

# 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 2021

Providing insight, performance and assurance in relation to the above

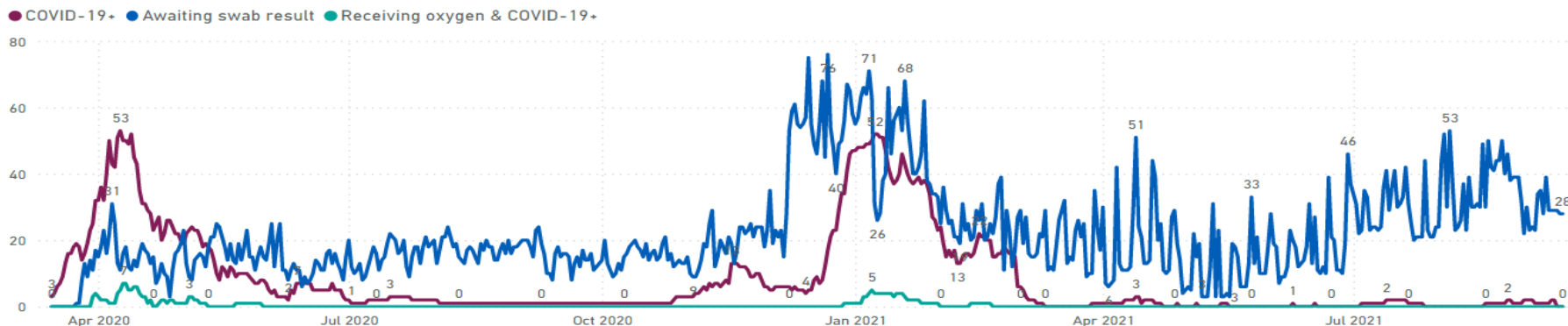


Section 1:

# COVID-19 Headlines

# 1. COVID-19 Headlines

## 1.1 COVID-19 positive patients on inpatient wards as at 15 September 2021: 0 patients



## 1.2 Cumulative figures and staff impacted by COVID-19: decreased this month

Activity	On 13 July	On 15 Sept	Difference	Trend
Cumulative number of inpatients confirmed COVID-19 positive	410	415	+5	↑
Cumulative number of COVID-19 deaths in our inpatient settings	32	32	No change	→
Cumulative number of community patients confirmed COVID-19 positive	624	683	+59	↑
Number of staff impacted by COVID19 and not working	61	45	-16	↓
Number of staff impacted by COVID and working from home	14	6	-8	↓

## 1.3 COVID-19 vaccination uptake as at 17 Sept 2021: Dose 1 = 84.9% and Dose 2 = 77.8%. Patient Facing Dose 1 = 87.3% and Dose 2 = 80.8%

	Head Count	Dose 1 Vaccinated	Exempt	Confirmed Contact	Percent Actioned	No Information	Dose 2 Vaccinated
Total	7284	6184 (84.9%)	245 (3.4%)	175 (2.4%)	(90.7%)	680 (9.3%)	5665 (77.8%)
Patient facing	4662	4071 (87.3%)	191 (4.1%)	114 (2.4%)	(93.9%)	286 (6.1%)	3766 (80.8%)

Dose 1 and 2 Vaccinated are based on national NIVS data returns and employee self declarations.

Confirmed Contact covers staff who have opted out or discussed with their manager their reasons for not receiving a vaccination.

Exempt covers staff on long term sick, maternity, medically exemption or career break and who have not yet been vaccinated.

No information covers staff who have provided no detail of their vaccination status.

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

## 2. Patient Activity and Demand

### 2. Introduction and section content

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

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

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

1. Activity over time is shown using statistic process control (SPC) charts which indicate whether activity is outside of 'usual/expected' levels
2. A trend arrow indicates whether activity volume has increased or decreased this month compared to **last month**
3. This month's activity is compared to the pre-COVID 2019/20 monthly average (which is the Trust's current benchmark of 'normal' activity levels (unless specified otherwise). The percentage difference is shown.

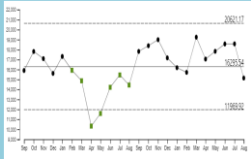
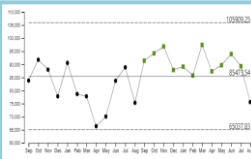
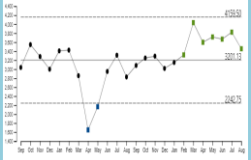
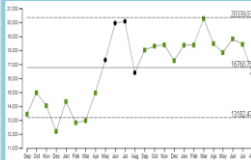
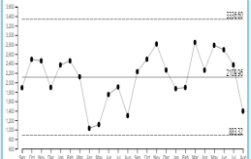
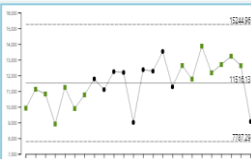
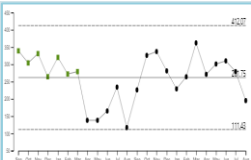
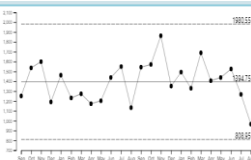
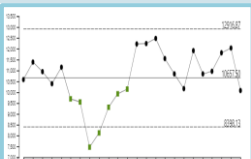
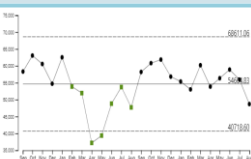
Section 2a:

# Community Patient Activity and Demand

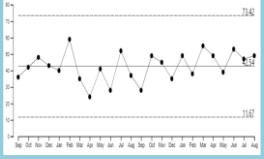
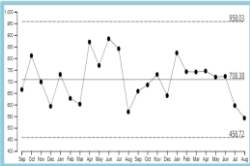
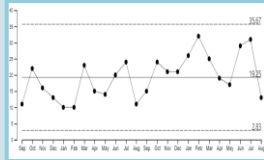
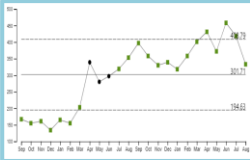
## Referrals and appointments overview and noteworthy exceptions

Month on Month Trend arrow indicates this month's activity volumes compared to the previous month (or last reported period).

# Patient Activity and Demand Overview: Community referrals and appointments

Specialty	Referrals				Appointments			
	Trend over time	Activity this month	2019/20 average	+/-%	Trend over time	Activity in month	2019/20 average	+/-%
Trust (excl IAPT, Dental, OOH/MIU)		15,142	15,776	-4%		75,615	83,028	-9%
Adult and Older Adult Mental Health (exc. IAPT)		3453	3144	+10%		16339	13500	+21%
Children and Young People - CAMHS		1393	2074	-33%		9061	9995	-9%
Children and Young People - Neuro Developmental Services (both assessment & ongoing treatment)		195	294	-34%		965	967	0%
Community Services (excl. Dental, OOH and MIU)		10,064	10,190	-1%		48,419	57,372	-16%

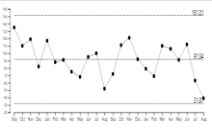

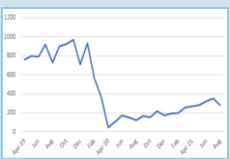
# Patient Activity and Demand Overview: **Community** referrals and appointments

Specialty	Referrals				Appointments			
	Trend over time	Activity in month	2019/20 average	+/-%	Trend over time	Activity in month	2019/20 average	+/-%
Learning Disabilities		49	43	+14%		542	692	-22%
Forensics		13	21	-38%		333	175	+90%
Dental	Not available data not yet in warehouse	283	762	-63%	Not available data not yet in warehouse	1751	1926	-9%
IAPT	Not available data not yet in warehouse	2416	2429	-1%	Not available data not yet in warehouse	11691	8785	+33%
MIU and OOH	Not available	11553	12896	-10%	Not available	16175	17535	-8%

