

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 – September 2022



Section 1:
COVID-19 Headlines

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1. COVID-19 Headlines

1.1 COVID-19 positive patients on inpatient wards as at 15th September: 0 (a decrease of 13 since 2nd September)

1.2 COVID-19 Staff absences: for the last 2 months absence has ranged between 30 and 50 staff. As at 15th September 45 staff were absent due to covid. This is a decrease from peak in wave 2 when approximately 220 staff were absent.

15 September
2022



1.3 COVID-19 vaccination uptake as at 15th September 2022: Dose 1 = 88.5%, Dose 2 = 86.6% and Dose 3 (eligible staff only) 71.2%. Patient Facing Dose 1 = 88.4%, Dose 2 = 86.5% and Dose 3 (eligible staff only) 71.4%

	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	320 (2.8%)	2 (0.0%)	10931	74 (0.7%)	9673 (88.5%)	2771	9470 (86.6%)	2806	9466	6737 (71.2%)	2142
Patient facing	286 (2.8%)	2 (0.0%)	10018	73 (0.7%)	8855 (88.4%)	2577	8667 (86.5%)	2604	8666	6185 (71.4%)	1902
Care home worker	39 (4.2%)	1 (0.1%)	683	0 (0.0%)	663 (97.7%)	250	657 (97.1%)	253	657	663 (77.4%)	169

Booster Eligible covers staff who have had dose 2 and are eligible for (or have received) dose 3.

Exempt covers staff on career break, maternity and adoption leave, or secondment.

Medically Exempt include those participating in a Clinical trial, with a clinical/medical reason supported by an exemption obtained from the 119 service, pregnant with a Mat B1, with a recent COVID-19 infection evidenced by NHS app, or under 18.

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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 following slides

2. Patient Activity and Demand

2. Introduction and section content

This section provides information in relation to clinical demand and activity and identifies if there are any areas of concern. Activity over time is shown using statistic process control (SPC) charts which indicate whether activity is outside of 'usual/expected' levels. This section is reports this activity in the following order:

Section 2a Areas of Concern: Data highlighted variation which upon further investigation services have identified as a concern. Identified with the following symbol:



Section 2b Areas not identified as a concern: they are outside of norms from a data point of view but have not been identified as an area of concern at this time. Identified with the following symbols:



Service narrative provided, no concern identified at this time



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

Section 2c Community Patient Activity & Demand Overview : Overview of community referral and appointment information. Symbols identify if a concern as detailed above or data demonstrates normal variation using the following symbol



Section 2d Inpatient Patient Activity & Demand Overview : Overview of inpatient admissions and length of stay information. . Symbols identify if a concern as detailed above or data demonstrates normal variation using the following symbol



Section 2a:

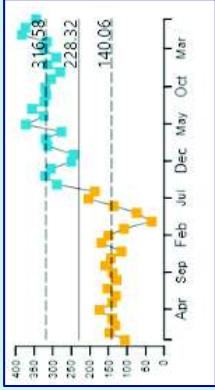

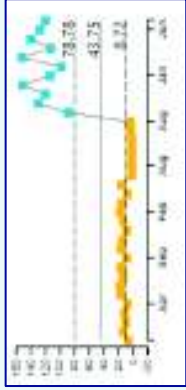

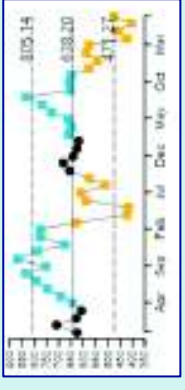

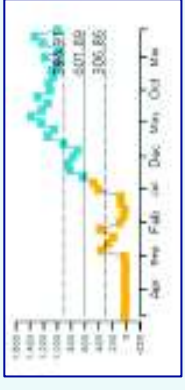

Community & Inpatient Patient Activity and Demand Areas of Concern

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Patient Activity and Demand: Areas of Concern

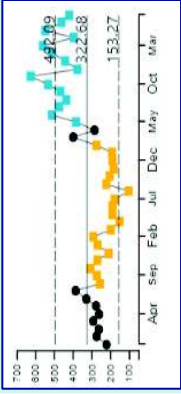

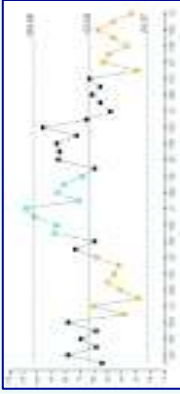

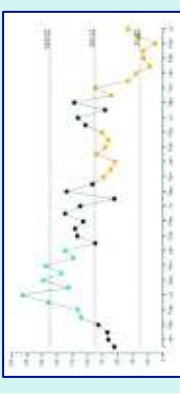

Specialty / Directorate	Currency / Service Line	Trend over time	Activity in month	SPC Analysis Variation	Commentary
Community Services Care Home Support Service	Referrals: Care Home Support Service		343		Is performance within usual levels? No since Sept 2020 referral numbers have been increasing to above average and on or near the UCL. Is it expected? Yes, during COVID there was limited access to Care Homes. The service now receiving far higher volumes of referrals than pre pandemic levels. Development of new care homes has also placed additional pressures on the service. 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 Tissue Viability	Emergency Referrals: Tissue Viability		119		Is performance within usual levels? No referral numbers for Emergency referrals for the last 11 months above the UCL. Urgent referrals have been above average for last 10 months. Routine referral volumes have decreased and have been below average for the last 11 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. 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. Is any action required? Yes, review as above has commenced. A wound care recovery plan is being agreed for the DN service.
Community Services, Adult Speech & Language	Appointments		472		Is performance within usual levels No appointment numbers since December 21 have been below average and at times below the LCL. 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 Care Home Support Service	Appointments: Care Home Support Service		990		Is performance within usual levels? No appointment numbers have been above average since September 20 and since March 21 have been 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.

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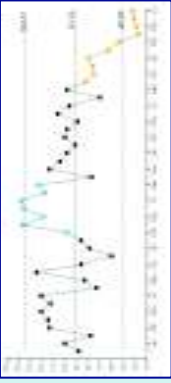

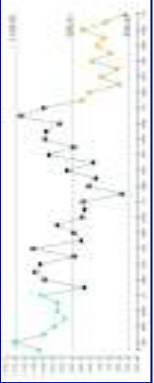

Patient Activity and Demand: Areas of Concern

Specialty / Directorate	Currency / Service Line	Trend over time	Activity in month	SPC Analysis Variation	Commentary
Community Services, Tissue Viability	Appointments: Tissue Viability		429		<p>Is performance within usual levels? No appointment numbers since September 21 have been above average.</p> <p>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.</p> <p>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.</p> <p>Any action required? Yes, review as above has commenced. A wound care recovery plan is being agreed for the DN service.</p>
Oxon & BSW Older Adults	Referrals (All): Memory Assessment Services		154		<p>Is performance within usual levels? No, since March 2020 referral volumes have been above average.</p> <p>Is it expected? Yes, during the first wave of Covid there was a reduction in referrals made for memory assessments.</p> <p>Is it a problem? Yes capacity issues within CMHTs to meet the demand. This is a capacity gap since removal of S75 and lack of investment in service over a significant time frame.</p> <p>Is any action required? SBARD completed to increase resources across the CMHTs unfortunately no additional funding is available</p>
Bucks Community ADHD & Autism service	Appointments: ADHD & Autism		90		<p>Is performance within usual levels? No since October 2021 appointment numbers have been above average</p> <p>Is it expected? Yes, activity is higher than in the previous years due to the ASD/ADHD waiting list initiative</p> <p>Is it a problem? Yes Referrals to the service are much higher than the commissioned resource which leads to a large number of patients with long waits.</p> <p>Is any action required? Ongoing monitoring</p>

Patient Activity and Demand: Areas of Concern

Specialty / Directorate	Currency / Service Line	Trend over time	Activity in month	SPC Analysis Variation	Commentary
Bucks Older Adult MH Memory Services	Appointments: Memory Services		418		<p>Is performance within usual levels? No appointment numbers for the last 13 months have been above average with some months above or on UCL.</p> <p>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 increase telephone and digital consultations resulting in delivery of higher volume of appointments.</p> <p>It is a problem? Yes, 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.</p> <p>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</p>
Oxon & BSW CAMHS BSW In-Reach	Appointments: CAMHS BSW In-Reach		33		<p>Is performance within usual levels? No appointment numbers for the last 12 months have been below average.</p> <p>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.</p> <p>It is a problem? Yes, 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.</p> <p>Is any action required? Ongoing monitoring</p>
Oxon & BSW CAMHS O Forensic	Appointments: CAMHS O Forensic (CABS, Forensic & Specialist Housing)		46		<p>Is performance within usual levels? No appointment numbers for the last 2 months have been below the LCL</p> <p>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.</p> <p>It is a problem? Yes, long term sickness staff have now returned at end of June but there are ongoing recruitment needs</p> <p>Is any action required? Yes, recruited plans in place for all vacancies.</p>

Patient Activity and Demand: Areas of Concern

Specialty / Directorate	Currency / Service Line	Trend over time	Activity in month	SPC Analysis Variation	Commentary
Oxon & BSW CAMHS O Perinatal	Appointments: Oxon CAMHS O Perinatal		42		<p>Is performance within usual levels? No since October 2021 appointment numbers have been below average, with last 4 below LCL.</p> <p>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.</p> <p>Is it a problem? Yes</p> <p>Is any action required? Yes – see below</p> <ul style="list-style-type: none"> • 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 Swindon Community	Appointments: BSW CAMHS Swindon Community		614		<p>Is performance within usual levels? No since August 2021 appointment numbers have been below average.</p> <p>Is it expected? It reflects national trends in eating disorders since the pandemic</p> <p>Is it a problem? Yes</p> <p>Is any action required? The Swindon service is subject to business recovery measures</p>

Section 2b:

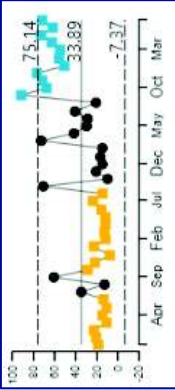

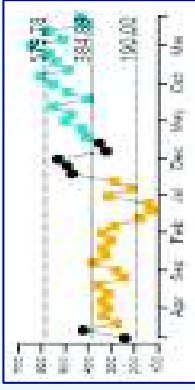

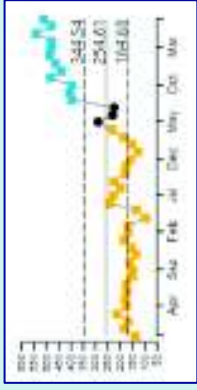

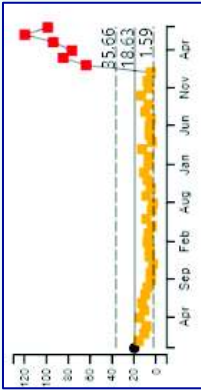

**Community & Inpatient
Patient Activity and Demand
Areas not identified as a
current concern**

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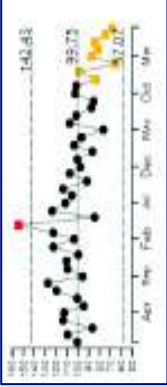
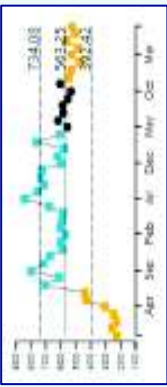

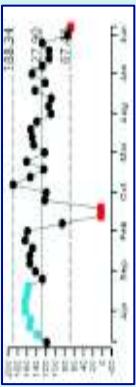

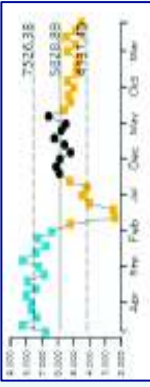
Patient Activity and Demand: Community Services Noteworthy exceptions

Specialty / Directorate	Currency / Service Line	Trend over time	Activity in month	SPC Analysis Variation	Commentary
Community Services	Children's Community Nursing Referrals (all)		71		Is performance within usual levels? No referral numbers for the last 11 months have been above average and on or near the UCL. Is it expected? Yes, the level of referrals relates directly to the H@H project/winter surge work. Is it a problem? No, addition income is expected for the H@H work. Is any action required? No
Community Services Children's Integrated Therapies	Referrals: CIT (all)		430		Is performance within usual levels? No referral numbers for the last 17 months have been above average (see visual). With Urgent referrals for the last 16 months above average with some months above the UCL. Is it expected? Yes Is it 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 Community Therapy Service	Routine Referrals: CTS		509		Is performance within usual levels? Overall referral numbers in CTS are increasing. Routine referrals have been above average for the last 12 months. Referral numbers for Emergency and Urgent referrals have declined. Is it expected? Yes, there has been a change in the type of referrals which CTS service receive following development of urgent care pathways Is it a problem? No Is any action required? Ongoing monitoring
Community Services Respiratory	Emergency Referrals: Respiratory		98		Is performance within usual levels? No Emergency referral numbers for the last 6 months have been above the UCL. Overall referrals are in line with the 4 year average. 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 Is it a problem? No – no concerns or issues to be raised Is any action required? No – no concerns or issues to be raised

