Integrated Performance Report (IPR) - Supporting Report

- COVID-19
- Patient Activity and Demand
- Benchmarking – how we compare
- Waiting Times and Waiting Lists
- Contractual KPI Performance

Trust Board Meeting – July 2022

Oxford Health
NHS Foundation Trust

Caring, safe and excellent

Section 1:
COVID-19 Headlines

1. COVID-19 Headlines

1.1 COVID-19 positive patients on inpatient wards as at 12 July: 23 (an increase of 21 since 16 May)

Legend: ● COVID-19+ ● Awaiting swab result ● Receiving oxygen & COVID-19+

Activity	On 16 May '22	On 12 July '22	Difference	Trend
Cumulative number of inpatients confirmed COVID-19 positive	697	749	+52	↑
Cumulative number of COVID-19 deaths in our inpatient settings	42	42	None	-
Number of staff impacted by COVID19 and not working	45	69	+24	↑
Number of staff impacted by COVID and working from home	0	0	None	-

1.3 COVID-19 vaccination uptake as at 13 July 2022: Dose 1 = 90.6%, Dose 2 = 88.6% and Dose 3 (eligible staff only) 70.7%. Patient Facing Dose 1 = 90.6%, Dose 2 = 88.5% and Dose 3 (eligible staff only) 70.9%.

	Exempt	Medically Exempt	Head Count	Refused	Dose 1 Vaccinated	Dose 1 not evidenced	Dose 2 Vaccinated	Dose 2 not evidenced	Booster Eligible	Booster Vaccinated	Booster not evidenced
Total	297 (2.7%)	0 (0.0%)	10767	44 (0.4%)	9750 (90.6%)	2907	8941 (88.6%)	2834	8838	6740 (70.7%)	2258
Patient facing	297 (2.6%)	0 (0.0%)	9854	42 (0.4%)	8923 (90.6%)	2708	8724 (88.5%)	2727	8724	6188 (70.9%)	2065
Care home worker	48 (4.8%)	0 (0.0%)	925	0 (0.0%)	686 (97.9%)	261	862 (97.5%)	263	862	684 (77.6%)	179

Caring, safe and excellent

Oxford Health
NHS Foundation Trust

Section 2:

Patient Activity and Demand

Referrals, appointments, admissions and inpatient length of stay headlines and noteworthy exceptions by (as determined by statistical control process (SPC)) by Directorate

Narrative regarding noteworthy exceptions is provided in Section 2 c

2. Patient Activity and Demand

2. Introduction and section content

This section provides an overview/scorecard of the following activity levels by Directorate;

- Referrals received
- Appointments delivered
- Admissions
- Inpatient length of stay
- Bed Occupancy

In response to feedback from the Executive Team, the information is illustrated as follows;

1. Activity over time is shown using statistic process control (SPC) charts which indicate whether activity is outside of 'usual/expected' levels. This is highlighted using the following icons:

Normal: Data demonstrates normal variation

Monitor: Data demonstrates a single point outside the process limits, to watch/monitor the position in future months

No change: Data highlights variation which has previously been reviewed and narrative provided, no further action/comment identified at this time

Alert: Data highlights variation requiring further investigation/comment

2. This month's activity is compared to the pre-COVID 2019/20 monthly average (which is the Trust's current benchmark of 'normal' activity levels (unless specified otherwise). The percentage difference is shown.

Oxford Health **NHS**
NHS Foundation Trust

Caring, safe and excellent

Section 2a:

Community Patient Activity and Demand

Referrals and appointments overview

Patient Activity and Demand Overview: **Community** referrals and appointments – May 2022

Specialty	Referrals					Appointments				
	Trend over time - Jun 2020 – May 2022)	Activity in month	SPC Analysis Variation	2019/20 average	+/-%	Trend over time (Jun 2020 – May 2022)	Activity in month	SPC Analysis Variation	2019/20 average	+/-%
Trust (excluding IAPT, Dental, OOH/MIU)		18,414		15,776	+17%		89,177		83,028	+7%
Community Services (excluding Dental, OOH and MIU)		11,529		10,190	+13%		56,473		57,372	-2%
Adult and Older Adult Mental Health (excluding IAPT)		3,787		3,142	+21%		19,559		13,482	+45%
Buckinghamshire		1,402		1,336	+5%		7,913		5,455	+45%
Oxfordshire		2,385		1,806	+32%		11,646		8,026	+45%

Oxford Health
NHS Foundation Trust

Caring, safe and excellent

Patient Activity and Demand Overview: **Community** referrals and appointments – May 2022

Specialty	Referrals					Appointments				
	Trend over time	Activity this month	SPC Analysis Variation	2019/20 average	+/-%	Trend over time	Activity in month	SPC Analysis Variation	2019/20 average	+/-%
Children and Young People - CAMHS		2,730		2,076	**+32%**		10,867		9,996	**+9%**
Buckinghamshire		871		615	**+42%**		3,067		2,203	**+39%**
Oxfordshire & BSW		1,859		1460	**+27%**		7,800		7793	**0%**
Children and Young People - Neuro Developmental Services		281		295	**-5%**		1,133		1271	**-11%**
Buckinghamshire		201		185	**+9%**		481		399	**+21%**

NHS

Oxford Health
NHS Foundation Trust

Caring, safe and excellent

Patient Activity and Demand Overview: **Community** referrals and appointments – May 2022

Specialty	Referrals					Appointments				
	Trend over time	Activity in month	SPC Analysis Variation	2019/20 average	+/-%	Trend over time	Activity in month	SPC Analysis Variation	2019/20 average	+/-%
Oxfordshire & BSW		80		110	-27%		652		871	-25%
Learning Disabilities		57		43	+33%		710		692	+3%
Forensics		23		21	+10%		402		175	+130%
Dental	Not available data not yet in warehouse	302	SPC not available	762	-60%	Not available data not yet in warehouse	1741	SPC not available	1,926	-10%
IAPT	Not available data not yet in warehouse	2642	SPC not available	2,429	+9%	Not available data not yet in warehouse	13557	SPC not available	8,785	+57%
MIU		4,452		3,642	+22%		6,564		5,201	+26%
OOH		10,321		9,255	+12%		13,950		12,333	+13%

Oxford Health
NHS Foundation Trust

Caring, safe and excellent
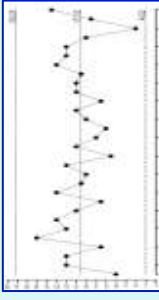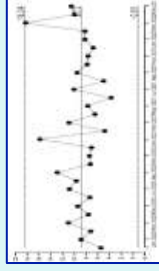
Section 2b:

Inpatient Patient Activity and Demand
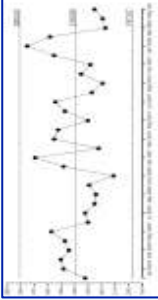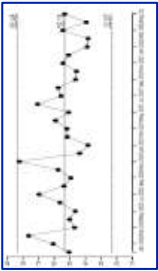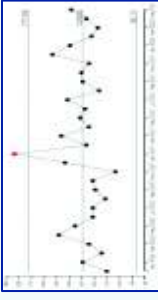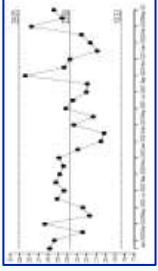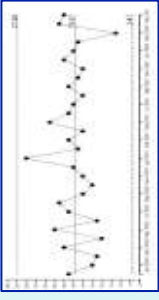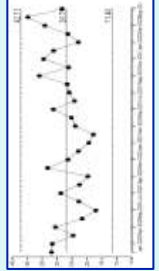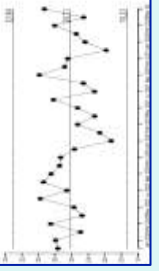
Inpatient admissions and length of stay overview and noteworthy exceptions

Oxford Health
NHS Foundation Trust

Caring, safe and excellent

Patient Activity and Demand Overview: **Inpatient** admissions and length of stay (LOS) – May 2022

Specialty	Admissions				Length of Stay (exc leave/delay)					
	Trend over time	Activity this month	SPC Analysis Variation	2019/20 average	+/-%	Trend over time	Activity in month	SPC Analysis Variation	Assurance	2019/20 average	+/-%
Trust		225		242	-7%		53		Positive improvement v 19/20	65	-18%
Community Services		138		112	+23%		25		No change v 19/20	25	0%
Community Stroke		18		13	+38%		28		Positive improvement v 19/20	29	-3%
Community Rehab		92		80	+15%		29		Worsening position v 19/20	27	+7%
Community EMU		23		18	+28%		10		Worsening position v 19/20	9	+11%
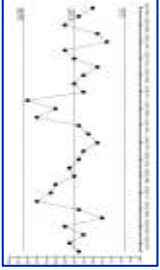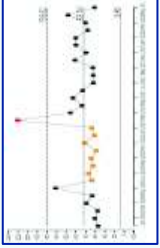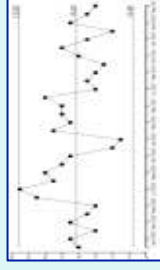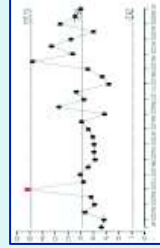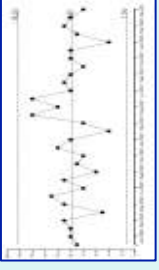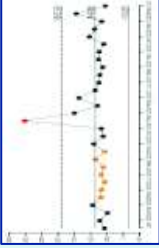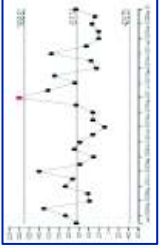
Caring, safe and excellent

Oxford Health **NHS**
NHS Foundation Trust

Patient Activity and Demand Overview: **Inpatient** admissions and length of stay (LOS)

Specialty	Admissions					Length of Stay					
	Trend over time	Activity in month	SPC Analysis Variation	2019/20 average	+/-%	Trend over time	Activity in month	SPC Analysis Variation	Assurance	2019/20 average	+/-%
Adult Mental Health		63		91	-31%		55		Worsening position v 19/20	51	+8%
Buckinghamshire (inc Opal)		28		41	-32%		52		Positive improvement v 19/20	57	-9%
Oxfordshire		35		50	-30%		57		Worsening position v 19/20	46	+24%
CYP Mental Health (information presented is OHFT provision only, use of resources is managed as part of a provider collaborative)		6		9	-33%		87		Worsening position v 19/20	81	+7%
Eating Disorders (information presented is OHFT provision only, use of resources is managed as part of a provider collaborative)		3		7	-57%		129		Worsening position v 19/20	76	+70%

Oxford Health NHS Foundation Trust

Caring, safe and excellent

Patient Activity and Demand Overview: Inpatient admissions and length of stay (LOS)
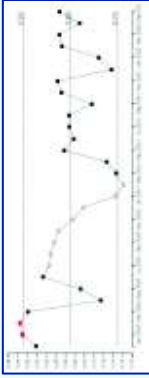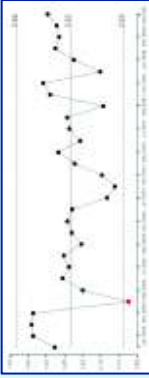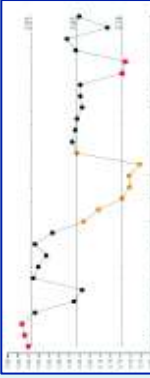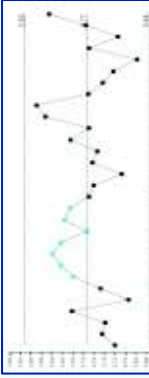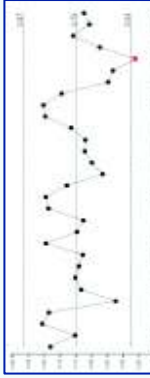
Specialty	Admissions					Length of Stay					
	Trend over time	Activity in month	SPC Analysis Variation	2019/20 average	+/-%	Trend over time	Activity in month	SPC Analysis Variation	Assurance	2019/20 average	+/-%
Older Adult Mental Health		12		15	-20%		61		Positive improvement v 19/20	85	-28%
Buckinghamshire		4		7	-43%		79		Worsening position v 19/20	75	+5%
Oxfordshire		8		8	0%		54		Positive improvement v 19/20	92	-41%
Forensic		3		5	-40%		652		Positive improvement v 19/20	915	-29%
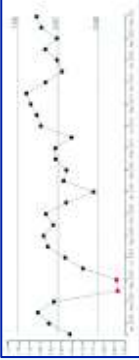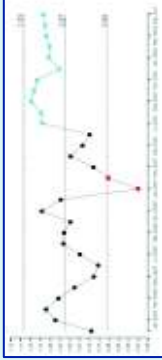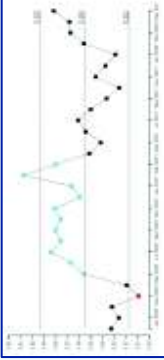
Oxford Health
NHS Foundation Trust

Caring, safe and excellent

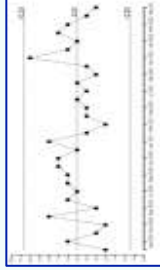# Patient Activity and Demand Overview: Inpatient bed occupancy

Bed Occupancy

Specialty	Trend over time	Activity this month	SPC Analysis Variation	2019/20	Variance*
Adult Mental Health		85.21%		91.8%	-7%
Buckinghamshire		89.57%		93.0%	-4%
Oxfordshire		82.02%		91.0%	-10%
CYP Mental Health (information presented is OHFT provision only, use of resources is managed as part of a provider collaborative)		84.48%		73.6%	+15%
Eating Disorders (information presented is OHFT provision only, use of resources is managed as part of a provider collaborative)		67.25%		74.1%	-9%

Oxford Health NHS Foundation Trust

Caring, safe and excellent

Patient Activity and Demand Overview: Inpatient bed occupancy

Bed Occupancy

Specialty	Trend over time	Activity this month	SPC Analysis Variation	2019/20	Variance*
Older Adult Mental Health		96.57%		90.6%	+7%
Buckinghamshire		98.39%		92.0%	+7%
Oxfordshire		95.28%		89.7%	+6%
Forensic		88.14%		87.0%	+1%

* Data for Community Hospitals bed occupancy not currently available

Oxford Health NHS Foundation Trust

Caring, safe and excellent

Section 2c:

Community & Inpatient
Patient Activity and Demand
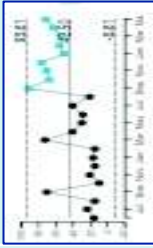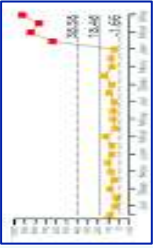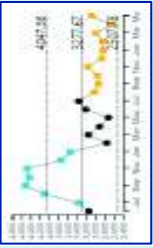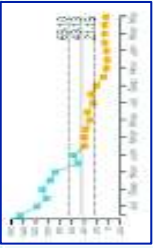
Narrative regarding noteworthy exceptions

NHS
Oxford Health
NHS Foundation Trust

Caring, safe and excellent
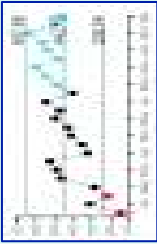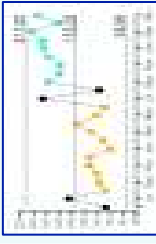
Specialty / Directorate	Currency / Service Line	Trend over time	Activity in month	SPC Analysis Variation	2019/20 average	+/-%*	Commentary
Community Services	Children's Community Nursing Referrals (all)		71		20	+255%	Is performance within usual levels? No referral numbers for the last 9 months have been above average and on or near the UCL. Urgent referrals are also above average for the last 7 months. Is it expected? Yes, the level of urgent referrals relates directly to the H@H project/winter surge work and an improvement in data entry in actually selection a differing priority to just 'routine'. It is a problem? No, addition income is expected for the H@H work. Is any action required? No
Community Services Respiratory	Emergency Referrals: Respiratory		92		7	+1214%	Is performance within usual levels? No Emergency referral numbers for the last 4 months have been above the UCL. Overall referrals are also above average for the last 9 months. This categorisation of referral urgency has been more robust since February 2022 reflecting a more accurate figure for each pathway. Is it expected? Yes in addition to above there has also been a spike in oxygen referrals in the emergency category with 50 being recorded since February It is a problem? No – no concerns or issues to be raised Is any action required? No – no concerns or issues to be raised
Community Services District Nursing	Referrals (all): District Nursing		3076		2409	+28%	Is performance within usual levels? No referral numbers for the last 9 months have been below average. This is across all referral urgencies. The average is impacted by a surge in referrals between Aug and Dec 2020. Is it expected? Yes as above data impacted by surge post lockdown. It is a problem? Yes the service is receiving higher volumes of referrals than pre-pandemic (+9 in April). The service remains on level red 1 escalation due to capacity concerns and increased caseload complexity to meet the demand. Is any action required? Ongoing
Community Services Community Therapy Service	Emergency Referrals: CTS		3		84	-96%	Is performance within usual levels? No referral numbers for Emergency referrals for the last 16 months below average with some months below the LCL (see visual). Urgent referrals have been below average for the last 10 months. Routine referrals have been above average for the last 8 months. Is it expected? Yes, there has been a change in the type of referrals which CTS service receive following development of urgent care pathways It is a problem? No Is any action required? Ongoing monitoring

Caring, safe and excellent
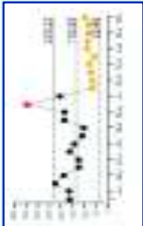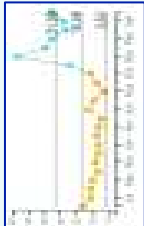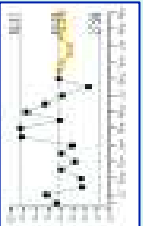
Oxford Health **NHS**
NHS Foundation Trust

Patient Activity and Demand: Community Services Noteworthy exceptions
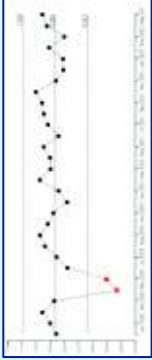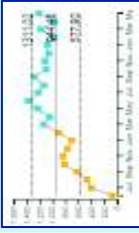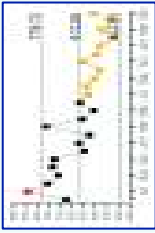
Specialty / Directorate	Currency / Service Line	Trend over time	Activity in month	SPC Analysis Variation	2019/20 average	+/-%*	Commentary
Community Services Childrens Integrated Therapies	Referrals: CIT (all)		463		315	+47%	Is performance within usual levels? No referral numbers for the last 9 months have been above average. With Urgent referrals for the last 12 months above average with some months above the UCL (see visual). Is it expected? Yes It is a problem? No concerns to raise Is any action required? CIT has been undergoing a full service review and are in the process of developing a business case and proposing a new model of care
Community Services	Referrals (all): Nutrition & Dietetics		192		174	+10%	Is performance within usual levels? No referral numbers for the last 9 months above average with some months above the UCL (see visual). Is it expected? Yes . Reasons behind why the number of referrals has increased significantly, is because this now includes paediatrics as well as older adults. It is a problem? No – only negative from this is that there is a change in process and figures are being reported separately. Is any action required? Figures to be monitored moving forward
Community Services Phlebotomy	Referrals (all): Phlebotomy		99		139	-15%	Is performance within usual levels? No referral numbers for the last 13 months below average with some months below the LCL. This relates to routine referrals. Is it expected? Yes – this has been impacted by the supply chain affecting the stock of blood tubes It is a problem? No concerns to raise Is any action required? Ongoing monitoring of situation re national supply chain issues.
Community Services Tissue Viability	Emergency Referrals: Tissue Viability		139		13	+969%	Is performance within usual levels? No referral numbers for Emergency referrals for the last 9 months above average and some month above the UCL. Urgent referrals have been above average for last 8 months. Routine referral volumes have decreased and have been below LCL for the last 8 months. Is it expected? Yes, the service has been responding to higher levels of activity to support the DN service which is currently on Red Level 1 escalation due to capacity concerns vs demand/complexity. It is a problem? Yes, across all DN and community nursing service lines a review of contacts/service specifications and negotiation with CCG is required. Is any action required? Yes, review as above has commenced. A wound care recovery plan is being agreed for the DN service.