# Patient Activity and Demand: Community Noteworthy exceptions

Specialty / Directorate	Service Line / Currency	Trend over time	Activity in month	2019/20 average	+/-%*	Commentary
Adult and Older Adult Mental Health (exc. IAPT)	Oxon Eating Disorders/ Appointments		438	556	-21%	<p><b>Is performance within usual levels?</b> Yes number of appointments in line with previous months (despite annual leave period), noted issue with data quality (some staff not adding appointments on Carenotes) which means that overall contacts shown are lower than those actually occurring.</p> <p><b>Is it expected?</b> Some decrease in contacts expected over August. However, number of patients with acute needs being managed in community has also impacted on reduced contact numbers</p> <p><b>It is a problem?</b> Contacts should continue to increase given continuous recruitment drive and new substantive team manager in place</p> <p><b>Is any action required?</b> Team still in business continuity plans, plans being drafted for team to return to baseline.</p>
Adult and Older Adult Mental Health (exc. IAPT)	Oxon & Bucks Complex Needs/ Appointments		111	638	-83%	<p><b>Is performance within usual levels?</b> No throughout the Covid period there has been a decline in activity delivered in the Complex Needs service. August was -83% below the monthly average for FY19/20. Whilst both counties appointment volumes are below FY19/20 average, this is more the case in Oxon at -89% for August, than Bucks at -59%.</p> <p><b>Is it expected/problem?</b> Activity appears to be down 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. Ways to rectify this as being explored with CAST.</p>

# Patient Activity and Demand: Community Noteworthy exceptions

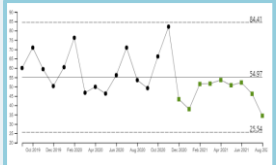
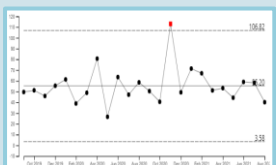
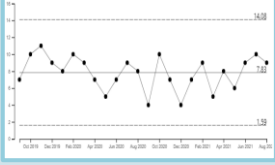
Specialty / Directorate	Service Line / Currency	Trend over time	Activity in month	2019/20 average	+/-%*	Commentary
Children and Young People - Neuro Developmental Services (both assessment & ongoing treatment)	Oxon Referrals		39	108	-64%	<p><b>Is performance within usual levels?</b> Partially, significant reduction of referrals expected as all referrals need input from schools; staff sickness / annual leave meant reduction in processing internal referrals</p> <p><b>Is it expected?</b> Whilst referral numbers are below average there is normally reduced demand during August.</p> <p><b>Is it a problem?</b> Some long term sickness and vacancies (recruited into, but waiting starting date); team's yearly performance is in line with similar previous period</p> <p><b>Is any action required?</b> Ongoing monitoring.</p>
Community Services (excl. Dental, OOH and MIU)	Appointments District Nursing		48,419	57,372	-16%	<p><b>Is performance within usual levels?</b> No, appointment numbers are below average.</p> <p><b>Is it expected/is it a problem?</b> The DN service during August was in Amber/Red status due to numbers of staffing. Business continuity plans were in place to ensure that the services were managed safely and patient care delivered to those with the most urgent needs.</p> <p><b>Is any action required?</b> The service is deploying and working on a short term and medium term recruitment strategy, acknowledging known challenges recruiting professionals into the service.</p>
Dental	Referrals		283	762	-63%	<p><b>Is performance within usual levels?</b> No</p> <p><b>Is it expected/problem?</b> In terms of activity OHFT dental services are as close to normal levels as they can be given new national infection control processes. Referral pressures remain artificially low as our main referral base of High Street General Dental Practitioners see fewer cases themselves due to the same revised Standard Operating Procedures. Referrals from other non-dental sources (GPs and other HCPs) have now returned to pre-pandemic levels. The main concerns are similar to those in medicine, in that routine access to dental services generally has been negatively impacted and as a predominantly referral-based service our patients will present later to us with more extensive and complex disease as a result.</p> <p><b>Is any action required?</b> The service continues to monitor the situation which reflects the national picture.</p>

Section 2b:

# Inpatient Patient Activity and Demand

Inpatient admissions and length of stay  
overview and noteworthy exceptions

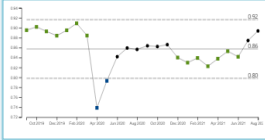
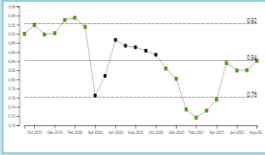
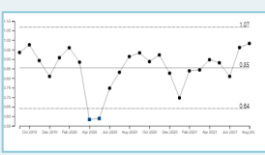
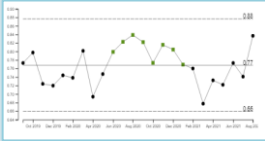
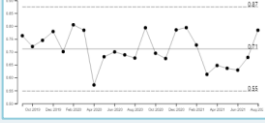
# Patient Activity and Demand: Inpatient admissions and length of stay (LOS)

Specialty	Admissions				Inpatient Length of Stay			
	Trend over time	Activity this month	2019/20 monthly average	Variance*	Trend over time	Activity this month	2019/20 monthly average	Variance
Trust		229	242	-5%		33	65	-49%
Adult Mental Health		79	91	-13%		36	51	-29%
Older Adult Mental Health		16	15	+7%		53	85	-38%
Children and Young People Mental Health (CAMHS)		9	9	0%		68	81	-16%
Eating Disorders		3	7	-57%		94	76	+24%

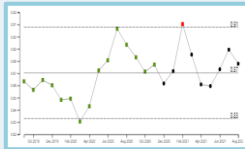
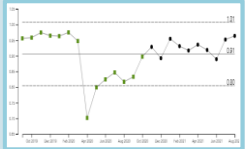
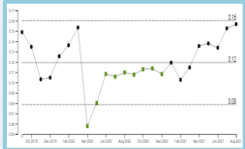
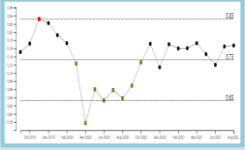
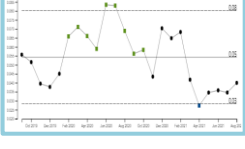
# Patient Activity and Demand: Inpatient admissions and length of stay (LOS)

Specialty	Admissions				Inpatient Length of Stay			
	Trend over time	Activity this month	2019/20 monthly average	Variance*	Trend over time	Activity this month	2019/20 monthly average	Variance
Forensics		4	5	-20%		124	915	-86%
Community - All		117	112	+4%		22	25	-12%
Community – Stroke		16	13	+23%		27	29	-7%
Community – Rehab		83	80	+4%		25	27	-7%
Community - Other		18	19	-5%		5	10	-50%

# Patient Activity and Demand: Inpatient Bed Occupancy

Specialty	Bed Occupancy			
	Trend over time	Activity this month	2019/20	Variance*
Trust		<b>89.2%</b>	<b>89.6%</b>	0%
Adult Mental Health		<b>84.1%</b>	<b>91.8%</b>	-8%
Older Adult Mental Health		<b>98.3%</b>	<b>90.6%</b>	+8%
Children and Young People Mental Health (CAMHS)		<b>83.7%</b>	<b>73.6%</b>	+14%
Eating Disorders		<b>78.4%</b>	<b>74.1%</b>	+6%

# Patient Activity and Demand: Inpatient Bed Occupancy

Specialty	Bed Occupancy			
	Trend over time	Activity this month	2019/20	Variance*
Forensics		<b>87.6%</b>	<b>87.0%</b>	<b>+1%</b>
Community - All		<b>96.4%</b>	<b>96.4%</b>	<b>0%</b>
Community – Stroke		<b>15.7%</b>	<b>13.3%</b>	<b>+18%</b>
Community – Rehab		<b>76.7%</b>	<b>77.5%</b>	<b>-1%</b>
Community - Other		<b>4.0%</b>	<b>5.6%</b>	<b>-29%</b>

