Oxford Health NHS
NHS Foundation Trust

Trust Board Performance Overview Report – Month 11, February 2020

This report provides an update to the Trust Board on National and local performance indicators.

National Performance

(1) Single Oversight Framework (SOF): The NHS Improvement (NHSI) SOF was implemented on 1 October 2016. The framework follows themes which are linked to those of the Care Quality Commission (CQC). By focussing on these themes, NHSI will support providers to attain and/or maintain a CQC 'good' or 'outstanding' rating. In the majority of cases NHSI will be sourcing Trust performance data from publicly available sources e.g. CQC, NHS Digital, NHS England, and Unify. The majority of the indicators do not have targets/thresholds, so where information is available the published performance has been measured against the average position for England. There is a reporting time lag in some cases; where this is the case the **last** available reported position is reflected in this report.

Local Performance

Contractual Performance: the Trust is contracted by a number of commissioners to provide a range of services across the 4 clinical directorates below. This report provides a summary of performance against the performance indicators within each of the Trust's contracts.

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

Summary of Indicators

In total, the Trust routinely reports information and performance relating to **1775 indicators;** broken down as follows.

Area	Indicators with defined targets					Indicators with no target	Totals
	Monthly	Quarterly	Yearly	Bi-Annual/ Seasonal	Total		
National Performance							
(1) Single Oversight Framework	10	2	3	0	15	12	27
Local Contractual Performance							
(2) Community Services	45	8	27	37	117	523	640
(3) All Ages Mental Health Oxon and BSW	125	9	1	0	135	406	541
(4) All Ages Mental Health Buckinghamshire	42	18	2	5	67	266	333
(5) Specialised Services	106	15	8	4	133	101	234
Local Contractual Total	**318**	**50**	**38**	**46**	**452**	**1296**	**1748**
Grand Total	**328**	**52**	**41**	**46**	**467**	**1308**	**1775**

Performance Scorecard

The tables below show performance as at month 11, and then breakdown of performance is provided below:

Summary

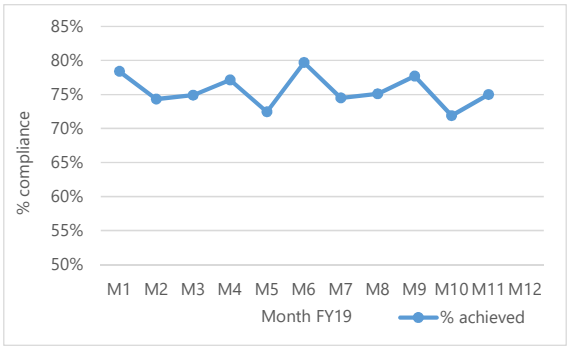
Directorate	Below target >10%	Below Target -1-9%	Target Met	No Target	Total	% Met
National Performance						
(1) Single Oversight Framework	1	1	8	12	10	80%
Local Contractual Performance						
(2) Community Services	7	6	32	523	45	71%
(3) All Ages Mental Health Oxon and BSW	22	12	93	406	127	73%
(4) All Ages Mental Health Buckinghamshire	5	6	31	266	42	74%
(5) Specialised Services	3	19	84	101	106	79%
Local Contractual Performance Total	**37**	**43**	**240**	**1296**	**320**	**75%**
Grand Total	**38**	**44**	**248**	**1308**	**330**	**75%**

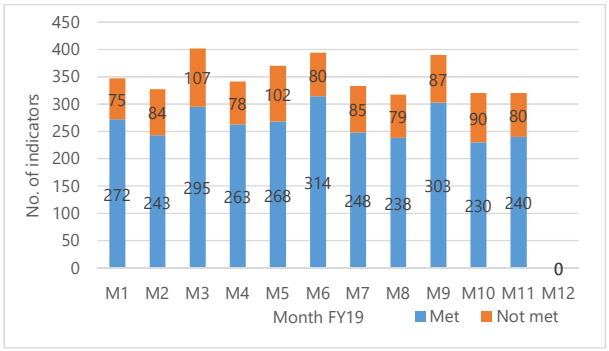
Breakdown

Area	Below target	Below Target	Target Met	No Target	Total	% Met
National Performance						
(1) Single Oversight Framework	1	1	8	12	10	80%
Quality of Care	0	1	3	8	4	75%
Operational Performance	1	0	5	0	6	83%
Organisational Health	0	0	0	4	0	N/A
Local Contractual Performance						
(2) Community Services	7	6	32	523	45	71%
School Health Nursing and College Health Nursing services, Public Health Promotion Resources services and a National Child Measurement Programme	0	0	0	126	0	N/A
Health Visiting and Family Nurse Partnership services	0	0	0	52	0	N/A
School Age Immunisations	0	0	6	3	6	100%
Oxon Community & Mental Health Contract (Adults Community services)	4	4	16	266	24	67%
Oxon Community & Mental Health Contract (Children Community services)	2	0	4	15	6	67%
Oxon Community & Mental Health Contract (Other)	0	1	4	0	5	80%
Podiatry	0	0	1	26	1	100%
Luther Street Medical Centre	0	0	0	0	0	N/A
Buckinghamshire Continuing Healthcare	1	1	1	35	3	33%
(3) All Ages Mental Health Oxon and BSW	22	12	93	406	127	73%
Adult Mental Health Outcomes Based Commissioning (OBC) Sch 4	5	1	6	3	12	50%
Adult Mental Health Outcomes Based Commissioning (OBC) Incentivised	1	0	13	87	14	93%
Child and Adolescent Mental Health Service (CAMHS)	4	1	5	75	10	50%
Integrated Access to Psychological Therapies (IAPT)	1	0	9	9	10	90%
Wellbeing (Oxon)	0	0	13	0	13	100%
Oxfordshire Perinatal Mental Health Service	1	0	8	0	9	89%
Community & Mental Health Contract Sch 4 (Oxon)	0	3	7	0	10	70%
Child and Adolescent Mental Health Service (BSW)	10	5	18	134	33	55%
Adult Eating Disorders (Wiltshire)	0	2	6	45	8	75%
Oxon Joint Management Group (JMG)	0	0	8	53	8	100%
(4) All Ages Mental Health Buckinghamshire	5	6	31	266	42	74%
Adults & Older Adults Community Mental Health Teams and Inpatients, Integrated Access to Psychological Therapies and Psychiatric In Reach Liaison Service	3	6	17	35	26	65%
Child and Adolescent Mental Health Service (CAMHS)	0	0	6	135	6	100%
Child and Adolescent Mental Health Service (CAMHS) Incentivised	0	0	1	0	1	100%
Buckinghamshire Perinatal Mental Health Service	2	0	7	0	9	78%
(5) Specialised Services	3	19	84	101	106	79%
Learning Disabilities (OCCG)	0	2	7	4	9	78%
Dentistry (NHSE)	0	0	25	9	25	100%
Forensic Medium Secure Unit (NHSE)	2	4	12	22	18	67%
Forensic Low Secure Unit (NHSE)	0	6	12	22	18	67%
Child and Adolescent Mental Health Service (CAMHS) Tier 4 Inpatients	1	5	12	22	18	67%
Eating Disorders Inpatients (NHSE)	0	2	16	22	18	89%
Pharmacy Services	0	0	0	0	0	N/A
NHSE Totals	3	17	77	97	97	79%