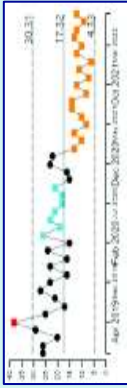
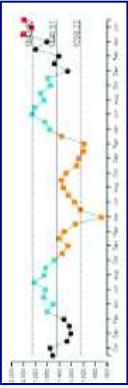
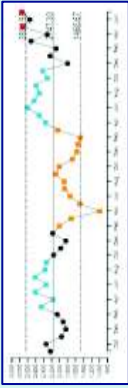
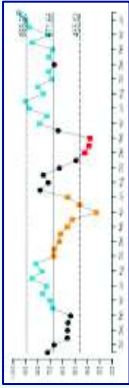
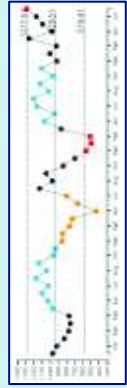
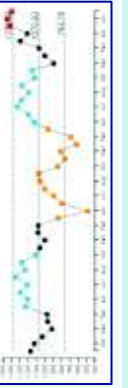
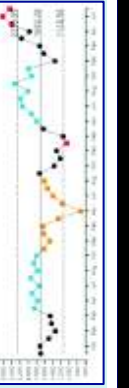
Patient Activity and Demand: Community Services Noteworthy exceptions

Specialty / Directorate	Currency / Service Line	Trend over time	Activity in month	SPC Analysis Variation	Commentary
Community Services, EMUs, RACU & H@H	Referrals (Emergency): EMU, RACU, H@H		33		<p>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.</p> <p>Is it expected? Yes</p> <p>Is it a problem? No</p> <p>Any action required? Remedial plans are being considered to ensure sustainable and safe practice in the unit</p> <p>Not required first month outside normal process limit, monitor position.</p>
Community Services, Diabetes	Referrals (All): Diabetes		183		
Community Services Nutrition & Dietetics	Referrals (all): Nutrition & Dietetics		182		<p>Is performance within usual levels? No referral numbers for the last 11 months above average with some months above the UCL (see visual).</p> <p>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.</p> <p>It is a problem? No – only negative from this is that there is a change in process and figures are being reported separately.</p> <p>Is any action required? Figures to be monitored moving forward</p>
Community Services Phlebotomy	Referrals (all): Phlebotomy		139		<p>Is performance within usual levels? No referral numbers for the last 13 months below average but July increased to nearer average levels.</p> <p>Is it expected? Yes – this has been impacted by the supply chain affecting the stock of blood tubes</p> <p>It is a problem? No concerns to raise</p> <p>Is any action required? Ongoing monitoring of situation re national supply chain issues.</p>

Patient Activity and Demand: Community Services Noteworthy exceptions

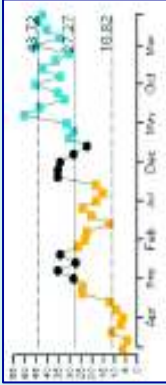
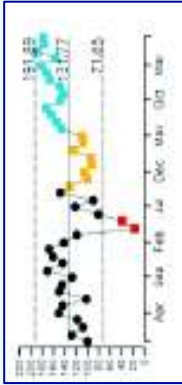

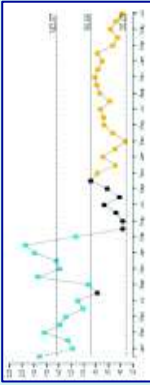

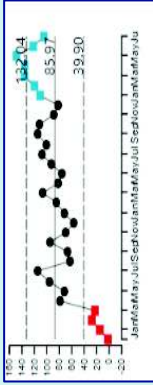
Specialty / Directorate	Currency / Service Line	Trend over time	Activity in month	SPC Analysis Variation	Commentary
Community Services Physical Disability Physiotherapy Services	Referrals (All) Physical Disability Physiotherapy Service		68	To be reviewed	A review of the issues has not been possible at this time due to outage of clinical information systems and service pressures.
Community Services Diabetes Service	Appointments: Diabetes		521	 No concern	Is performance within usual levels No appointment numbers since December 21 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 return 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 Falls Service	Appointments: Falls		66	 Monitor	Not required first month outside normal process limit, monitor position
Community Services Podiatry Services	Appointments: Podiatry		4462	To be reviewed	A review of the issues has not been possible at this time due to outage of clinical information systems and service pressures.

Patient Activity and Demand: Community Services Noteworthy exceptions

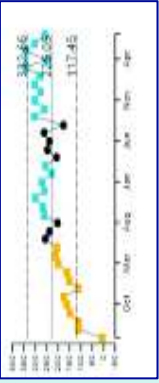
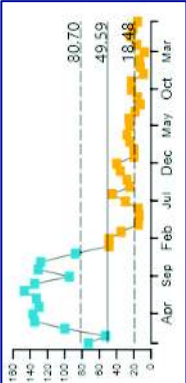

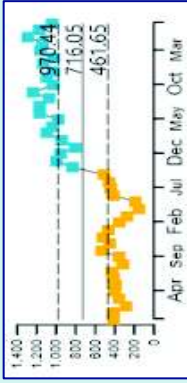

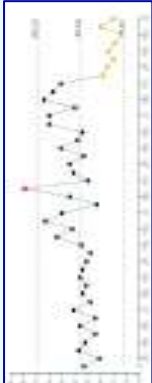
Specialty / Directorate	Currency / Service Line	Trend over time	Activity in month	SPC Analysis Variation	Commentary
Community Services Witney Linfoot Ward	Admissions: Witney Linfoot Ward		12	To be reviewed	A review of the issues has not been possible at this time due to outage of clinical information systems and service pressures.
Community Services MIU Abingdon	Referrals MIU Abingdon		1,983	To be reviewed	A review of the issues has not been possible at this time due to outage of clinical information systems and service pressures.
Community Services MIU Abingdon	Contacts MIU Abingdon		2,937	To be reviewed	A review of the issues has not been possible at this time due to outage of clinical information systems and service pressures.
Community Services MIU Henley	Referrals MIU Henley		951	To be reviewed	A review of the issues has not been possible at this time due to outage of clinical information systems and service pressures.
Community Services MIU Henley	Contacts MIU Henley		1,286	To be reviewed	A review of the issues has not been possible at this time due to outage of clinical information systems and service pressures.
Community Services MIU Witney	Referrals MIU Witney		1,391	To be reviewed	A review of the issues has not been possible at this time due to outage of clinical information systems and service pressures.
Community Services MIU Witney	Contacts MIU Witney		2,441	To be reviewed	A review of the issues has not been possible at this time due to outage of clinical information systems and service pressures.

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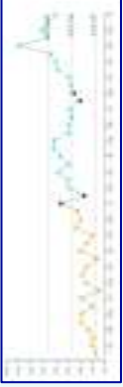
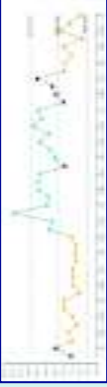
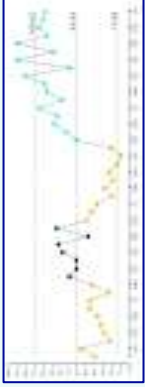

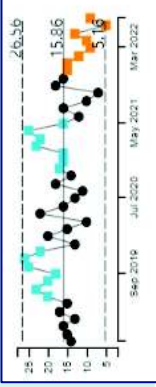
Patient Activity and Demand: Bucks MH Noteworthy exceptions

Speciality / Directorate	Currency / Service Line	Trend over time	Activity in month	SPC Analysis Variation	Commentary
Bucks Community Perinatal Teams combined	Referrals (all): Perinatal Teams combined		42	To be reviewed	A review of the issues has not been possible at this time due to outage of clinical information systems and service pressures.
Bucks Community Memory Assessment Service	Referrals (all): Memory Assessment Services		177		Is performance within usual levels? No referrals since June 21 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 of appointments. It is a problem? No concerns to raised Any action required? Ongoing monitoring and continued recruitment efforts
Bucks Community CAMHS Getting More Help Teams Combined	Referrals (all): CAMHS Getting More Help Teams combined		37	To be reviewed	A review of the issues has not been possible at this time due to outage of clinical information systems and service pressures.
Bucks Community CAMHS SPA	Referrals (all): CAMHS SPA		416	To be reviewed	A review of the issues has not been possible at this time due to outage of clinical information systems and service pressures.
Bucks Community IPS	Appointments: IPS		104	To be reviewed	A review of the issues has not been possible at this time due to outage of clinical information systems and service pressures.

Patient Activity and Demand: Bucks MH Noteworthy exceptions

Specialty / Directorate	Currency / Service Line	Trend over time	Activity in month	SPC Analysis Variation	Commentary
Bucks Community Perinatal all teams combined	Appointments: Perinatal		255	To be reviewed	A review of the issues has not been possible at this time due to outage of clinical information systems and service pressures.
Bucks Adult Street Triage	Appointments: Street Triage team		15		<p>Is performance within usual levels? No appointments since January 2020 have been below average and at some points below the LCL</p> <p>Is it expected? Yes, there have been challenges for the team due to the Covid restrictions that have meant clinicians have been unable to with the same proximity to officers as they did previously.</p> <p>Is it a problem? No. All calls are triaged by the clinicians and those service users who require an appointment, either face to face or telephone, will receive one. Other referrals are managed through signposting and advice.</p> <p>Any action required? None, although the service will change with the advent of the new tri-triage model of care.</p>
Bucks Adult Crisis Teams Combined	Appointments: Crisis Teams combined		1033		<p>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.</p> <p>Is it expected? The service delivery model has changed to increase telephone and digital consultations resulting in delivery of higher volume of appointments.</p> <p>Is it a problem? There is a potential impact on the quality of appointments via telephone consultations.</p> <p>Is any action required? The service are encouraging more face to face and digital appointments so the position may reduce in coming months.</p>
Bucks Community CAMHS CABS	Appointments: CAMHS CABS		10	To be reviewed	A review of the issues has not been possible at this time due to outage of clinical information systems and service pressures.

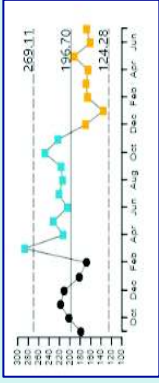
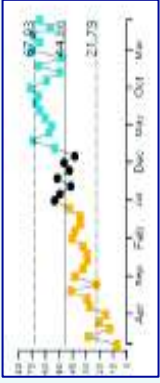
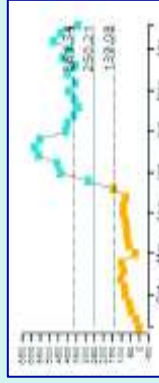

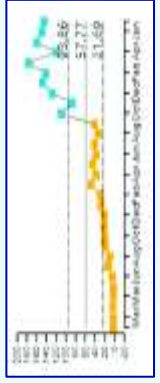

Patient Activity and Demand: Bucks MH Noteworthy exceptions

Specialty / Directorate	Currency / Service Line	Trend over time	Activity in month	SPC Analysis Variation	Commentary
Bucks Community CAMHS Dynamic Support Team	Appointments: CAMHS Dynamic Support Team		2		Not required first month outside normal process limit, monitor position.
Bucks Community CAMHS B Eating Disorders	Appointments: CAMHS B Eating Disorders		302	To be reviewed	A review of the issues has not been possible at this time due to outage of clinical information systems and service pressures.
Bucks Community CAMHS B LAAC	Appointments: CAMHS B LAAC		60	To be reviewed	A review of the issues has not been possible at this time due to outage of clinical information systems and service pressures.
Bucks CAMHS Reconnect	Appointments: Reconnect		97		Is performance within usual levels? No since March 2020 appointment 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 delivered is more in line with normal expectations. Is any action required? No
Bucks Inpatient Ruby Ward	Admissions: Ruby Ward		9	To be reviewed	A review of the issues has not been possible at this time due to outage of clinical information systems and service pressures.

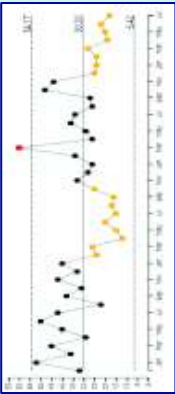
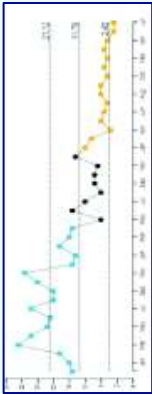
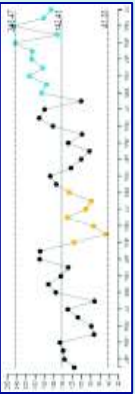
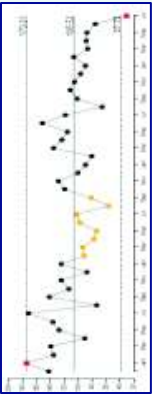

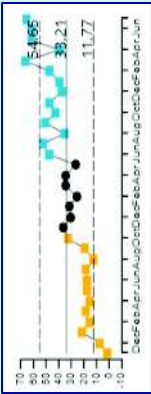

Patient Activity and Demand: Bucks MH Noteworthy exceptions

Specialty / Directorate	Currency / Service Line	Trend over time	Activity in month	SPC Analysis Variation	Commentary
Bucks Inpatient Sapphire Ward	Average Length of Stay: Sapphire Ward	<p>The chart displays the Average Length of Stay (ALOS) for the Sapphire Ward. The y-axis represents the ALOS value, ranging from -100 to 350. The x-axis shows the time period from September 2018 to March 2022. Three data points are highlighted: 118.45 in September 2018, 38.30 in July 2020, and 40.64 in March 2022. The chart shows a significant peak in 2018 followed by a sharp decline and subsequent fluctuations between 2020 and 2022.</p>	17 days	To be reviewed	A review of the issues has not been possible at this time due to outage of clinical information systems and service pressures.