# Patient Activity and Demand: **Inpatient** Noteworthy exceptions

Specialty / Directorate	Service Line / Currency	Trend over time	Activity in month	2019/20 average	+/--%*	Commentary
Eating Disorders	Admissions		1	4	-75%	<p><b>Is performance within usual levels?</b> The decline in admissions relates to ED Cotswold House Oxford (see visual). ED Cotswold House Marlborough admissions have been more in line with averages. Cotswold House Oxford have recently admitted a cohort of complex patients with high acuity and dependency which has led to the need for increased staffing, increased LoS and an inability to manage further complex patient admissions.</p> <p><b>Is it expected/is it a problem?</b> This was somewhat expected as CHOx has been one of the only nationally commissioned services who have been admitting complex patients.</p> <p><b>Any action required?</b> No further action is required as this is reviewed on a weekly basis by the Clinical Activity Panel and the next cohort of admissions have already been planned – commencing from 21<sup>st</sup> Sept.</p>

Section 3:

# Waiting Lists and Waiting Times

Information on

- the number of patients waiting to be seen by referral urgency and
- the waiting times for patients who were seen in August

# Waiting Times and Waiting Lists - Overview

	Patients seen in August 2021				Patients waiting to be seen			
	Emergency	Urgent	Routine	Exceptions	Emergency	Urgent	Routine	Exceptions
Bucks Mental Health – Adults	<1 hour median wait	<1 day median wait	19 day median wait	27 <b>routine</b> referrals waited more than 18 weeks to be seen by; <ul style="list-style-type: none"> <li>Adult MH Community – the longest wait was for the Autism Assessment Service</li> <li>OA Mental Health</li> </ul>	None →	4 ↑	874 ↓	Long routine referrals waits for: <ul style="list-style-type: none"> <li>ADHD Team</li> <li>Autism Assessment Team</li> <li>South Memory Assessment Team</li> <li>AMHB Aylesbury</li> </ul>
Bucks Mental Health - CAMHS	No patients seen	<2 day median	38 day median wait	Routine referral waiting times for: <ul style="list-style-type: none"> <li>CAMHS B Bucks ED</li> <li>CAMHS B South bucks Targeted</li> <li>CAMHS B North Bucks Targeted</li> </ul>	None →	4	377	Number of routine referrals waiting for <ul style="list-style-type: none"> <li>CAMHS B South Bucks Targeted</li> <li>CAMHS B North bucks Targeted</li> </ul>
Bucks Mental Health - CYP NDC	No patients seen	No patients seen	127 days median wait	Routine referral waiting times for; <ul style="list-style-type: none"> <li>Neurodevelopment Collaboration (NDC) Service, this includes under 11s</li> </ul>	None	None	1849	<ul style="list-style-type: none"> <li>Neurodevelopment Collaboration Service includes under 11s</li> </ul>
Oxon and BSW - Adults	<1 hour median	<1 hour median	15 days median	Routine referral waiting times for <ul style="list-style-type: none"> <li>Ketamine Team</li> <li>City and NE Treatment Team</li> <li>North memory assessment team</li> <li>Complex Needs service</li> </ul>	None →	59 ↑	1544 ↓	Number of routine referrals waiting for <ul style="list-style-type: none"> <li>Complex Needs</li> <li>AMHO Ketamine Team</li> <li>City and NE Assess/Treat Teams</li> <li>OA N Memory Assessment Team</li> </ul>
Oxon and BSW – CAMHS (inc BSW NDC but excl Oxon)	2 hours median	2 days median	35 days median	Routine referral waiting times for <ul style="list-style-type: none"> <li>CAMHS S Swindon LD GMH</li> <li>CAMHS O FASS NHS caseload</li> <li>CAMHS O GH North</li> </ul>	8	22	1877	Number of routine referrals waiting for <ul style="list-style-type: none"> <li>CAMHS O SPA countywide</li> <li>CAMHS O GH South</li> <li>CAMHS O GH North</li> </ul>
Oxon – NDC	No patients seen	18 days median	257 days median	Routine referral waiting times for <ul style="list-style-type: none"> <li>CAMHS O NDC Diagnostic</li> <li>CAMHS O NDC Treatment</li> </ul>	None	1	1968	Number of routine referrals waiting for <ul style="list-style-type: none"> <li>CAMHS O NDC Diagnostic</li> </ul>

## Waiting Times and Waiting Lists - Overview

	Patients seen in August 2021				Patients waiting to be seen			
	Emergency	Urgent	Routine	Exceptions	Emergency	Urgent	Routine	Exceptions
Community	1 day median	2 day median	6 days	Routine referral waiting times for <ul style="list-style-type: none"> <li>Respiratory service</li> <li>Childrens Integrated Therapies</li> </ul>	49 ↑	634 ↓	7276 ↓	High numbers of patients waiting and long waits for; <ul style="list-style-type: none"> <li>Respiratory Service</li> <li>Ageing Well</li> <li>Podiatry</li> <li>Childrens Integrated Therapies Service</li> <li>PDPS</li> <li>District Nursing</li> </ul>
Specialised – Forensic	No patients seen YTD	No patients seen YTD	3	None	None →	1 →	29 ↓	Very long routine waits / data quality for; <ul style="list-style-type: none"> <li>Forensic Oxon Community (3677 days)</li> <li>Forensic Bucks Community (2056 days)</li> <li>Forensic Berks W (1846 days)</li> </ul>
Specialised – LD	No patients seen YTD	No patients seen	23	Routine referral waiting times for <ul style="list-style-type: none"> <li>LDN Community Team</li> </ul>	None →	None ↓	23 ↓	Long routine referral waits for all 3 community LD teams.

# Actions

Directorate	Exception services	Commentary What is the issue/cause? What is the plan? Where is this issue owned/at which meeting or committee is waits performance discussed and managed?
Bucks Mental Health - Adults	<ul style="list-style-type: none"> <li>• ADHD Team</li> <li>• Autism Assessment Team</li> <li>• South Memory Assessment Team</li> <li>• AMHB Aylesbury</li> </ul>	<ul style="list-style-type: none"> <li>• <b>ADHD Team</b> - There are very long waits for ADHD assessment as this service is commissioned to see only about 25% of actual referrals. This issue has been discussed with commissioners &amp; trust managing director at recent review of waiting lists. Paper has been previously prepared for how to tackle backlog and establish sufficient substantive resources to manage demand, for discussion with finance. Short term we are using funding allocated for this year to employ locum staff but it will not be possible to meet backlog or get sufficient substantive capacity using this funding.</li> <li>• <b>ASD</b> - There are very long waits for ASD assessment because the service is commissioned to do less assessments than are being referred, and waiting lists are building up as it was not possible to do required F2F diagnostic assessments during pandemic. This issue has been discussed with commissioners &amp; trust managing director at recent review of waiting lists. Paper has been previously prepared for how to tackle backlog and establish sufficient substantive resources to manage demand, for discussion with finance. Short term we are using funding allocated for this year to employ locum staff but it will not be possible to meet backlog or get sufficient substantive capacity using this funding.</li> <li>• <b>South Memory Assessment Team</b> - The South Bucks Memory Assessment Service is commissioned to provide 64 assessments per month. We are exceeding this target on a monthly basis and in July we completed 87 assessments. However, the rate of referrals continues to exceed both our commissioned target and our performance – there were 104 referrals accepted by the service in August 2021. The reason for the increase in referrals is difficult to quantify but it seems most likely COVID related. It appears that people were either reluctant to see their GP during the height of the pandemic or that referrals were deferred until the necessity of assessment outweighed the risk of attending clinic. The spike in referrals is thought to be a post-COVID surge rather than representative of a more permanent pattern.</li> <li>• <b>AMHB Aylesbury</b> - The service is not concerned that there are long waiters within the team and believe there are challenges regarding recording of activity and are working on improving the data quality</li> </ul>