Oxford Health **NHS**
NHS Foundation Trust

Specialty / Directorate	Currency / Service Line	Trend over time	Activity in month	SPC Analysis Variation	2019/20 average	+/-%*	Commentary
Community Services SPA	Routine Referrals: SPA		98		139	-29%	Is performance within usual levels? No referral numbers for Routine referrals for last 10 months below average. All urgencies combined, referral numbers to SPA are within normal range but below average for last 4 mths Is it expected? No It is a problem? No Is any action required? No, however, this is likely to indicate an increase in acuity of DN/CTS activity.
Community Services, EMUs, RACU & H@H	Referrals (Emergency): EMU, RACU, H@H		35		17	+106%	Is performance within usual levels No the complexity of patients has risen such that the numbers of patients capable of being treated on an ambulatory pathway has dropped and those who are not capable of being treated on an ambulatory pathway are requiring longer LOS in the hospital bed prior to being transferred to generic inpatient rehab pathways. Staffing challenges to maintain access to SDEC and support UCR virtual ward pathways has also been challenging which has affected the functioning of the EMU. Is it expected? Yes Is it a problem? No Any action required? Remedial plans are being considered to ensure sustainable and safe practice in the unit
Community Services, Podiatry	Referrals (urgent): Podiatry		58		46	+26%	Is performance within usual levels No Urgent referrals below average for last 8 months. Overall referral numbers in line with average but urgent referrals increasing Is it expected? Yes OUH have reduced capacity in acute podiatry service so refer out to community ahead of pathway. Many patients referred by GP 1+ yrs ago with routine problem now developed more urgent problems. Large cohort on caseload ideally seen in 8-12 wks but urgent demand increases routine wait time so routine issue can escalate to urgent. Is it a problem? Yes, no extra capacity to cope and staff capacity dropping, B6 vacancy rates up to almost 80% in July. Any action required? Yes, recruitment ongoing but nationwide podiatrist shortages. Apprentice Podiatrists start Sep22 but impact will take 3 yrs
Community Services: MIU Abingdon	Referrals (all): MIU Abingdon		2,001		1481	+35%	Not required first month outside normal process limit, monitor position.
Community Services: MIU Witney	Referrals (all): MIU Witney		1,417		1,140	+24%	Not required first month outside normal process limit, monitor position.
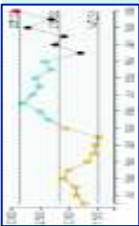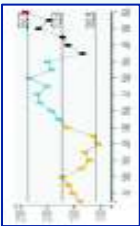
Caring, safe and excellent
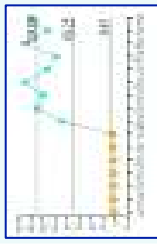
Oxford Health **NHS**
NHS Foundation Trust
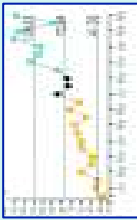
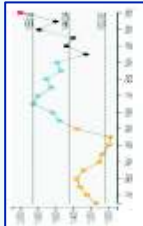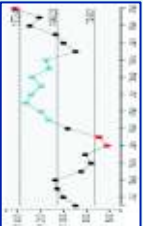| Specialty / Directorate	Currency / Service Line	Trend over time	Activity in month	SPC Analysis Variation	2019/20 average	+/-%*	Commentary
Community Services Care Home Support Service	Appointments: Care Home Support Service		1206		113	+967%	Is performance within usual levels? No appointment numbers for the last 15 months have been above average and some months above the UCL. Is it expected? Yes, during COVID there was limited access to Care Homes. The service is now returning to business as usual. Additionally since Sept 2020 the service has been more accurately capturing all activity volumes. Is it a problem? Yes, the staffing levels have not increased in line with this increased demand. Is any action required? Yes, the service is seeking to develop a business case to reflect this increased demand.
Community Services Diabetes Service	Appointments: Diabetes		556		582	-4%	Is performance within usual levels No appointment numbers for the last 11 months have been below average. Is it expected? Yes, during covid the service carried additional caseload to support other services. This caseload is now being scaled back with each case being risk assessed and activity will now returned to expected norms. Additionally the education services offered by the service has not yet returned to pre-pandemic levels and currently issues with DNAs with average of 50/60%, in line with national average. Is it a problem? None identified at this time Any action required? Ongoing monitoring
Community Services, Adult Speech & Language	Appointments		446		745	-40%	Is performance within usual levels No appointment number for last two months have been below LCL, and below average for last 6 months. Is it expected? Yes, the reduction in activity is partly driven by sickness and vacancies. In addition to recruitment a review is underway of the triage process and allocation to help maximise clinical capacity. Is it a problem? Yes Any action required? As outlined above
Community Services, Tissue Viability	Appointments		452		323	+40%	Is performance within usual levels No appointment number for last 9 months have been above average. Is it expected? Yes, the service has been responding to higher levels of activity to support the DN service which is currently on Red Level 1 escalation due to capacity concerns vs demand/complexity. Is it a problem? Yes, across all DN and community nursing service lines a review of contacts/service specifications and negotiation with CCG is required. Any action required? Yes, review as above has commenced. A wound care recovery plan is being agreed for the DN service.

Oxford Health NHS
NHS Foundation Trust

Patient Activity and Demand: **Community Services** Noteworthy exceptions

Specialty / Directorate	Currency / Service Line	Trend over time	Activity in month	SPC Analysis Variation	2019/20 average	+/-%*	Commentary
Community Services: MIU Abingdon	Contacts: MIU Abingdon		2,910		2,181	+33%	Not required first month outside normal process limit, monitor position.
Community Services: MIU Wtiney	Contacts: MIU Witney		2,400		1,694	+42%	Not required first month outside normal process limit, monitor position.

Caring, safe and excellent

Oxford Health **NHS**
NHS Foundation Trust

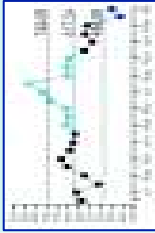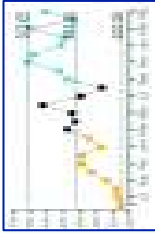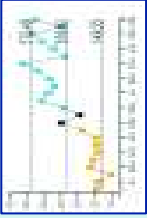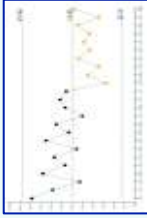| Specialty / Directorate	Currency / Service Line	Trend over time	Activity in month	SPC Analysis Variation	2019/20 average	+/-%*	Commentary
Bucks Adult Community ADHD & Autism Service	Referrals (all): Autism & ADHD teams combined		128		43	+198%	Is performance within usual levels? No. Referrals in this month and previous year were significantly above average and very significantly above commissioned capacity (which is 12.5 assessments per month) Is it expected? Yes, as there is a national increase in demand for adult ASD and ADHD services. It is a problem? Yes, there are currently several hundred people on both ASD and ADHD waiting lists. Any action required? Yes, papers have been prepared to increase permanent and temporary staffing. To be discussed with MD, commissioners and ICS lead.
Bucks Community Memory Assessment Service	Referrals (all): Memory Assessment Services		185		143	+29%	Is performance within usual levels? No referrals for the last 12 months have been above average Is it expected? Yes, the service experienced significant reduction in referrals during the first wave of Covid, impacting on historical trends. Added staffing pressures have resulted in reduced availability if appointments. It is a problem? No concerns to raised Any action required? Ongoing monitoring and continued recruitment efforts
Bucks Older Adult CMHTs Combined	Appointments: OA CMHT		1233		1132	+9%	Is performance within usual levels? No appointment numbers for the last 2 months have been below the LCL. Is it expected? Yes, activity volumes increased during covid as more activity was via telephone. The service is now returning to seeing more patients via face to face which reduces overall volumes, however, activity volumes overall are still higher than pre-pandemic levels. In addition there are severe staffing shortages in South CMHT, which is impacting on service delivery with the service focusing on crisis work. It is a problem? Yes the staffing element is a concern, the team are also holding small waiting lists. Any action required? Yes, there is a recruitment and retention workstream underway to consider challenges faced in terms of recruitment in the Buckinghamshire area
Bucks Adult Crisis Teams Combined	Appointments: Crisis Teams combined		1276		400	+219%	Is performance within usual levels? No appointment numbers have been above historical averages. This is driven by the CRHT from Oct 2020. Comparison against previous years is difficult due to service and system configuration changes which skew the data to some extent. Is it expected? The service delivery model has changed to increase telephone and digital consultations resulting in delivery of higher volume of appointments. It is a problem? There is a potential impact on the quality of appointments via telephone consultations. Is any action required? The service are encouraging more face to face and digital appointments so the position may reduce in coming months.
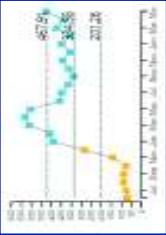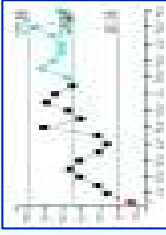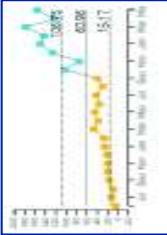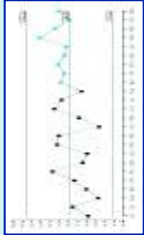
Oxford Health **NHS**
NHS Foundation Trust
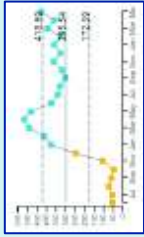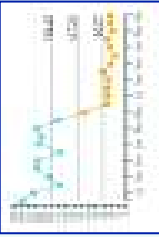
Specialty / Directorate	Currency / Service Line	Trend over time	Activity in month	SPC Analysis Variation	2019/20 average	+/-%*	Commentary
Bucks Older Adult MH Memory Services	Appointments: Memory Services		545		430	+27%	Is performance within usual levels? No appointment numbers for the last 13 months have been above average with some months above or on UCL. Is it expected? Yes, the south teams have been delivery activity above commissioned levels to support reducing the wait for memory assessments. The service delivery model has changed to support reducing the wait for memory assessments. The service delivery model has changed to increase telephone and digital consultations resulting in delivery of higher volume of appointments. It is a problem? There is a potential impact on the quality of appointments via telephone consultations. Additionally, patients have chosen to wait longer as they did not want to have a digital consultation. Is any action required? The service are encouraging more face to face and digital appointments so the position may reduce in coming months. The service are exploring the model of delivery for memory services to support assessments in a timely manner and speed up provision of treatment
Bucks CAMHs Learning Disabilities	Appointments: CAMHS Learning Disabilities		116		118	-2%	Is performance within usual levels? No appointments for the last 9 months have been below average. Is it expected? Yes they have had significant staffing shortage with several vacancies, this is improving. It is a problem? No Any action required? No
Bucks CAMHs Reconnect	Appointments: Reconnect		104		52	+100%	Is performance within usual levels? No appointment numbers for last 13 months have been above average with some months above UCL. Is it expected? Yes, due the decrease in referrals to the service during Covid and staff shortages it is difficult to compare activity. It is a problem? No the activity now being delivery is more in line with normal expectations. Is any action required? No
Bucks CAMHs SPA	Appointments: CAMHS SPA		228		116	+97%	Is performance within usual levels? No appointments for the last 8 months have been below average. Is it expected? The data is impacted by a surge following end of lockdown. The SPA continues to operate in same practice of offering triage and consultations. It is a problem? No Any action required? No

Caring, safe and excellent

Oxford Health **NHS**
NHS Foundation Trust

Patient Activity and Demand: **Oxon & BSW** Noteworthy exceptions

Specialty / Directorate	Currency / Service Line	Trend over time	Activity in month	SPC Analysis Variation	2019/20 average	+/-%*	Commentary
Oxon & BSW Adults Community	Referrals (all); SCAS Triage		473		42	+1026%	Is performance within usual levels? No referral numbers for the last 17 months have been above or near the UCL Is it expected? Yes this is as a result of planned development of services. The SCAS service is a new service fully operational 24/7 from Dec 2020, alongside Home Treatment/CRHT which commenced in July 2020. Both of these have lead to the increase in referrals and appointments shown in the data It is a problem? No Is any action required? No
Oxon & BSW Older Adults	Referrals: Memory Assessment Services		142		113	+26%	Is performance within usual levels: For the last 9 months referral volumes have been above average. Is it expected? Yes, during the first wave of Covid there was a reduction in referrals made for memory assessments. It is a problem? Yes capacity issues within CMHTs to meet the demand. This is a long capacity gap since removal of S75 and lack of investment in service over a significant time frame. Is any action required? SBARD completed to increase resources across the CMHTs unfortunately no additional funding is available
Oxon & BSW Oxon ADHD Service	Referrals (all): Oxon ADHD service		155		0		Is performance within usual levels? No referral numbers for the last 8 months have been above average, Is it expected? See below It is a problem? Unfortunately we have found issues within admin processes which mean referrals haven't been correctly added to Care Notes – has now been addressed and the data is now reflecting the changes. Is any action required? Ongoing monitoring
Oxon & BSW Oxon CAMHs	Referrals (All): CAMHS Youth Liaison and Diversion		40		7	+471%	Not required first month outside normal process limit, monitor position.
Oxon & BSW BSW CAMHs	Referrals (All): CAMHS W Melksham Community (All)		90		95	-5%	Is performance within usual levels: For the last 8 months referral volumes have been above average. Is it expected? ? It's probable variation in demand is a fluctuation linked to the school holiday period. Feedback from teams is that acuity feels high. It is a problem? No Is any action required? Ongoing monitoring
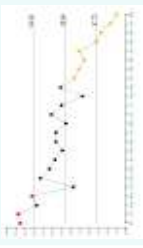
Caring, safe and excellent

Oxford Health **NHS**
NHS Foundation Trust

Specialty / Directorate	Currency / Service Line	Trend over time	Activity in month	SPC Analysis Variation	2019/20 average	+/-%*	Commentary
Oxon & BSW Urgent Care	Appointments: SCAS Triage		426		116	+627%	Is performance within usual levels? No appointment numbers for the last 17 months have been above or near the UCL. Is it expected? Yes this is as a result of planned development of services. The SCAS service is a new service fully operational 24/7 from Dec 2020, alongside Home Treatment/CRHT which commenced in July 2020. Both of these have lead to the increase in referrals and appointments shown in the data. It is a problem? No. Is any action required? No
Oxon & BSW Complex Needs	Appointments: Complex Needs		42		257	-84%	Is performance within usual levels? No; appointment numbers for the last 13 months have been below the LCL. Throughout the Covid period there has been a decline in activity delivered in the Complex Needs service. Is it expected/a problem? Activity has been reduced due to a change in Carenotes configuration to make processes less time consuming for clinicians. As a service we have expanded provision with the service changes. The configuration changes have taken a while to be implemented and as a result some activity has not been recorded. Is any action required? Work is continuing on getting all the information on to Carenotes. Admin discovered last week that for Oxon there was no one in treatment on TOBI (around 350 individuals missing), which is where most of their contacts would come from. A call has been logged and they will hopefully get it sorted soon. Contacts have not declined, although most of them are on line, an action has been put in place for CNS admin to regularly review data in TOBI and follow up with service lead if issues develop
Oxon & BSW Specialist Psychological Intervention Team	Appointments: Specialist Psychological Intervention Team		10		4	+150%	Is performance within usual levels? No appointment numbers for the last 2 months have been above the UCL. Is it expected? Yes, we have recruited two psychologists who have moved people from the waiting list and have been able to offer rapid assessment. External publicity/public awareness regarding misophonia has increased our referrals in this specific area. It is a problem? No. Is any action required? No
Oxon & BSW CAMHS O Forensic	Appointments: CAMHs O Forensic (CABS, Forensic & Specialist Housing)		10		131	-92%	Is performance within usual levels? No appointment numbers for the last 2 months have been below the LCL. Is it expected? Yes, these are small teams with low numbers of staff. There have been significant vacancies and long term sickness within all the teams leading to an impact of a reduction in activity. It is a problem? Yes, long term sickness staff have now returned at end of June but there are ongoing recruitment needs. Is any action required? Yes, recruited plans in place for all vacancies.