Patient Activity and Demand: Oxon & BSW Noteworthy exceptions

Specialty / Directorate	Currency / Service Line	Trend over time	Activity in month	SPC Analysis Variation	Commentary
Oxon & BSW Adults Community South Assessment Team	Referrals (all); South Assessment Team		167	To be reviewed	A review of the issues has not been possible at this time due to outage of clinical information systems and service pressures.
Oxon & BSW Adults Community Perinatal Teams combined	Referrals (all); Perinatal Teams combined		64	To be reviewed	A review of the issues has not been possible at this time due to outage of clinical information systems and service pressures.
Oxon & BSW Adults Community	Referrals (all); SCAS Triage		339		<p>Is performance within usual levels? No referral numbers since December 2020 have been above or near the UCL</p> <p>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</p> <p>Is it a problem? No</p> <p>Is any action required? No</p>
Oxon & BSW Oxon ADHD Service	Referrals (all); Oxon ADHD service		144		<p>Is performance within usual levels? No referral numbers for the last 8 months have been above average.</p> <p>Is it expected? See below</p> <p>Is it 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.</p> <p>Is any action required? Ongoing monitoring</p>

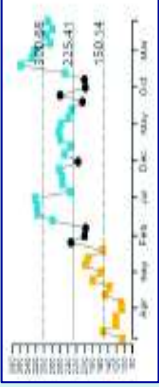
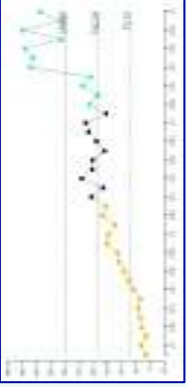

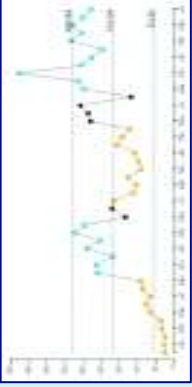

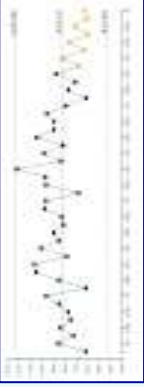


Patient Activity and Demand: Oxon & BSW Noteworthy exceptions

Specialty / Directorate	Currency / Service Line	Trend over time	Activity in month	SPC Analysis Variation	Commentary
Oxon & BSW CAMHs W Marlborough Community	Referrals (All): CAMHs W Marlborough Community		18	To be reviewed	A review of the issues has not been possible at this time due to outage of clinical information systems and service pressures.
Oxon & BSW CAMHs Wiltshire Risk	Referrals (All): CAMHs Wiltshire Risk		1	To be reviewed	A review of the issues has not been possible at this time due to outage of clinical information systems and service pressures.
Oxon & BSW CAMHs Wiltshire SPA	Referrals (All): CAMHs Wiltshire SPA		165	To be reviewed	A review of the issues has not been possible at this time due to outage of clinical information systems and service pressures.
Oxon & BSW Oxon CYP NDC	Referrals (All): Oxon CYP NDC		30		Not required first month outside normal process limit, monitor position.
Oxon & BSW Specialist Psychological Intervention Team	Appointments: Specialist Psychological Intervention Team		65		<p>Is performance within usual levels? No since June 2021 appointment numbers have been above average and some months above the UCL</p> <p>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.</p> <p>Is it a problem? No</p> <p>Is any action required? No</p>

Patient Activity and Demand: Oxon & BSW MH Noteworthy exceptions

Specialty / Directorate	Currency / Service Line	Trend over time	Activity in month	SPC Analysis Variation	Commentary
Oxon & BSW Adults Community Perinatal Teams combined	Appointments: Perinatal Teams combined		379	To be reviewed	A review of the issues has not been possible at this time due to outage of clinical information systems and service pressures.
Oxon & BSW Older Adult CMHTs	Appointments: Older Adult CMHTs		1780	To be reviewed	A review of the issues has not been possible at this time due to outage of clinical information systems and service pressures.
Oxon & BSW Urgent Care	Appointments: SCAS Triage		301		Is performance within usual levels? No since December 2020 appointment numbers 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 Is it a problem? No Is any action required? No
Oxon & BSW Complex Needs	Appointments: Complex Needs		50		Is performance within usual levels? No; since August 2020 appointment numbers have been below average, some months 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. 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

Patient Activity and Demand: Oxon & BSW Noteworthy exceptions

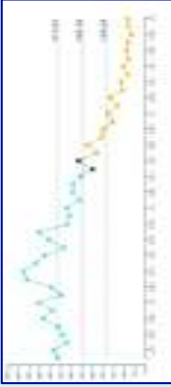

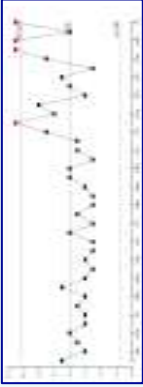

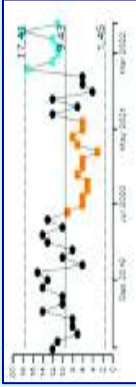
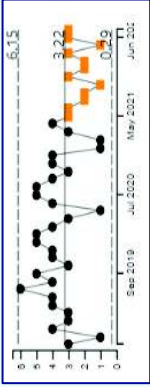

Specialty / Directorate	Currency / Service Line	Trend over time	Activity in month	SPC Analysis Variation	Commentary
Oxon & BSW Adult Eating Disorder Services	Appointments: Adult Eating Disorder Services Teams combined		289	To be reviewed	A review of the issues has not been possible at this time due to outage of clinical information systems and service pressures.
Oxon & BSW CAMHS O MHSTs	Appointments: CAMHS MHSTs		388		<p>Is performance within usual levels? No appointment numbers have increased since September 2021 to above average and some months above the UCL</p> <p>Is it expected? Yes, there has been a change in the lead role to a clinical role and significant changes in processes within to team, including the reporting of groups, to ensure all activity is now recorded more accurately.</p> <p>It is a problem? Changes put in place have resulted in improved performance</p> <p>Is any action required? Ongoing monitoring</p>
Oxon & BSW CAMHS O SPA	Appointments: Oxon CAMHS O SPA				<p>Is performance within usual levels? No appointment numbers for the last 9 months have been above average.</p> <p>Is it expected? It reflects the consistent increase in demand into CAMHS more so since COVID.</p> <p>It is a problem? It has been previously but not currently</p> <p>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.</p>
Oxon & BSW CYP NDC (all teams combined)	Appointments: CYP NDC (all teams combined)		629	To be reviewed	A review of the issues has not been possible at this time due to outage of clinical information systems and service pressures.
Oxon & BSW CAMHS BaNES Community	Appointments: BSW CAMHS BaNES Community		438		<p>Is performance within usual levels? No appointment numbers for the last 12 months have been below average.</p> <p>Is it expected? Yes</p> <p>It is a problem? No</p> <p>Is any action required? No – service has had business recovery measures and in some teams showing stable improvement</p>

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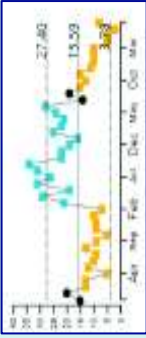

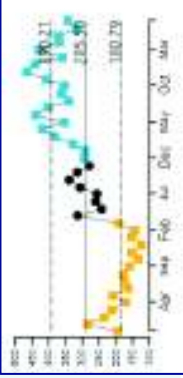

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Patient Activity and Demand: Oxon & BSW Noteworthy exceptions

Specialty / Directorate	Currency / Service Line	Trend over time	Activity in month	SPC Analysis Variation	Commentary
Oxon & BSW CAMHS Wiltshire RISK	Appointments: CAMHS Wiltshire RISK		41		<p>Is performance within usual levels? No appointment numbers since February 2021 have been below average and since June 2021 below the LCL.</p> <p>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)</p> <p>It is a problem? No</p> <p>Is any action required? No action required</p>
Oxon & BSW CAMHS Wilts Tier 2	Appointments: CAMHS Wilts Tier 2		11		<p>Not required first month outside normal process limit, monitor position.</p>
Oxon Inpatient Wintle Ward	Admissions: Wintle Ward		11	To be reviewed	<p>A review of the issues has not been possible at this time due to outage of clinical information systems and service pressures.</p>
Oxon Inpatient ED Cotswold House Oxford	Admissions: ED Cotswold House Oxford		3		<p>Is performance within usual levels? No admission numbers since May 2021 have been below average</p> <p>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 the change of translating referrals to admissions.</p> <p>It is a problem? See above</p> <p>Is any action required? Ongoing monitoring.</p>

Patient Activity and Demand: Forensic Services Noteworthy exceptions

Speciality / Directorate	Currency / Service Line	Trend over time	Activity in month	SPC Analysis Variation	Commentary
Specialised Services: Forensic Community	Appointments: Forensic Oxford Clinic Clinical Team		8		<p>Is performance within usual levels: No, since September 2021 appointment volumes have been below average, some months below the LCL.</p> <p>Is it expected? Yes</p> <p>Is it a problem? No</p> <p>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</p>
Specialised Services: Forensic Community	Appointments: Overall Community teams combined		341		<p>Is performance within usual levels? No since December 2020 appointment numbers have been above average.</p> <p>Is it expected? Yes, the service had not previously captured their activity on Carenotes, this changed from Sept 2020 hence the increase in activity reported.</p> <p>Is it a problem? No</p> <p>Is any action required? No</p>

Section 2c:

Community Patient Activity and Demand Overview

Referrals and appointments overview

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Patient Activity and Demand Overview: Community referrals and appointments – July 2022

Specialty	Referrals			Appointments		
	Trend over time (Dec 2018 – July 2022)	Activity in month	SPC Analysis Variation	Trend over time (Dec 2018 – July 2022)	Activity in month	SPC Analysis Variation
Trust (excluding IAPT, Dental, OOH/MIU)		17,041			80,923	
Community Services (excluding Dental, OOH and MIU)		11,486			51,935	
Adult and Older Adult Mental Health (excluding IAPT)		3,263			17,431	
Buckinghamshire		1,281			7,158	
Oxfordshire		1,982			10,273	

Patient Activity and Demand Overview: Community referrals and appointments – July 2022

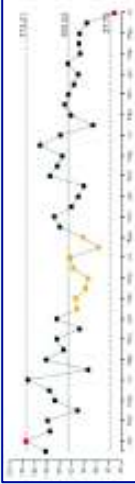

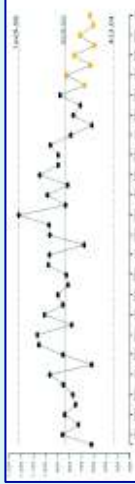

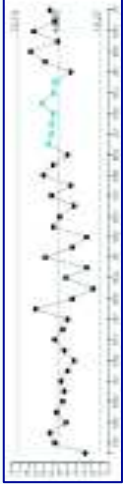

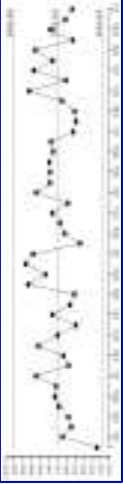



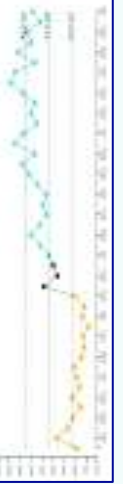

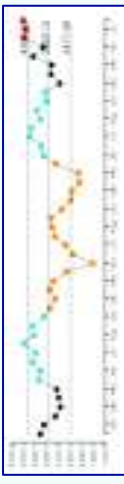

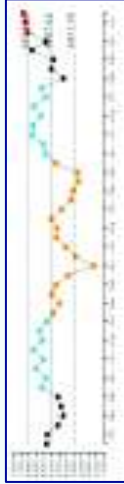

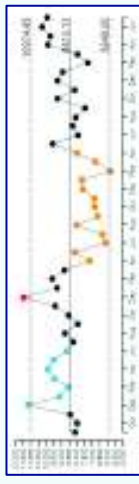

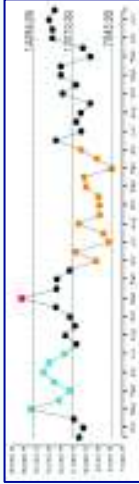

Specialty	Referrals			Appointments		
	Trend over time (Dec 2018 – July 2022)	Activity in month	SPC Analysis Variation	Trend over time (Dec 2018 – July 2022)	Activity in month	SPC Analysis Variation
Children and Young People - CAMHS		2,041			9,318	
Buckinghamshire		643			2,447	
Oxfordshire & BSW		1,398			6,871	
Children and Young People - Neuro Developmental Services		172			960	
Buckinghamshire		142			331	

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Patient Activity and Demand Overview: Community referrals and appointments – July 2022

Specialty	Referrals			Appointments		
	Trend over time (Dec 2018 – July 2022)	Activity in month	SPC Analysis Variation	Trend over time (Dec 2018 – July 2022)	Activity in month	SPC Analysis Variation
Oxfordshire & BSW		30			629	
Learning Disabilities		51			615	
Forensics		17			391	
Dental	Not available data not yet in warehouse	264	SPC not available	Not available data not yet in warehouse	1,667	SPC not available
IAPT	Not available data not yet in warehouse	2,211	SPC not available	Not available data not yet in warehouse	12,210	SPC not available
MIU		4,506			6,842	
OOH		9,895			12,510	

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Section 2c:

Inpatient Patient Activity and Demand

Inpatient admissions and length of stay overview and noteworthy exceptions

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

Specialty	Admissions			Length of Stay		
	Trend over time (Dec 2018 – July 2022)	Activity in month	SPC Analysis Variation	Trend over time (Dec 2018 – July 2022)	Activity in month	SPC Analysis Variation
Trust		231			102	
Community Services		117			25	
Community Stroke		18			31	
Community Rehab		80			27	
Community EMU		15			9	

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

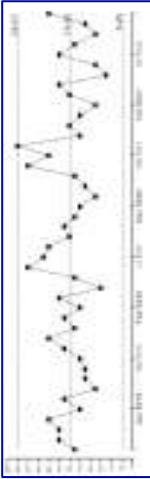

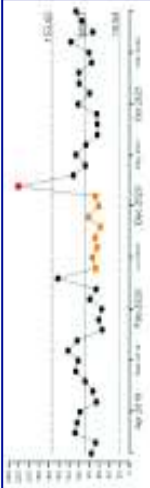

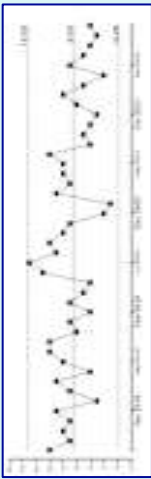

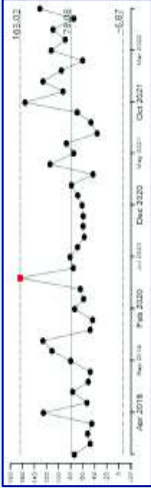

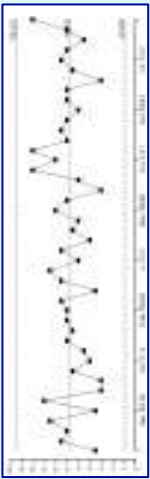

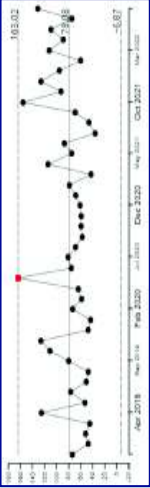

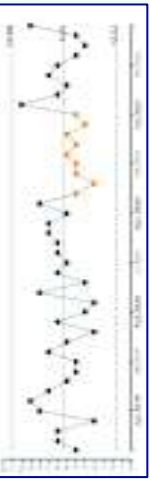

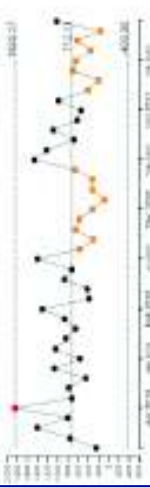

Specialty	Admissions			Length of Stay		
	Trend over time (Dec 2018 – July 2022)	Activity in month	SPC Analysis Variation	Trend over time (Dec 2018 – July 2022)	Activity in month	SPC Analysis Variation
Adult Mental Health		68			63	
Buckinghamshire (inc Opal)		24			76	
Oxfordshire		44			55	
CYP Mental Health (Information presented is OHFT provision only, use of resources is managed as part of a provider collaborative)		11			83	
Eating Disorders (Information presented is OHFT provision only, use of resources is managed as part of a provider collaborative)		6			101	

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

Specialty	Admissions			Length of Stay		
	Trend over time (Dec 2018 – July 2022)	Activity in month	SPC Analysis Variation	Trend over time (Dec 2018 – July 2022)	Activity in month	SPC Analysis Variation
Older Adult Mental Health		20			105	
Buckinghamshire		4			130	
Oxfordshire		16			85	
Forensic		9			1,016	

Section 3:
**Waiting Lists and Waiting
Times to generic waiting time
standards**

Due to the clinical information system
outage this information is not currently
reportable

Section 4:
**Contractual Performance –
Key Performance Indicators**
(Due to National disruption of defined databases the
report contains July Data)

Contractual performance: Key Performance Indicators

Summary of Indicators

In total, the Trust routinely reports information and performance relating to 268 local indicators; broken down as follows:

Area	Indicators with defined targets				Totals
	Monthly	Quarterly	Yearly	Bi-Annual/Seasonal	
Local Contractual Performance					
(2) Community Services	19	18	23	9	69
(3) All Ages Mental Health Oxon and BSW	68	0	0	0	68
(4) All Ages Mental Health Buckinghamshire	44	2	2	5	53
(5) Specialised Services	70	4	0	4	78
Local Contractual Total	201	24	25	18	268

Performance Scorecard

The tables below show performance as at month 4, 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	8	1	10	19	53%
(3) All Ages Mental Health Oxon and BSW	8	0	19	27	70%
(4) All Ages Mental Health Buckinghamshire	7	4	22	33	67%
(5) Specialised Services	5	1	72	78	92%
Local Contractual Performance Total	28	6	123	157	78%
Grand Total	28	6	123	157	78%

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Contractual performance: Key Performance Indicators

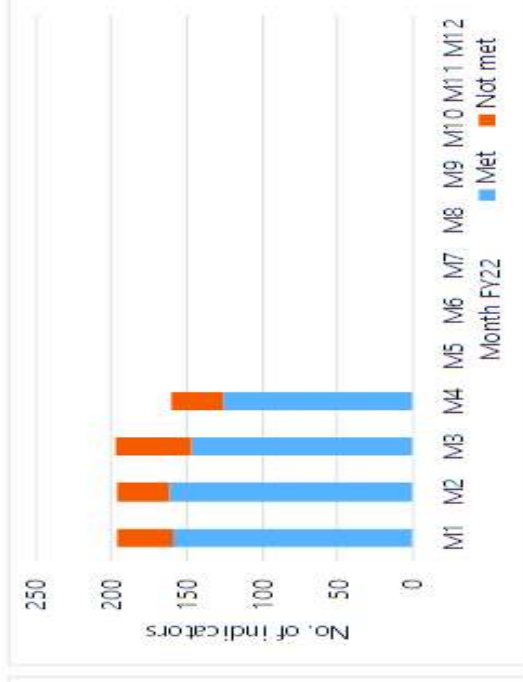
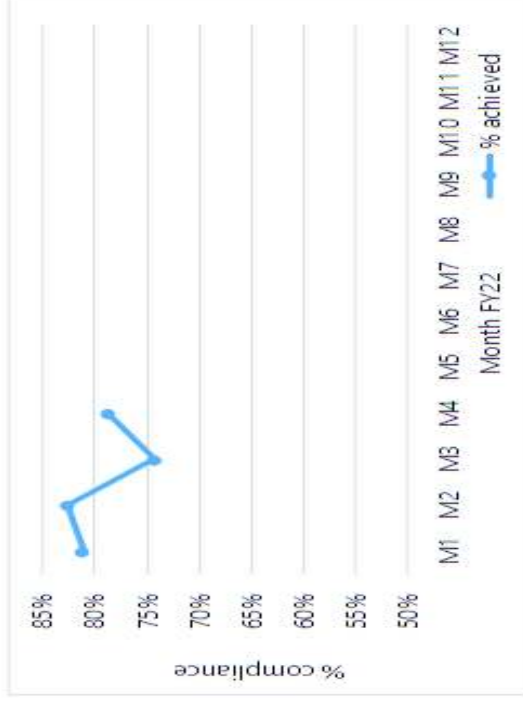
Breakdown	Area	Below target >10%	Below Target -1-9%	Target Met	Total	% Met
Local Contractual Performance						
(2) Community Services		8	1	10	19	53%
	School Health Nursing and College Health Nursing services, Public Health Promotion Resources services and a National Child Measurement Programme	0	0	0	0	N/A
	Oxon Community & Mental Health Contract (Adults Community services)	5	0	7	12	58%
	Oxon Community & Mental Health Contract (Children Community services)	3	0	2	5	40%
	Buckinghamshire Continuing Healthcare	0	1	1	2	50%
(3) All Ages Mental Health Oxon and BSW		8	0	19	27	70%
	Adult Mental Health Outcomes Based Commissioning (OBC) Sch 4	1	0	0	1	0%
	Adult Mental Health Outcomes Based Commissioning (OBC) Incentivised	0	0	0	0	#DIV/0!
	Child and Adolescent Mental Health Service (CAMHS)	0	0	0	0	#DIV/0!
	Integrated Access to Psychological Therapies (IAPT)	3	0	7	10	70%
	Wellbeing (Oxon)	4	0	9	13	69%
	Oxfordshire Perinatal Mental Health Service	0	0	3	3	100%
	Community & Mental Health Contract Sch 4 (Oxon)	0	0	0	0	#DIV/0!
	Child and Adolescent Mental Health Service	0	0	0	0	#DIV/0!
(4) All Ages Mental Health Buckinghamshire		7	4	22	33	67%
	Adults & Older Adults Community Mental Health Teams and Inpatients, Integrated Access to Psychological Therapies and Psychiatric In Reach Liaison Service	5	3	13	21	62%
	Child and Adolescent Mental Health Service (CAMHS)	1	1	3	5	60%
	Buckinghamshire Perinatal Mental Health Service	1	0	6	7	86%
(5) Specialised Services		5	1	72	78	92%
	Learning Disabilities (OCCG)	0	0	6	6	100%
	Dentistry (NHSE)	0	0	0	0	N/A
	Forensic Medium Secure Unit (NHSE)	0	1	17	18	94%
	Forensic Low Secure Unit (NHSE)	2	0	16	18	94%
	Child and Adolescent Mental Health Service (CAMHS) Tier 4 Inpatients	1	0	17	18	94%
	Eating Disorders Inpatients (NHSE)	2	0	16	18	89%
	NHSE Totals	5	1	66	72	92%

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Contractual performance: Key Performance Indicators

Performance Trend

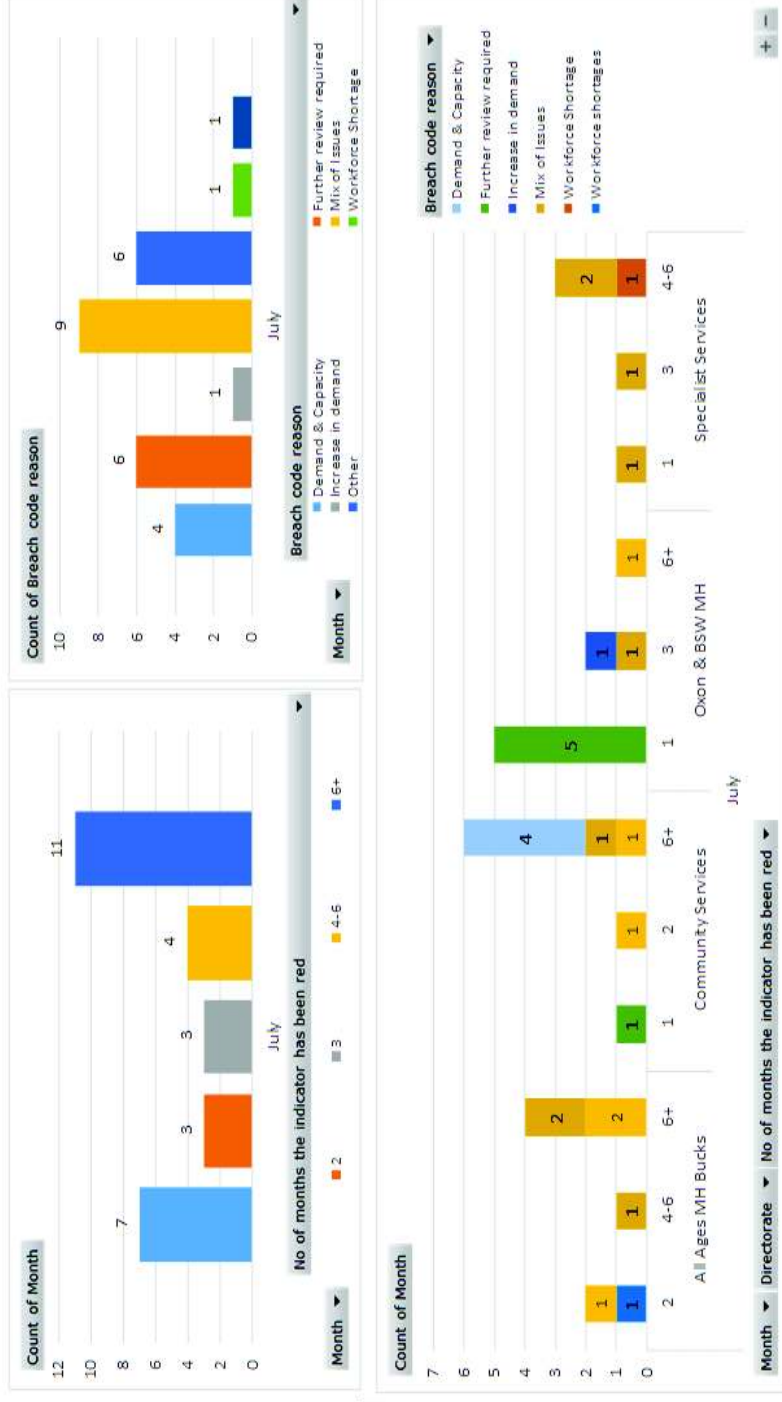
The number of reportable indicators varies each month as while the majority are reportable monthly, some are reportable less frequently (such as quarterly, bi-annually or seasonally). Specialised Services directorate Key Performance Indicators are reported one month in arrears. In month 4 (July), 160 contractual indicators were reportable of which 79% were achieved. **This is an increase of 5% compared to last month.** The number of red indicators this month was 28 which represents 18% of the total number of indicators. Last month it was also 18% based on 35 reds out of 198 indicators.