# Actions

Directorate	Exception services	Commentary What is the issue/cause? What is the plan? Where is this issue owned/at which meeting or committee is waits performance discussed and managed?
Bucks Mental Health - CAMHS	<ul style="list-style-type: none"> <li>CAMHS B Bucks ED</li> <li>CAMHS B South bucks Targeted</li> <li>CAMHS B North Bucks Targeted</li> </ul>	<ul style="list-style-type: none"> <li><b>CAMHS B Bucks ED</b> - Increase in demand has meant that the service does not have the resources to meet the demand. They are rearranging the way that assessment clinics are run to resolve the backlog and are offering a group approach to intervention in the short term to ensure that they are providing an intervention to all the CYP referred and preventing any deterioration. Weekly meetings with the service director and clinical lead take place and report into the Bucks ICP MH LD &amp; A delivery board</li> <li><b>CAMHS B South and North Bucks Targeted</b> - Demand has increased by 33% for these services and there has been vacancies. Some online assessment provision via an online provider has been purchased to help with some of the increased demand. This is monitored via the OHFT Bucks S&amp;P monthly meeting.</li> </ul>
Bucks Mental Health - CYP NDC	<ul style="list-style-type: none"> <li>Neurodevelopment Collaboration (NDC) Service, this includes under 11s</li> </ul>	<ul style="list-style-type: none"> <li>There is an extensive backlog and waiting list for this service which is a collaboration with BHT who are commissioned to assess and diagnose the under 11's year olds. They have been unable to provide staff to meet the referral demand since the service started in 2019 which has meant that we have extensive waits. There are waits for the over 11's but they are much shorter and we have more availability of resources within OHFT to manage the over 11 demand. The Trust is working with commissioners and BHT to try to identify the resource needed to meet the demand and then to identify the funds to address this demand. This is monitored via a weekly meeting with BHT and Commissioners and reported to the monthly MH Bucks ICP MH LD &amp; A delivery board</li> </ul>
Oxon and BSW – Adults	<ul style="list-style-type: none"> <li>Complex Needs</li> <li>AMHO Ketamine Team</li> <li>City and NE Assess/Treat Teams</li> <li>OA N Memory Assessment Team</li> </ul>	<ul style="list-style-type: none"> <li><b>Complex Needs</b> - long waiters have been identified as DQ issues which the team are working to resolve. The expectations would be that CNS would assess a patient within 12 weeks, although that is not currently being achieved.</li> <li><b>AMHO Ketamine Team</b> - utilise alternative systems to record their assessment, waits showing in Carenotes are DQ which the team are looking to address.</li> <li><b>City &amp; NE teams</b> - waiters over 56 days have been identified as DQ. The team have worked through resolving DQ issues in relation to emergency and urgent waiters and are now focusing on routine.</li> <li><b>OA N Memory Service</b> - have reduced clinical and medical staff capacity. The Directorate is working closely with the team to try and resolve the issues.</li> </ul>

# Actions

Directorate	Exception services	Commentary What is the issue/cause? What is the plan? Where is this issue owned/at which meeting or committee is waits performance discussed and managed?
Oxon and BSW – CAMHS	<ul style="list-style-type: none"> <li>CAMHS S Swindon LD GMH</li> <li>CAMHS O FASS NHS caseload</li> <li>CAMHS O GH North</li> </ul>	<ul style="list-style-type: none"> <li><b>CAMHS S Swindon LD GMH</b> - The wait relates to one patient referred directly to LD service which does have longer wait times.</li> <li><b>CAMHS O FASS</b> - Waits are influenced by a number of factors, each of which is being reviewed and addressed. These include a vacancy in the team, a need to improve recording of information and how this is reported, e.g. several members of the same family will be referred at the same time.</li> <li><b>CAMHS O GH North</b> - The service has seen a higher referral rate than in previous year, particularly a spike in March 2021 with return of children to school. Since changes made to GH, children are waiting less time to be seen across the county, falling from 200 days on average to 60 but some data quality issues are skewing the data. The service are working with the P&amp;I team to resolve the data quality challenges.</li> </ul>
Oxon – NDC	<ul style="list-style-type: none"> <li>CAMHS O NDC Diagnostic</li> </ul>	<ul style="list-style-type: none"> <li>Demand for the service outstrips capacity and more higher priority referrals have been received which has an impact on overall ability to respond to longest waiters. There has been a slight decrease in the number of waiters. <b>Plan</b> The service continues conversations with commissioners and is exploring alternative ways to undertake assessments and increase capacity. The position is regularly reviewed and Team and Senior Management meetings within the service.</li> </ul>
Forensic	<ul style="list-style-type: none"> <li>Forensic Oxon Community</li> <li>Forensic Bucks Community</li> <li>Forensic Berks W</li> </ul>	<p>This relates to 33 cases, of these</p> <ul style="list-style-type: none"> <li>7 patients are open to the FCMHT but are currently in Out of Area inpatient placements.</li> <li>3 patients are currently in high secure placements.</li> <li>2 FCMHT patients need their diary contacts updated on Carenotes, the clinicians have been made aware to do this.</li> </ul> <p>Of the remaining, the service have identified these as data quality issues. The service and P&amp;I are working on these to cleanse the data.</p>
Learning Disabilities	<p>Long routine referral waits for all 3 community LD teams.</p>	<ul style="list-style-type: none"> <li>The service are reviewing long waiters to explore if these are associated with data quality</li> </ul>

# Actions

Directorate	Exception services	Commentary What is the issue/cause? What is the plan? Where is this issue owned/at which meeting or committee is waits performance discussed and managed?
Community	<ul style="list-style-type: none"> <li>• Respiratory Service</li> <li>• Ageing Well</li> <li>• Podiatry</li> <li>• Childrens Integrated Therapies Service</li> <li>• PDPS</li> <li>• District Nursing</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Respiratory Service</b> - the majority of waiters are in Pulmonary Rehab and Long Covid Teams.               <ul style="list-style-type: none"> <li>• <b>Long Covid:</b> Long waiting lists reflect the increasing numbers diagnosed with Long COVID in last year and new service set up. Currently have increased funding from CCG and OH to be able to bolster numbers of patients assessed and managed until end of March 2022 which will greatly reduce this waiting list as numbers of referrals are perceived to be declining. Patients referred to the OHFT team are provided with a self management booklet to support them. The team are developing further video material until they are assessed, historically wait times have been in the region of 5-7 months. <b>Plan:</b> To reduce the waiters via recruitment of additional 1.6WTE on 15/09/2021 (in recruitment phase). Locum OT commenced 13/09/2021 on short term period to assist with backlog and support during recruitment interim. Working smarter to be able to provide increased support to larger numbers through group work (rather than 1:1) with regular reflection as a team and therefore evolving to reflect demand.</li> <li>• <b>Pulmonary Rehab:</b> The service has long waiting list as a result of Covid and restrictions last year reducing activity. Additionally the number of referrals received each year exceeds commissioned activity levels. <b>Plan:</b> The service is continuing to run virtual pulmonary rehab group in addition to face to face groups. There has been some fixed term additional resource to enable recruitment of a band 5 to support additional capacity. Longer term discussions to be held with CCG regarding commissioning shortfall.</li> </ul> </li> <li>• <b>Ageing Well</b> - Those highlighted are historical DQ issues which are being reviewed and worked through to resolve.</li> <li>• <b>Podiatry</b> - The majority of waits are for nail surgery. The podiatry services is currently operating at at least 30% reduction in appointment capacity due to a 49.47% vacancy position. Some agency/flexible working is being provided. <b>Plan:</b> In order to prioritise the highest risk/wound patients the service has stopped accepting all non-urgent new patient referrals and sent communications to existing patients on the waiting lists.</li> <li>• <b>Children's Integrated Therapy</b> - issue is large numbers of children waiting longer than NHS recommendation including over a year. <b>Plan:</b> Commissioners have provided short term extra funding to employ therapists to address the waiting list. These staff are already in post. Waiting list has now stopped increasing but it is only now just keeping up with demand so no significant drop either. The therapy team is in process of being recommissioned with extra funding very likely to be provided. Weekly commissioner/provider meetings</li> <li>• <b>PDPS</b> - The majority of those still waiting are within the anticipated clinical response time for the service. <b>Plan:</b> a project is underway to develop waits intelligence the reporting to reflect individual services rather than generic 4 week wait rule.</li> <li>• <b>District Nursing</b> - Majority of these waiters relate to delegated healthcare task teams established to support carers not patients and would not be appropriate to report as waits. <b>Plan:</b> the waits intelligence project will include the redevelopment of reports to exclude these teams. There are no service concerns regarding wait times in District Nursing.</li> </ul>