Oxford Health NHS
NHS Foundation Trust
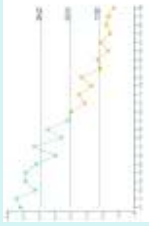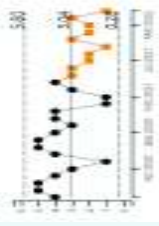
Specialty / Directorate	Currency / Service Line	Trend over time	Activity in month	SPC Analysis Variation	2019/20 average	+/-%*	Commentary
Oxon & BSW CAMHS	Appointments: Oxon Getting Help Teams (combined)		467		639	-42%	Is performance within usual levels: For the last 10 months appointments volumes have been below average. Is it expected? Yes It is a problem? Team has significant vacancies and levels of sickness. With some staff having reduced work loads due to return to work plans and on going medication reasons. Due to long treatment waiting lists, assessments and commenced of treatment has been slowed to provide capacity for the development of the group work programme. The service is looking to ensure al staff have been accurately recording their activity. Is any action required? Yes as follows: - Some staff returning to work with support - Ongoing recruitment drive - Team regularly reminded of importance of appropriate data recording, including case management and team meetings. - Once group plan ready to launch, performance expected to increase although still unclear if able to return to previous performance if no further recruitment occurs.
Oxon & BSW CAMHS O Perinatal	Appointments: Oxon CAMHS O Perinatal		30		34	-12%	Is performance within usual levels? No appointment numbers for the last 8 months have been below average, with last 3 below LCL. Is it expected? Yes - Some sickness in team and some vacancy / Data quality issues; clinicians not recording all appts – mainly indirect / Ineffective processes within service pathway – now reviewed clarified and improved. It is a problem? Yes Is any action required? Yes – see below • Consistent standardised case management • Office manager supporting admin to improve • Deep dive into care notes to ensure accurate and up to date • Improved focus on wait and throughput
Oxon & BSW CAMHS O MHSTs	Appointments: CAMHs MHSTs		442		42	+952%	Is performance within usual levels? No appointment numbers for the last 5months have been above average and some months above the UCL Is it expected? Yes, there has been a change in the lead role to a clinical role and significant changes is processes within to team, including the reporting of groups, to ensure all activity is now recorded more accurately. It is a problem? Changes put in place have resulted in improved performance Is any action required? Ongoing monitoring
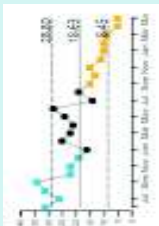
Oxford Health **NHS**
NHS Foundation Trust
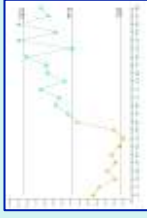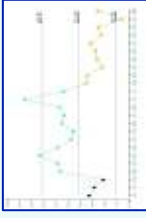
Patient Activity and Demand: Oxon & BSW Noteworthy exceptions

Specialty / Directorate	Currency / Service Line	Trend over time	Activity in month	SPC Analysis Variation	2019/20 average	+/-%*	Commentary
Oxon & BSW CAMHS O SPA	Appointments: Oxon CAMHS O SPA		277		34	+715%	Is performance within usual levels? No appointment numbers for the last 9 months have been above average. Is it expected? It reflects the consistent increase in demand into CAMHS more so since COVID. It is a problem? It has been previously but not currently Is any action required? Service improvements project has taken place within SPA to develop new ways of working and get on top of the backlog of calls.
Oxon & BSW CAMHS BSW **In-Reach**	Appointments: CAMHS BSW In-Reach		55		34	+62%	Is performance within usual levels? No appointment numbers for the last 12 months have been below average. Is it expected? Yes, there is an increase in demand coming both internally and from children's social care. There is also increased demand that is not reported on Carenotes due to limitations of the care record system. It is a problem? It has come at a time of vacancies within the team. This will need to be monitored carefully. The vacancies are impacting on the volume of appointments delivered despite the increase in demand. Is any action required? Ongoing monitoring
Oxon & BSW CAMHS Swindon Community	Appointments: BSW CAMHS Swindon Community		790		975	-19%	Is performance within usual levels? No appointment numbers for the last 9 months have been below average based on last 2.5 years. Is it expected? It reflects national trends in eating disorders since the pandemic It is a problem? Yes Is any action required? The Swindon service is subject to business recovery measures
Oxon & BSW CAMHS BaNES Community	Appointments: BSW CAMHS BaNES Community		444		272	+63%	Is performance within usual levels? No appointment numbers for the last 12 months have been below average. Is it expected? Yes It is a problem? No Is any action required? No – service has had business recovery measures and in some teams showing stable improvement

Caring, safe and excellent

Oxford Health **NHS**
NHS Foundation Trust

Patient Activity and Demand: **Oxon & BSW** Noteworthy exceptions

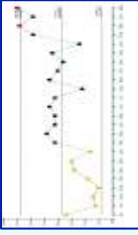| Specialty / Directorate	Currency / Service Line	Trend over time	Activity in month	SPC Analysis Variation	2019/20 average	+/-%*	Commentary
Oxon & BSW CAMHS Wiltshire RISK	Appointments: CAMHS Wiltshire RISK		65		429	-85%	Is performance within usual levels? No appointment numbers for the last 13 months have been below average and last 7 below the LCL. Is it expected? Yes – a lot of the work previously done under Wiltshire OSCA is now picked up by the Liaison team. The Wilts Liaison team currently sits elsewhere in the team hierarchy (not in Wiltshire Risk) It is a problem? No Is any action required? No action required
Oxon & BSW Inpatients ED	Admissions ED Cotswold House Oxford		1		4	-75%	Is performance within usual levels? No admission numbers for the last 10 months have been below average Is it expected? Yes, admission rate has reduced due to sequential referrals to the inpatients service from the Provider Collaborative not resulting in actual admission. We are working with the Provider Collaborative process to ensure improve quality and suitability of referrals. We are refining the inpatient pre-admission process to increase he change of translating referrals to admissions, It is a problem? See above Is any action required? Ongoing monitoring,

Oxford Health **NHS**
NHS Foundation Trust

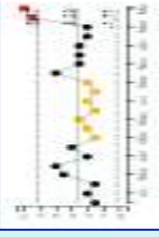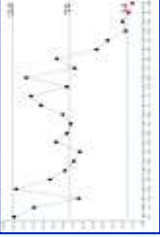# Patient Activity and Demand: Specialised Services Noteworthy exceptions

Specialty / Directorate	Currency / Service Line	Trend over time	Activity in month	SPC Analysis Variation	2019/20 average	+/-%*	Commentary
Specialised Services: Forensic Community	Appointments: Forensic Oxford Clinic Clinical Team		5		10	-50%	Is performance within usual levels: For the last 9 months appointment volumes have been below average. Is it expected? Yes It is a problem? No Is any action required? This relates to a data migration issue. The Oxford Community team is now under 'Forensic Oxon Community Team' and the 'Oxford Clinic Clinical Team' was discontinued as part of the data clean up, but there are some ongoing data migration issues to work through

Oxford Health NHS Foundation Trust

Section 3:

Waiting Lists and Waiting Times to generic waiting time standards

Information on

- the number of patients waiting to be seen by referral urgency and

- the waiting times for patients who were seen in February

Oxford Health
NHS Foundation Trust

Caring, safe and excellent

Waiting Times and Lists – as at 10ᵗʰ June

Buckinghamshire Mental Health Directorate - Adults

Patients waiting – refreshed weekly

Indicator	No.	Trend
Emergency referrals waiting for their first contact >48 hours after referral	0	⬆
Last week's position	0	

Indicator	No.	Trend
Urgent referrals waiting for their first contact >7 days after referral	1	⬅
Last week's position	0	

Escalations: none

Escalations: below are the teams where urgent patients have been waiting >7 days

HealthcareTeamName	Patients waiting
⊞ B DA North CMHT	
Total	

Patients seen in May

Referral urgency	Pts seen	Pts Seen in Time (Generic)	Median Wait	% seen <target
Emergency	116	116	0 hour	100%
Urgent	304	304	0 days	100%
Routine	484	329	17 days	71%

Exceptions: Emergency & Urgent referrals

None

Monthly Trends Below

The number of urgent patients waiting is **decreasing** – see below

Caring, safe and excellent

Oxford Health
NHS Foundation Trust

NHS

Buckinghamshire Mental Health Directorate - CAMHS

Patients waiting – refreshed weekly

Indicator	No.	Trend
Emergency referrals waiting for their first contact >48 hours after referral	0	⬆
Last week's position	0	

Indicator	No.	Trend
Urgent referrals waiting for their first contact >7 days after referral	2	⬆
Last week's position	2	

Escalations: none

Escalations: below are the teams where urgent patients have been waiting >7 days

Directorate	Patients waiting
Buckinghamshire Mental Health	
CAMHS B OSCA Crisis	2

Monthly Trends Below

The number of emergency patients waiting has **stabilising** – none since May 2020 more than 48 hours

The number of urgent patients waiting is **increasing** – see below
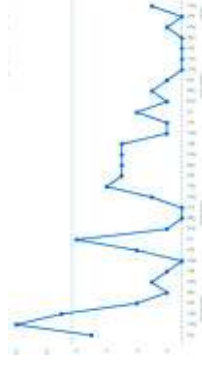
Patients seen in May

Referral urgency	Pts seen	Pts Seen in Time (Generic)	Median Wait	% seen <target
Emergency	0	0	N/A	N/A
Urgent	38	36	0 days	95%
Routine	229	146	31 days	66%

Exceptions: Emergency & Urgent referrals

None

Caring, safe and excellent

Oxford Health
NHS Foundation Trust

Buckinghamshire Mental Health Directorate – Childrens & Young People NDC

Patients waiting – refreshed weekly

Indicator	No.	Trend	Indicator	No.	Trend	Indicator	No.	Trend
Emergency referrals waiting for their first contact >48 hours after referral			**Urgent referrals** waiting for their first contact >7 days after referral			**Routine referrals** waiting for their first contact >28 days after referral	2123	←
Last week's position			Last week's position			Last week's position	2090	

Escalations: None

Escalations: None

Escalations: below are the teams where routine patients have been waiting >28 days

Directorate	Patients waiting
Buckinghamshire Mental Health	**2123**
CAMHS B Neuro Development Collaboration Service	186
CAMHS B Neuro New Assess	87
CAMHS B Neuro Caseload	45
CAMHS B Neuro PDD	39

These teams only have routine referrals

Patients seen in May

Referral urgency	Pts seen	Pts Seen in Time (Generic)	Median Wait	% seen <target
Emergency				
Urgent				
Routine	76	13	98 days	17%

Exceptions: Emergency & Urgent referrals

None
The application of the generic 28 days is not an appropriate standard for NDC the above is provided for information only. Work is underway to develop measurement of waits against clinically meaningful standards for individual services. This will be available in Q1.

Monthly Trends Below

The number of routine patients waiting **increased** this month following trend of increasing waits **and is above UCL**– see below

Oxford Health NHS
NHS Foundation Trust

Caring, safe and excellent

Waiting Times and Lists – as at 10th June

Oxon and BSW Mental Health Directorate - Adults

Patients waiting – refreshed weekly

Indicator	No.	Trend
Emergency referrals waiting for their first contact >48 hours after referral	2	←
Last week's position	1	

Escalations: below are the teams where emergency patients have been waiting >2 days

Indicator	No.	Trend
Urgent referrals waiting for their first contact >7 days after referral	44	→
Last week's position	48	

Escalations: below are the teams where urgent patients have been waiting >7 days (Top 10 teams)

Monthly Trends Below

The number of emergency patients waiting is **stabilising**

The number of urgent patients waiting is **increasing**– see below

Patients seen in May

Referral urgency	Pts seen	Pts Seen in Time (Generic)	Median Wait	% seen <target
Emergency	263	258	1 hours	98%
Urgent	483	460	0 days	95%
Routine	763	476	18 days	68%

Exceptions: Emergency & Urgent referrals

None

Oxon and BSW Mental Health Directorate - CAMHS

Patients waiting – refreshed weekly

Indicator	No.	Trend
Emergency referrals waiting for their first contact >48 hours after referral	21	←
Last week's position	19	

Indicator	No.	Trend
Urgent referrals waiting for their first contact >7 days after referral	37	→
Last week's position	38	

Escalations: below are the teams where emergency patients have been waiting >2 days

Directorate	Patients waiting
Oxfordshire & Sw Mental Health	21
CAMHS S Swindon Liaison RISK	18
CAMHS O GMH North	2
CAMHS W BaNES Liaison RISK	2
CAMHS W Wiltshire Liaison RISK	1

Escalations: below are the teams where urgent patients have been waiting >7 days (Top 10 teams)

Directorate	Patients waiting
Oxfordshire & Sw Mental Health	37
CAMHS O Crisis Team	
CAMHS O GMH North	
CAMHS S Swindon GMH	
CAMHS O Eating Disorders	
CAMHS S Swindon Liaison RISK	
CAMHS S YOT	
CAMHS W Melksham GMH	
CAMHS O GMH South	
CAMHS W BaNES Liaison RISK	
CAMHS W Wiltshire Liaison RISK	

Monthly Trends Below

The number of emergency patients waiting is **stabilising** – see below
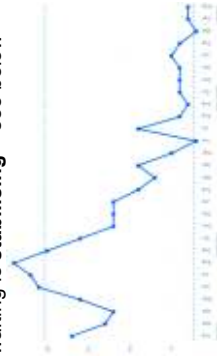
The number of urgent patients waiting **increasing** – see below
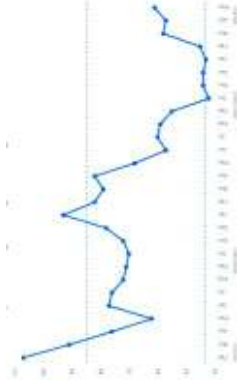
Patients seen in May

Referral urgency	Pts seen	Pts Seen in Time (Generic)	Median Wait	% seen <target
Emergency	45	42	1 hours	93%
Urgent	88	72	0 days	82%
Routine	638	280	44 days	44%

Directorate	Stop clocks	Wait in Days
Oxfordshire & Sw Mental Health	88	0
CAMHs Community	88	0
CAMHS S Swindon ED GMH	1	13
CAMHS O GMH South	8	8
CAMHS S Swindon GMH	12	8
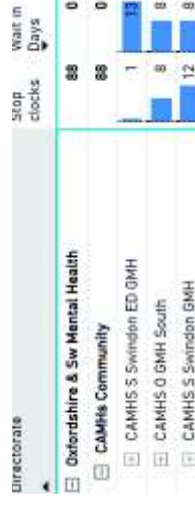
Exceptions: Emergency & Urgent referrals

Emergency Referrals: 7% seen within 3 days. The 3 breaches were CAMHS S Swindon Liaison RISK

Urgent referrals: 14% were seen within 14 days and 4% at longer than 14 days. The longest wait for an urgent referral was 323 days. Above shows further information on top 3 teams with longest waits on Urgent referrals seen in May

Oxon and BSW Mental Health Directorate – Childrens and Young People NDC

Patients waiting – refreshed weekly

Indicator	No.	Trend	Indicator	No.	Trend	Indicator	No.	Trend
Emergency referrals waiting for their first contact >48 hours after referral			**Urgent referrals** waiting for their first contact >7 days after referral	4	←	**Routine referrals** waiting for their first contact >28 days after referral	2358	←
Last week's position			Last week's position	2		Last week's position	2287	

Escalations: None

We've been advised that these teams only have routine referrals but currently 4 urgent referrals are open to NDC (see right)

Escalations: below are the teams where routine patients have been waiting >28 days

Monthly Trends Below

The number of routine patients waiting **decreased slightly** this month.
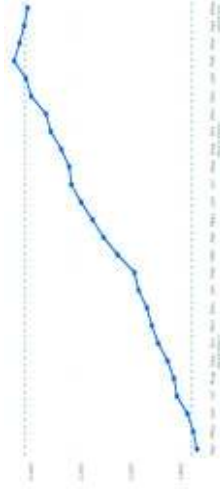
Patients seen in May

Referral urgency	Pts seen	Pts Seen in Time (Generic)	Median Wait	% seen <target
Emergency				
Urgent				
Routine	64	8	380 days	13%

Exceptions: Emergency & Urgent referrals

None
The application of the generic 28 days is not an appropriate standard for NDC the above is provided for information only. Work is underway to develop measurement of waits against clinically meaningful standards for individual services. This will be available in Q1.