Performance Trend

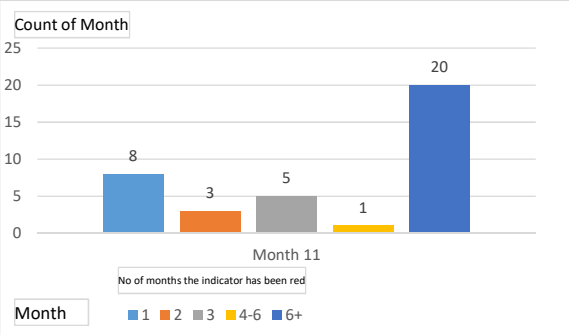
The number of reportable indicators varies each month as while the majority are reportable monthly, some are reportable less frequently (such as quarterly, bi-annually or seasonalyl). In month 11 (February), 320 contractual indicators were reportable of which 75% were achieved. This is an increase of 4% compared to last month. The number of red indicators this month was 37 which represents 11.56% of the total number of indicators. Last month it was 15.94% based on 320 indicators.

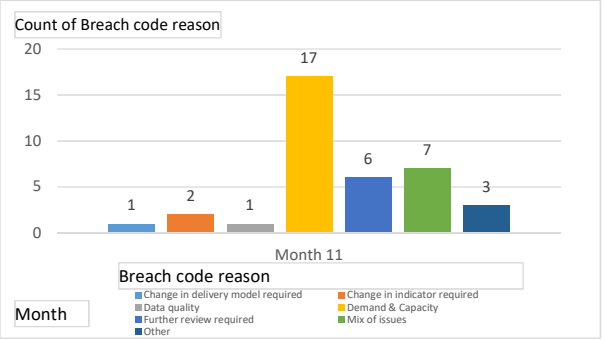


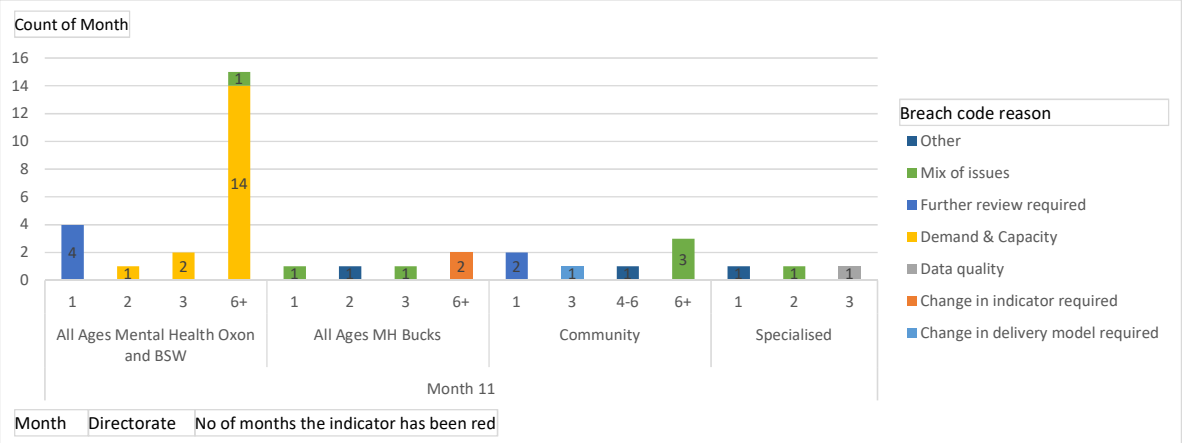


In month 11, there were 20 red indicators that have been red for more than 6 months and 1 indicator red for 4 to 6 months. Last month the figures were 25 for 6 months plus and 4 for 4 to 6 months.

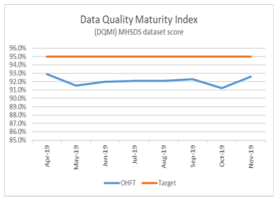
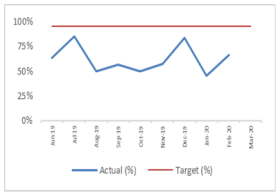
In month 11, the main reason attributed to the non-achievement of local contractual indicators was "Demand & Capacity"; **17 of the 37 red** indicators were not achieved due to this. The graph at the bottom shows the breakdown of reasons by directorate.