# Waiting Times and Lists

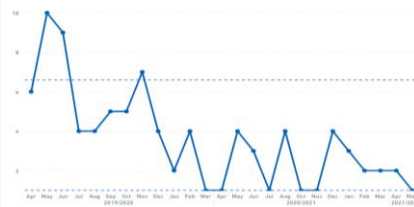
## Buckinghamshire Mental Health Directorate - Adults

### Patients waiting

Indicator	No.	Trend
<b>Emergency referrals</b> still waiting for their first contact >48 hours after referral	0	→
7 July position	0	

Indicator	No.	Trend
<b>Urgent referrals</b> still waiting for their first contact >7 days after referral	3	↑
7 July position	0	

Indicator	No.	Trend
<b>Routine referrals</b> still waiting for their first contact >28 days after referral	874	↓
7 July position	1004	



Exceptions: none

The directorate has maintained its performance and had no adult emergency referrals waiting more than 48 hours as at 8 September.

The graph illustrates the reduction in the number of patients waiting at the end of each month since April 2019

Exceptions: 3 patients

The directorate had 3 urgent adult referrals waiting longer than 7 days for the following 3 teams;

- AMHB Aylesbury CMHT – 1 patient waiting 13 days so far
- AMHB Crisis and Home Treatment Team – 1 patient waiting 13 days so far
- North Memory assessment – 1 patient waiting 10 days so far

Exceptions: 874 patients

The directorate had 874 routine adult referrals waiting longer than 28 days. The teams with the highest number of patients waiting are:

- ADHD Team (281 patients)
- Autism Assessment Team (230)
- South Memory Assessment Team (115)
- AMHB Aylesbury CMHT (108)

### Patients seen in August

Referral urgency	Pts seen	Median Wait	Longest wait	% seen <target
Emergency	92	1 hour	48 hours	99%
Urgent	260	1 day	19 days	72%
Routine	478	19 days	776 days	76%

Directorate	Stop clocks	Wait in Days
<input type="checkbox"/> Buckinghamshire Mental Health	27	276
<input type="checkbox"/> Adult MH Community	12	419
<input type="checkbox"/> Older Adult MH Community	6	286
<input type="checkbox"/> Psychological Therapies	9	185
<b>Total</b>	<b>27</b>	<b>276</b>

Exceptions: routine referrals

**Routine referrals** – 76% of patients were seen within 4 weeks, 18% were seen between 4-18 weeks. 6% (27 patients) waited longer than 18 weeks to be seen – see the service areas this relates to above

# Waiting Times and Lists

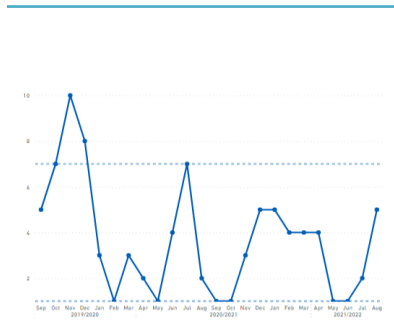
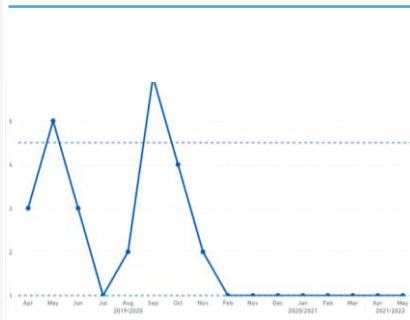
## Buckinghamshire Mental Health Directorate - CAMHS

### Patients waiting

Indicator	No.	Trend
<b>Emergency referrals</b> still waiting for their first contact >48 hours after referral	0	

Indicator	No.	Trend
<b>Urgent referrals</b> still waiting for their first contact >7 days after referral	5	

Indicator	No.	Trend
<b>Routine referrals</b> still waiting for their first contact >28 days after referral	377	



Exceptions: none

The directorate has maintained its performance and had no CAMHS emergency referrals waiting more than 48 hours as at 8 September.

The graph illustrates the reduction in the number of patients waiting at the end of each month since April 2019

Exceptions: 5 patients

The directorate had 5 urgent adult referrals waiting longer than 7 days for the following teams;

- CAMHS B MHST North
- CAMHS B North Bucks GMH
- CAMHS B OSCA Crisis

Exceptions: 377 patients

The directorate had 377 routine CAMHS referrals waiting longer than 28 days. The teams with the highest number of patients waiting are:

- CAMHS B South Bucks Targeted (120)
- CAMHS B North Bucks Targets (90)
- CAMHS S South Bucks GMH (44)

### Patients seen in August

Referral urgency	Pts seen	Median Wait	Longest wait	% seen <target
Emergency	0	-	-	-
Urgent	16	2 days	18 days	88%
Routine	220	38 days	67 days	38%

Directorate	Stop clocks	Wait in Days	Wait in hours
<b>Buckinghamshire Mental Health</b>	220	38	912
<b>CAMHS Community</b>	220	38	912
CAMHS B Bucks ED	8	67	1,619
CAMHS B South Bucks Targeted	53	59	1,417
CAMHS B North Bucks Targeted	36	35	1,316
CAMHS B OSCA Outreach	1	34	1,304
CAMHS B LAAC Caseload	2	31	1,224
CAMHS B North Bucks Getting More Help	14	38	912
CAMHS B Aspire	2	35	840
<b>Total</b>	<b>220</b>	<b>38</b>	<b>912</b>

Exceptions: routine referral waiting times

**Routine referrals** – 38% of patients were seen within 4 weeks, 63% were seen between 4-18 weeks. 1% (2 patients) waited longer than 18 weeks to be seen. Visual above shows 220 routine patients seen.

# Waiting Times and Lists

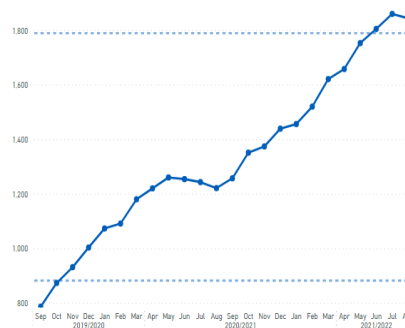
## Buckinghamshire Mental Health Directorate – CYP NDC

### Patients waiting

Indicator	No.	Trend
<b>Emergency referrals</b> still waiting for their first contact >48 hours after referral	0	

Indicator	No.	Trend
<b>Urgent referrals</b> still waiting for their first contact >7 days after referral	0	

Indicator	No.	Trend
<b>Routine referrals</b> still waiting for their first contact >28 days after referral	1849	



Exceptions: none

Exceptions: none

Exceptions: 1849 patients

The directorate had 1849 routine CYP NDC referrals waiting longer than 28 days. The teams with the highest number of patients waiting are:

- CAMHS B Neuro Development Collaboration Service (1659)
- CAMHS B Neuro New Assess (73)
- CAMHS B Neuro PDG (35)
- CAMHS B Targeted ASD (35)

### Patients seen in August

Referral urgency	Pts seen	Median Wait	Longest wait	% seen <target
Emergency	0	-	-	-
Urgent	0	-	-	-
Routine	67	127 days	576 days	18%

Directorate	Stop clocks	Wait in Days	Wait in hours
<input checked="" type="checkbox"/> Buckinghamshire Mental Health	67	127	3,044
<input checked="" type="checkbox"/> CAMHS Community	67	127	3,044
<input checked="" type="checkbox"/> CAMHS B Neuro Development Collaboration Service	38	576	13,835
<input checked="" type="checkbox"/> CAMHS B Targeted ASD	13	41	989
<input checked="" type="checkbox"/> CAMHS B Neuro Caseload	15	35	843
<input checked="" type="checkbox"/> CAMHS B Neuro PDG	1	15	361
<b>Total</b>	<b>67</b>	<b>127</b>	<b>3,044</b>

Exceptions: routine referral waiting times

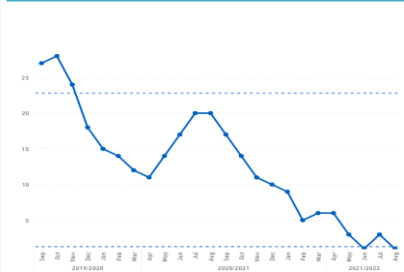
**Routine referrals** – 18% of patients were seen within 4 weeks, 33% were seen between 4-18 weeks. 51% (34 patients) waited longer than 18 weeks to be seen. Visual above shows 67 routine patients seen.