3.1 Contractual performance: Key Performance Indicator breaches

In month 4, there were 12 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", 9 of the 28 red indicators were not achieved due to this. The graph at the bottom shows the breakdown of reasons by directorate.



3.1 Contractual performance: Key Performance Indicator breaches narrative

<p>Community Services</p>	<p>Continuing health care (Oxon)</p>	<p>Eligibility decisions are made within 28 days of accepting a referral. All assessments required for eligibility decisions are to be completed within this timeframe.</p>	<p>95%</p>	<p>38.5% (15/39)</p>	<p>6+ months</p>	<p>Description of the issue: CHC remains under resourced in terms of assessors and admin support. An increase in referrals, increase in case complexity, setting up and managing Personal Health Budgets (PHBs), for eligible clients, direct payments and working remotely are all impacting on performance. We are also seeing an increase in complex young people transitioning from children's services. Sickness and Maternity leave have also impacted.</p> <p>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 PHBs 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 2021 – 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.</p> <p>The CCG agreed additional funding to the end of June which has allowed us to appoint an additional 2.6 agency starting end of March 22</p> <p>Resolution timescales: The Business case will not have a decision until BOB is in place. We have been granted additional funds as an interim until the end of June, however the additional funds will not be continued past this date. We will be losing 1.4 agency assessors at the end of July.</p>
<p>Community Services</p>	<p>Continuing health care (Oxon)</p>	<p>Individuals eligible for CHC will receive a case review which will include care plan review 3 months after eligibility decision</p>	<p>95%</p>	<p>58.3% (7/12)</p>	<p>6+ months</p>	<p>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.</p> <p>Plan: As above.</p> <p>Resolution timescales: OCCG reported that a decision will be made now that BOB is in place regarding the business case.</p>
<p>Community Services</p>	<p>Continuing health care (Oxon)</p>	<p>Individuals eligible for CHC will receive a case review which will include care plan review every 12 months</p>	<p>95%</p>	<p>50% (27/54)</p>	<p>6+ months</p>	<p>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 PHBs which is now a default method of funding CHC care packages. This work is time consuming and must be reviewed at the same time as an annual review and therefore adds time and complexity to the process.</p> <p>Plan: As above – there has been a slight improvement with reviews as we have had agency, however we continue to experience sickness as well as the imminent reduction in agency staff, which may impact in the coming months.</p> <p>Resolution timescales: OCCG reported that a decision will be made now that BOB is in place regarding the business case</p>

3.1 Contractual performance: Key Performance Indicator breaches narrative

Community Services	Continuing health care (Oxon)	If eligible the package of care for Fast Track individuals will be in place within 2 working days	95%	37.1% (13/35)	2 months	<p>Description of the issue: The delay is due to two main reasons, namely market restrictions and reduced ability for agencies to pick up new packages of care when responding to COVID19 pressures. These limitations are outside the power of Oxford Health Foundation Trust to correct. The complexity of clients referred to the service continue to increase. A service audit demonstrates that although the 2-day target is not met, most patients are placed within 7 days. CHC have also experienced an unexpectedly high rate of absence in its administration team due to long term sickness and then annual leave on top of this due to the summer season. This, along with the reduced availability of carers over the summer holidays will have had an impact upon the swift implementation of care.</p> <p>Plan: As above</p> <p>Resolution timescales: As above</p>
Community Services	Looked After Children	% of children notified by Local Authority to LAC team new to care offered health assessment in 20 working days	100%	3.8% (2/53)	6+ months	<p>Description of the issue: Most children were not offered their statutory health assessment within 20 working days due to a consistent high number of children coming into care with demand exceeding capacity coupled with the impact of the national transfer scheme. The number of children new to care is not within the power of Oxford Health Foundation Trust; there has been a 60% increase in the numbers of new to care in the first 6 months of 2022 compared to the same period last year.</p> <p>Plan: Processes have been reviewed to ensure medical time is focused on clinical activity. There is a current recruitment process in place to employ additional medics on a seasonal basis. An additional Doctor on an honorary contract is providing limited additional capacity in clinic.</p> <p>Resolution timescales: Unclear – a bid for additional funding has been submitted and the ICB are looking at external suppliers of medical support.</p>
Community Services	Looked After Children (out of county)	Every child over age 5 receive health review annually	90%	50% (17/34)	6+ months	<p>Description of the issue: Most 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.</p> <p>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.</p> <p>Resolution timescales: Not applicable</p>
Community Services	Looked After Children (out of county)	Every child under age of 5 receive health review at 6-monthly intervals	90%	33.3% (2/6)	6+ months	<p>Description of the issue: The 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 thus further delaying the health assessment</p> <p>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 out of area teams has been raised with the Designated Nurse for Children We Care For.</p> <p>Resolution timescales: Not applicable</p>
Community Services	Speech & Language Therapy	Patients who are classified as 'urgent swallow' to be offered an assessment within two working days of referral received	95%	62.9% (22/35)	1 month	<p>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.</p>

3.1 Contractual performance: Key Performance Indicator breaches narrative

Buckinghamshire All Ages MH	CAMIHS ED	% of routine ED referrals assessed in 4 weeks (national rules)	95%	42.9% (3/7)	6+ months	<p>Description of the issue: 4 due to limited clinical capacity</p> <p>Plan: Patients screened as 'deteriorating' routine continue to be prioritised, but some will unfortunately still breach as have to balance this demand with treatment needs of open patients. Mitigation in place for patients waiting (increased physical observations and check in calls from assistant psychologists). Service now has one only vacancy. Business case preparation underway to ascertain what resource would be needed to meet the AWT's moving forward</p> <p>Resolution Timescales: August 2022 revised to end of September 2022 for conclusion of Demand & Capacity work.</p>
Buckinghamshire All Ages MH	Adults	% people will have CPA review within the (timeframe)	95%	73% (470/644)	6+ months	<p>Description of the issue: Of the 644 CPA Reviews in scope, 470 met the 12-month target. (Aylesbury CMHT actual is 198/330=60% and Chiltern CMHT actual is 272/314= 87%).</p> <p>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.</p> <p>Resolution Timescales: Extended target to June 2022, further extension to Dec 22.</p>
Buckinghamshire All Ages MH	Older Adults	% people will have CPA review within the (timeframe)	95%	65.4% (53/81)	6+ months	<p>Description of the issue: Of the 81 CPA Reviews in scope, 53 met the 12-month target. (OA North CMHT actual is 31/50 =62% and OA South CMHT actual is 22/31= 71%).</p> <p>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.</p> <p>Resolution Timescales: Extended target to June 2022, further extension to Dec 22.</p>
Buckinghamshire All Ages MH	Older Adults	Routine (non-emergency) referral to Mental Health Team will be seen within 28 consecutive days for assessment.	90%	67.1% (49/73)	2 months	<p>Description of the issue: Of the 73 stop docks in scope, 49 were within 28 days. 92% were seen within 6 weeks. Majority of breaches associated with available staff capacity.</p> <p>Plan: The North OA Team has managed to recruit agency workers into the vacant post, but sickness level remains high. 1 staff allocated to re-triage and assess waiting list patients. South OA team recruitment challenges are ongoing. Teams are also experiencing increased referrals. Both teams have reviewed their plan to maintain ongoing contact with long waiters for routine appointments.</p> <p>Resolution Timescales: The service expects that there will still be some delay while the backlog is cleared, and it may be the beginning of June before the impact of this will be seen. New resolution timescales – July 2022. Due to ongoing challenges resolution timescales are now September 2022.</p>
Buckinghamshire All Ages MH	Older Adults	Referrals for memory assessment will be assessed and diagnosed within 40 working days.	85%	8.8% (7/80)	6 months	<p>Description of the issue:</p> <p>North – 4/44=9% - OA North Memory accountable for 40 of the breaches, 40 due to Staff capacity reasons.</p> <p>South – 3/36=8% - OA South Memory accountable for 33 of the breaches, due to the Care notes outage this team have been unable to provide narrative for their breaches as yet.</p> <p>Plan: A complete review of the model is underway.</p> <p>Resolution Timescales: Improvement plan is being developed as discussed with commissioners.</p>

3.1 Contractual performance: Key Performance Indicator breaches narrative

Buckinghamshire All Ages MH	IAPT	Access (Achieve rate of 12,749 ET by Q4), recovery rate, 6-week wait and 18 week wait measures	Access Target: 998	Actual Access: 776	2 months	<p>Description of the issue: In July access was 776 against a target of 998. Access rate for Q1 was 12% below plan and for July was 23% below plan. This is primarily due to:</p> <ol style="list-style-type: none"> 1. Increased targets in line with the smooth trajectory toward the LTP 2. Reduced referrals, which is partially seasonal. Recovery rates for Q1 are above plan but July recovery rate is just on target. We are exceeding the waiting time standards at both six and 18 weeks. Notable that access rates across IAPT services in BOB are all similarly below plan. <p>Plan: The service has an Access transformation project in place to increase access with key focus at this point on increasing referrals and conversion from referral to starting treatment eg expect to launch radio campaign shortly etc. We are looking at the recovery rate and we have identified some likely reasons for the drop – active management of step 3 waiting list and reduction in paired MDS % which we will be addressing this coming month.</p> <p>Resolution Timescales: Ongoing</p>
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%	5.7% (346/6121)	6+ months	<p>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 5.7% 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 4 more first appointments. Access target for 2022/2023 is set at 10% - 610 initial contacts.</p> <p>Plan: Team continuing to work closely with comms team to increase awareness of the service. Dadpad 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, to kophobia 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.</p>

3.1 Contractual performance: Key Performance Indicator breaches narrative

Oxon & BSW MH All ages	OBC	% of service users who have had a physical health assessment	85%	71.1% (683/960)	6+ months	<p>Description of the issue: Reporting Issues as system does not recognise a patient declining all, 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's 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.</p> <p>Plan: Service is Working with Business Intelligence team to amend reporting and we should expect performance to increase</p> <p>Resolution Timescales: December 22</p> <p><i>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.</i></p>
Oxon & BSW MH All ages	IAPT wellbeing	Access to MH Options, Support to access services, educational groups and peer support	100 per month	86	1 month	<p><i>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.</i></p>
Oxon & BSW MH All ages	IAPT wellbeing	Patient experience - the service I received has helped me to better understand my problems	90%	80% (8/10)	1 month	<p><i>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.</i></p>
Oxon & BSW MH All ages	IAPT wellbeing	Patient experience - I got the help that matter to me	90%	73% (11/15)	1 month	<p><i>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.</i></p>
Oxon & BSW MH All ages	IAPT wellbeing	Number of People aged 16-24 who have received support from the wellbeing service	12	10	1 month	<p><i>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.</i></p>

3.1 Contractual performance: Key Performance Indicator breaches narrative

Oxon & BSW MH All ages	IAPT	The length of wait for the 75th centile at Step/Cluster 3 for CBT	8 weeks	11 Weeks	3 months	<p>Description of the issue: As anticipated we have seen an increase in waiting times for step 3 CBT, as step 3 clinicians are supporting step 2 activity due to the ongoing step 2 service delivery issues. The anticipated increase in waits at step 3 has been agreed with the CCG as part of the step 2 recovery plan. All waiters regardless of step receive a wellbeing call every 12 weeks.</p> <p>Plan: As above</p> <p>Resolution Timescales: Mar 23</p> <p><i>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.</i></p>
Oxon & BSW MH All ages	IAPT	The proportion of people who complete IAPT treatment who are moving to recovery	51%	47.1% (321/709)	1 month	
Oxon & BSW MH All ages	IAPT	Entering treatment	1468	933	3 months	<p>Description of the issue: 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 other health care professional's colleagues to provide information sessions. We continue to develop our Long Covid pathway.</p> <p>Plan: As above</p> <p>Resolution Timescales: Mar 23</p>
Specialised	AED	% Bed Occupancy (new figure of 95% agreed from M04 - prior to this target was locally defined)	95%	70%	4 months	<p>Description of the Issue: Low bed occupancy due to staff shortages and increased patient acuity, resulting in inability to admit medium/high acuity patients without impacting on ward/patient safety.</p> <p>Patient flow has also been affected by bed vacancies where there has been a gap of 24hrs between discharge and admission of new patients, especially where there is a high acuity level on the ward(s).</p> <p>Plan:</p> <ul style="list-style-type: none"> 1 x B5 Staff Nurse recruited, due to start in September. Rolling Advert out for remaining post. 1 x band 6 Dietitian waiting to go out to advert. 4 x staff on nights, (budget is for 3) due to changing needs of the client group. Discussions with finance about long term budgeting for this. <p>Resolution Timescales: Dependent on discussions with Finance, continued increasing patient acuity and successful staff recruitment</p>