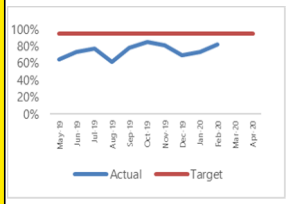


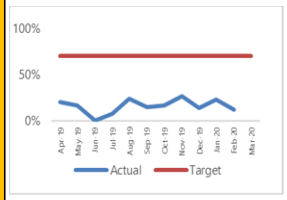
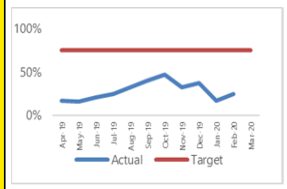
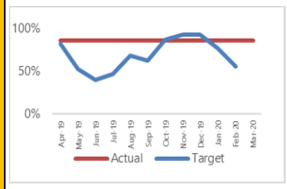
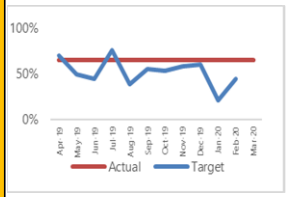


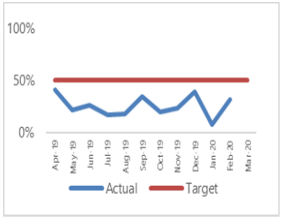
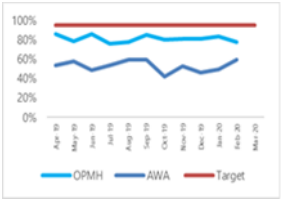
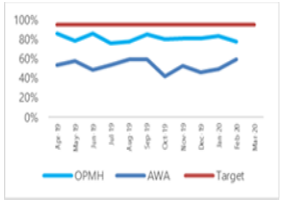


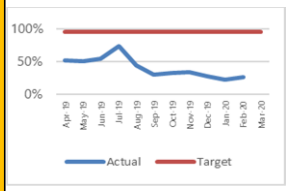
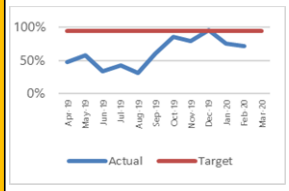
Red Indicators (>/=10% under target)

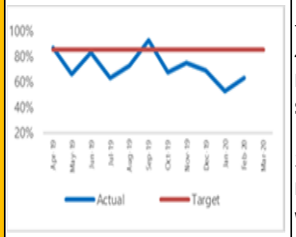
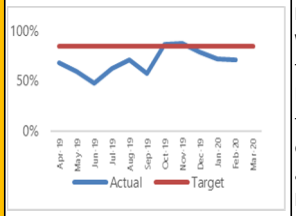
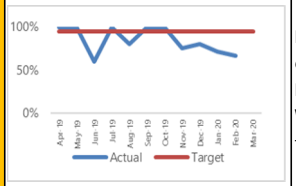
Directorate / Contract/ Service	Measure	Target / Actual	Reason / Months below Target	Likelihood / Impact	Risk Rating	Graph	Narrative
National Performance: Single Oversight Framework							
Mental Health	Data Quality Maturity Index (DQMI) MHSDS dataset score	95% 9260.00%	N/A **6+ months**				**Description of the issue:** The measures in the DQMI have been expanded over time and now include 36 metrics. The % achieved is an average of these metrics. As at November published data 28 are on or above target, 5 metrics are under target and 3 are not reported. Issues for under performance relate to data completeness and system configuration/reporting issues. **Is there a plan to resolve:** Yes **What is the plan:** An action plan has been developed to identify actions needed to resolve each underperforming measure. This will be shared with the CQUIN board and also service directors. Routine reports have been developed by P&I and are being shared with operational services to support improvement in the data completeness and this is being monitored via the Data Quality Improvement Group.
Local Performance: Contractual							
All Ages Mental Health Oxon	Non – Urgent (Routine) - 14 day assessment target	95%	Mix of issues	3	6		**Description of the issue**: Performance has improved by 20% this month. 2 x clinicians left the service in November 2019, which reduced capacity in January 2020, since the vacancies remain unfilled. All patients were contacted and offered an appointment within 4 weeks as per NHS England standards **Is there a plan to resolve**: Yes **What is the plan & timelines**: The service has recruited one member of staff, due to start in late April / May. An agency staff member was recruited, but they have handed in their notice (offered greater hours in another service). There is an advert out currently for the second post.
Perinatal Service		67%	**6+ months**	2			
All Ages Mental Health Oxon	% of people that have a Care plan review in the last 12 months (of people opened for 12 months or longer)	85%	Demand & Capacity	4	8		**Description of the issue**: Demand and Capacity **Is there a plan to resolve**: Yes **What is the plan & timelines**: New MH Dashboard has been created by IM&T for the AMHT which will flag up patients due to CPA review in the next and this will allows teams to plan demand and resources better. Dashboard went live in December 2019 and we expect to see further improvement throughout Quarter 4.
OBC (Outcomes Based Contract) Sch 4		72%	**6+ months**	2			
All Ages Mental Health Oxon	Percentage of outpatient letters that are sent back to GPs (uploaded to CareNotes) within 7 calendar days	95%	Demand & Capacity	4	9		**Description of the issue:** Demand and Capacity **Is there a plan to resolve:** Yes **What is the plan & timelines:** Administration Vacancies are being advertised and recruitment is underway, all staff are being reminded about the importance of sending the outpatient letters to GPs within 7 days. Once vacancies are filled we would hope to see an improvement in the following months.
OBC (Outcomes Based Contract) Sch 4		61%	**6+ months**	2			