# Waiting Times and Lists

## Oxon and BSW Mental Health Directorate - Adults

### Patients waiting

Indicator	No.	Trend
<b>Emergency referrals</b> still waiting for their first contact >48 hours after referral	0	→
7 July position	0	

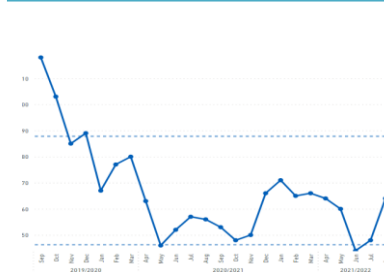


Exceptions: none

The directorate has maintained its performance and had no adult emergency referrals waiting more than 48 hours as at 8 September.

The graph illustrates the reduction in the number of patients waiting at the end of each month since April 2019

Indicator	No.	Trend
<b>Urgent referrals</b> still waiting for their first contact >7 days after referral	59	↑
7 July position	41	

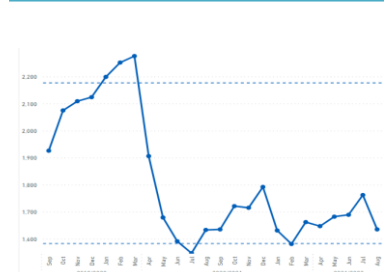


Exceptions: 59 patients

The directorate had 59 urgent adult referrals waiting longer than 7 days for the following teams;

- ED O Cotswold House (32 patients)
- Older Adult MH Community (4)
- Adult MH Community (16)
- MH Urgent Care (5)
- Complex Care (1)

Indicator	No.	Trend
<b>Routine referrals</b> still waiting for their first contact >28 days after referral	1544	↓
7 July position	1762	



Exceptions: 1544 patients

The directorate had 1544 routine adult referrals waiting longer than 28 days. The services/teams with the highest number of patients waiting are:

- Complex Needs (639 patients)
- AMHO Ketamine Team (133)
- City and NE Assess/Treat Teams (146)
- OA N Memory Assessment Team (156)

### Patients seen in August

Referral urgency	Pts seen	Median Wait	Longest wait	% seen <target
Emergency	187	1 hour	8 days	97%
Urgent	459	1 hour	45 days	95%
Routine	626	15 days	775 days	74%

Directorate	Stop clocks	Wait in Days
<b>Oxfordshire &amp; Sw Mental Health</b>	31	185
Adult MH Community	7	425
Complex Needs	16	185
Older Adult MH Community	8	152
<b>Total</b>	<b>31</b>	<b>185</b>

Exceptions: routine referrals

**Routine referrals** – 74% of patients were seen within 4 weeks, 21% were seen between 4-18 weeks. 5% (31 patients) waited longer than 18 weeks to be seen – see the service areas this relates to above.

- The longest waits in Adult MH Community were for the Ketamine Team and City and NE Treatment Team.
- The longest waits in older adult MH community were for the North memory assessment team.
- Waits for complex needs were long across all teams.

# Waiting Times and Lists

## Oxon and BSW Mental Health Directorate - CAMHS

### Patients waiting

Indicator No. Trend

**Emergency referrals** still waiting for their first contact >48 hours after referral

8

Indicator No. Trend

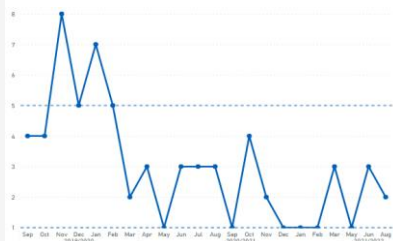
**Urgent referrals** still waiting for their first contact >7 days after referral

20

Indicator No. Trend

**Routine referrals** still waiting for their first contact >28 days after referral

1877



Exceptions: 8 patients

The directorate had 8 emergency CAMHS referrals waiting more than 48 hours as at 14 September for the following teams

- CAMHS W Banes Liaison Risk
- CAMHS S Swindon Liaison Risk
- CAMHS S Swindon GMH
- CAMHS W BaNES SPOC

The graph illustrates the reduction in the number of patients waiting at the end of each month since April 2019

Exceptions: 20 patients

The directorate had 20 urgent CAMHS referrals waiting longer than 7 days for the following teams;

- CAMHS O Complex Keyworker (5)
- CAMHS O Crisis Team (5)
- CAMHS W Wiltshire Liaison RISK (4)
- CAMHS O GMH North (3)
- CAMHS S Swindon GMH (1)
- CAMHS W BANes SPOC (1)
- CAMHS W Salisbury GMH (1)

Exceptions: 1877 patients

The directorate had 1877 routine CAMHS referrals waiting longer than 28 days. The services/teams with the highest number of patients waiting are:

- CAMHS O GH South (250)
- CAMHS O GH North (224)
- CAMHS O SPA countywide (216)
- CAMHS O GMH South (131)
- CAMHS S Swindon GMH (127)

### Patients seen in August

Referral urgency	Pts seen	Median Wait	Longest wait	% seen <target
Emergency	48	2 hours	4 days	71%
Urgent	40	2 days	95 days	85%
Routine	428	35 days	232 days	45%

Directorate	Stop clocks	Wait in Days	Wait in hours
<b>Oxfordshire &amp; Sw Mental Health</b>	<b>428</b>	<b>35</b>	<b>836</b>
<b>CAMHS Community</b>	<b>416</b>	<b>35</b>	<b>836</b>
CAMHS S Swindon LD GMH	1	150	3,598
CAMHS O GH North	6	143	3,429
CAMHS O Peri-Natal Caseload	6	131	3,145
CAMHS W Melksham GH	8	121	2,914
CAMHS W BaNES GH	15	112	2,685
CAMHS O GH South	11	90	2,156
CAMHS O GMH South	17	83	1,988
CAMHS W LAC Caseload CO	2	80	1,909
CAMHS O Eating Disorders	16	70	1,670

Exceptions: routine referrals

**Routine referrals** – 45% of patients were seen within 4 weeks, 46% were seen between 4-18 weeks. 11% (45 patients) waited longer than 18 weeks to be seen. The 7 teams with the longest routine waits are shown above.