Waiting Times and Lists – as at 10th June

Community Directorate

Patients waiting – refreshed weekly

Indicator	No.	Trend
Emergency referrals waiting for their first contact >48 hours after referral	106	→
Last week's position	129	

Indicator	No.	Trend
Urgent referrals waiting for their first contact >7 days after referral	579	←
Last week's position	546	

Escalations: below are the teams where emergency patients have been waiting >2 days (Top 10 teams)

HealthcareTeamName	Patients waiting
TV Complex Wounds	
DNSW Weekend Planner	
Respiratory – Pulmonary Rehab	
Heart Failure Team	
DNW Witney & Eynsham	
ITPS Community Feeding	
Respiratory I&S Caseload	
Respiratory I&S Oxygen Caseload	
Bladder and Bowel Service – Adults	
ITPH City	

Escalations: below are the teams where urgent patients have been waiting >7 days (Top 10 teams)

HealthcareTeamName	Patients waiting
Respiratory Post Covid	98
TV Complex Wounds	93
Heart Failure Team	53
DN Phlebotomy	38
ITPS Mainstream Schools South	24
OT – South West Team	15
OT SLT Referrals and Triage	13
DNSW Weekend Planner	12
ITPH Didcot	9
ITPS Ef North Orchard HC	9

Monthly Trends Below
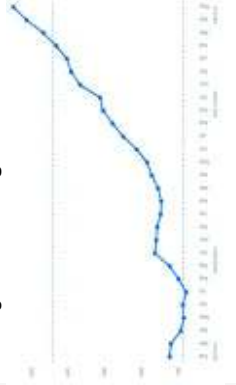
The number of emergency patients waiting is **increasing** – see below

The number of urgent patients waiting is **increasing** – see below
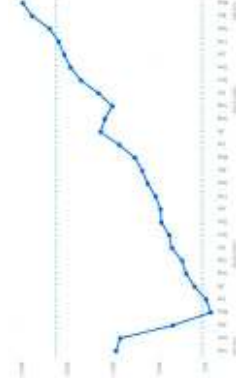
Patients seen in May

Referral urgency	Pts seen	Pts Seen in Time (Generic)	Median Wait	% seen <target
Emergency	196	145	3 hours	74%
Urgent	1064	877	1 day	82%
Routine	3858	2759	6 days	72%

Exceptions: Emergency & Urgent referrals

None
The application of the generic wait times are not an appropriate standard for many services in the Community Directorate. Work is underway to develop measurement of waits against clinically meaningful standards for individual services. This will be available in Q1.

Oxford Health
NHS Foundation Trust

Caring, safe and excellent

Waiting Times and Lists – as at 10th June

Forensic Services

Patients waiting – refreshed weekly

Indicator	No.	Trend
Emergency referrals waiting for their first contact >48 hours after referral	0	⬆
Last week's position	0	

Escalations: None

Indicator	No.	Trend
Urgent referrals waiting for their first contact >7 days after referral	0	⬆
Last week's position	0	

Escalations: below are the teams where urgent patients have been waiting >7 days

Patients seen in May

Referral urgency	Pts seen	Pts Seen in Time (Generic)	Median Wait	% seen <target
Emergency				
Urgent				
Routine	5	4	12 days	80%

Exceptions: Emergency & Urgent referrals

None

Monthly Trends Below

Caring, safe and excellent

Oxford Health
NHS Foundation Trust

Waiting Times and Lists – as at 1st June

Specialised – Learning Disability Services

Patients waiting – refreshed weekly

Indicator	No.	Trend
Emergency referrals waiting for their first contact >48 hours after referral	0	⬆
Last week's position	0	

Indicator	No.	Trend
Urgent referrals waiting for their first contact >7 days after referral	0	⬆
Last week's position	0	

Escalations: None

Escalations: None

Patients seen in May

Referral urgency	Pts seen	Pts Seen in Time (Generic)	Median Wait	% seen <target
Emergency				
Urgent				
Routine	23	14	32 days	61%

Exceptions: Emergency & Urgent referrals

Monthly Trends Below

Section 4:
Contractual Performance – Key Performance Indicators

Oxford Health **NHS**
NHS Foundation Trust

Caring, safe and excellent

Contractual performance: Key Performance Indicators

Summary of Indicators

In total, the Trust routinely reports information and performance relating to 266 local indicators; broken down as follows:

Area	Indicators with defined targets					Totals
	Monthly	Quarterly	Yearly	Bi-Annual/ Seasonal	Total	
Local Contractual Performance						
(2) Community Services	19	18	23	9	69	69
(3) All Ages Mental Health Oxon and BSW	66	0	0	0	66	66
(4) All Ages Mental Health Buckinghamshire	44	2	2	5	53	53
(5) Specialised Services	70	4	0	4	78	78
Local Contractual Total	199	24	25	18	266	266

Performance Scorecard

The tables below show performance as at month 2, and then breakdown of performance is provided below:

Summary

Directorate	Below target >10%	Below Target -1-9%	Target Met	Total	% Met
Local Contractual Performance					
(2) Community Services	7	0	12	19	63%
(3) All Ages Mental Health Oxon and BSW	7	4	55	66	83%
(4) All Ages Mental Health Buckinghamshire	7	6	28	41	68%
(5) Specialised Services	1	2	67	70	96%
Local Contractual Performance Total	22	12	162	196	83%
Grand Total	22	12	162	196	83%

Oxford Health
NHS
NHS Foundation Trust

Caring, safe and excellent

Contractual performance: Key Performance Indicators

Breakdown

Area	Below target >10%	Below Target -1-9%	Target Met	Total	% Met
Local Contractual Performance					
(2) Community Services	7	0	12	19	63%
School Health Nursing and College Health Nursing services, Public Health Promotion Resources services and a National Child Measurement Programme	1	0	0	1	N/A
Oxon Community & Mental Health Contract (Adults Community services)	4	0	7	11	64%
Oxon Community & Mental Health Contract (Children Community services)	2	0	4	6	67%
Buckinghamshire Continuing Healthcare	0	0	1	1	100%
(3) All Ages Mental Health Oxon and BSW	7	4	55	66	83%
Adult Mental Health Outcomes Based Commissioning (OBC) Sch 4	1	0	7	8	88%
Adult Mental Health Outcomes Based Commissioning (OBC) Incentivised	0	0	7	7	100%
Child and Adolescent Mental Health Service (CAMHS)	3	0	2	5	40%
Integrated Access to Psychological Therapies (IAPT)	0	1	9	10	90%
Wellbeing (Oxon)	0	2	11	13	85%
Oxfordshire Perinatal Mental Health Service	0	0	10	10	100%
Community & Mental Health Contract Sch 4 (Oxon)	2	0	6	8	75%
Child and Adolescent Mental Health Service	1	1	0	2	0%
(4) All Ages Mental Health Buckinghamshire	7	6	28	41	68%
Adults & Older Adults Community Mental Health Teams and Inpatients, Integrated Access to Psychological Therapies and Psychiatric In Reach Liaison Service	4	6	13	23	57%
Child and Adolescent Mental Health Service (CAMHS)	2	0	6	8	75%
Buckinghamshire Perinatal Mental Health Service	1	0	9	10	90%
(5) Specialised Services	1	2	67	70	96%
Learning Disabilities (OCCG)	0	0	8	8	100%
Dentistry (NHSE)	0	0	0	0	N/A
Forensic Medium Secure Unit (NHSE)	0	1	15	16	94%
Forensic Low Secure Unit (NHSE)	0	1	15	16	94%
Child and Adolescent Mental Health Service (CAMHS) Tier 4 Inpatients	1	0	15	16	94%
Eating Disorders Inpatients (NHSE)	0	0	16	16	100%
NHSE Totals	1	2	61	64	95%

Contractual performance: Key Performance Indicators

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, bi-annually or seasonally). Specialised Services directorate Key Performance Indicators are reported one month in arrears. In month 2 (May), 196 contractual indicators were reportable of which 83% were achieved. **This is an increase of 2% compared to last month.** The number of red indicators this month was 22 which represents 11% of the total number of indicators. Last month it was 12% based on 23 reds out of 196 indicators.
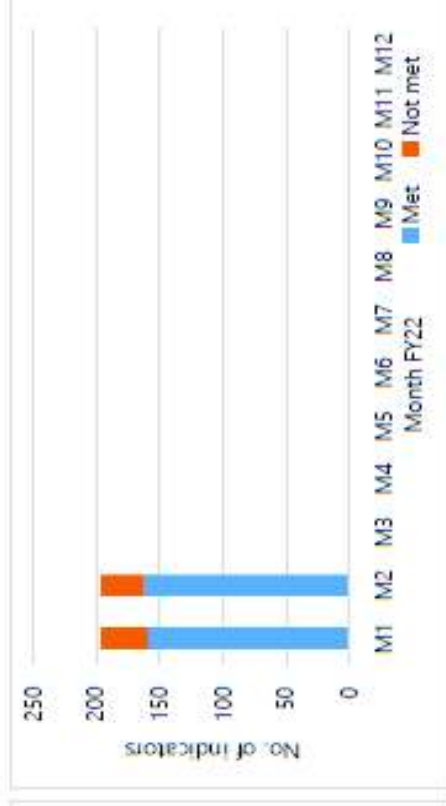
3.1 Contractual performance: Key Performance Indicator breaches

In month 2, there were 11 red indicators that have been red for more than 6 months.

The main reason attributed to the non-achievement of local contractual indicators was "Mix of Issues"; 11 of the 22 red indicators were not achieved due to this. The graph at the bottom shows the breakdown of reasons by directorate.

Directorate	Service/Contract	Measure	Target	Actual	Months Below Target	Narrative/Plan	COVID RELATED
Buckinghamshire All Ages MH	CAMHS ED	% of routine ED referrals assessed in 4 weeks (national rule)	95%	33.3% (3/9)	6+ months	**Description of the issue:** 6 breaches in total –4-5 weeks = 1, Breach - Due to clinic capacity. 5-6 weeks = 1 Breach - Due to clinic capacity. 7-8 weeks = 1, Due to clinic capacity. 8-9 weeks = 1, family cancelled. 9-10 weeks = 1, family cancelled. 10-11 weeks = 1, family cancelled. The service is under pressure to manage the demands from the ongoing caseload, the increase in acuity and the need to see patients within access and waiting timescales. Impact on target this month was in some part due to 2 cancellations (all these are followed up) of which the service does see more this time of year (revision/exam demands). The increase service has seen in acuity and numbers of YP requiring treatment, means there has already been impact on treatment, with treatment having to be paused. **Plan:** Patients screened as 'deteriorating' routine continue to be prioritised. Mitigation in place for patients waiting (increased physical observations and check in calls from assistant psychologists). New psychologist starts this July, another vacancy to be advertised in July. Service quality review underway which includes demand and capacity analysis to understand what the service needs to perform to targets and deliver effective treatment. **Resolution Timescales:** August 2022, September 2022 for D&C work conclusion.	Mix of issues
Buckinghamshire All Ages MH	CAMHS	% of Routine referrals assessed within 28 days (inc LD/OSCA/GMH/Targeted/s PA)	90%	46.9% (76/162) REVISED FIGURES TO 70.3% (104/162)	6+ months	**Description of the issue:** 86 breaches. Reviewing the figures again on 15/06/22 these had improved to 114/162 which is 70.3% achieved with 48 breaches. However, of the breaches, 20 were seen within 4-6 weeks, another 12 3% making the total 82.7% within 8 weeks. Internal delays with progressing additional funding for third party provider. **Plan:** The funding has been resolved and further capacity has been purchased from the third party for support with assessment. **Resolution Timescales:** To be confirmed, last month prediction was July 22.	Mix of issues
Buckinghamshire All Ages MH	Adults	% of Routine referrals assessed within 28 days (inc LD/OSCA/GMH/Targeted/s PA)	90%	73.2% (104/142)	1 month	This indicator has breached its target by >10% for one month. Further investigation will be carried out if this indicator remains red for a second month.	Mix of issues
Buckinghamshire All Ages MH	Adults	% people will have CPA review within the (timeframe)	95%	73.6% (490/666)	6+ months	**Description of the issue:** Of the 666 CPA Reviews in scope, 490 met the 12-month target. (Aylesbury CMHT actual is 219/336 =65% and Chiltern CMHT actual is 271/330= 82%). **Plan:** Target piece of work to discuss with each Care Coordinator to complete the reviews and to continue to ensure the data is accurate. Work with Care coordinators to complete reviews is in progress. **Resolution Timescales:** Extended target to June 2022, further extension to Dec 22.	Other
Buckinghamshire All Ages MH	Older Adults	% people will have CPA review within the (timeframe)	95%	61.6% (53/86)	6+ months	**Description of the issue:** Of the 86 CPA Reviews in scope, 53 met the 12-month target. (OA North CMHT actual is 29/49 =59% and OA South CMHT actual is 24/37= 65%). **Plan:** The older adult's team are experiencing severe staffing shortages and in the south they are not able to cover vacant posts with agency workers, this is impacting on CPA performance with a need to prioritise emergency, urgent and crisis work. **Resolution Timescales:** Extended target to June 2022, further extension to Dec 22.	Other
Buckinghamshire All Ages MH	Older Adults	Referrals for memory assessment will be assessed and diagnosed within 40 working days.	85%	13.2% (10/76)	4 months	**Description of the issue:** 66 breaches, achieved 10/76 =13%. (OA North 5/38=13%, OA South 5/38=13%). North –5/38=13% - They had 33 of the breaches (33 Staff capacity reasons: 1 seen within 30 days, 7 seen within 70 days, 1 seen within 70 days, 8 seen within 80 days, 6 seen within 90 days, 4 seen within 100 days and 6 long waiters at 107,117,142,144,156 & 181 days). South –5/38=13% - They had 33 of the breaches (32 due to Staff capacity issues and 1 patient choice) 2 seen within 50 days, 2 seen within 60 days. 7 seen within 70 days, 11 seen within 80 days, 7 seen within 90 days, 1 seen within 100 days, 2 within 112 days and one longest waiter 197 days). **Plan:** A complete review of the model is likely to be required. This service is experiencing a number of challenges including covid recovery. Staff focus groups have been completed and data has been reviewed and discussed by commissioners. **Resolution Timescales:** Improvement plan is being developed as discussed with commissioners.	Mix of issues

Oxford Health **NHS**
NHS Foundation Trust

3.1 Contractual performance: Key Performance Indicator breaches narrative

Area	Service	Indicator	Target	Actual	Resolution timescale	Description of issue / Plan / Resolution	
Buckinghamshire All Ages MH	Perinatal	% of birth rate accessing specialist Perinatal MH service. For FY22/23, the new access target is 10%. The number of people accessing perinatal services is set at 610	10.0%	5.9% (360/6121)	6+ months	**Description of the issue:** The current target is based on 2016 birth rates of 6121, 2019 live birth figure for Buckinghamshire Local Authority was 5629. The 5.9% is the access indicator rate percent achieved based on rolling 12-month period measured against 10% target for FY22/23. Comparing this financial year's performance to date with last financial year's performance to date, the service has completed 6 more first appointments. Access target for 2022/2023 is set at 10% - 610 initial contacts. **Plan:** Team continuing to work closely with comms team to increase awareness of the service. Dedpad was launched last November – contains details about the service and expect this will also help increase the access rate. The team has been working closely with head of transformation to look at prioritise workforce increase requirements for the current financial year. They are working closely with Maternity Services and Health Visiting Team to review monthly pathway meetings and expect this will also help to increase access rates. BOB MMHS transformation work is on way developing a pathway for birth trauma, tokophobia and loss. The MMHS team sits with the perinatal service, working closely with maternity services at Stoke Mandeville Hospital and there is an expectation this will increase access rate as well. However, to increase the number of contacts this will depend on staffing levels increasing. **Resolution Timescales:** The Performance & Information team have produced a trajectory for the service. Based on this target, and assuming the service meets the targets for the remainder of the year, by year end the service will now be 74 above this year's target. Capacity for assessment is 8 per week. Of the 4 WTE B6 currently in post, 1 6WTE are in process of leaving and 1 WTE is taking acting up post within the team. Team is experiencing recruitment challenges in existing B6 and B7 posts which could impact on assessment capacity in coming months. 0.4 OT started in the team recently and is involved in developing 6 groups which has been received positively by the patients and helping with regular contacts with patients.	Mix of issues
Oxon & BSW MH All ages	Oxon CAMHS	LAC will be seen within 2 weeks for all CAMHS services excluding the neurodevelopment pathway	95%	80% (4/7)	1 month	This indicator has breached its target by >10% for one month. Further investigation will be carried out if this indicator remains red for a second month.	Partially
Oxon & BSW MH All ages	Oxon CAMHS	Clinic letters sent to GPs within 7 calendar days	95%	70% (56/70)	1 month	This indicator has breached its target by >10% for one month. Further investigation will be carried out if this indicator remains red for a second month.	No
Oxon & BSW MH All ages	Older Adults	Cluster Review with agreed timescales	90.0%	66% (4/6)	1 month	This indicator has breached its target by >10% for one month. Further investigation will be carried out if this indicator remains red for a second month.	
Oxon & BSW MH All ages	Older Adults	Referrals for Memory assessment will be assessed and diagnosed with 40 working days	90%	54% (18/33)	4 months	**Description of the issue:** Performance has improved 10% this month. There are no breaches in the South and City OMHT. Currently in the North CMHT has a waiting list for MC due to staffing shortages and challenges with estates. **Plan:** this has been mitigated against within this team by increasing the medical time within the team and also a review of processes to ensure the reduction in the waiting list. **Resolution timescales:** September 22	Yes
Oxon & BSW MH All ages	CAMHS ED Oxon	% of routine ED Referrals Assessed in 4 weeks (national rules)	90%	33% (4/12)	4 months	**Description of the issue:** Continue to experience an extremely high demand in referrals with high acuity and complexity which takes a lot of team capacity and time and is prolonging routine wait times. Assessment clinic are struggling to keep pace with demand (despite putting on extra clinics to manage rising numbers), service is maintaining urgent waits at 8-9 days although routine appointments are currently increasing to 20 weeks. Staff vacancies are improving. This will gradually show an improvement in the team capacity and ability to offer more assessment clinic over the next few months. **Plan:** Improvement on vacancies, with many filled and appointed to over the last 2 months, new staff starting is having a gradual positive impact on the team capacity, which will continue over the next few months opening up more appointments for routine as well as urgent work. The team have also recruited to staff within an Enhanced Community Pathway which will work intensively with acute/complex cases, providing flexible support as an alternative to admission which is anticipated will have a positive impact on the wider capacity of the team to deliver treatment and therapy. In addition we are in discussion with BEAT to commission additional services and work collaboratively to provide early intervention package, parent/carer support and school/primary care training. **Resolution timescales:** The impact of new appointments and increased workforce will lead to improvements within 6-9 months. The new pathways and partnership working will help to improve patient journey and identification and support at an earlier stage, reducing the volume of complex referrals.	Yes
Oxon & BSW MH All ages	BSW CAMHS ED	% of routine ED Referrals Assessed in 4 weeks (national rules)	95%	60% (15/25)	4 months	**Description of the issue:** Demand and capacity are most likely to be impacting on the wait times, however, Service 5 gap in administrator support which has resulted in difficulties with quality assurance of the data. **Plan:** Recruitment to admin gap has been addressed and staff starting in post in June 22. A quality health check of data will be undertaken by the end of April 22. **Resolution timescales:** Sep 2022	Yes