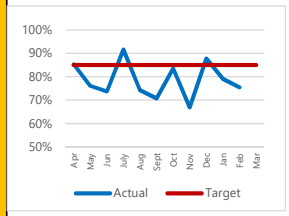
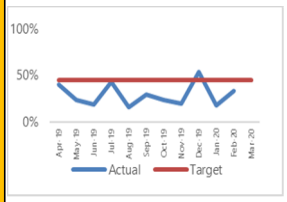
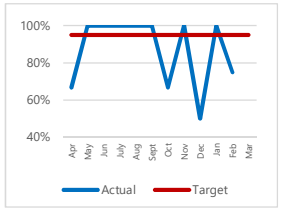
All Ages Mental Health Oxon	Adult CMHTs - Percentage of referrals categorised as non-urgent that are assessed within 28 calendar days	90%	Demand & Capacity	4	8		**Description of the issue:** Demand and Capacity **Is there a plan to resolve:** Yes **What is the plan & timelines:** Referrals continue to be dealt with as efficiently and effectively as possible and an improvement can been seen in month 11.
OBC (Outcomes Based Contract) Sch 4		64%	**6+ months**	2			
All Ages Mental Health Oxon	% of service users who have had a comprehensive physical health assessment covering BMI, blood pressure, smoking status, blood sugar levels, alcohol intake and exercise levels in the previous 12 months (electronic caseload reporting as per agreed rules)	90%	Demand & Capacity	4	8		**Description of the issue:** The correct rules for this particular key performance indicator have now been applied. Sharp drop in performance is a result a new reporting method. **Is there a plan to resolve**: Yes **What is the plan & timelines:** The service are aware of the performance of this KPI and new reporting method. Recovery and action plans are being developed for Quarter 4. This topic has been raised at the Executive performance reviews. A paper is being created to request monies for support on Physical health assessments. We would hope to see an improvement in thie indicator over the next 12 months.
OBC (Outcomes Based Contract) Sch 4		19%	**6+ months**	2			
All Ages Mental Health Oxon	Clinic letters sent to GPs within 7 calendar days – an audit of 20 letters from the following teams; ED, GH Central, GH North, GH South, LD, NDC	95%	Demand & Capacity	2	4		**Description of the issue:** Demand and Capacity, performance improved by 5% this month **Is there a plan to resolve:** Yes **What is the plan & timelines:** Administration Vacancies are being advertised and recruitment is underway, all staff are being reminded about the importance of sending the outpatient letters to GPs within 7 days. An improvement can be seen in month 11.
Oxon CAMHS (Child & Adolescent Mental Health Service)		83%	**6+ months**	2			
All Ages Mental Health Oxon	Percentage of children/young person having their first routine appointment within 12 weeks of referral	75%	Demand & Capacity	4	12		**Description of the issue:** Demand and Capacity work is currently being carried out. Funding to manage the increasing demand is focusing on those waiting longer than 12 weeks, which does not positively impact on this KPI. There has been a 10% increase on performance this month. **Is there a plan to resolve:** Yes **What is the plan & timelines:** Healios have been contracted by the Trust to help reduce the waiting list. MHST within schools have recently been implemented and a single point of access was also implemented to improve access and patient flow, with the aim of reducing administrative processes and waiting times. Oxfordshire CCG are regularly updated of progress. From May 2020 a new way of measuring patients waiting treatment will be implemented and with show performance by a median wait.
Oxon CAMHS (Child & Adolescent Mental Health Service)		41%	**6+ months**	3			
All Ages Mental Health Oxon	Percentage of children that receive a diagnosis or treatment within 12 weeks of routine referral into NDC (Neurodevelopment)	75%	Demand & Capacity	4	12		**Description of the issue**: There is a large backlog of long waiters that are a priority, due to length of time of they have been waiting, this does not impact the KPI positively. Performance has imporved by 12% this month **Is there a plan to resolve**: Yes **What is the plan & timelines:** Currently advertising and actively recruiting to fill staff vacancies. A pause clock (up to 12 weeks) has been agreed, when waiting for completed screening tools to be returned from other agencies. Oxon CAMHS have recently been successful in a bid to obtain extra funding to address the waiting list for a NDC assessment, this will be used to recruit further staff. We have subcontracted Healios to support with approx 96 assessments. From May 2020 a new way of measuring patients awaiting treatment will be implemented and with show performance by a median wait.
Oxon CAMHS (Child & Adolescent Mental Health Service)		27%	**6+ months**	3			

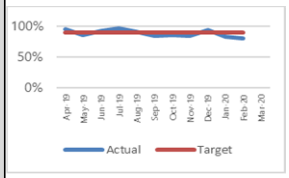
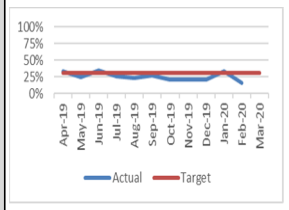
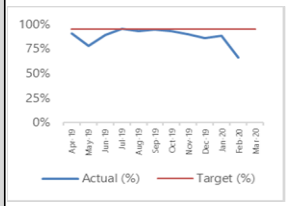
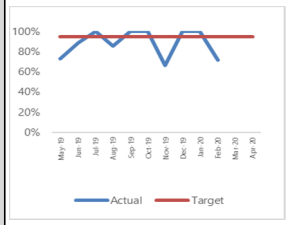
All Ages Mental Health Oxon	Referral to treatment time Community CAMHS (Excluding Eating Disorders) - No. Within 8 Weeks	70%	Demand & Capacity	5	10		**Description of the issue**: Demand and Capacity **Is there a plan to resolve**: Yes **What is the plan & timelines**: A comprehensive waiting time improvement plan has been put in place by the service and shared with the commissioners. This continues to be reviewed by a new by the Performance Review Group. We are having regular discussions with commissioners regarding demand and capacity through CRM meetings and are reviewing the waiting time targets. We are utilising Healios to help manage demand. BSW has recently mapped out it's processes, working with the SW Clinical Network, and held an appreciative enquiry into our patient journeys and waiting times. A Data Quality Improvement Lead has been recruited to oversee the implementation of the actions arising from the appreciative inquiry. We are also taking forward demand and capacity modelling locally.
BANES CAMHS (Child & Adolescent Mental Health Service)		12%	**6+ months**	2			
All Ages Mental Health Oxon	Percentage of Children and Young People (CYP) having their first appointment (Excluding Eating Disorders) - % within 4 weeks	75%	Demand & Capacity	3	6		**Description of the issue:** Demand and Capacity **Is there a plan to resolve:** Yes **What is the plan & timelines:** A comprehensive waiting time improvement plan has been put in place by the service and shared with the commissioners. This continues to be reviewed by a new by the Performance Review Group. We are having regular discussions with commissioners regarding demand and capacity through CRM meetings and are reviewing the waiting time targets. We are utilising Healios to help manage demand. BSW has recently mapped out it's processes, working with the SW Clinical Network, and held an appreciative enquiry into our patient journeys and waiting times. A Data Quality Improvement Lead has been recruited to oversee the implementation of the actions arising from the appreciative inquiry. We are also taking forward demand and capacity modelling locally.
BANES CAMHS (Child & Adolescent Mental Health Service)		25%	**6+ months**	2			
All Ages Mental Health Oxon	Percentage of Children and Young People (CYP) having their first appointment (Excluding Eating Disorders) - % within 8 weeks	50%	Demand & Capacity	4	8		**Description of the issue:** Demand and Capacity **Is there a plan to resolve:** Yes **What is the plan & timelines:** A comprehensive waiting time improvement plan has been put in place by the service and shared with the commissioners. This continues to be reviewed by a new by the Performance Review Group. We are having regular discussions with commissioners regarding demand and capacity through CRM meetings and are reviewing the waiting time targets. We are utilising Healios to help manage demand. BSW has recently mapped out it's processes, working with the SW Clinical Network, and held an appreciative enquiry into our patient journeys and waiting times. A Data Quality Improvement Lead has been recruited to oversee the implementation of the actions arising from the appreciative inquiry. We are also taking forward demand and capacity modelling locally.
BANES CAMHS (Child & Adolescent Mental Health Service)		55%	**6+ months**	2			
All Ages Mental Health Oxon	Percentage of Children and Young People (CYP) having their first appointment (Excluding Eating Disorders) - % within 8 weeks	65%	Demand & Capacity	4	8		**Description of the issue:** Demand and Capacity **Is there a plan to resolve:** Yes **What is the plan & timelines:** A comprehensive waiting time improvement plan has been put in place by the service and shared with the commissioners. This continues to be reviewed by a new by the Performance Review Group. We are having regular discussions with commissioners regarding demand and capacity through CRM meetings and are reviewing the waiting time targets. We are utilising Healios to help manage demand. BSW has recently mapped out it's processes, working with the SW Clinical Network, and held an appreciative enquiry into our patient journeys and waiting times. A Data Quality Improvement Lead has been recruited to oversee the implementation of the actions arising from the appreciative inquiry. We are also taking forward demand and capacity modelling locally.
Swindon CAMHS (Child & Adolescent Mental Health Service)		44%	**6+ months**	2			