# Waiting Times and Lists

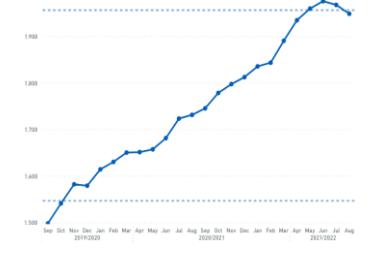
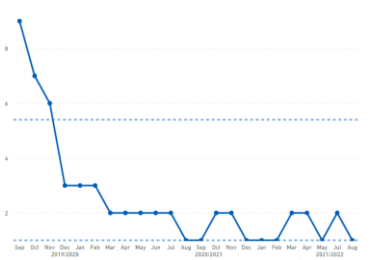
## Oxon and BSW Mental Health Directorate – CYP NDC

### Patients waiting

Indicator	No.	Trend
<b>Emergency referrals</b> still waiting for their first contact >48 hours after referral	0	

Indicator	No.	Trend
<b>Urgent referrals</b> still waiting for their first contact >7 days after referral	1	

Indicator	No.	Trend
<b>Routine referrals</b> still waiting for their first contact >28 days after referral	1968	



Exceptions: None

Exceptions: 1 patients

Exceptions: 1968 patients

The directorate had 1 urgent CYP NDC referrals waiting longer than 7 days for the following team;

- CAMHS O NDC Treatment

The directorate had 1968 routine CYP NDC referrals waiting longer than 28 days. The services/teams with the highest number of patients waiting are:

- CAMHS O NDC Diagnostic (1772)
- CAMHS O NDC Neuro (8)
- CAMHS O NDC Treatment (168)

### Patients seen in August

Referral urgency	Pts seen	Median Wait	Longest wait	% seen <target
Emergency	0	-	-	-
Urgent	1	18 days	18 days	0%
Routine	45	257 days	1208 days	18%

Directorate	Stop clocks	Wait in Days	Wait in hours
Oxfordshire & Sw Mental Health	45	257	6,166
CAMHS Community	45	257	6,166
CAMHS O NDC Diagnostic	21	391	9,381
CAMHS O NDC Treatment	20	195	4,676
CAMHS O NDC Neuro	4	58	1,392
<b>Total</b>	<b>45</b>	<b>257</b>	<b>6,166</b>

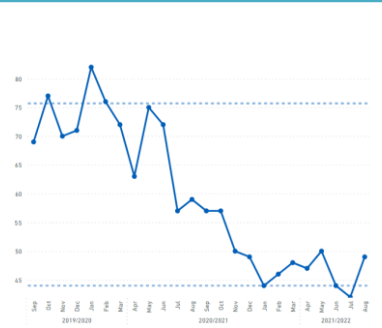
Exceptions: routine referrals

**Routine referrals** – 18% of patients were seen within 4 weeks, 20% were seen between 4-18 weeks. 64% (waited longer than 18 weeks to be seen. The teams with the longest routine waits are shown above.

## Community Services

### Patients waiting

Indicator	No.	Trend
<b>Emergency referrals still waiting for their first contact &gt;48 hours after referral</b>	<b>49</b>	↑
7 July position	43	



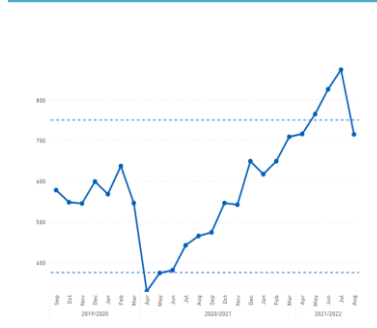
Exceptions: 49 patients

The directorate had 49 emergency referrals waiting more than 48 hours as at 8 September. The longest waits are for;

- Respiratory Services
- Ageing Well
- Podiatry

The graph illustrates the reduction in the number of patients waiting at the end of each month since April 2019

Indicator	No.	Trend
<b>Urgent referrals still waiting for their first contact &gt;7 days after referral</b>	<b>634</b>	↓
7 July position	682	

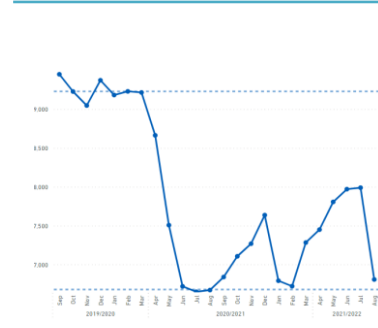


Exceptions: 634 patients

The directorate had 634 urgent referrals waiting longer than 7 days. The teams with the longest waits are:

- Physical Disability Physio Service
- Respiratory Service
- District Nursing
- Ageing Well
- Podiatry

Indicator	No.	Trend
<b>Routine referrals still waiting for their first contact &gt;28 days after referral</b>	<b>7276</b>	↓
7 July position	7989	



Exceptions: 7276 patients

The directorate had 7276 routine adult referrals waiting longer than 28 days. Services/teams with the highest number of patients waiting :

- Childrens Integrated Therapies
- Diabetes Services
- Respiratory Service
- School Health Nursing
- Podiatry

Longest waits are for DN and Respiratory

### Patients seen in August

Referral urgency	Pts seen	Median Wait	Longest wait	% seen <target
Emergency	230	1 day	19 days	72%
Urgent	1085	2 days	610 days	70%
Routine	3129	6 days	1615 days	73%

Directorate	Stop clocks	Wait in Days
<b>Community Services</b>	<b>340</b>	<b>274</b>
Phoenix Team	3	881
Community Respiratory Service	87	591
School Health Nursing	6	527
Care Home Support Service	2	299
Chronic Fatigue & ME Service	12	290
Diabetes Service	31	288
Nutrition and Dietetics	2	286
Phlebotomy	2	285
Childrens Int Therapy Services	114	253
<b>Total</b>	<b>340</b>	<b>274</b>

Exceptions: routine referrals

Whilst the longest wait for an urgent referral was 610, this was a single exception with the majority of patients waiting a short time.

**Routine referrals** – 73% of patients were seen within 4 weeks, 16% were seen between 4-18 weeks. 11% (340 patients) waited longer than 18 weeks to be seen. The teams with the longest waits are shown above

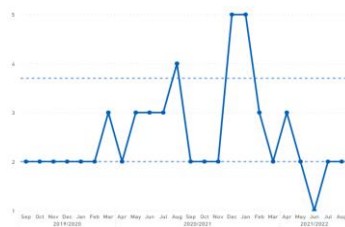
# Waiting Times and Lists

## Forensic Services

### Patients waiting

Indicator	No.	Trend
<b>Emergency referrals</b> still waiting for their first contact >48 hours after referral	0	→
7 July position	0	

Indicator	No.	Trend
<b>Urgent referrals</b> still waiting for their first contact >7 days after referral	1	→
7 July position	1	



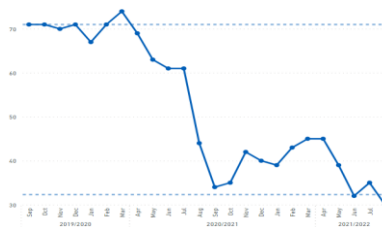
Exceptions: none

Exceptions: 1 patient

The directorate had 1 urgent referrals waiting longer than 7 days. At the 8 September the patient had waited 55 days to be seen by;

Forensic Referrals Team

Indicator	No.	Trend
<b>Routine referrals</b> still waiting for their first contact >28 days after referral	29	↓
7 July position	35	



Exceptions: 29 patients

The directorate had 29 routine adult referrals waiting longer than 28 days. The services/teams with the longest median waiting time are:

- Forensic Oxon Community (3677 days)
- Forensic Bucks Community (2056 days)
- Forensic Berks W (1846 days)

### Patients seen in August

Referral urgency	Pts seen	Median Wait	Longest wait	% seen <target
Emergency	0	-	-	-
Urgent	0	-	-	-
Routine	3	31 days	128 days	66%

Exceptions: None

All three routine referrals seen in August were seen by the Forensic Pathfinder Team. 1 patient waited 128 days, the other two waited 26 and 31 days.