3.1 Contractual performance: Key Performance Indicator breaches narrative

Specialised	AED	Delayed Discharges	0	2	3 months	<p>Description of the Issue: Patient flow-through affected by a number of delayed discharges</p> <p>Plan: n/a</p> <p>Resolution Timescales: Timescales are constrained by individual patient health and arising external factors. The service continues to monitor and work in co-ordination with each patient to ensure timely discharge and minimise delays.</p> <p>Description of the Issue: Low bed occupancy due to staff shortages and increased patient acuity, resulting in inability to admit medium/high acuity patients without impacting on ward/patient safety.</p> <p>Patient flow has also been affected by bed vacancies where there has been a gap of 24hrs between discharge and admission of new patients, especially where there is a high acuity level on the ward(s).</p> <p>Plan:</p> <p>Resolution Timescales: Dependent on future acuity levels and appetite of commissioners to recognise increasingly complex patients require higher levels of staffing - internal service finances will require r/v.</p> <p><i>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.</i></p>
Specialised	T4CAMHS	% Bed Occupancy (new figure of 95% agreed from M04 - prior to this target was locally defined)	95%	73%	4 months	<p>Description of the Issue: Patient flow-through affected by a number of delayed discharges</p> <p>1 on Lambourn - MHRT granted a deferred conditional discharge, however there will be a delay pending a parole board panel which is scheduled for December.</p> <p>1 on Kestrel - MHRT granted a deferred conditional discharge, however mental state has since deteriorated to levels where the risks are too high to proceed currently.</p> <p>Two further delays with exact causes a mix of issues</p> <p>Plan: Bed occupancy and patient movement through the service continues to be monitored through a weekly MDT Clinical Activity Group meeting which is attended by senior clinical and operational representatives.</p> <p>Where discharges are clinically appropriate and are not dependent on external forces, the service will work to ensure there are minimal delayed discharges on the wards.</p> <p>Resolution Timescales: Timescales are constrained by individual patient health and arising external factors.</p> <p>The service continues to monitor and work in co-ordination with each patient to ensure timely discharge and minimise delays.</p>
Specialised	FORENSIC LSU	% Bed Occupancy (new figure of 95% agreed from M04 - prior to this target was locally defined)	95%	85%	1 month	<p>Description of the Issue: Patient flow-through affected by a number of delayed discharges</p> <p>1 on Lambourn - MHRT granted a deferred conditional discharge, however there will be a delay pending a parole board panel which is scheduled for December.</p> <p>1 on Kestrel - MHRT granted a deferred conditional discharge, however mental state has since deteriorated to levels where the risks are too high to proceed currently.</p> <p>Two further delays with exact causes a mix of issues</p> <p>Plan: Bed occupancy and patient movement through the service continues to be monitored through a weekly MDT Clinical Activity Group meeting which is attended by senior clinical and operational representatives.</p> <p>Where discharges are clinically appropriate and are not dependent on external forces, the service will work to ensure there are minimal delayed discharges on the wards.</p> <p>Resolution Timescales: Timescales are constrained by individual patient health and arising external factors.</p> <p>The service continues to monitor and work in co-ordination with each patient to ensure timely discharge and minimise delays.</p>
Specialised	FORENSIC LSU	Delayed Discharges	0	4	4 months	<p>Description of the Issue: Patient flow-through affected by a number of delayed discharges</p> <p>1 on Lambourn - MHRT granted a deferred conditional discharge, however there will be a delay pending a parole board panel which is scheduled for December.</p> <p>1 on Kestrel - MHRT granted a deferred conditional discharge, however mental state has since deteriorated to levels where the risks are too high to proceed currently.</p> <p>Two further delays with exact causes a mix of issues</p> <p>Plan: Bed occupancy and patient movement through the service continues to be monitored through a weekly MDT Clinical Activity Group meeting which is attended by senior clinical and operational representatives.</p> <p>Where discharges are clinically appropriate and are not dependent on external forces, the service will work to ensure there are minimal delayed discharges on the wards.</p> <p>Resolution Timescales: Timescales are constrained by individual patient health and arising external factors.</p> <p>The service continues to monitor and work in co-ordination with each patient to ensure timely discharge and minimise delays.</p>

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 – 18 August 2022)

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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	May-22	50 (50)	15 (15)	35 (30)	5 (5)
Percentage of A&E 12 hr waits – Adult	n/a	May-22	8% (8%)	12% (10%)	12% (11%)	3% (3%)
Number of A&E 12 hr waits – CYP	n/a	May-22	5 (5)	n/a	5 (5)	n/a
Percentage of A&E 12 hr waits – CYP	n/a	May-22	4% (6%)	n/a	9% (13%)	n/a
Discharges followed up within 72 hours	>80%	Apr-22	75% (76%) ↓	100% (85%) ↑	64% (74%) ↓	71% (70%) ↑
Acute admissions with no prior contacts - All inpatients	n/a	Apr-22	15% (15%)	9% 8%)	19% (16%)	15 (19%)
Admissions With No Prior Contacts – BAME	n/a	Apr-22	21% (20%)	n/a	36% (30%)	n/a (24%)
Admissions With No Prior Contacts - White British	n/a	Apr-22	11% (10%)	n/a	11% (9%)	15% (17%)
Community Mental Health access - 2+ Contacts	n/a	Apr-22	14,155 (14,215)	4,645 (4,680)	6,645 (6,680)	2,875 (2,865)
CYP access - 1+ Contact	21,066	Apr-22	21,345 (21,310) ↑	6,960 (7,000) ↓	7,250 (7,230) ↑	7,155 (7,095) ↑
CYP Eating disorder waiting time – Routine	>95%	Mar-22	36% (39%) ↓	33% (37%) ↓	27% (31%) ↓	67% (72%) ↓
CYP Eating disorder waiting time – Urgent	>95%	Mar-22	51% (57%) ↓	64% (80%) ↓	56% (67%) ↓	46% (48%) ↓
Dementia Diagnosis Rate	>66.7%	Jun-22	59% (59%)	57% (57%) -	61% (61%) -	58% (59%) ↓

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%	Apr-22	61% (60%) ↑	64% (53%) ↑	71% (70%) ↑	44% (42%) ↑
Percentage of IAPT referrals receiving an app. within 6 weeks	> 75%	Apr-22	98% (98%) -	98% (97%) ↑	99% (100%) ↓	98% (97%) ↑
Percentage of IAPT referrals receiving an app. within 18 weeks	> 95%	Apr-22	100% (100%) -	100% (100%) -	100% (100%) -	99% (100%) ↓
Percentage of first to second IAPT treatment over 90 days	< 10%	Apr-22	9% 8% ↑	4% (1%) ↑	9% (12%) ↓	16% (12%) ↑
IAPT access - over 65 years	n/a	Mar-22	690 (625)	335 (265)	215 (200)	140 (160)
Number people accessing IAPT services – monthly	3,507	Ap-22	2,555 (3,630) ↓	840 (1,105) ↓	870 (1,520) ↓	845 (1,005) ↓
IAPT Recovery Rate – monthly	> 50%	Mar-22	51% (51%) -	55% (54%) ↑	48% (49%) ↓	52% (48%) ↑
IAPT Recovery Rate - Black, Asian and Minority Ethnic	> 50%	Mar-22	49% (49%)	51% (53%)	46% (46%)	49% (49%)
IAPT Recovery Rate - White British	> 50%	Mar-22	53% (51%)	57% (55%)	50% (45%)	52% (55%)
Number accessing Individual Placement and Support services	99	Apr-22	145 (520) ↓	50 (190) ↓	45 (210) ↓	50 (125) ↓
Rate of adult acute mental health length of stay, over 60 days	< 8.0	Apr-22	6.5 (7.1) ↓	4.7 (2.8) ↑	6.9 (8.6) ↓	8.1 (9.8) ↓

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	<8.0	Apr-22	8.0 (6.4) ↑	4.8 (n/a) -	8.0 (6.4) ↑	12.3 (11.1) ↑
Percentage of inappropriate OAP bed days that are external	n/a	Apr-22	100% (100%) -	100% (100%)	100% (100%)	100% (100%)
No. of days patients placed out of area due to unavailable beds	n/a	Apr-22	960 (765)	50 (35)	260 (190)	645 (540)
Perinatal Access - Rolling 12 months	n/a	Apr-22	1,325 (1,310)	395 (385)	570 (565)	365 (365)
Perinatal Access - Year to Date	164	Apr-22	335 (1,305) ↓	105 (380) ↓	145 (565) ↓	85 (365) ↓
No. with SMI receiving a PHC within 12 months	7,883	Mar-22	5,700 (4,868) ↑	1,933 (1,535) ↑	2,216 (1,893) ↑	1,551 (1,440) ↑
Data Quality – Consistency	n/a	Apr-22	95% (93%)	n/a	n/a	n/a
Data Quality – Coverage	> 95%	Apr-22	79% (86%) ↓	n/a	n/a	n/a
Data Quality – Outcomes	>40%	Apr-22	26% (21%) ↑	n/a	n/a	n/a
Data Quality - DQMI Score	>80.0	Mar-22	74 (61) ↑	n/a	n/a	n/a
Data Quality - SNOMED CT	100%	Apr-22	95% (94%) ↑	n/a	n/a	n/a

MH Long Term Plan Metrics Performance – STP Benchmarking



Indicator	Regional Target	Latest Published Date	Region	STP						
				South East Region	BOB Position	BOB	FHC	HLOW	K&M	SHH
Number of A&E 12 hr waits – Adult	n/a	May-22	550	Joint 1st	50	50	130	115	65	135
Percentage of A&E 12 hr waits – Adult	n/a	May-22	13%	1st	8%	15%	14%	17%	24%	11%
Number of A&E 12 hr waits – CYP	n/a	May-22	55	Joint 1st	5	5	25	10	n/a	5
Percentage of A&E 12 hr waits – CYP	n/a	May-22	5%	2nd	4%	6%	11%	4%	n/a	2%
Discharges followed up within 72 hours	>80%	Apr-22	77%	4th	75%	59%	84%	82%	50%	82%
Acute admissions with no prior contacts - All inpatients	n/a	Apr-22	12%	5th	15%	12%	17%	7%	12%	8%
Admissions With No Prior Contacts – BAME	n/a	Apr-22	15%	5th	21%	19%	18%	16%	n/a	9%
Admissions With No Prior Contacts - White British	n/a	Apr-22	9%	4th	11%	8%	14%	4%	14%	6%
Community Mental Health access - 2+ Contacts	n/a	Apr-22	84,195	3rd	14,155	5,605	11,755	25,155	9,855	17,815
CYP access - 1 + Contact	105,801	Apr-22	110,835	2nd	21,345	8,425	20,870	28,040	13,910	18,470
CYP Eating disorder waiting time – Routine	>95%	Mar-22	64%	5th	36%	68%	64%	98%	97%	28%
CYP Eating disorder waiting time – Urgent	>95%	Mar-22	64%	4th	51%	72%	43%	99%	98%	25%
Dementia Diagnosis Rate	>66.7%	Jun-22	61%	5th	59%	63%	61%	58%	64%	61%

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 HLOW Hampshire and the Isle of White STP SHC Sussex Health and Care Partnership STP

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MH Long Term Plan Metrics Performance – STP Benchmarking



Indicator	Regional Target	Latest Published Date	Region		STP						
			South East Region	BOB Position	BOB	FHC	HLOW	K&M	SHH	SHC	
Percentage of EIP referrals waiting 2 weeks or less	> 60%	Apr-22	70%	5th	61%	48%	76%	80%	71%	65%	
Percentage of IAPT referrals receiving an app. within 6 wks	> 75%	Apr-22	92%	1st	98%	94%	95%	83%	86%	95%	
Percentage of IAPT referrals receiving an app. within 18 wks	> 95%	Apr-22	99%	Joint 1st	100%	100%	100%	98%	100%	100%	
Percentage of first to second IAPT treatment over 90 days	< 10%	Apr-22	16%	1st	9%	10%	19%	24%	14%	15%	
IAPT access - over 65 years	n/a	Mar-22	3,270	1st	690	225	605	640	440	670	
Number people accessing IAPT services – monthly	19,601	Ap-22	13,740	4th	2,555	1,200	2,840	2,780	1,695	2,665	
IAPT Recovery Rate – monthly	> 50%	Mar-22	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	
IAPT Recovery Rate - Black, Asian and Minority Ethnic	> 50%	Mar-22	49%	4th	49%	45%	52%	47%	51%	51%	
IAPT Recovery Rate - White British	> 50%	Mar-22	51%	Joint 2nd	53%	51%	53%	47%	50%	54%	
Number accessing IPS services	548	Apr-22	365	Joint 1st	145	40	5	145	5	25	
Rate of adult acute MH length of stay, over 60 days	< 8.0	Apr-22	6.0	5th	6.5	6.0	5.5	5.3	7.0	6.2	

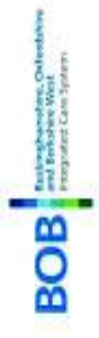
BOB	Buckinghamshire, Oxfordshire and Berkshire STP	K&M	Kent and Medway STP	SHH	Surrey Heartlands Health and Care Partnership STP
FHC	Frimley Health and Care STP	HLOW	Hampshire and the Isle of White STP	SHC	Sussex Health and Care Partnership STP

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MH Long Term Plan Metrics Performance – STP Benchmarking



Indicator	Regional Target	Latest Published Date	Region		STP						
			South East Region	BOB Position	BOB	FHC	HLOW	K&M	SHH	SHC	
Rate of adult acute MH length of stay, over 90 days	<8.0	Apr-22	8.5	2nd	8.0	8.2	8.7	6.0	10.9	10.1	
Percentage of inappropriate OAP bed days that are external	n/a	Apr-22	100%	Joint 1st	100%	100%	100%	n/a	100%	100%	
No. of days patients placed out of area due to unav. beds	n/a	Apr-22	5,700	4th	960	925	365	0	2,290	1,160	
Perinatal Access - Year to Date	815	Apr-22	1,840	3rd	335	105	260	365	315	455	
No. with SMI receiving a PH check within 12 months	42,649	Mar-22	26,936	1st	5,700	3,080	5,058	4,795	3,982	4,321	
Data Quality – Consistency	n/a	Apr-22	93%	3rd	94%	100%	94%	83%	92%	100%	
Data Quality – Coverage	>95%	Apr-22	63%	1st	79%	60%	68%	65%	50%	75%	
Data Quality – Outcomes	>40%	Apr-22	31%	5th	26%	39%	34%	45%	1%	40%	
Data Quality - DQMI Score	>80.0	Mar-22	70.8	3rd	73.8	74.3	84.3	70.2	66.0	63.3	
Data Quality - SNOMED CT	100%	Apr-22	69%	1st	95%	90%	37%	89%	8%	85%	