Oxford Health NHS Foundation Trust

Oxon & SEW MH All ages	CHC	% of service users who have had a physical health assessment	85%	92% (409/856)	6+ months	**Description of the issue:** Reporting issues as system does not recognise a patient declining 8%, or part, of the PH check, so counting is not correct. As we reach higher numbers we are actively offering assessments to patients who have DNA'd or not responded to checks in the past, so more declines are expected – The expectation is for patients to be offered a PH assessment so declined should be counted in the count. **Plan:** Service is Working with BI team to amend reporting and the we should expect performance to increase **Resolution Timescales:** September 22	NO
Community Service	Continuing health care (Oxon)	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%	28.6% (15/52)	6+ months	**Description of the issue:** CHC remains under resourced in terms of assessors and admin support. Increase in referrals, increase in case complexity, setting up and managing Personal Health Budgets (PHBs), for eligible clients, direct payments and working remotely all impacting on performance. We are also seeing an increase in complex young people transitioning from children's services. Sickness and Mat leave have impacted **Plan:** The indicator will not be achieved in the current financial year due to a notable increase in demand in CHC compared to a static CHC establishment; lack of funding for bespoke equipment and transport to support CHC functions is also being covered by the clinical budget. Increase in 3rd party PHB and direct payments – CHC were not funded to deliver PHB's which is now a default method of funding CHC care packages. This work is time consuming and takes resource away from assessment work. A business case was submitted to OCCG in October 2022– decision pending. Request for interim funding made to increase establishment to support D2A and workflows outside the service specification was made and is still pending. Proposal made to OCCG to join BCCG in contracting CHC Direct to create additional capacity interim staff were explored, and the team are appointing any suitable candidates but limited numbers available nationally. The CCG have agreed additional funding to the end of may which has allowed us to appoint an additional 1.6 agency starting end of March 22 **Further action:** - We are allocating cases centrally at the moment rather than in localities. We changed this some time ago as we can then allocate the oldest cases first and maintain a whole dept view. So cases are allocated to whoever is available and not by locality. - Remote working has built in delays in terms of getting MDT signature, collecting documented evidence. We have agreed that assessors will do F2F assessments where clinically indicated or where there are family dynamics/challenges - We discussed yesterday trialing putting a couple of assessors to concentrate on back log with the others keeping pace with the referrals - We have agreement for additional funding from OCCG until end of June and will be engaging another full time agency assessor. - We have with the support of existing agency been able to improve on this KPI from 2.9% to 11.8%. as a team we are aiming to improve on this for April. Continued increase in complexity of cases especially LD and complex transitions - Service remains under resourced **Resolution timescales:** OCCG reported that a decision will be made by end of current financial year regarding the business case. We have been granted additional funds as an interim until the end of May. The Business case will not have a decision until BCB is in place.	Partially
Community Service	Continuing health care (Oxon)	Individuals eligible for CHC will receive a case review which will include care plan review 3 months after eligibility decision	95%	83.3% (5/6)	6+ months	**Description of the issue:** The delays are due to several reasons, namely increasing demand and limitations due to remote working. Care providers have reduced capacity for continuing health care (CHC) reviews while responding to COVID pressures. Working and reviewing clients remotely has increased the complexity of the work of the CHC team. These are not within the power of Oxford Health Foundation Trust (OHFT) to correct. In addition, continuing health care has seen an increase in referrals and in the complexity of clients in recent years, and this has not had a corresponding increase in workforce. **Plan:** As above **Resolution timescales:** OCCG reported that a decision will be made by end of current financial year regarding the business case	Partially
Community Service	Continuing health care (Oxon)	Individuals eligible for CHC will receive a case review which will include care plan review every 12 months	95%	66.7% (12/18)	6+ months	**Description of the issue:** Care providers have reduced capacity for continuing health care reviews while responding to COVID pressures. Working and reviewing clients remotely has increased the complexity of the work of the CHC team. These are not within the power of Oxford Health Foundation Trust (OHFT) to correct. In addition, continuing health care has seen an increase in referrals and in the complexity of clients in recent years, and this has not had a corresponding increase in workforce. Increase in 3rd party PHB and direct payments – CHC were not funded to deliver PHB's which is now a default method of funding CHC care packages. This work is time consuming and takes resource away from assessment work. **Plan:** As above – there has been a slight improvement with reviews as we have had agency. However we continue to experience sickness due to Covid infections which may impact in the coming months. **Resolution timescales:** OCCG reported that a decision will be made by end of current financial year regarding the business case	Partially
Community Service	Looked After Children	% of children notified by Local Authority to LAC team new to care offered health assessment in 20 working days	100%	7.3% (3/41)	6+ months	**Description of the issue:** The majority of children were not offered their statutory health assessment within 20 working days due to consistent high numbers of children coming into care with demand exceeding capacity coupled with the impact of the national transfer scheme. This period was also affected by staff sickness and annual leave. The number of children new to care is not within the power of Oxford Health Foundation Trust, 143 children were new to care from Jan to April 22 compared to 93 for the same 4 months in the previous year. **Plan:** Processes have been reviewed to ensure medical time is focused on clinical activity. Dedicated advisory medical support has now been allocated to the Phoenix team. An additional Doctor on an honorary contract is providing limited additional capacity in clinic. **Resolution timescales:** Unclear – a bid for additional funding has been submitted to commissioners	No

						Description of the issue	Partially/No
Community Services	Looked After Children (out of county)	Every child over age 5 receive health review annually	90%	88.3% (6/33)	6+ months	Description of the issue: The majority of breaches are attributed to limited capacity within the out of county teams; this is not within the power of Oxford Health Foundation Trust to correct. The other issue is that the additional information required by the out of area teams is not received from CSC in a timely way. Plan: If out of area teams are unable to complete the health assessment, children will be offered an assessment by a member of the Phoenix Team. This can still result in delays as the out of area teams do not respond in a timely way. The issues with capacity in the out of area teams has been raised with the Designated Nurse for Children We Care For. Resolution timescales: Not applicable	Partially
Community Services	Childrens Community Nursing Team	% of new pupils to an educational setting covered by a named clinical nurse specialist to have a had a completed full nursing assessment within one school term of them starting in that setting	90%	18.5% (5/27)	1 month	This indicator has breached its target by >10% for one month. Further investigation will be carried out if this indicator remains red for a second month.	No
Community Services	Speech and Language Therapy	Patients who are classified as "urgent swallow" to be offered assessment within two working days of referral received	90%	71.8% (28/39)	1 month	This indicator has breached its target by >10% for one month. Further investigation will be carried out if this indicator remains red for a second month.	No
Specialised Services	T4 CAMHS	% of those episodes on 1:1 or higher staff ratio where patient involvement has been sought to identify: Careplan is signed by both parties and copy issued to patient including rationale, positive risk taking, specific conditions, gender preferences and identified parameters for achieving a reduction in observations	95%	0% (0/3)	1 month	This indicator has breached its target by >10% for one month. Further investigation will be carried out if this indicator remains red for a second month.	NO

Oxford Health
NHS Foundation Trust

Caring, safe and excellent

Section 5:

Mental Health Long Term Plan (LTP) Performance Latest available data

(Update as submitted to Niki Cartwright for BOB and NHS England Regional Team - 21 April 2022)

Oxford Health
NHS
NHS Foundation Trust

Caring, safe and excellent

MH Long Term Plan Metrics Performance – BOB Overview

Indicator	BOB Target	Latest Published Date	BOB Current Month (Previous Month)	BUCKS Current Month (Previous Month)	OXON Current Month (Previous Month)	BERKS WEST Current Month (Previous Month)
Number of A&E 12 hr waits – Adult	n/a	Jan 22	75 (55)	15 (15)	55 (30)	5
Percentage of A&E 12 hr waits – Adult	n/a	Jan 22	11% (9%)	12% (12.5%)	14.5% (10.35)	4%
Number of A&E 12 hr waits – CYP	n/a	Jan 22	15 (5)	n/a	10(5)%	n/a
Percentage of A&E 12 hr waits – CYP	n/a	Jan 22	7% (5%)	n/a	13.2%(6.4%)	n/a
Discharges followed up within 72 hours	>80%	Dec 21	71% (72%) ↓	68% (73%) ↓	63%(67%) ↓	85% (77%) ↑
Acute admissions with no prior contacts - All inpatients	n/a	Dec 21	14% (14%)	15% (14%)	15%(14%)	11% (14%)
Admissions With No Prior Contacts – BAME	n/a	Dec 21	12% (17%)	24%	19% (21%)	23% (27%)
Admissions With No Prior Contacts - White British	n/a	Dec 21	12% (11%)	12% (13%)	12%(11%)	12% (11%)
Community Mental Health access - 2+ Contacts	n/a	Dec 21	14,525 (14,440)	4,820 (4,805)	6,735(6,660)	3,005 (3,000)
CYP access - 1+ Contact	20,083	Dec 21	20,965 (20,700) ↑	7,130 (7,030)	7,175(7,165)	6,680 (6,525)
CYP Eating disorder waiting time – Routine	>95%	Dec-21	39% (48%) ↓	37% (47%) ↓	31% (39%) ↓	72% (81%) ↓
CYP Eating disorder waiting time – Urgent	>95%	Dec-21	57% (64%) ↓	80% (80%) -	67% (77%) ↓	48% (52%) ↓
Dementia Diagnosis Rate	>66.7%	Feb 22	59% (59%) -	56.9% (57.2%) ↓	60.9%(61%) ↓	58.5% (58.9%) ↓

Oxford Health **NHS**
NHS Foundation Trust

Caring, safe and excellent

MH Long Term Plan Metrics Performance – BOB Overview

Indicator	BOB Target	Latest Published Date	BOB Current Month (Previous Month)	BUCKS Current Month (Previous Month)	OXON Current Month (Previous Month)	BERKS WEST Current Month (Previous Month)
Percentage of EIP referrals waiting 2 weeks or less	>60%	Dec 21	75% (65%) ↑	76.9% (80.5%) ↓	73%(61.3%) ↑	77.8% (57.1%) ↑
Percentage of IAPT referrals receiving an appointment within 6 weeks	>75%	Dec 21	98% (99%) ↓	97% (99%) ↓	100%(73%) -	98% (97%) ↑
Percentage of IAPT referrals receiving an appointment within 18 weeks	>95%	Dec 21	100% (100%) -	100% (100%) -	100% (100%) -	100% (100%) -
Percentage of first to second IAPT treatment over 90 days	<10%	Dec 21	8% (10%) ↓	3% (2%) ↑	13%(16%) ↓	9% (12%) ↓
IAPT access - over 65 years	n/a	Dec 21	625 (610)	265 (250)	200(205)	160 (160)
Number people accessing IAPT services – monthly	3,374	Dec 21	2,560 (3,525) ↓	825 (955) ↓	930 (1,450) ↓	805 (1,120) ↓
Number people accessing IAPT services - rolling quarter	10,056	Dec 21	8,980 (9,295) ↓	2,655 (2,775) ↓	3,570 (3,700) ↓	2,755 (2,820) ↓
IAPT Recovery Rate – monthly	>50%	Dec 21	52% (51%) ↑	57% (53%) ↑	48% (47%) ↑	52% (53%) ↓
IAPT Recovery Rate - Black, Asian and Minority Ethnic	n/a	Dec 21	49% (50%)	54% (54%)	45% (45%)	49% (50%)
IAPT Recovery Rate - White British	n/a	Dec 21	51% (52%)	55% (55%)	45% (48%)	55% (54%)
Number accessing Individual Placement and Support services	n/a	Dec 21	390 (360) ↑	150 (135) ↑	145 (130) ↑	100 (90) ↑
Rate of adult acute mental health length of stay, over 60 days	<8.0	Dec 21	7.1 (7.4) ↓	3.5 (4.4) ↓	9.3 (9.8) ↓	8.1 (7.4) ↓

MH Long Term Plan Metrics Performance – BOB Overview

Indicator	BOB Target	Latest Published Date	BOB Current Month (Previous Month)	BUCKS Current Month (Previous Month)	OXON Current Month (Previous Month)	BERKS WEST Current Month (Previous Month)
Rate of adult acute mental health length of stay, over 90 days	<10.75	Dec 21	7.3 (6.7) ↑	9.7 (5.8) ↑	6.4 (7.2) ↓	6.2 (9.9) ↓
Percentage of inappropriate OAP bed days that are external	n/a	Dec 21	100% (100%)	100% (100%)	100% (100%)	100% (100%)
No. of days where patients were placed out of area due to unavailable beds	n/a	Dec 21	895 (1,030)	110 (105)	235 (395)	550 (530)
Perinatal Access - Rolling 12 months	n/a	Dec 21	1,240 (1,225)	360 (345)	525 (520)	365 (370)
Perinatal Access - Year to Date	1,700	Dec 21	1,065 (980) ↑	315 (285) ↑	440 (405) ↑	315 (290) ↑
No. with SMI receiving a physical health check within 12 months	6,643	Dec 21	4,868 (4,020) ↑	1,535 (1,280)	1,893 (1,484)	1,440 (1,256)
Data Quality – Consistency	n/a	Dec 21	100% (98%)	n/a	n/a	n/a
Data Quality – Coverage	>85%	Dec 21	67% (83%) ↓	n/a	n/a	n/a
Data Quality – Outcomes	>40%	Dec 21	15% (17%) ↓	n/a	n/a	n/a
Data Quality - DQMI Score	>80.0	Nov 21	60 (61) ↓	n/a	n/a	n/a
Data Quality - SNOMED CT	>85%	Dec 21	95% (93%) ↑	n/a	n/a	n/a

Oxford Health **NHS**
NHS Foundation Trust

Indicator	Regional Target	Latest Published Date	Region South East Region	BOB Position	STP BOB	FHC	HIOW	K&M	SHH	SHC
Number of A&E 12 hr waits – Adult	n/a	Feb 22	525	3rd	75	25	130	130	65	100
Percentage of A&E 12 hr waits – Adult	n/a	Feb 22	12%	3rd	11%	6%	13%	17%	13%	10%
Number of A&E 12 hr waits – CYP	n/a	Feb 22	50	Joint 3rd	15	n/a	10	15	5	5
Percentage of A&E 12 hr waits – CYP	n/a	Feb 22	5%	4th	7%	n/a	5%	8%	4%	2%
Discharges followed up within 72 hours	>80%	Feb 22	76%	4th	71%	65%	74%	75%	65%	91%
Acute admissions with no prior contacts - All inpatients	n/a	Feb 22	12%	4th	14%	18%	16%	9%	11%	8%
Admissions With No Prior Contacts - Black, Asian and Minority Ethnic	n/a	Feb 22	15%	2nd	12%	23%	22%	17%	15%	9%
Admissions With No Prior Contacts - White British	n/a	Feb 22	9%	Joint 4th	12%	16%	12%	8%	10%	5%
Community Mental Health access - 2+ Contacts	n/a	Feb 22	86,230	4th	14,525	5,915	12,180	25,065	10,410	18,545
CYP access - 1+ Contact	101,213	Feb 22	103,995	2nd	20,965	8,325	18,895	26,230	13,245	16,575
CYP Eating disorder waiting time – Routine	>95%	Dec-21	58%	5th	39%	72%	65%	97%	100%	29%
CYP Eating disorder waiting time – Urgent	>95%	Dec-21	41%	4th	57%	74%	44%	99%	99%	25%
Dementia Diagnosis Rate	>66.7%	Feb 22	60%	5th	59%	64%	61%	58%	63%	61%

BOB — Buckinghamshire, Oxfordshire and Berkshire STP
FHC — Frimley Health and Care STP
K&M — Kent and Medway STP
HIOW — Hampshire and the Isle of White STP
SHH — Surrey Heartlands Health and Care Partnership STP
SHC — Sussex Health and Care Partnership STP

