Outcomes Based Contract) Sch 4	Adult CMHTs - Percentage of referrals categorised as urgent that are assessed within 7 calendar days	88%	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>

All Ages Mental Health Bucks	Access – Specialist: LAC (Looked After Children) - % DNAs (Did Not Attend)	7%	Other				<p><b>Description of the issue:</b> 22 appointments resulted in a Did Not Attend (DNA). This number represents only 6 patients. 4 patients were booked for various group sessions, 1 of these has since been seen. 2 of the other 3 are siblings and none have engaged with the service. The 2 remaining were individual patient choice and have since been seen.</p> <p><b>Is there a plan to resolve:</b> No, every effort is made to engage with all young people as is evident from the 22 DNA's for just 6 patients.</p>
Bucks CAMHS (Child & Adolescent Mental Health Service)		16% (22/138)	4 months				
Specialised Services	Number of eligible staff who have received clinical supervision as per Trust/organisation policy	85%	Data Quality				<p><b>Description of the issue:</b> Not all supervision figures have been documented on the electronic portal for all staff across all areas.</p> <p><b>Is there a plan to resolve:</b> Yes.</p> <p><b>What is the plan:</b> Whilst we have seen an upward trend in the figure being recorded, we continue to work with teams to ensure all supervision sessions are captured electronically. Service Managers continue to oversee this process.</p>
MSU		74% (118/160)	3 months				
All Ages Mental Health Bucks	Access – Targeted (Getting Help) - % DNAs (Did Not Attend)	7%	Other				<p><b>Description of the issue:</b> 63 appointments resulted in a Did Not Attend (DNA). This represents 41 patients: The majority are for group sessions, 26 group, 15 were 1 to 1 appointment types. Of the 41 - 18 have been seen since, 8 have future appointments, 6 have transferred to another pathway, 7 discharged and 2 were admin errors. The majority are for group sessions.</p> <p><b>Is there a plan to resolve:</b> No, the service actively takes all possible steps to engage with the patient and family.</p>
Bucks CAMHS (Child & Adolescent Mental Health Service)		11.5% (63/549)	3 months				
All Ages Mental Health Bucks	Access: Specialist Pathway - Eating Disorders - % referrals assessed within 4 weeks	95%	Other				<p><b>Description of the issue:</b> 1 patient breached – referral was opened by SPA on 03/05/19 and then opened to GMH on 07/05/19, she was then referred to ED on 29/05/19 and has been seen 4 times since including family therapy on 24/06/19.</p> <p><b>Is there a plan to resolve:</b> No plan required as there was good contact with the patient.</p>
Bucks CAMHS (Child & Adolescent Mental Health Service)		75% (3/4)	3 months				
Community Services	Percentage of Looked After Children under the age of five assessments and review completed to national standards in statutory timeframe	100%	Other				<p><b>Description of the issue:</b> Five children were not seen within the timeframe due to difficulties engaging with carers, patient/carers choice</p> <p><b>Is there a plan to resolve:</b> Partly</p> <p><b>What is the plan:</b> Continue trying to engage with patients/carers</p>
Health Visiting & Family Nurse Partnership		84.8%	3 months				
All Ages Mental Health Oxon	Adult CMHTs - Percentage of referrals categorised as crisis/emergency that are assessed within 4 hours	60%	Mix of Issues				<p><b>Description of the issue:</b> Mix of Issues</p> <p><b>Is there a plan to resolve:</b> Yes</p> <p><b>What is the plan:</b> All Patients were seen with 6 hours</p>
OBC (Outcomes Based Contract) Sch 4		95%	3 Months				

All Ages Mental Health Oxon		8 Weeks	Mix of Issues				<b>Description of the issue:</b> Accommodation Issues and capacity <b>Is there a plan to resolve:</b> Yes <b>What is the plan:</b> Now funding has been agreed FY19/20 we have commenced recruitment to posts, we hope to have staff in post by September/October. There are also continued clinical accommodation pressures in the North East, Vale and West
Integrated Access to Psychological Therapies (IAPT)	The length of wait for the 75th centile at Step/Cluster 3 for counselling	11%	3 Months				
All Ages Mental Health Oxon		66%	Mix of Issues				<b>Description of the issue:</b> Issues with staffing/Data Quality <b>Is there a plan to resolve:</b> Yes <b>What is the plan:</b> New MH Dashboard is being created by IM&T for the AMHT which will flag up patients due to CPA review in the next and this will allow teams to plan demand and resources better. Data Quality issues are being investigated with the service.
OBC (Outcomes Based Contract) Sch 4	% of people that have a Care plan review in the last 12 months (of people opened for 12 months or longer)	85%	2 months				

**Risk Rating Key:**

		Likelihood				
		1	2	3	4	5
		Rare	Unlikely	Possible	Likely	Almost certain
Impact	5 Catastrophic	5	10	15	20	25
	4 Major	4	8	12	16	20
	3 Moderate	3	6	9	12	15
	2 Minor	2	4	6	8	10
	1 Negligible	1	2	3	4	5

**Out of Area Placements during June 2019**

There were 11 patients in Out of Area placements during Jun19, utilising a total of 176 bed days in the month of Jun19.

7 Patients were admitted to an OAP placement in Jun19.

1 patients was admitted in Mar19 and was still out during Jun19.

3 patients were admitted in May19 and were still out during Jun19.

All placements were attributed to bed availability.

8 Placements were in PICU beds, and 3 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 36.9 to 172 miles, with the average distance being 75 miles.

CCG	Service	OAP admission month	Gender	NHS or Independent	Bed type	Reason for OAP admission	No. of OAP days in Mar19	Distance (miles)
Bucks	Adults	Mar-19	F	Independent	PICU	Unavailability of bed	13	53.4
Oxon	Adults	May-19	F	Independent	PICU	Unavailability of bed	30	71.7
Bucks	Adults	May-19	M	Independent	PICU	Unavailability of bed	30	69.6
Bucks	Adults	May-19	F	Independent	PICU	Unavailability of bed	30	55.5
Oxon	Adults	Jun-19	M	Independent	PICU	Unavailability of bed	11	53.8
Oxon	Adults	Jun-19	M	Independent	Acute	Unavailability of bed	6	74.9
Oxon	Adults	Jun-19	M	Independent	PICU	Unavailability of bed	4	54.2
Oxon	Adults	Jun-19	M	Independent	Acute	Unavailability of bed	6	115
Bucks	Adults	Jun-19	M	Independent	Acute	Unavailability of bed	20	172
Bucks	Adults	Jun-19	F	Independent	PICU	Unavailability of bed	17	36.9
Bucks	Adults	Jun-19	M	Independent	PICU	Unavailability of bed	9	68.6