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

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Exceptions/Non-Compliance: Learning Disabilities and Autism



BOB Level

Measure	Target	Q3			Q4					
		Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
LeDer	100%	n/a	n/a	98%	n/a	n/a	97%	96%	94%	93%
Annual Health Checks	75% by Yr End	23%	30%	35%	42%	53%	70%	73%	7%	10%
In-patients Adults*	40	40	41	38	39	37	41	46	49	50
In-patients CYP	11	13	14	13	12	12	11	13	11	13

* 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 - 10% of the target [40] is 4; CYP Inpatients - 10% of the target [12] is 1.2)

CCG Level

Indicator	Target	Buckinghamshire		Oxfordshire		Berkshire West	
		Jun-22	Jun-22	Jun-22	Jun-22	Target	Jun-22
LeDer	n/a	85%	n/a	96%	n/a	n/a	97%
Annual Health Checks	75% by Yr End	9%	75% by Yr End	9%	75% by Yr End	13%	13%
In-patients Adults*	9	21	14	16	16	SSS	SSS

* 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)

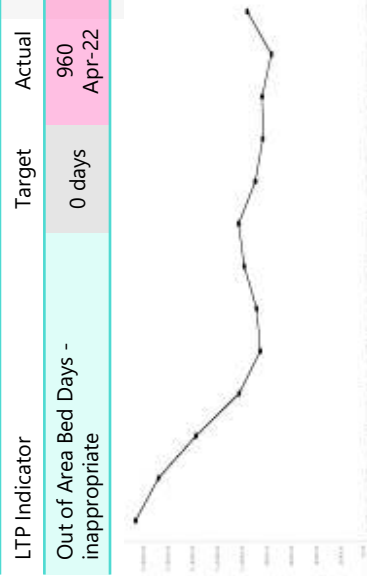
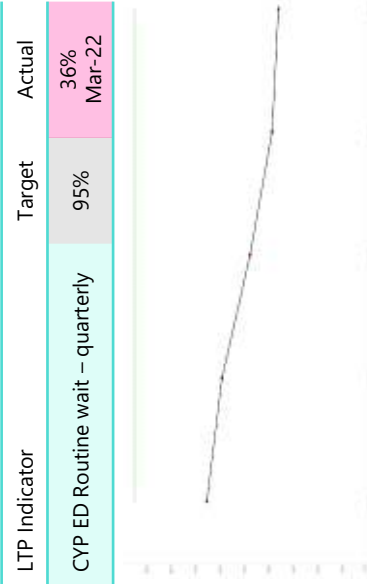
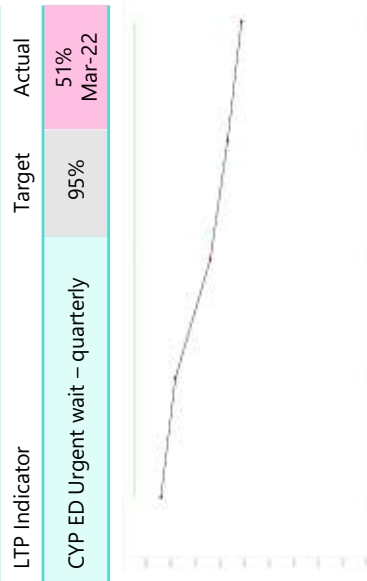
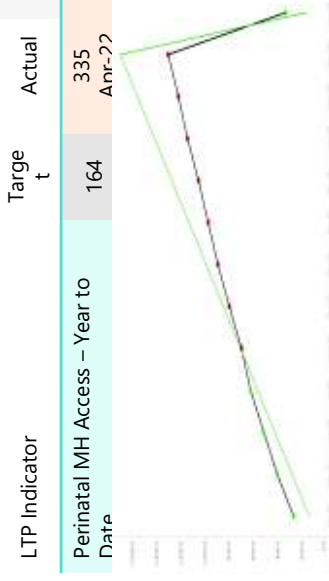
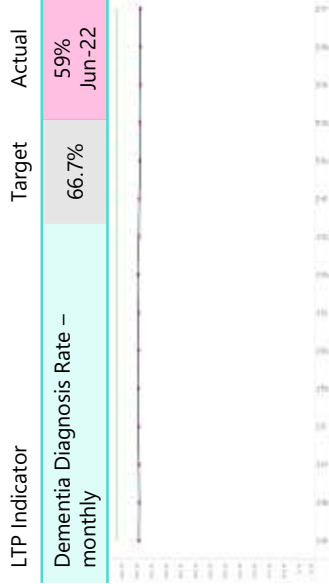
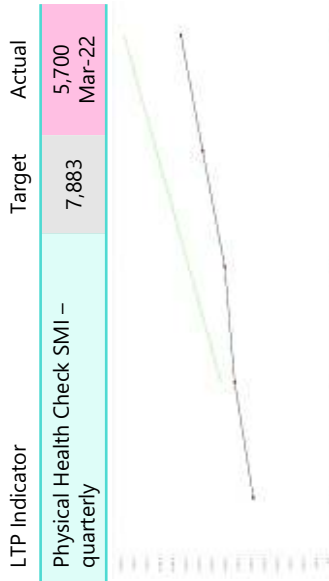
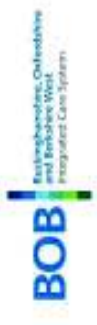
Commentary:

"AHC Update: good start to the year. National drive to contact the 1887 people in BOB who did not have a health check last year. Adult Inpatients: 10 over trajectory - all in CCG commissioned beds. 8 admissions & 8 discharges (Apr to June). Expect a reduction in July to amber status c. low 40s. Continued system pressures around inpatient activity and focus on length of stay over 5 years. CCG: 4 with plans to move into community 22/23. 11 in secure provision. CYP Inpatients: 5 admissions & 7 discharges (Apr to June). All admissions for autistic young people with 1 also having LD. Large proportion presenting with eating difficulties. LeDer: Bucks remain below compliance and a resourcing planning exercise is underway with CSU to cost for recovery too and sustaining 100% compliance" - **Nicki Greening** (17.08.2022)

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



Commentary:

Inappropriate OAPs: The ICB trend for inappropriate Out of Area Placements (OAPs) has stayed relatively level for 7 months after a steady decline between June and September 2021. However, since March 2022, number of OAPs has started to increase again across Oxfordshire, Buckinghamshire and Berkshire. Berkshire continue to have the highest number of OAPs, followed by Oxfordshire and the Buckinghamshire.

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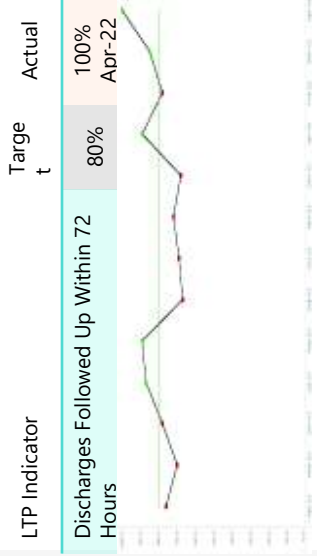
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Exceptions/Non-Compliance: Discharges Followed Up Within 72 Hours



Buckinghamshire CCG



Commentary:

Is performance on track? Yes

If not, what is the issue? n/a

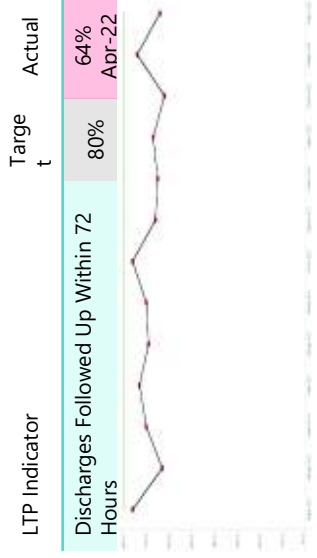
What is the plan to address? n/a

Are we anticipated to achieve this? By when n/a

OHFT figures:

June 2022: 90%

Oxfordshire CCG



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? The main issue continues to be around those patients being discharged from external S17 leave. There is work being undertaken with the Consultant group to move away from the practice of maintaining patients on S3 rather than CTO or discharging.

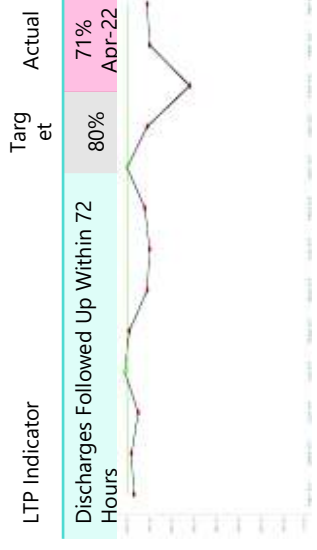
What is the plan to address? We regularly remind teams about 72hr follow up following external leave discharge, however with current staffing issues in teams these may not be prioritised over other clinical work. Additionally the Inpatient Pathway Improvement Project is reviewing S17 practices.

Are we anticipated to achieve this? By when See above

OHFT figures:

June 2022: 66%

Berkshire West CCG



Commentary:

Is performance on track?

Yes. NHS Digital shows BHFT followed up 25/25 discharges in April 2022.

If not, what is the issue? n/a

What is the plan to address? n/a

Are we anticipated to achieve this? n/a

BHFT figures:

July data shows 97% compliance

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

Buckinghamshire CCG

LTP Indicator	Target	Actual
CYP ED Waiting Time (Routine)	95%	33% Mar-22



Commentary:

Is performance on track? No. 33% against a target of 95% for March.

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? Successfully appointed to 1 B7 psychology vacancy, and just 1 8a clinical psychology vacancy remaining. Service review includes an evaluation of demand, capacity and quality review in order to understand gaps, and what is needed to improve performance.

Are we anticipated to achieve this by when? Recruitment of B7 staff member (approx. 3 months induction) may have an effect but demand, capacity & quality review will show us what real needs of service are (end September 22).

Oxfordshire CCG

LTP Indicator	Target	Actual
CYP ED Waiting Time (Routine)	95%	27% Mar-22



Commentary:

Is performance on track? No. 27% against a target of 95% for Mar.

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%	67% Mar-22



Commentary:

Is performance on track? No. 67% against a target of 95%.

If not, what is the issue?

Increase in demand and staff vacancies. Ongoing high number of referrals with high acuity, coupled with resignations and maternity leave which we are finding hard to recruit into. Current vacancies are 11.0 wte and 3.0 wte maternity leave.

What is the plan to address?

Ongoing recruitment drive, including working with colleagues in recruitment to innovate around recruitment. We are having to pause our routine assessments on some days due to the number of urgent assessments and staff absence.

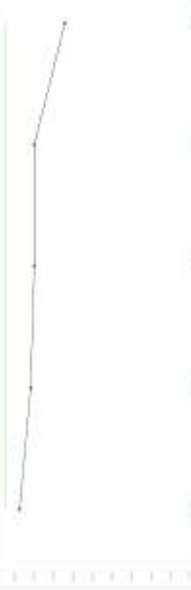
Are we anticipated to achieve this?

We hope to see an improvement in the next 6 – 9 months once vacancies have been filled.

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

Buckinghamshire CCG

LTP Indicator	Target	Actual
CYP ED Waiting Time (Urgent)	95%	64% Mar-22



Commentary:

Is performance on track? Performance is below target consistently. Trends indicate declining performance over the past 5 months.

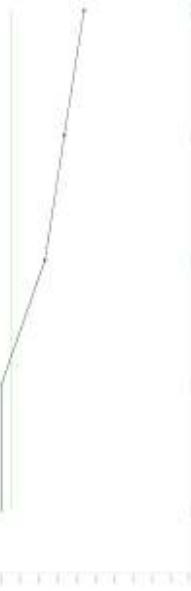
If not, what is the issue? There have been historic differences between how this measure was recorded locally vs nationally and this has also led to differences in observed performance. Local rules measures those patients stopping their waiting time clock in the given reporting month, whereas national rules looks at figures published on a 12 month rolling basis. Local rules are now moving to align with the national rules and the accompanying narrative will reflect this performance.

What is the plan to address? As above

Are we anticipated to achieve this? By when
September 2022

Oxfordshire CCG

LTP Indicator	Target	Actual
CYP ED Waiting Time (Urgent)	95%	56% Mar-22



Commentary:

Is performance on track? Performance is below target consistently. Trends indicate declining performance over the past 5 months.

If not, what is the issue? There have been historic differences between how this measure was recorded locally vs nationally and this has also led to differences in observed performance. Local rules measures those patients stopping their waiting time clock in the given reporting month, whereas national rules looks at figures published on a 12 month rolling basis. Local rules are now moving to align with the national rules and the accompanying narrative will reflect this performance.

What is the plan to address? As above

Are we anticipated to achieve this? By when
September 2022

Berkshire West CCG

LTP Indicator	Target	Actual
CYP ED Waiting Time (Urgent)	95%	46% Mar-22



Commentary:

Is performance on track? No. Consistently below target.