Caring, safe and excellent

Oxford Health
NHS Foundation Trust

MH Long Term Plan Metrics Performance – STP Benchmarking

Indicator	Regional Target	Latest Published Date	Region		BOB Position	STP						
			South East Region			BOB	FHC	HIOW	K&M	SHH	SHC	
Percentage of EIP referrals waiting 2 weeks or less	>60%	Feb 22	69%		2nd	75%	82%	68%	80%	59%	58%	
Percentage of IAPT referrals receiving an appointment within 6 weeks	>75%	Feb 22	91%		1st	98%	95%	95%	80%	82%	96%	
Percentage of IAPT referrals receiving an appointment within 18 weeks	>95%	Nov-21	99%		Joint 1st	100%	100%	100%	99%	100%	100%	
Percentage of first to second IAPT treatment over 90 days	<10%	Feb 22	12%		2nd	8%	5%	16%	12%	13%	14%	
IAPT access - over 65 years	n/a	Feb 22	2,445		1st	625	235	605	585	395	585	
Number people accessing IAPT services – monthly	18,819	Feb 22	13,585		3rd	2,560	1,105	2,760	2,920	1,840	2,400	
Number people accessing IAPT services - rolling quarter	56,071	Feb 22	44,980		3rd	8,980	3,880	9,300	9,435	5,595	7,790	
IAPT Recovery Rate – monthly	>50%	Feb 22	50%		Joint 2nd	52%	53%	51%	45%	48%	52%	
IAPT Recovery Rate - Black, Asian and Minority Ethnic	n/a	Feb 22	49%		2nd	49%	48%	48%	48%	45%	52%	
IAPT Recovery Rate - White British	n/a	Feb 22	40%		3rd	51%	53%	51%	46%	46%	53%	
Number accessing Individual Placement and Support services	3192	Feb 22	1,130		1st	390	140	85	380	5	130	
Rate of adult acute mental health length of stay, over 60 days	<8.0	Feb 22	6.0		6th	7.1	6.0	5.3	5.0	6.5	6.5	

BOB	Buckinghamshire, Oxfordshire and Berkshire STP	K&M	Kent and Medway STP	SHH	Surrey Heartlands Health and Care Partnership STP
FHC	Frimley Health and Care STP	HIOW	Hampshire and the Isle of White STP	SHC	Sussex Health and Care Partnership STP

Oxford Health NHS
NHS Foundation Trust

Caring, safe and excellent

MH Long Term Plan Metrics Performance – STP Benchmarking

Indicator	Regional Target	Latest Published Date	Region (South East Region)	BOB Position	STP BOB	FHC	HIOW	K&M	SHH	SHC
Rate of adult acute mental health length of stay, over 90 days	<10.75	Feb 22	9.3	1st	7.3	12.3	8.4	9.5	10.4	9.9
Percentage of inappropriate OAP bed days that are external	n/a	Nov-21	100%	Joint 1st	100%	100%	100%	100%	100%	100%
No. of days patients were placed out of area due to unavailable beds	n/a	Feb 22	3,415	6th	895	455	480	140	665	780
Perinatal Access - Rolling 12 months	n/a	Nov-21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Perinatal Access - Year to Date	5,633	Feb 22	5,155	3rd	1,065	345	845	1,100	625	1,185
No. with SMI receiving a physical health check within 12 months	34,980	Dec-21	20,045	1st	4,868	2,458	3,967	2,992	2,365	3,395
Data Quality – Consistency	n/a	Feb 22	96.3%	Joint 1st	100%	100%	95%	96%	91%	97%
Data Quality – Coverage	>85%	Feb 22	61%	2nd	67%	100%	60%	53%	54%	61%
Data Quality – Outcomes	>40%	Feb 22	21%	5th	15%	39%	41%	23%	2%	32%
Data Quality - DQMI Score	>80.0	Feb 22	64.2	5th	59.9	73.8	78.8	75.4	76.5	47.8
Data Quality - SNOMED CT	>85%	Feb 22	70%	1st	95%	89%	39%	92%	8%	87%

BOB — Buckinghamshire, Oxfordshire and Berkshire STP
FHC — Frimley Health and Care STP
K&M — Kent and Medway STP
HIOW — Hampshire and the Isle of White STP
SHH — Surrey Heartlands Health and Care Partnership STP
SHC — Sussex Health and Care Partnership STP

Oxford Health NHS Foundation Trust

Caring, safe and excellent

BOB Level

Measure	Latest Target	Q3			Q4			Q1		
		Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
LeDer	100%	Not available	Not available	98%	Not available	Not available				
Annual Health Che	42%	23%	30%	35%	42%	53%				
In-patients Adults*	39	40	41	38	39	37				
In-patients CYP	12	13	14	13	12	12				

* These figures include CCG commissioned as well as Adult Secure inpatients. Those measures breaching between 0.1% and 10% are highlighted in amber, those breaching > 10% are highlighted in red. (Adult Inpatients : 90% of the target [40] is 4, CYP Inpatients : 80% of the target [12] is 2.4)

CCG Level

Indicator	Buckinghamshire		Oxfordshire		Berkshire West	
	Target	Feb-22	Target	Feb-22	Target	Feb-22
LeDer	n/a	Not available	n/a	Not available	n/a	Not available
Annual Health Checks	37%	54%	37%	56%	37%	49%
In-patients Adults*	9	13	14	14	16	10
In-patients CYP	-	Not available	-	Not available	-	Not available

* These figures include CCG commissioned as well as Adult Secure inpatients. Adult Inpatient figures breaching between 0.1% and 10% are highlighted in amber, those breaching > 10% are highlighted in red (Buckinghamshire: 10% = 1.0 plus the target [10] = 11; Oxfordshire: 10% = 1.4 plus the target [14] = 15.4; Berkshire West, 10% = 1.6 plus the target [16] = 17.6)

Commentary:

"Reporting change to use national end of month numbers rather than week 1 regional performance review data. Adjustments to December 2021: Adults 41 vs target of 40 and CYP: 14 vs target of 12. Q3 finished behind trajectory and has recovered for Jan 2022. Note that the target 70% for Annual Health Checks is not an official NHSE/I target for this year but there is an expectation from NHSE/I and informal agreement from the ICS to achieve the 70%. We are performing on par with previous years, with a precaution that due to continued pressure on GP practices the end of year uplift pattern may not be as strong this year. LeDer platform issues remain - **Nicki Greening** (20.04.2022)

Definitions

- **LeDer:** Completion percentage of eligible notifications (> 6 month notification date)
- **Annual Health Checks (AHCs):** Improving the uptake of AHCs in Primary Care for people with a learning disability, so that at by 2023/2024 at least 75% of those eligible (aged 14+) have a health check each year.
- **Adult In-patients:** By 2023/24, no more than 30 adults per million with a learning disability or autism cared for in an inpatient unit. For BOB, that is 40 for the population target, and 37 as a LTP target
- **CYP In-patients:** By 2023/24, no more than 12-15 children and young people (CYP) per million with a learning disability or autism cared for in an inpatient unit. For BOB, 5 for the population and LTP targets

BOB MH Priorities for Recovery

LTP Indicator	Target	Actual
Physical Health Check SMI – quarterly	6,643	4,868 Dec-21

LTP Indicator	Target	Actual
Dementia Diagnosis Rate – monthly	66.7%	59% Feb-22

LTP Indicator	Target	Actual
Perinatal MH Access – Year to Date	1,275	1,065 Dec-21

LTP Indicator	Target	Actual
CYP ED Urgent wait – quarterly	95%	57% Dec-21

LTP Indicator	Target	Actual
CYP ED Routine wait – quarterly	95%	39% Dec-21

LTP Indicator	Target	Actual
Out of Area Bed Days - inappropriate	0 days	895 Dec-21
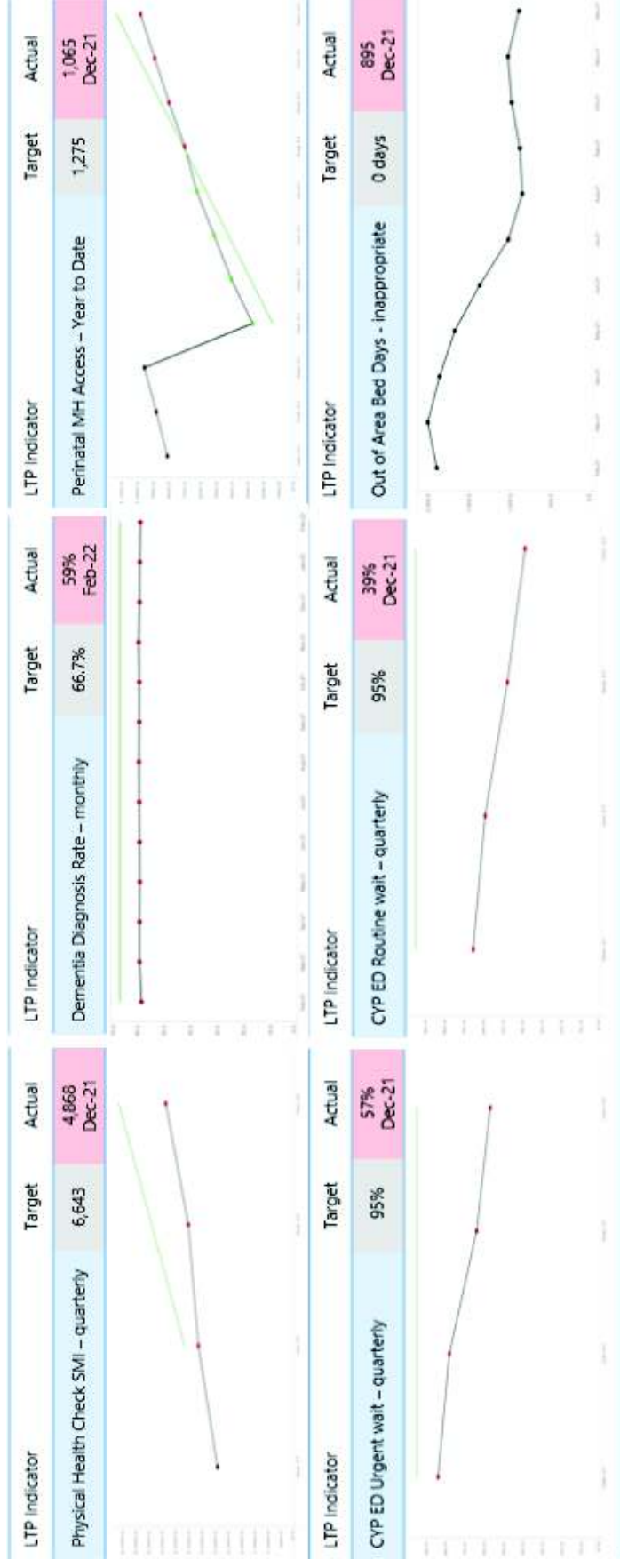
Commentary:

Inappropriate OAPs: The STP trend for inappropriate Out of Area Placements (OAPs) has stayed relatively level for 4 months after a steady decline over a 5 month period. Oxfordshire and Buckinghamshire are observing the lowest number of OAPs in the past 6-12 months. Berkshire's figures remain relatively high by comparison, although in the past 3-4 months they have seen a slight reduction in OAPs.

Caring, safe and excellent

Oxford Health **NHS**
NHS Foundation Trust

Buckinghamshire CCG

LTP Indicator	Target	Actual
Discharges Followed Up Within 72 Hours	80%	68% Dec-21

Commentary:

Is performance on track? Nationally published figures indicate under performance but there is some variation from OHFT data (see local figures provided below).

If not, what is the issue? We are in liaison with the national team to explore reasons for this variance and establish how we can identify providers where performance is under target.

What is the plan to address? OHFT is developing this measure in the TOBI PAD app to enable services to understand where patients have not been followed up in time and to take action for future discharges.

Are we anticipated to achieve this? By when See above

OHFT figures:
Nov 21: 81.3%
Dec 21: 65.8%
Jan 22: 92%
Feb 22: 100%

Oxfordshire CCG
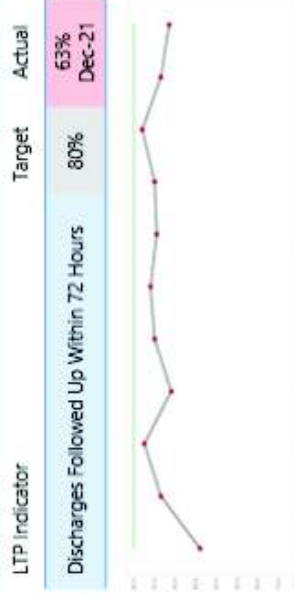
LTP Indicator	Target	Actual
Discharges Followed Up Within 72 Hours	80%	63% Dec-21

Commentary:

Is performance on track? Nationally published figures indicate under performance but there is some variation from OHFT data (see local figures provided below).

If not, what is the issue? We are in liaison with the national team to explore reasons for this variance and establish how we can identify providers where performance is under target.

What is the plan to address? OHFT is developing this measure in the TOBI PAD app to enable services to understand where patients have not been followed up in time and to take action for future discharges. Additionally the Inpatient Pathway Improvement Project is reviewing S17 practices.

Are we anticipated to achieve this? By when See above

OHFT figures:
Nov 21: 68.4%
Dec 62.2%
Jan: 65.9%
Feb: 78%

Berkshire West CCG

LTP Indicator	Target	Actual
Discharges Followed Up Within 72 Hours	80%	85% Dec-21
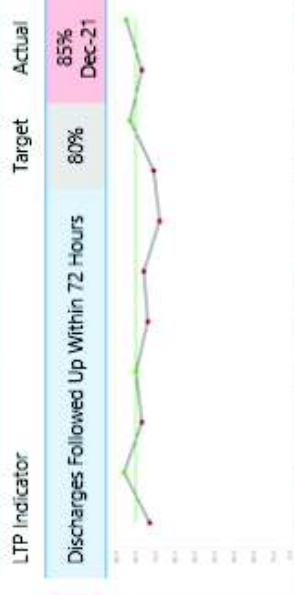
Commentary:

Is performance on track? Yes published by NHS Digital shows that BHFT followed up 100% of Berkshire West clients.

In addition the Trust followed up those 4/5 clients whom Berkshire Healthcare Trust had placed out of area due to bed pressures. The 5th patient was due to be followed up by an out of area crisis team.

If not, what is the issue? n/a
What is the plan to address? n/a
Are we anticipated to achieve this? n/a

Buckinghamshire CCG

LTP Indicator	Target	Actual
CYP ED Waiting Time (Routine)	95%	37% Dec-21

Commentary:

Is performance on track? No. 37% against a target of 95% for December.

If not, what is the issue? Increased referrals into the service and increase in acuity, has meant higher demand for assessment and treatment work whilst vacancies in service. Increased caseload levels impacts our ability to extend capacity in assessment clinics to respond to increased demand, which results in increased wait times for assessments.

What is the plan to address? Appointed to 2 nurse posts starting March 22 (paediatric liaison nurse & preceptorship nurse). Work with OH recruitment consultants to fill vacancies for Band 7 nurse, Band 7 family therapist or family therapist, B7 deputy & 8a clinical psychologist. Adverts re-listed mid March.

Are we anticipated to achieve this by when? Interviews start April 22, if positions filled with recruitment checks and notice periods anticipate any new staff would start June 22.

Oxfordshire CCG

LTP Indicator	Target	Actual
CYP ED Waiting Time (Routine)	95%	31% Dec-21

Commentary:

Is performance on track? No. 31% against a target of 95% for December.

If not, what is the issue? Increase in demand and staff vacancies. 63% increase in referrals and caseload has increased by 55%. Loss of clinical staff due to maternity leave and recruitment issues. Current vacancies are 8.2 WTE.

What is the plan to address? Investment monies have been provided and service is working with HR and vacancies are being advertised. Also the service is working with system partners to come up with possible solutions.

Are we anticipated to achieve this? By when? We would hope to see an improvement in the next 6 – 9 months once staff have been recruited into the vacant roles.

Berkshire West CCG

LTP Indicator	Target	Actual
CYP ED Waiting Time (Routine)	95%	72% Dec-21

Commentary:

Is performance on track? No.

If not, what is the issue? Increase in demand and significant staff vacancies (38% vacancy rate currently).

What is the plan to address? Recruitment is being prioritised, and creative solutions being sought for hard to fill roles. Discussing other solutions with system partners.

Are we anticipated to achieve this? We will see an improvement as soon as we recruit. We hope this will be within the next 6-9 months.

Exceptions/Non-Compliance: CYP Eating Disorder Waiting Time (Urgent)

Buckinghamshire CCG

LTP Indicator	Target	Actual
CYP ED Waiting Time (Urgent)	95%	80% Dec-21

Commentary:

Is performance on track? Nationally published figures indicate under performance. OHFT data indicates performance is above target and higher than the 80% national figure.

If not, what is the issue? OHFT data shows 100% 3/3 patients in quarter seen in time. We assume other providers seeing Bucks CCG patients are included in these figures, which could be the reason for the lower performance. We are in liaison with the national team to explore reasons for this variance and establish how we can identify providers where performance is under target

What is the plan to address? As above

Are we anticipated to achieve this? By when As above

Oxfordshire CCG

LTP Indicator	Target	Actual
CYP ED Waiting Time (Urgent)	95%	67% Dec-21

Commentary:

Is performance on track? Nationally published figures indicate under performance. OHFT data indicates performance is still below target but higher than the 67% national figure.

If not, what is the issue? OHFT data shows 80% 4/5 patients in quarter seen in time. We assume other providers seeing Oxon CCG patients are included in these figures, which could be the reason for the lower performance. We are in liaison with the national team to explore reasons for this variance and establish how we can identify providers where performance is under target.

What is the plan to address? As above

Are we anticipated to achieve this? By when As above

Berkshire West CCG

LTP Indicator	Target	Actual
CYP ED Waiting Time (Urgent)	95%	48% Dec-21

Commentary:

Is performance on track? No.

If not, what is the issue? Insufficient information from referrer causes delays; incorrect categorising routine as urgent; capacity issues in CYP ED team and Common Point of Entry team due to sickness, maternity leave and vacancies.

What is the plan to address? QI Project on CYP Referral Process now prioritised within Trust and resource allocated; Recruitment drive for both CPE and CYP ED team; discussion with and support to CPE team to find collaborative solutions to categorisation issues.