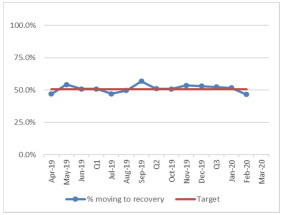
All Ages Mental Health Oxon	Referral to treatment time Community CAMHS (Excluding Eating Disorders) - No. Within 8 Weeks	50%	Demand & Capacity	4	8		**Description of the issue:** Demand and Capacity **Is there a plan to resolve:** Yes **What is the plan & timelines:** A comprehensive waiting time improvement plan has been put in place by the service and shared with the commissioners. This continues to be reviewed by a new by the Performance Review Group. We are having regular discussions with commissioners regarding demand and capacity through CRM meetings and are reviewing the waiting time targets. We are utilising Healios to help manage demand. BSW has recently mapped out it's processes, working with the SW Clinical Network, and held an appreciative enquiry into our patient journeys and waiting times. A Data Quality Improvement Lead has been recruited to oversee the implementation of the actions arising from the appreciative inquiry. We are also taking forward demand and capacity modelling locally.
Swindon CAMHS (Child & Adolescent Mental Health Service)		32%	**6+ months**	2			
All Ages Mental Health Oxon	Referral to treatment time Community CAMHS (Excluding Eating Disorders) - No. Within 8 Weeks	70%	Demand & Capacity	5	10		**Description of the issue:** Demand and Capacity **Is there a plan to resolve:** Yes **What is the plan & timelines:** A comprehensive waiting time improvement plan has been put in place by the service and shared with the commissioners. This continues to be reviewed by a new by the Performance Review Group. We are having regular discussions with commissioners regarding demand and capacity through CRM meetings and are reviewing the waiting time targets. We are utilising Healios to help manage demand. BSW has recently mapped out it's processes, working with the SW Clinical Network, and held an appreciative enquiry into our patient journeys and waiting times. A Data Quality Improvement Lead has been recruited to oversee the implementation of the actions arising from the appreciative inquiry. We are also taking forward demand and capacity modelling locally.
Wiltshire CAMHS (Child & Adolescent Mental Health Service)		43%	**6+ months**	2			
All Ages Mental Health Oxon	Percentage of Children and Young People (CYP) having their first appointment (Excluding Eating Disorders) - % within 4 weeks	75%	Demand & Capacity	4	8		**Description of the issue:** Demand and Capacity **Is there a plan to resolve:** Yes **What is the plan & timelines:** A comprehensive waiting time improvement plan has been put in place by the service and shared with the commissioners. This continues to be reviewed by a new by the Performance Review Group. We are having regular discussions with commissioners regarding demand and capacity through CRM meetings and are reviewing the waiting time targets. We are utilising Healios to help manage demand. BSW has recently mapped out it's processes, working with the SW Clinical Network, and held an appreciative enquiry into our patient journeys and waiting times. A Data Quality Improvement Lead has been recruited to oversee the implementation of the actions arising from the appreciative inquiry. We are also taking forward demand and capacity modelling locally.
Wiltshire CAMHS (Child & Adolescent Mental Health Service)		44%	**6+ months**	2			
All Ages Mental Health Bucks	Local 20i -% people will have care review within the (timeframe) specified by the cluster package	95%	Change in Indicator Required	3	9		**Description of the issue:** Care reviews not being completed within the contracted timescales. **Is there a plan to resolve?** Yes **What is the plan & timelines?** The new Mental Health dashboard is live for Bucks and the service has sourced and implemented a Caseload Monitoring Tool (Butler 2004) which will enable them to monitor activity more closely with teams and individuals and provide a reference point in supervision to review the care package and required review dates. The service is heading in the right direction however, they will also be proposing a change to the indicator to measure CPA more in line with the Oxon model for 20/21. KPI change for April 2020
Bucks CCG (Adults Working Age)		60%	**6+ months**	3			
All Ages Mental Health Bucks	Local 20i -% people will have care review within the (timeframe) specified by the cluster package	95%	Change in Indicator Required	3	9		**Description of the issue:** Care reviews not being completed within the contracted timescales. **Is there a plan to resolve?** Yes **What is the plan & timelines?** The new Mental Health dashboard is live for Bucks and the service has sourced and implemented a Caseload Monitoring Tool (Butler 2004) which will enable them to monitor activity more closely with teams and individuals and provide a reference point in supervision to review the care package and required review dates. The service is heading in the right direction however, they will also be proposing a change to the indicator to measure CPA more in line with the Oxon model for 20/21. KPI change for April 2020
Bucks CCG (Older People's Mental Health)		78%	**6+ months**	3			