If not, what is the issue? Our own data suggests an improvement in performance. There have been historic differences between how this measure was recorded locally vs nationally and this has also led to differences in observed performance. Local rules measures those patients stopping their waiting time clock in the given reporting month, whereas national rules looks at figures published on a 12 month rolling basis. Local rules are now moving to align with the national rules and the accompanying narrative will reflect this performance.

What is the plan to address? As above

Are we anticipated to achieve this? Next quarter

Exceptions/Non-Compliance: Dementia Diagnosis Rate



Buckinghamshire CCG

LTP Indicator	Target	Actual
Dementia Diagnosis Rate	66.7%	57% Jun-22

Commentary:

Is performance on track? No

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 optimize (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. Also, the seconded Band 8a Dementia Nurse Specialist stepped down from the role in the middle of May. **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% Jun-22

Commentary:

Is performance on track? No 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 estate IPC issues and staffing issues. 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 Jan 2022

Berkshire West CCG

LTP Indicator	Target	Actual
Dementia Diagnosis Rate	66.7%	58% Jun-22

Commentary:

Is performance on track? No.

If not, what is the issue? The DDR data is pulled from GP systems. In addition the memory clinics are in a recovery phase after being paused during the pandemic. This has resulted in a backlog of assessments across the West. Staff sickness as well as recruitment issues have impacted on capacity. In addition GP recording issues have been highlighted within Primary Care.

What is the plan to address? DDR production worker is in place to support primary care in recording dementia rates. Dementia pathway has led to a reduction in annual reviews resulting in more capacity over time for initial assessments by memory clinic nurses. Dementia spending review monies was used to increase staffing in memory clinics.

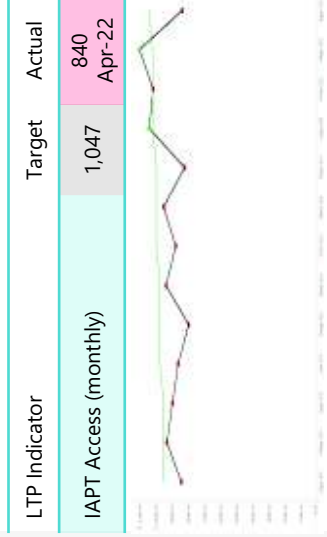
Are we anticipated to achieve this? Autumn 2022

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

Exceptions/Non-Compliance: Number people accessing IAPT services –



Buckinghamshire CCG



Commentary:

Is performance on track?

No

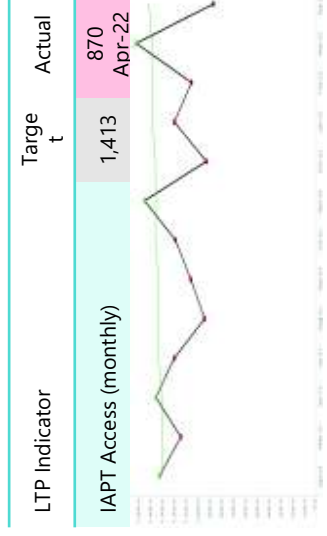
If not, what is the issue?

The target given above is not the target that the service has agreed with our commissioners. As noted on previous reports, Bucks IAPT has agreed a smooth trajectory for improving access in order to meet the long term plan objectives. The actual target for April FY 22-23 was 970. As such, the actual performance of 840 is below the expected target. This is due to a reduction in referrals and a similar pattern has been observed across all IAPT services in BOB.

What is the plan to address?

The service has a transformation programme in place to increase access.

Oxfordshire CCG



Commentary:

Is performance on track?

No

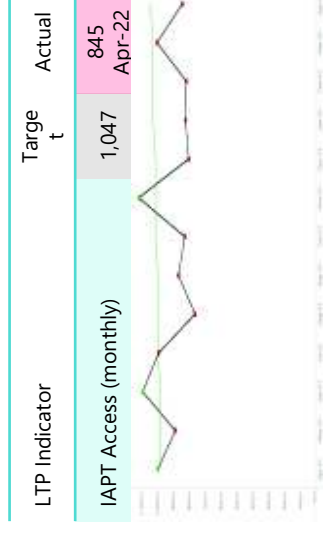
If not, what is the issue?

The target given above is not the target that the service has agreed with commissioners. As noted on previous reports, Oxfordshire IAPT has agreed a smooth trajectory for improving access in order to meet the long term plan objectives. The actual target for April FY 22-23 was 1373, the service underperformed against the actual target due to a decrease in referrals during this month.

What is the plan to address?

The service is actively engaging in marketing campaigns to increase referrals as well as investing resource into outreach programmes for BAME communities and older adults. The service continue to develop its LTC pathways including Long Covid.

Berkshire West CCG



Commentary:

Is performance on track?

No.

If not, what is the issue?

Access targets have been challenging to achieve in most months this year. We think this is due to longer than usual waiting times at step 3 which has been caused by staff shortages and complex cases.

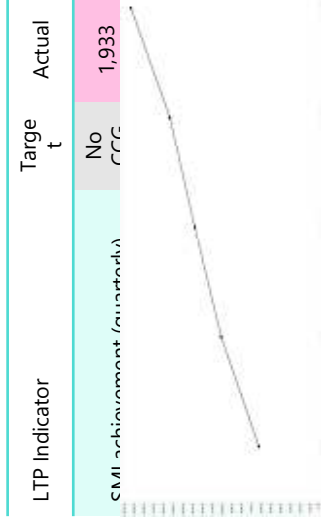
What is the plan to address?

Plans to support increased access include marketing campaigns and comms to promote awareness of the service and what we offer. We will soon be offering various improved digital access to enter the service and to support patients that are waiting for treatment. We are developing plans to increase engagement with health professionals in primary care networks with an aim to increase appropriate referrals.

Exceptions/Non-Compliance: SMI – Physical Health Checks Activity (quarterly)



Buckinghamshire CCG



Commentary:

Is performance on track?

Progress is being made, this month the performance seems to have stay fairly the same like the previous month(66 – 97%). Improvement plans are being develop with the physical care leads and teams. This will include how we improve DNA performance and how we support patients to manage their physical health better by looking at mobile clinics/devices.

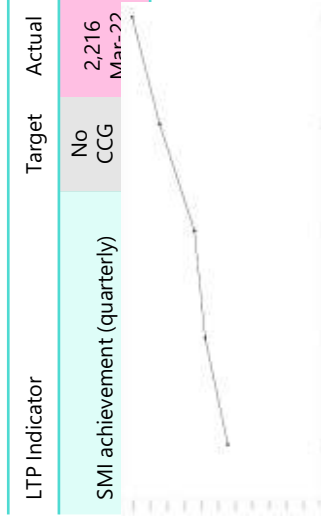
If not, what is the issue?

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



Commentary:

Is performance on track?

No

If not, what is the issue?

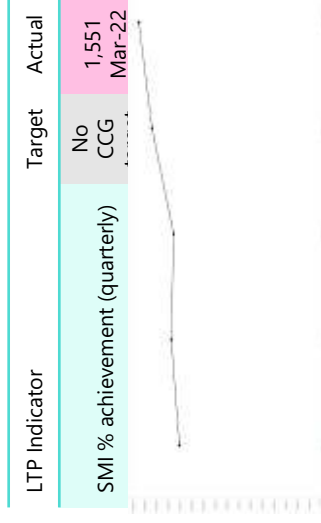
National data is provided by the GP systems looking at the whole population. The OHFT Oxon local performance is 69% on Physical Health Checks for SMI caseload.

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

This metric is based on data captured on GP systems

Berkshire West CCG



Commentary:

Is performance on track? No. Berkshire West has recently increased our target to 95%, and we are currently sitting at 93% completion rate for patients on the SMI caseload for less than one year who have had their annual physical health checks and interventions.

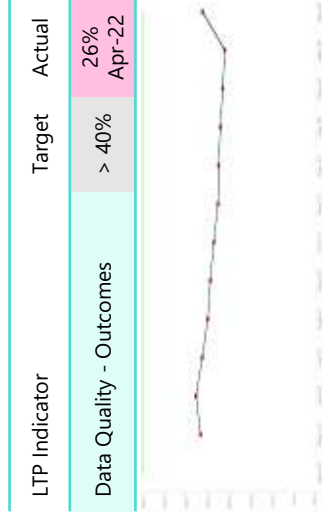
If not, what is the issue? This figure fluctuates and has often been over 95%, however this varies depending on the number of new referrals and how quickly we are able to engage with the patient group to arrange their physical health check.

What is the plan to address? We plan to continue to work closely with the CCG to share our health check data as well as accessing Connected Care. We are looking at the data for those patients who have been open to the CMHT (Community Mental Health Teams) for more than a year and working with Care Coordinators to ensure that those who have not had a health checks are supported to attend their GP for this.

Exceptions/Non-Compliance: Data Quality



BOB Level



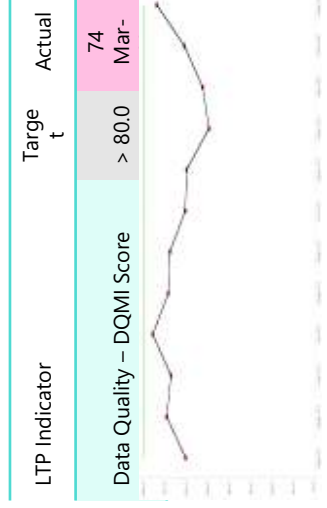
Commentary:

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 with OHFT being a significant contributor. In OHFT under performance 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. This will be operational in phases with CAMHs going live in Autumn of 2022

BOB Level



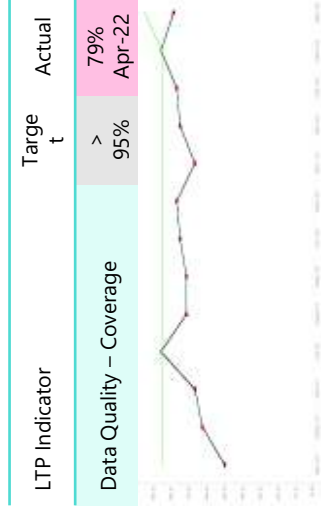
Commentary:

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

If not, what is the issue? A more detailed analysis is being undertaken to identify the specific DQMI fields under-performing for each provider, to enable conversations/support to take place.

What is the plan to address? As above.

BOB Level



Commentary:

Is performance on track? No, there is variation month on month in terms of performance against this indicator. In addition the target has increased from 85% to 95%.

If not, what is the issue? Contact is being made with providers in scope to understand challenges faced/issue with submissions, to enable conversations/support to take place.

What is the plan to address? As above

Exceptions/Non-Compliance: Data Quality



BOB Level

LTP Indicator	Target	Actual
Data Quality – SNOMED CT	100%	95% Apr-22



Commentary:

Is performance on track?

No, performance continues to be in line with previous months but the target has increased from 85% to 100%.

If not, what is the issue?

As above.

What is the plan to address?

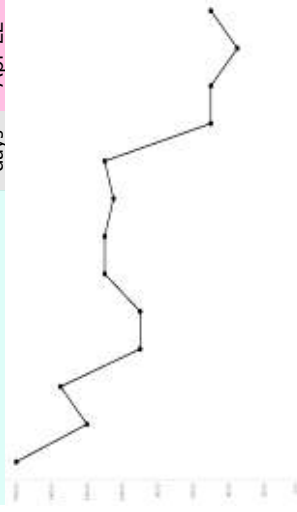
Review on underperforming areas to commence to explore score for improving on performance to reach the 100% target

Exceptions/Non-Compliance: Out of Area Placements (Inappropriate ONLY)



Buckinghamshire CCG

LTP Indicator	Target	Actual
Out of Area Placements	0 days	50 days Apr-22



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.

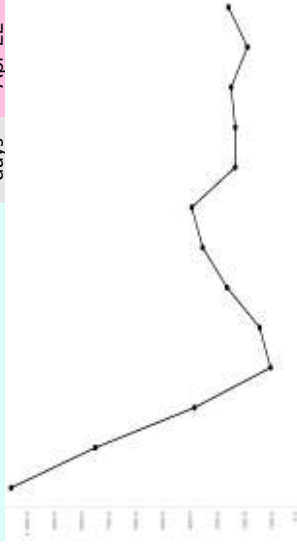
If not, what is the issue? The Trust has been operating throughout the year with **up to 15% less capacity** in the Adult and Older Adult Mental Health wards.

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/1 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.

July 2022: 41 (35 Adult, 6 Older Adult) inappropriate OAP occupied days Bucks CCG; 67 (67 Adult, 0 Older Adult) inappropriate OAP occupied bed days for Oxon CCG (Adult and Older MH only)

Oxfordshire CCG

LTP Indicator	Target	Actual
Out of Area Placements	0 days	260 days Apr-22



Commentary:

Is performance on track?

Yes

If not, what is the issue?

n/a

What is the plan to address?

n/a

Berkshire West CCG

LTP Indicator	Target	Actual
Out of Area Placements	0 days	645 days Apr-22



Commentary:

Is performance on track?

Yes

If not, what is the issue?

n/a

What is the plan to address?

n/a

Section 6:

Abbreviations

A glossary of abbreviations used within
the report

Caring, safe and excellent

Oxford Health
NHS Foundation Trust



BOB MH Priorities for Recovery

KPI	Key Performance Indicator	A quantifiable measure of performance over time for a specific objective.
BSW	BaNES, Swindon and Wiltshire	geographical area
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.

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 treatment to support children, young people and their families. Working with children and young people aged between 11 and 18 years old. services 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 Statistical 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.