Are we anticipated to achieve this? As above.

Caring, safe and excellent

Oxford Health **NHS**
NHS Foundation Trust

Buckinghamshire CCG

LTP Indicator	Target	Actual
Dementia Diagnosis Rate	66.7%	57% Feb-22
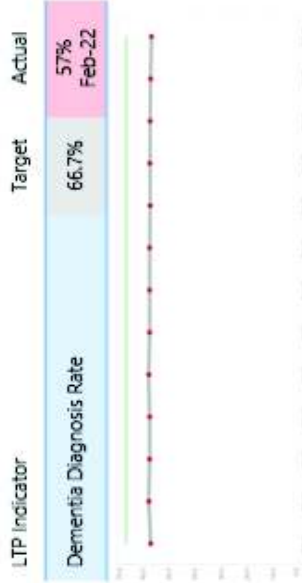
Commentary:

Is performance on track? No, 57% against a target of 66.7%.

If not, what is the issue? This data is pulled from GP systems. The pandemic resulted in suspension of memory clinic services for several months in the spring and summer of 2020, creating a backlog of patients awaiting initial assessment. Evidence suggests that Covid-19 also led to fewer people seeking medical support to receive an accurate and timely diagnosis of dementia, resulting in large national reductions in performance against the DDR target. Staffing pressures have resulted in the service being unable to reach the activity levels that were consistently achieved prior to the pandemic. Support is also required from our primary care, acute hospital and community service partners in order to optimise (presently often missed) opportunities to diagnose dementia out with the memory clinic pathway.

What is the plan to address? Within memory clinic services, additional locum Band 7 memory clinic nurse specialists have been funded to increase assessment numbers; however, recruitment challenges (in addition to sickness within existing staff) have limited the impact of this intervention. We plan to engage system partners to enhance both the diagnosis and recording of dementia cases across primary care and the local integrated acute hospital and community services provider.

Are we anticipated to achieve this? By when Given the extent of additional diagnoses required to meet the DDR target (approximately 675), a full review of the system wide approach to dementia diagnosis is required. **By when** For progress update by summer 2022

Oxfordshire CCG

| LTP Indicator	Target	Actual
Dementia Diagnosis Rate	66.7%	61% Feb-22
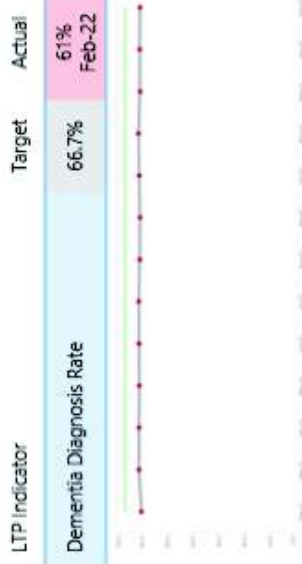
Commentary:

Is performance on track? No, 61% against a target of 66.7%.

If not, what is the issue? This data is pulled from GP systems. Memory clinics are running in all areas, however all clinics are limited in their capacity due to Covid-19. Additional data recording issue has been identified in primary care as well as feeding diagnostic rates from community health and acute trusts.

What is the plan to address? We are working with system partners to improve the dementia diagnosis recording in primary care, community health and the acute Trusts. We are looking into options to be able to find additional space within the trust and are working with our estates team. The implementation of the dementia strategy will aim to continue to support staff from all areas across the Trust to access support/expertise to improve the diagnostic rates and to bridge the gap to areas where dementia rates are lower than anticipated.

Are we anticipated to achieve this? By when Summer 2022

Berkshire West CCG

LTP Indicator	Target	Actual
Dementia Diagnosis Rate	66.7%	59% Feb-22
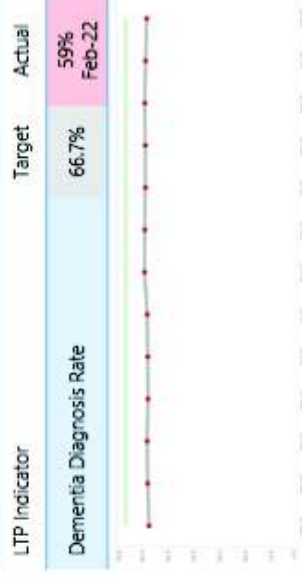
Commentary:

Is performance on track? No. DDR remains below the national target.

If not, what is the issue? Backlog of Memory Assessments due to Covid and staffing challenges, plus some gaps in diagnosis recording in Primary Care.

What is the plan to address? Work completed using Connected Care to identify where dementia diagnoses recorded on our clinical system are missing from Primary Care records. Reports to be shared with GPs so that they can update their records, which will in turn improve the DDR. Funding secured for Data Production post. Subject to successful appointment of a suitable candidate, it is hoped that dissemination of reports will commence in June/July.

Are we anticipated to achieve this? Early reports suggest that the DDR could be increased by 200+ diagnoses which should bring the target within reach.

This metric is based on data captured on GP systems so unable to provide updated local figures

Buckinghamshire CCG

LTP Indicator	Target	Actual
IAPT Access (rolling quarter)	3,002	2,655 Dec-21
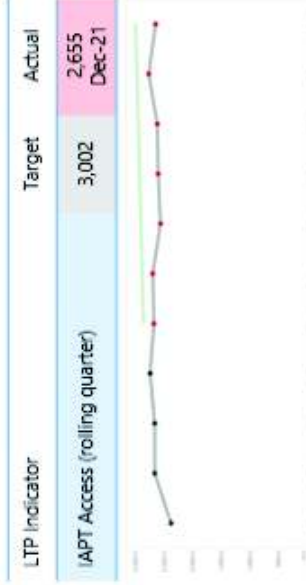
Commentary:

Is performance on track? No

If not, what is the issue? What is the plan to address? Buckinghamshire IAPT service has agreed a smooth trajectory by which they will achieve the LTP (papers submitted to BOB last year). Increases to achieve the LTP are still very challenging e.g., in FY21-22 Buckinghamshire IAPT is required to increase access (previously called entering treatment) by an additional 1504 people. The service is actively engaged in marketing campaigns and outreach to hard-to-reach communities to increase referrals. We continue to develop our Long Covid pathway. We have also invested in an online booking system.

For the rolling quarter Oct-Dec21, 2598 patients accessed IAPT services against a smooth trajectory target of 2724.

Oxfordshire CCG

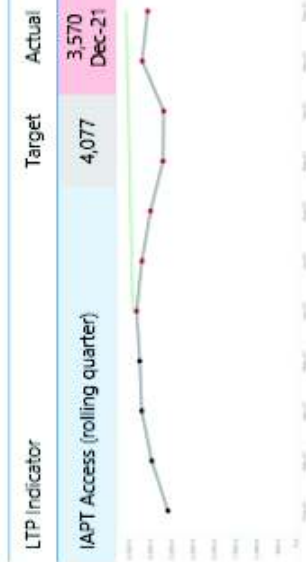| LTP Indicator	Target	Actual
IAPT Access (rolling quarter)	4,077	3,570 Dec-21

Commentary:

Is performance on track? No

If not, what is the issue?, What is the plan to address? Oxfordshire IAPT service has agreed a smooth trajectory by which they will achieve the LTP (papers submitted to BOB last year). Increases to achieve the LTP are still very challenging e.g., in FY21-22 Oxfordshire IAPT is required to enter into treatment an additional 3,054 people. Historically Q2 has been a challenging quarter due to seasonal variation and we have seen this again this year and the service fell short of its entering treatment target. As expected, most of this shortfall was in August. The service is actively engaged in marketing campaigns to increase referrals as well as investing resource into outreach programmes for BAME communities and older adults not only to improve access but also clinical outcomes. We are also engaging in and responsive to request from our primary care and health care professional colleagues to provide information sessions. We continue to develop our Long Covid pathway. We have also invested in an online booking system.

Berkshire West CCG

LTP Indicator	Target	Actual
IAPT Access (rolling quarter)	3,043	2,755 Dec-21
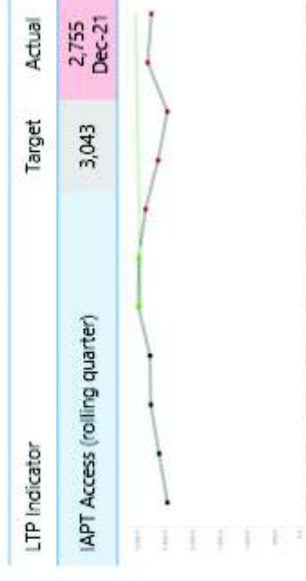
Commentary:

Is performance on track? No.

If not, what is the issue? What is the plan to address? Berkshire West IAPT Service agreed a smooth trajectory by which they will achieve the LTP (papers submitted to BOB last year). Access to IAPT services has dropped nationally during the pandemic. Berkshire West has followed a similar pattern however has met the agreed monthly trajectory in some months as the numbers above demonstrate. The service is investing into community outreach and marketing campaigns to improve access in under-represented groups. Plans to support increased access have included: a communications campaign in partnership with West Berkshire CCG, paid-for advert placement, a web audit to improve online engagement and targeted clinical engagement with professionals in local healthcare services to boost referrals. We continue to develop our long Covid pathways. We have introduced online booking systems and we are reviewing our patient information that we send to all referrals.

Exceptions/Non-Compliance: Individual Placement and Support Service

Buckinghamshire CCG

LTP Indicator	Target	Actual
Individual Placement & Support	204	150 Dec-21

Commentary:

Is performance on track? No 150 against a target of 204

If not, what is the issue? No allocated funding at start of the year meant we have been working with the previous year's workforce. Expansion was needed to meet the trajectory of the LTP. MHSDS Data is not pulling out employment outcomes currently working with P&I team to address this.

What is plan to address this Funding will be required next year to meet the ambitious targets of 373 in Bucks that have been set. With the required funding we can increase the provision of IPS across Bucks.

Employment support is now in place to support the SPA (CMHF) when the service becomes operational

Are we anticipated to achieve this

Due to limited funding we will not meet trajectory this year. Without additional funding we will not meet the ambitious target of 373 in Bucks for 22/23 and will not be able to expand In line with NHSE expectations.

Oxfordshire CCG

LTP Indicator	Target	Actual
Individual Placement & Support	261	145 Dec-21

Commentary:

Is performance on track? No, 145 against a target of 261

If not, what is the issue? Delayed allocation of funding at start of the year in Ox IPS meant that the newly funded posts have only just been fully recruited for as we come into Q4. Staff long term absence had a significant impact on referral access rates for existing workforce for most of the year. MHSDS data is not pulling out employment outcomes currently working with P&I Team to address this.

What is plan to address this Funding will be required next year to meet the ambitious target of 478 in Oxfordshire that has been set. There was additional funding allocated for employment specialists within the CMHF. These posts are now recruited for and we are starting to see an impact on access data . However , given the increased target for 22/23 the provision will still need to increased

Are we anticipated to achieve this

Due to delayed allocation of funding we will not meet trajectory this year . Without additional funding we will not meet the ambitious target of 478 in Oxfordshire for 22/23 and will not be able to expand in line with NHSE expectations.

Berkshire West CCG

LTP Indicator	Target	Actual
Individual Placement & Support	186	100 Dec-21

Commentary:

Is performance on track? No,

If not, what is the issue? We did not receive the required additional funding to meet the LTP trajectory. Therefore FY2021-22 we have been working with the previous year's workforce and thus we have continued to work with the previous year's target, which we are exceeding. However due to not having the required resources we are not meeting the trajectory of the LTP. The delayed start of the primary care hubs in the West due to Covid has also meant we have not been able to start supporting clients with SMI in primary care. That said, we would have struggled to offer our service to clients outside of secondary care without the additional resources. December was also impacted by seasonal variation in terms of staff absenteeism and client engagement.

What is the plan to address? Funding will be required next year to meet the NHSE ambitious access target of 426. With the required funding we will be able to expand our IPS offer to all clients within BHFT services who have SMI and are in need of employment or retention support. To do this we will need four additional employment specialists.

Are we anticipated to achieve this? This is dependant on funding.

Oxford Health **NHS**
NHS Foundation Trust

Buckinghamshire CCG

LTP Indicator	Target	Actual
Perinatal Access Rate	525	335 Jan-22

Commentary:

Is performance on track? As a county the service have not achieved the access rate.

If not, what is the issue? We are aware that the national target is against for 2016 live birth rate which doesn't reflect the known 8% decline in birth rate locally.

What is the plan to address? We are actively marketing the service with comms team in a variety of ways to counteract this. In view of the increased national target 8.6% Y1/22.

Are we anticipated to achieve this? By when The Performance & Information team have produced a trajectory for the service. Assuming the service meets the targets for the remainder of the year, by year end the service will now be in the region of 118 short of this year's target.

OHFT figures:
Jan: 348, Feb: 345
Projected YE: 118 below target

Oxfordshire CCG

LTP Indicator	Target	Actual
Perinatal Access Rate	650	480 Jan-22

Commentary:

Is performance on track? As a county the service have not achieved the access rate.
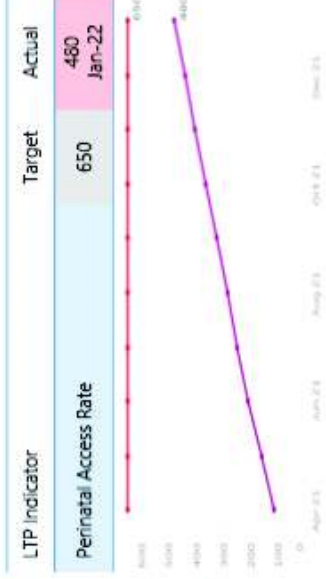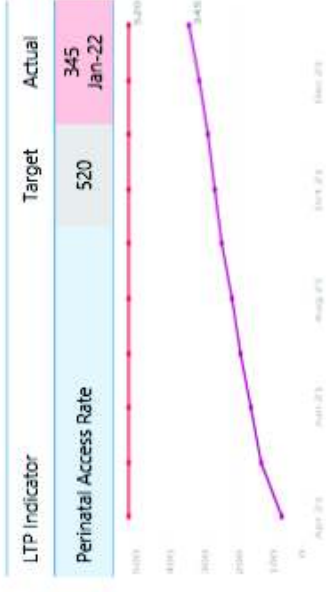
If not, what is the issue? We are aware that the national target is against for 2016 live birth rate which doesn't reflect the known 7% decline in birth rate locally.

What is the plan to address? E referral process for GP's directly to the team instead of via the AMHT. There are closer links with the midwifery service and health visitors' Joint assessments being offered alongside other agencies, i.e., IPPS. BOB MMHS transformation work is developing a birth trauma pathway, and this will sit with the perinatal service working closely with maternity services at OUH, this will hopefully increase the access rate as well.

Are we anticipated to achieve this? By when The Service are anticipating to meet the access target by September 2022.

OHFT figures:
Jan: 435 and Feb: 554
Projected YE: 50 below target

Berkshire West CCG

LTP Indicator	Target	Actual
Perinatal Access Rate	520	345 Jan-22

Commentary:

Is performance on track? As a county the service have not achieved the access rate as defined by NHS England.

If not, what is the issue?

The national target is set against the 2016 live birth rate which doesn't reflect the known 4.1% decline in the birth rate nationally. We also have issues of patient preference, non-engagement, clients DNA and vacancies for assessment clinicians.

What is the plan to address? Our referral rate for the first quarter of the year stood at 149 representing 9.7% in relation to birth rate. However, we were only able to translate 68 referral representing 4.5% of the birth rate into our access targets. We have recruited 2x assessment clinician who will be in post by May 2022, thereby completing additional assessments per day equating to 80 assessments in a month. We also working closely with RBH midwifes, GP and HV to reach out difficult to reach communities to increase access numbers.

Are we anticipated to achieve this by when? We envisage to achieve targets by the last quarter of the year.

Local figures for March 2022– 10.2% (616)

Buckinghamshire CCG

LTP Indicator	Target	Actual
SMI achievement (quarterly)	No CCG target	1,535 Dec-21
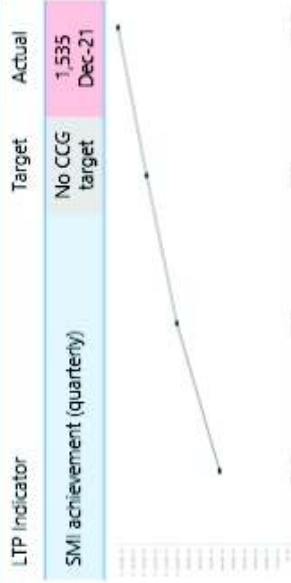
Commentary:

Is performance on track?

February 2022 data shows that Buckinghamshire CCG is at 45.9% completion, which is an improvement from January (42.4%).
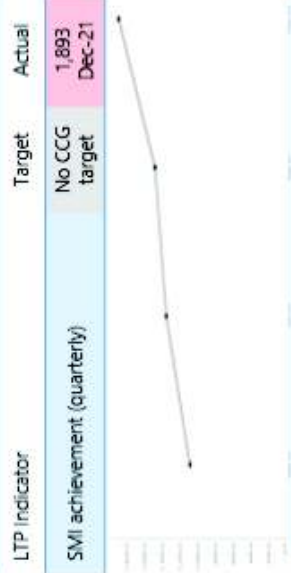
If not, what is the issue?

However, National data is provided by the GP systems looking at the whole population.

What is the plan to address?

Data is being provided and communicated to each PCN and monthly meetings held with OHFT – Bucks and Commissioners to monitor progress. Continued focus with Physical Health Leads within OHFT and data sharing with Primary Care.