Community Services	Eligibility decisions are made within 28 days of accepting a referral.	95%	Mix of issues	3	9		**Description of the issue:** Increase in active caseload, mis-match between demand and capacity further compromised by additional workforce shortages (e.g. sickness, maternity leave) **Is there a plan to resolve:** Yes **What is the plan & timelines:** Completion of the NHS England Continuing Healthcare Workforce tool identified that the Service is under-resourced; final analysis is yet to take place followed by a further implementation of an NHS Englang tool to quantify the resources needed. Short term mitigating actions: use of sessional and agency staff to mitigate workforce shortages; review and prioritise workload on risk management basis daily
Continuing health care (Oxon)		27%	**6+ months**	3			
Community Services	Individuals eligible for CHC will receive a case review which will include care plan review 3 months after eligibility decision	95%	Mix of issues	3	9		**Description of the issue:** Increase in active caseload, mis-match between demand and capacity further compromised by additional workforce shortages (e.g. sickness, maternity leave) **Is there a plan to resolve:** Yes **What is the plan & timelines:** Completion of the NHS England Continuing Healthcare Workforce tool identified that the Service is under-resourced; final analysis is yet to take place followed by a further implementation of an NHS Englang tool to quantify the resources needed. Short term mitigating actions: use of sessional and agency staff to mitigate workforce shortages; review and prioritise workload on risk management basis daily; telephone review for those cases that are highly likely to remain eligible.
Continuing health care (Oxon)		59%	**6+ months**	3			
Community Services	Individuals eligible for CHC will receive a case review which will include care plan review every 12 months	95%	Mix of issues	3	9		**Description of the issue:** Increase in active caseload, mis-match between demand and capacity further compromised by additional workforce shortages (e.g. sickness, maternity leave) **Is there a plan to resolve:** Yes **What is the plan & timelines:** Completion of the NHS England Continuing Healthcare Workforce tool identified that the Service is under-resourced; final analysis is yet to take place followed by a further implementation of an NHS Englang tool to quantify the resources needed. Short term mitigating actions: use of sessional and agency staff to mitigate workforce shortages; review and prioritise workload on risk management basis daily; telephone review for those cases that are highly likely to remain eligible.
Continuing health care (Oxon)		72%	**6+ months**	3			
Community Services	Every child over five years of age will receive a review health assessment annually	90%	Other	3	9		**Description of the issue:** Nine children and young people seen outside of the timeframe due to changes in placement location, limited capacity within the CLA (Children Looked After) team in another county and/or young person refusing to attend the appointment. **Is there a plan to resolve:** No as outside of Trust's control **What is the plan & timelines:** N/A
Children Looked After (Out of County)		59%	**5 months**	3			
Community Services	Decision Support Tool (DST) completed in Acute hospital	<15%	Change in delivery model required	2	4		**Description of the issue:** No provision of Discharge to Assess (D2A) beds in Buckinghamshire results in difficulties transferring patients out of the acute setting(s) prior FNC (Funded Nursing Care) determination **Is there a plan to resolve:** Partly **What is the plan & timelines:** Buckinghamshire CCG is working with stakeholders to develop a D2A pathway. The Service continues reminding other agencies CHC assessment should not delay a discharge and in line with the National Framework, assessments should not be completed within the hospital setting unless it is essential.
Continuing health care (Bucks)		20%	**3 months**	2			

Specialised Services	Number of eligible staff who have received clinical supervision as per Trust/organisation policy	85%	Data Quality	2	4		**Description of the issue:** Due to a complex recording system, not all supervision undertaken is being recorded correctly on the Learning and Development website **Is there a plan to resolve:** Yes **What is the plan & timelines?** The implementation of an updated supervision recording system on the Learning & Development intranet site is underway, and should mean that we begin to see a sustained increase in recorded activity over the next few months. M11 shows a 2% increase on M10
CAMHS		57%	**3 months**	2			
All Ages Mental Health Bucks	Memory Service Users with Diagnosis (F00. F01, F02, F03 and F06.7) will receive an assessment and diagnosis within 40 days of receipt of referral.	85%	Mix of issues	3	9		**Description of the issue:** **North Bucks – 36% (8/22)** 14 breaches due to first available appointments. 5 were seen on day 55, 2 of these were originally booked for an earlier appointment but Did Not Attend (DNA). The remainder were seen 46d/49d/54d/56d/58d/59d/67d/78d/97d, this last patient was booked for day 47 but cancelled and re-booked. **South Bucks – 74% (39/53)** 14 breaches. 12 were identified as 1st available appointments 41d/42d/43d/45d x 2/46d x 2/47d x 3/48d/58d. 2 patients were moved due to the team away day and seen 45d/56d. **Is there a plan to resolve?** Yes **What is the plan & timelines?** Both the north and south are reporting an unprecedented level of referrals. In the South they are reporting an increase in referrals (over 100 in December) which is causing challenges with offering appointments within the time frame – further information for discussion in March with the Deep Dive.
Bucks CCG (Older People's Mental Health)		63%	**3 months**	3			
All Ages Mental Health Oxon	Percentage of Children and Young People (CYP) having their first appointment (Excluding Eating Disorders) - % within 8 weeks	85%	Demand & Capacity	4	8		**Description of the issue:** Demand and Capacity **Is there a plan to resolve:** Yes **What is the plan & timelines:** A comprehensive waiting time improvement plan has been put in place by the service and shared with the commissioners. This continues to be reviewed by a new by the Performance Review Group. We are having regular discussions with commissioners regarding demand and capacity through CRM meetings and are reviewing the waiting time targets. We are utilising Healios to help manage demand. BSW has recently mapped out it's processes, working with the SW Clinical Network, and held an appreciative enquiry into our patient journeys and waiting times. A Data Quality Improvement Lead has been recruited to oversee the implementation of the actions arising from the appreciative inquiry. We are also taking forward demand and capacity modelling locally.
Wiltshire CAMHS (Child & Adolescent Mental Health Service)		71%	**3 months**	2			
All Ages Mental Health Oxon	Percentage of CYP Eating Disorder ONLY having their first appointment. % of Routine within 4 weeks	95%	Demand & Capacity	4	8		**Description of the issue:** Patient cancellations. Both were offered an appointment within 4 weeks, but cancelled and we had to rearrange. **Is there a plan to resolve:** No **What is the plan & timelines:** The service will continue to offer appointments within the appropriate timefame.
Wiltshire CAMHS (Child & Adolescent Mental Health Service)		67%	**3 months**	2			