Oxfordshire CCG

LTP Indicator	Target	Actual
SMI achievement (quarterly)	No CCG target	1,893 Dec-21

Commentary:
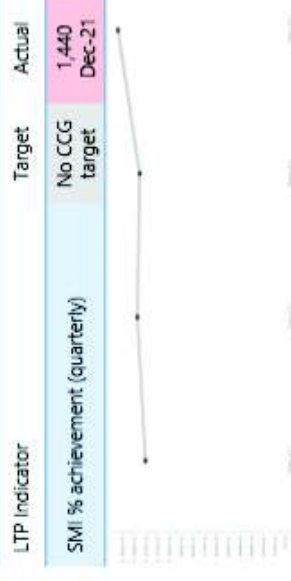
Is performance on track?

No

If not, what is the issue?

National data is provided by the GP systems looking at the whole population. The OHFT Oxon local performance is 65% on Physical Health Checks for SMI caseload.

What is the plan to address?

Oxford Health have worked very closely with the CCG and local GP to create a new data flow process which went live last year and has improved information flow and performance of this indicator

Berkshire West CCG

LTP Indicator	Target	Actual
SMI % achievement (quarterly)	No CCG target	1,440 Dec-21

Commentary:

Is performance on track? Yes

Berkshire Healthcare (West) exceeded the trust 2021/22 target of 60% in September 2021. Progress has continued to grow. The current performance is 90% for all patients with SMI on the caseload for less than one year who have had their annual physical health check and interventions. A new target has been set to achieve 95% by and of 2022/23.

If not, what is the issue?

n/a

What is the plan to address?

On track however we continue to work closely with CCG and share our health check data as well as accessing Connected Care. The service are starting to look at the data for patients who have been on the caseload more than a year and working with care co-ordinators to ensure those who have not had a health check are supported to attend their GP for this.

Oxford Health
NHS Foundation Trust

Caring, safe and excellent

Buckinghamshire CCG

LTP Indicator	Target	Actual
Out of Area Placements	0 days	110 days Dec-21
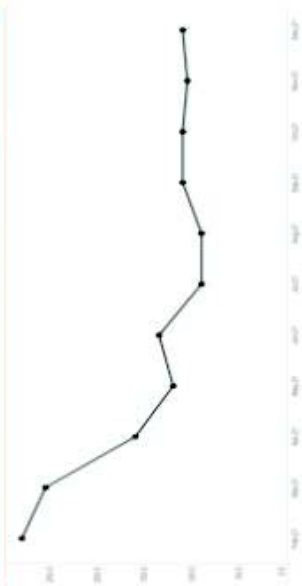
Oxfordshire CCG

LTP Indicator	Target	Actual
Out of Area Placements	0 days	235 days Dec-21
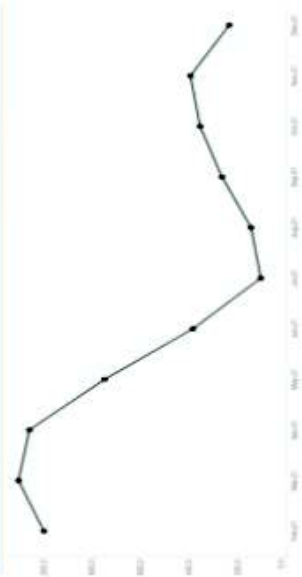
Berkshire West CCG

LTP Indicator	Target	Actual
Out of Area Placements	0 days	550 days Dec-21
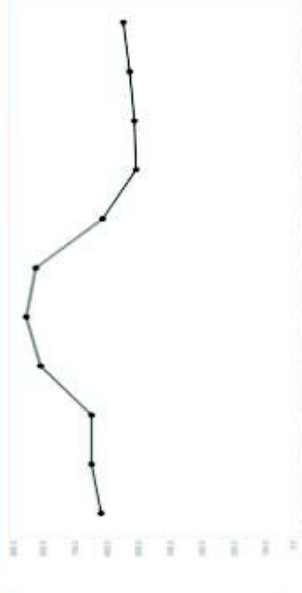
Commentary: This is a 3 Months Rolling Measure

Is performance on track? The Trust did not achieve the OAPs trajectory due to the ongoing changes in bed capacity, as a result of Infection Prevention Control (IPC) guidance.

If not, what is the issue? The Trust has been operating throughout the year with **up to 15% less capacity** in the Adult and Older Adult Mental Health wards.

What is the plan to address? The interim closure of beds has resulted in additional Out of Area placements which the Trust has mitigated by purchasing a block contract of 10 beds, which incrementally increased to 18 beds by April 2021 with a private provider Elysium Healthcare. Following recent NHSE/I guidance the Trust has reviewed the use of OAPs and is assured that continuity of care principles are adhered to. Reporting from April 2021 will reflect this change. In April, changes to IPC guidance have allowed the facilitation of patients who have completed their 14-day period of isolation and are COVID negative to be repatriated to vacant Oxford Health beds. Therefore, maximizing bed capacity and reducing the need to purchase further inappropriate OAPS.

Dec 21: 0 inappropriate OAPs days Bucks CCG and 0 inappropriate OAPs days Oxon CCG
Jan 22: 16 inappropriate OAP days Bucks CCG and 70 inappropriate OAPs days Oxon CCG
Feb 22: 0 inappropriate OAP days Bucks CCG and 56 inappropriate OAP days Oxon CCG
Mar 22: 0 inappropriate OAP days Bucks CCG and 105 inappropriate OAP says for Oxon CCG

Commentary:

Is performance on track? The Trust did not achieve the OAPs trajectory.

If not, what is the issue? Ongoing due to the changes in bed capacity as a result of Infection Prevention Control (IPC) guidance.
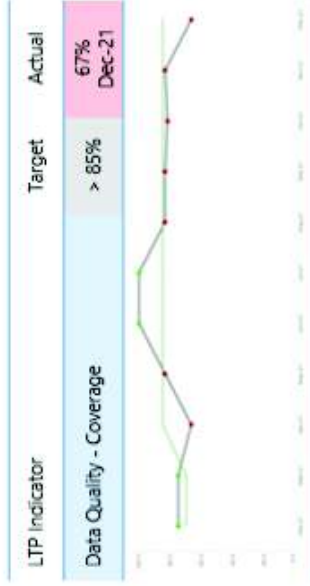
What is the plan to address? We plan to continue to pre-commission beds in the Independent Sector where we are assured we can meet the continuity of care principles.

Are we anticipated to achieve this? March 2023.

In March 2022, the number of inappropriate OAPs in BHFT was 243 bed days.

Oxford Health **NHS**
NHS Foundation Trust

Caring, safe and excellent

BOB Level

| LTP Indicator	Target	Actual
Data Quality - Coverage	> 85%	67% Dec-21

Commentary:

Is performance on track? No, there is inconsistent performance month on month. In June and July BOB achieved coverage indicator. Aug – Dec 21 has been slightly below target

If not, what is the issue? The underperformance appears to be attributed to two providers (Autism Berkshire and NO5 Young People).

What is the plan to address? BHFT are reviewing to establish who is best placed to liaise with providers (BHFT or CCG dependant on who the contract is held with)

BOB Level

| LTP Indicator	Target	Actual
Data Quality - Outcomes	> 40%	15% Dec-21
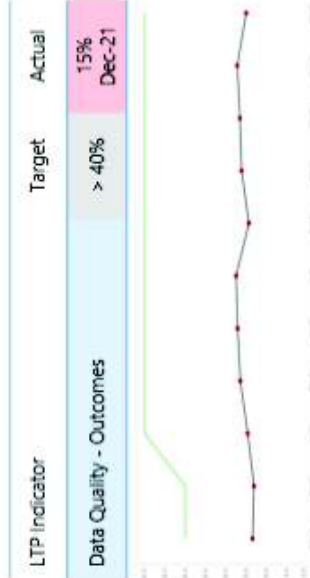
Commentary:

Is performance on track? No, there is considerable under performance against this indicator. This indicator is based on the proportion of closed referrals where the same outcome measure has been used at least twice

If not, what is the issue? Underperformance relates to all providers submitting outcome data which is OHFT, Brighter Futures for Children, University of Reading, West Berks County and Wokingham Borough Council. Reasons for this underperformance are being explored. In OHFT it is linked to challenges with current lack of PROM tool in operation.

What is the plan to address? OHFT have a project underway to develop outcomes within the Trust including meeting reporting requirements. BHFT are reviewing to establish who is best placed to liaise with providers (BHFT or CCG dependant on who the contract is held with)

BOB Level

LTP Indicator	Target	Actual
Data Quality – DQMI Score	> 80.0	60 Nov-21
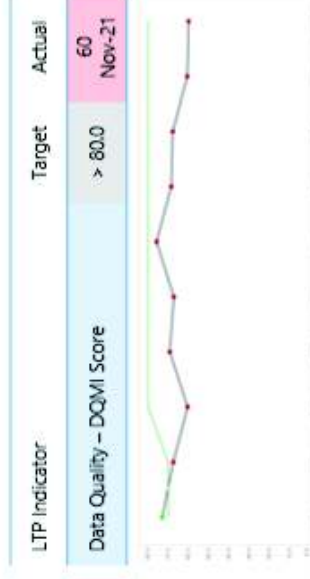
Commentary:

Is performance on track? No, there is under performance against this indicator.

If not, what is the issue? The underperformance appears to be attributed to the following providers (ARC Youth Counselling, Autism Berkshire, Parenting Special Children, Solutions4Health Ltd and Time to Talk West Berkshire).

What is the plan to address? BHFT are reviewing to establish who is best placed to liaise with providers (BHFT or CCG dependant on who the contract is held with)
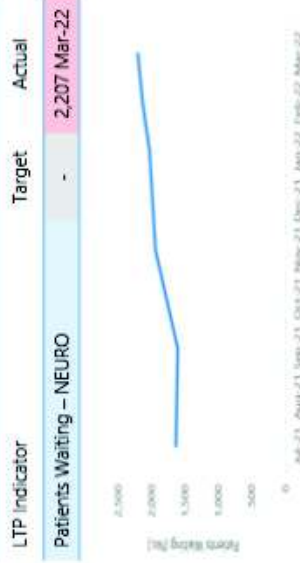
Caring, safe and excellent

Oxford Health **NHS**
NHS Foundation Trust

Buckinghamshire CCG

LTP Indicator	Target	Actual
Patients Waiting – NEURO	-	2,207 Mar-22

Commentary:

Is performance on track? No, the service is significantly under-resourced for the demand. This is a collaboration between BHT for under 11's and OHFT for over 11's.
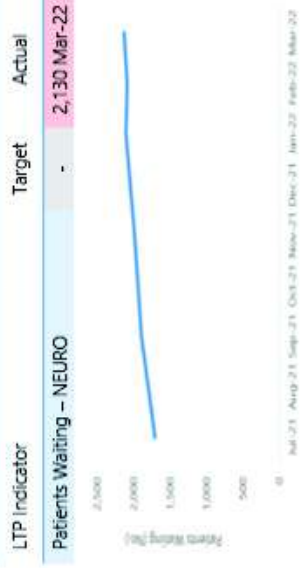
If not, what is the issue? Not enough funding for OHFT or BHT to employ the number of clinical staff required to meet demand.

What is the plan to address? There has been a commissioners led review which has been underway for 18 months which aims to address the issues and funding shortfall.

Are we anticipated to achieve this? By when. This will be dependant on funding, we have produced a trajectory which underlines the resource needed to bring the wait list to within 12 months initially but are awaiting a decision from commissioners.

N.B: At [10:40] on [06/04/2022] there were 1,361 patients waiting under 11 years of age and 1,051 patients waiting over 11 years of age. Of the 2,207 waiting, 439 are waiting 0-12 weeks, 982 are waiting 12-52 weeks and 786 are waiting >52 weeks.

Oxfordshire CCG

LTP Indicator	Target	Actual
Patients Waiting – NEURO	-	2,130 Mar-22

Commentary:

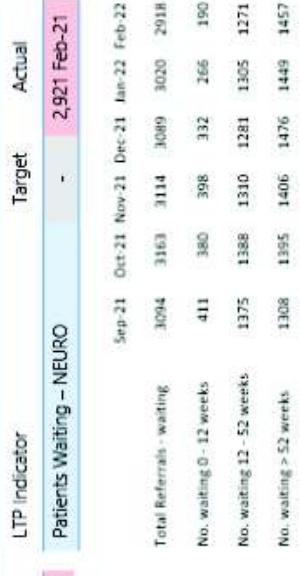**Is performance on track?**

No

If not, what is the issue?

Not enough funding for OHFT to employ the number of clinical staff required to meet demand. Service severely affected by Covid-19 extensive D&C work undertaken by the service, noting much higher number of demand than current capacity. Service is able to respond to urgent and priority requests, but waiting lists and waiting times continue to increase for routine referrals.

What is the plan to address?

Continued discussions with CCG and system partners regarding capacity and possible solutions are being held regularly.

N.B: Of the 2,130 waiting, 84 are waiting 0-12 weeks, 634 are waiting 12-52 weeks and 1,412 are waiting > 52 weeks.

Berkshire West CCG

LTP Indicator	Target	Actual
Patients Waiting – NEURO	-	2,921 Feb-21

	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
Total Referrals - waiting	3094	3163	3114	3089	3020	2918
No. waiting 0 - 12 weeks	411	380	398	332	266	190
No. waiting 12 - 52 weeks	1375	1388	1310	1281	1305	1271
No. waiting > 52 weeks	1308	1395	1406	1476	1449	1457

Commentary:

Is performance on track? No.

If not, what is the issue? Due to long standing demand and capacity issues, CYP and their families are experiencing long waits for autism and ADHD assessments, medication initiation, titration and review. Waits have been further impacted by the pandemic and referrals continue to increase.

What is the plan to address? Following comprehensive demand, capacity, workforce and transformation modelling carried out by BHFT, Berkshire West CCG provided significant additional investment to the Neurodiversity Services in BHFT, with the aim of reducing the longest wait for autism and ADHD assessment to a maximum of 12 months. This is enabling a service expansion and for BHFT to work in partnership with private providers to boost the service capacity (contracts in place for both autism, assessment and for ADHD assessment and medication titration).

Are we anticipated to achieve this? BHFT anticipate achieving a meaningful reduction in waiting times as new staff are recruited into the service and partnership work continues with private providers.

Section 6:
Abbreviations

A glossary of abbreviations used within the report

BOB MH Priorities for Recovery

KPI	Key Performance Indicator	A quantifiable measure of performance over time for a specific objective.
		geographical area
BSW	BaNES, Swindon and Wiltshire	
CAMHS	Child and Adolescent Mental Health Services	Services for children and young people up to 18 who are finding it hard to cope with everyday life because of difficult feelings, behaviour or relationships. Services provided in Bath & NEW Somerset, Buckinghamshire, Oxfordshire, Swindon and Wiltshire.
CAST	Clinical Application Support Team	Helpdesk for issues/support with clinical application queries.
CIT	Childrens Integrated Therapy Service	Children's Integrated Therapies in Oxfordshire include occupational therapy, physiotherapy and speech and languary therapy.
CMHTs	Community Mental Health Team	Provision of core mental health services to adults of working age (18-65 years) and older adults (65+) suffering from mental health problems. Services are delivered via a multi-disciplinary team approach in Buckinghamshire and Oxfordshire.
CRHT	Crisis Resolution Home Treatment Team	The Crisis Resolution Home Treatment Team provides intensive home treatment to people experiencing mental health problems as a true alternative to admission Services are delivered in Buckinghamshire and Oxfordshire
CYP	Children & Young People	
EMU	Emergency Medical Unit	Provides an urgent assessment and treatment step-up service to reduce A&E attendances and admissions to acute hospitals.
IAPT	Improving Access to Psychological Therapies	Improving Access to Psychological Therapies service part of Oxford Health NHS Foundation Trust. Offering evidence-based psychological treatments to people experiencing common mental health problems such as depression or anxiety disorders, using a stepped care model.

Caring, safe and excellent

Oxford Health **NHS**
NHS Foundation Trust

BOB MH Priorities for Recovery

KPI	Key Performance Indicator	A quantifiable measure of performance over time for a specific objective.
IPS	Individual Placement and Support Employment Service	Individual Placement and Support (IPS) in Oxfordshire and Buckinghamshire offering a service for people over 18 who are not in work and are under the care of our adult mental health teams or early intervention service. The IPS service allows patients who want a paid job the chance to work with one of Oxford Health's employment specialists to reach their employment goals and find a working environment focused on individual preferences.
MIU	Minor Injuries Unit	Trust provided service
NHSE	NHS England	
OCCG	Oxfordshire Clinical Commissioning Group	
OOH	Out of Hours	Trust provided service
OSCA	Outreach Service for Children & Adolescents	Providing individualised home and community treatmetn to support children, young people and their familities. Working with children and young people aged between 11 and 18 years old. ervices provided in Bath & NEW Somerset, Buckinghamshire, Oxfordshire, Swindon and Wiltshire.
OT service	Occupational Therapy Service	Trust provided service
Pts	Patients	
SCAS Triage	South Central Ambulance Service (SCAS) Triage service	The South Central Ambulance Service (SCAS) Mental Health Triage service provides a mental health service to people contacting 111 or 999 SCAS services. This involves triaging of all mental health needs and connecting the patient to the right mental health provision to meet their needs in a timely way. SCAS mental health clinicians are embedded within SCAS services.
TOBI	Trust Online Business Intelligence	Name of Trust's data warehouse and business intelligence platform.
TV Pathfinder Team	Thames Valley Pathfinder Team	Trust provided service
UCL/LCL	Upper control limit/Lower control limit	Used on Satistical Process Control charts – in addition to the mean or average, control charts have 2 extra lines that are calculated using modified statistics and these determine the variation range. These lines are commonly referred to as the Upper Control Limit (UCL) – the upper line, and Lower Control Limit (LCL) – the lower line.

Caring, safe and excellent

Oxford Health **NHS**
NHS Foundation Trust