Specialised Services	Number of eligible staff who have received clinical supervision as per Trust/organisation policy	85%	Mix of Issues	3	9		**Description of the issue:** Due to a complex recording system, not all supervision undertaken is being recorded correctly on the Learning and Development website **Is there a plan to resolve:** Yes **What is the plan & timelines:** There has been an implementation of an updated supervision recording system on the Learning and Development Portal, which should result in more accurate recording. Service managers are working closely with ward managers to ensure they are recording supervision correctly onto the system. Staff are also being actively supported to fully engage in the supervision process.
Forensics MSU		75%	**2 months**	3			
All Ages Mental Health Bucks	Non – Urgent (Routine) - 14 day assessment target	95%	Other	3	9		**Description of the issue:** 2 patients breached. The first patient Did Not Attend (DNA) the initial appointment, an Opt-in letter was sent, the patient then requested another appointment. The second patient cancelled the first appointment and eventually re-booked. Both have now been assessed and are engaging with the team. **Is there a plan to resolve?** None required all steps have been taken to ensure patients are contacted and assessed. **What is the plan & timelines?** N/A
Bucks CCG - Perinatal		85%	**2 months**	3			
All Ages Mental Health Oxon	Percentage of Children and Young People (CYP) having their first appointment (Excluding Eating Disorders) - % within 4 weeks	45%	Demand & Capacity	4	8		**Description of the issue:** Demand and Capacity **Is there a plan to resolve:** Yes **What is the plan & timelines:** A comprehensive waiting time improvement plan has been put in place by the service and shared with the commissioners. This continues to be reviewed by a new by the Performance Review Group. We are having regular discussions with commissioners regarding demand and capacity through CRM meetings and are reviewing the waiting time targets. We are utilising Healios to help manage demand. BSW has recently mapped out it's processes, working with the SW Clinical Network, and held an appreciative enquiry into our patient journeys and waiting times. A Data Quality Improvement Lead has been recruited to oversee the implementation of the actions arising from the appreciative inquiry. We are also taking forward demand and capacity modelling locally.
Swindon CAMHS (Child & Adolescent Mental Health Service)		33%	**2 Months**	2			
All Ages Mental Health Bucks	Referral to treatment target of 6 weeks for psychological interventions	95%	Mix of issues				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.
Bucks CCG - Perinatal		33%	**1 month**				
Specialised Services	Number of patients with a HCR 20 complete in 3 months of admission.	95%	Other				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.
MSU		75%	**1 month**				

Community Services	% of patients who are classified as "urgent swallow" to be offered assessment within two working days of referral received.	95%	Further review required				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.
Speech & Language therapy		83%	**1 month**				
Community Services	Every child over five years of age will receive a review health assessment annually	90%	Further review required				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.
Children Looked After (Oxfordshire)		81%	**1 month**				
All Ages Mental Health Oxon	% of service users in clusters 4-17 under the care of OHFT with a reduction in intensity in Clustering tool rating score at their most recent cluster review*	30%	Further Review Required				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.
OBC (Outcomes Based Contract) Incentivised		16%	**1 Month**				
All Ages Mental Health Oxon	Part 1 and Part 2 amalgamared summaries should be issued to the service user's GP within 10 days of discharge from care under this specification	95%	Further Review Required				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.
OBC (Outcomes Based Contract) Sch 4		66%	**1 Month**				
All Ages Mental Health Oxon	% of children that are seen within 7 calendar days for urgent CAMHS	95%	Further Review Required				This indicator has breached its target by >10% for one month. Further investigation will be carried out if this indicator remains red for a second month.
Oxon CAMHS (Child & Adolescent Mental Health Service)		71%	**1 Month**				

All Ages Mental Health Oxon	Recovery Rates	50.50%	Further Review Required				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.
Integrated Access to Psychological Therapies (IAPT)		46.60%	**1 Month**				

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

Out of Area Placements (OAPs) during February 2020

During February 2020 there were 5 patients in Acute Out of Area placements and 11 PICU Out of Area placements, utilising a total of 31 Acute bed days and 205 PICU bed days in the month of February 2020. Please note that Oxford Health does not provide services for Female PICU beds, so PICU bed days numbers are expected to be higher.

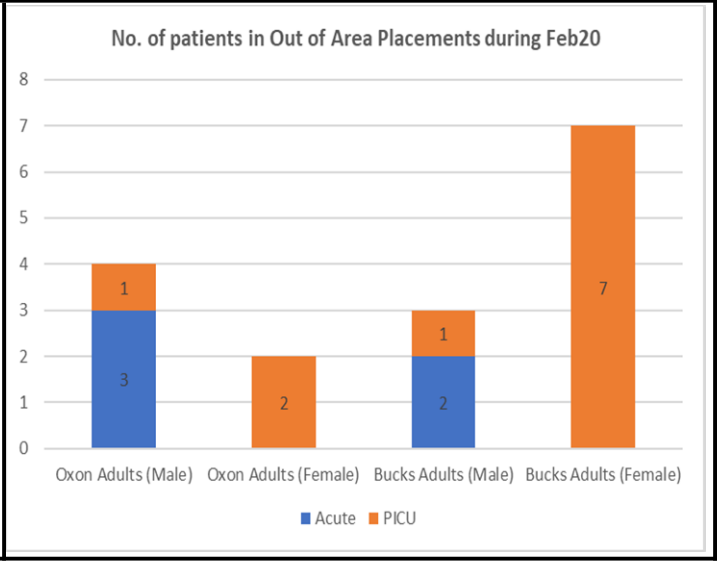
- 7 Patients were admitted to an OA placement in February 2020. 1 Patient was admitted in November 2019, 2 patients were admitted in December 2019 and 6 patients were admitted in January 2020 and were still out during February 2020.
- All placements were attributed to bed availability.
- 6 Patients were Oxfordshire CCG, 10 were Buckinghamshire CCG patients. 7 Patients were male and 9 were female.
- The distance from patients' home to placements ranged from 11.9 to 119 miles, with the average distance being 59.9 miles.

Oxfordshire is currently on target with its agreed OAPS trajectory, however, Buckinghamshire is underperforming against the trajectory for Q4 which is mainly attributed to female PICU patients being placed out of area.

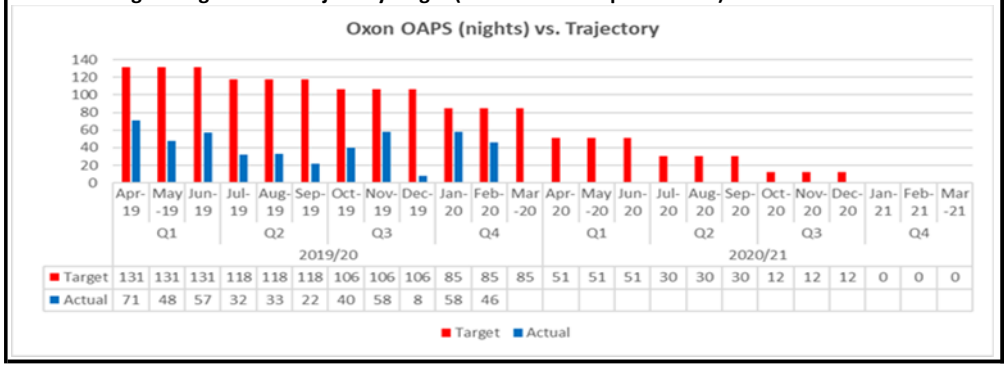
Actions to reduce OAPs currently being undertaken by services include:

- Joint OAPs management call for both counties are held twice weekly to review patients. The red to green days programme has been implemented across both counties and a patient flow manager is in post to manage patient flow across the wards.

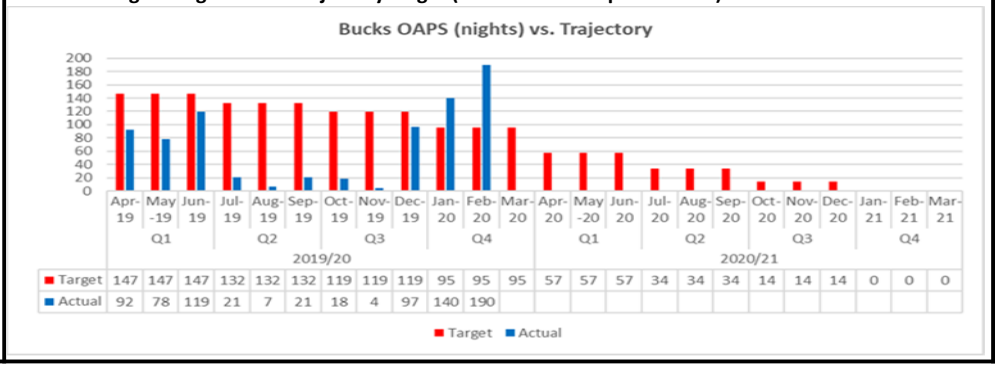
CCG	Service	OAP admission month	Gender	NHS or Independent	Bed type	Reason for OAP admission	No. of OAP days in Feb20	Distance (miles)
Bucks	Adults	Nov-19	F	Independent	PICU	Unavailability of bed	29	88.6
Bucks	Adults	Dec-19	F	Independent	PICU	Unavailability of bed	29	28.9
Bucks	Adults	Dec-19	F	Independent	PICU	Unavailability of bed	20	37.1
Oxon	Adults	Jan-20	M	Independent	PICU	Unavailability of bed	10	93.1
Oxon	Adults	Jan-20	M	Independent	Acute	Unavailability of bed	3	119
Oxon	Adults	Jan-20	F	Independent	PICU	Unavailability of bed	13	90.3
Bucks	Adults	Jan-20	F	Independent	PICU	Unavailability of bed	29	19.7
Bucks	Adults	Jan-20	F	Independent	PICU	Unavailability of bed	29	39.1
Bucks	Adults	Jan-20	M	Independent	PICU	Unavailability of bed	29	73
Oxon	Adults	Feb-20	F	Independent	PICU	Unavailability of bed	2	58.6
Oxon	Adults	Feb-20	M	Independent	Acute	Unavailability of bed	15	11.9
Oxon	Adults	Feb-20	M	Independent	Acute	Unavailability of bed	3	66.4
Bucks	Adults	Feb-20	M	Independent	Acute	Unavailability of bed	1	94.4
Bucks	Adults	Feb-20	M	Independent	Acute	Unavailability of bed	9	18.6
Bucks	Adults	Feb-20	F	Independent	PICU	Unavailability of bed	10	51.2
Bucks	Adults	Feb-20	F	Independent	PICU	Unavailability of bed	5	69.7



Oxon OAPs figures against the trajectory target (Acute and PICU placements):



BucksOAPs figures against the trajectory target (Acute and PICU placements):



Delivering same-sex accommodation

All providers of NHS-funded care are expeceted to prioritise the safety, privacy and dignitiy of all patients. Adherence to the NHS England Delivery same-sex accommodation guidance is an esstential part of this.New national guidance was published in September 2019 to replace the previous guidance developed in 2010, available here https://improvement.nhs.uk/resources/delivering-same-sex-accommodation/
The new guidance includes more oversight by commissioners of breaches and introduces justified breaches as well as unjustified breaches. Oxford Health NHS Foundation Trust is reporting and monitoring both justifiable and unjustifiable breaches on a weekly basis at Weekly review meetings, monthly to the Clinical Commissioning Group, NHS England and Trust Board.

Same Sex Accommodation Breaches
Executive Director lead: Chief Nurse

	No. of justified breaches	No. of unjustified breaches	Comment
Jan-20	0	0	There were no reported justified or unjustified breaches during January 2020
Feb-20	0	0	There were no reported justified or unjustified breaches during February 2020
Mar-20			
Apr-20			
May-20			
Jun-20			
Jul-20			
Aug-20			
Sep-20			
Oct-20			
Nov-20			
Dec-20			