# Waiting Times and Lists

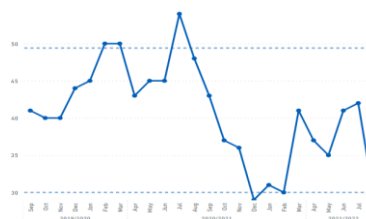
## Specialised – Learning Disability Services

### Patients waiting

Indicator	No.	Trend
<b>Emergency referrals</b> still waiting for their first contact >48 hours after referral	0	→
7 July position	0	

Indicator	No.	Trend
<b>Urgent referrals</b> still waiting for their first contact >7 days after referral	0	↓
7 July position	1	

Indicator	No.	Trend
<b>Routine referrals</b> still waiting for their first contact >28 days after referral	23	↓
7 July position	42	



Exceptions: none

Exceptions: none

Exceptions: 23 patients

The directorate had 23 routine adult referrals waiting longer than 28 days. The services/teams with the longest median waiting time are:

- Forensic Oxon Community (3677 days)
- Forensic Bucks Community (2056 days)
- Forensic Berks W (1846 days)

### Patients seen in August

Referral urgency	Pts	Median Wait	Longest wait	% seen <target
Emergency	0	-	-	-
Urgent	0	-	-	-
Routine	23	27 days	176 days	52%

Directorate	Stop clocks	Wait in Days
Specialised Services	23	27
Learning Disabilities Community	23	27
LDC Community Team	5	71
LDS Community Team	4	33
LD Intensive Support Team	1	27
LDN Community Team	13	23
<b>Total</b>	<b>23</b>	<b>27</b>

Exceptions: routine referrals

**Routine referrals** – 52% of patients were seen within 4 weeks, 30% were seen between 4-18 weeks. 9% (2 patients) waited longer than 18 weeks to be seen.

The longest waits were for the LDN Community Team

Section 4:

# Contractual Performance – Key Performance Indicators

## 3.1 Contractual performance: Key Performance Indicator breaches

### Summary of Indicators

In total, the Trust routinely reports information and performance relating to **286 local indicators**; broken down as follows:

Area	Indicators with defined targets				Total	Totals
	Monthly	Quarterly	Yearly	Bi-Annual/Seasonal		
<b>Local Contractual Performance</b>						
(2) Community Services	17	18	23	8	66	66
(3) All Ages Mental Health Oxon and BSW	64	0	0	0	64	64
(4) All Ages Mental Health Buckinghamshire	44	2	2	5	53	53
(5) Specialised Services	74	10	0	4	88	88
<b>Local Contractual Total</b>	<b>199</b>	<b>30</b>	<b>25</b>	<b>17</b>	<b>271</b>	<b>271</b>
<b>Grand Total</b>	<b>209</b>	<b>32</b>	<b>28</b>	<b>17</b>	<b>286</b>	<b>286</b>

### Performance Scorecard

The tables below show performance as at month 05, and then breakdown of performance is provided below:

#### Summary

Directorate	Below target >10%	Below Target -1-9%	Target Met	Total	% Met
<b>Local Contractual Performance</b>					
(2) Community Services	6	6	15	27	56%
(3) All Ages Mental Health Oxon and BSW	9	6	47	62	76%
(4) All Ages Mental Health Buckinghamshire	9	5	25	39	64%
(5) Specialised Services	0	1	73	74	99%
<b>Local Contractual Performance Total</b>	<b>24</b>	<b>18</b>	<b>160</b>	<b>202</b>	<b>79%</b>
<b>Grand Total</b>	<b>24</b>	<b>18</b>	<b>160</b>	<b>202</b>	<b>79%</b>

## 3.1 Contractual performance: Key Performance Indicator breaches

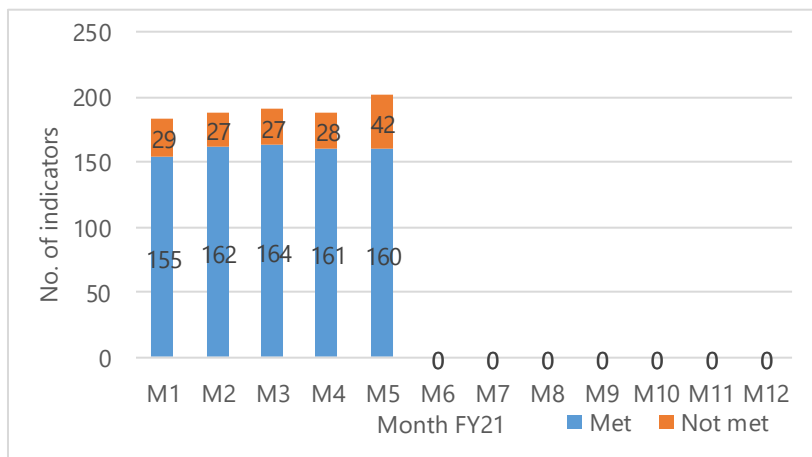
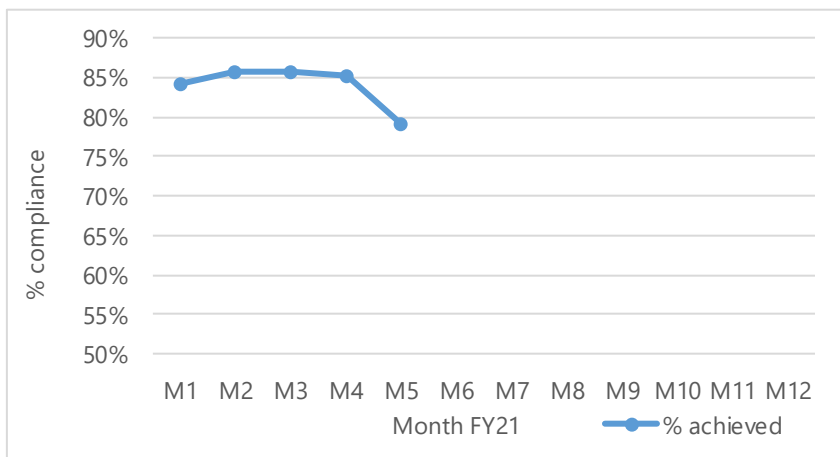
Breakdown						
Area	Below target >10%	Below Target -1-9%	Target Met		Total	% Met
Local Contractual Performance						
<b>(2) Community Services</b>	6	6	15		27	56%
School Health Nursing and College Health Nursing services, Public Health Promotion Resources services and a National Child Measurement Programme	0	2	6		8	75%
Oxon Community & Mental Health Contract (Adults Community services)	3	2	7		12	58%
Oxon Community & Mental Health Contract (Children Community services)	3	1	1		5	20%
Buckinghamshire Continuing Healthcare	0	1	1		2	50%
<b>(3) All Ages Mental Health Oxon and BSW</b>	9	6	47		62	76%
Adult Mental Health Outcomes Based Commissioning (OBC) Sch 4	1	1	0		2	0%
Adult Mental Health Outcomes Based Commissioning (OBC) Incentivised	2	1	9		12	75%
Child and Adolescent Mental Health Service (CAMHS)	2	0	2		4	50%
Integrated Access to Psychological Therapies (IAPT) Wellbeing (Oxon)	0	0	10		10	100%
Oxfordshire Perinatal Mental Health Service	1	2	10		13	77%
Community & Mental Health Contract Sch 4 (Oxon)	1	0	8		9	89%
Child and Adolescent Mental Health Service	0	2	5		7	71%
Child and Adolescent Mental Health Service	2	0	0		2	0
<b>(4) All Ages Mental Health Buckinghamshire</b>	9	5	25		39	64%
Adults & Older Adults Community Mental Health Teams and Inpatients, Integrated Access to Psychological Therapies and Psychiatric In Reach Liaison Service	4	3	15		22	68%
Child and Adolescent Mental Health Service (CAMHS)	3	2	2		7	29%
Buckinghamshire Perinatal Mental Health Service	2	0	8		10	80%
<b>(5) Specialised Services</b>	0	1	73		74	99%
Learning Disabilities (OCCG)	0	1	5		6	83%
Dentistry (NHSE)	0	0	4		4	100%
Forensic Medium Secure Unit (NHSE)	0	0	16		16	100%
Forensic Low Secure Unit (NHSE)	0	0	16		16	100%
Child and Adolescent Mental Health Service (CAMHS) Tier 4 Inpatients	0	0	16		16	100%
Eating Disorders Inpatients (NHSE)	0	0	16		16	100%
NHSE Totals	0	0	68		68	100%

## 3.1 Contractual performance: Key Performance Indicator breaches

### 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). In month 5 (August), 202 contractual indicators were reportable of which 79% were achieved. This is a decrease of 6% compared to last month. The number of red indicators this month was 24 which represents 11.9% of the total number of indicators. Last month it was 11.6% based on 22 reds out of 189 indicators.

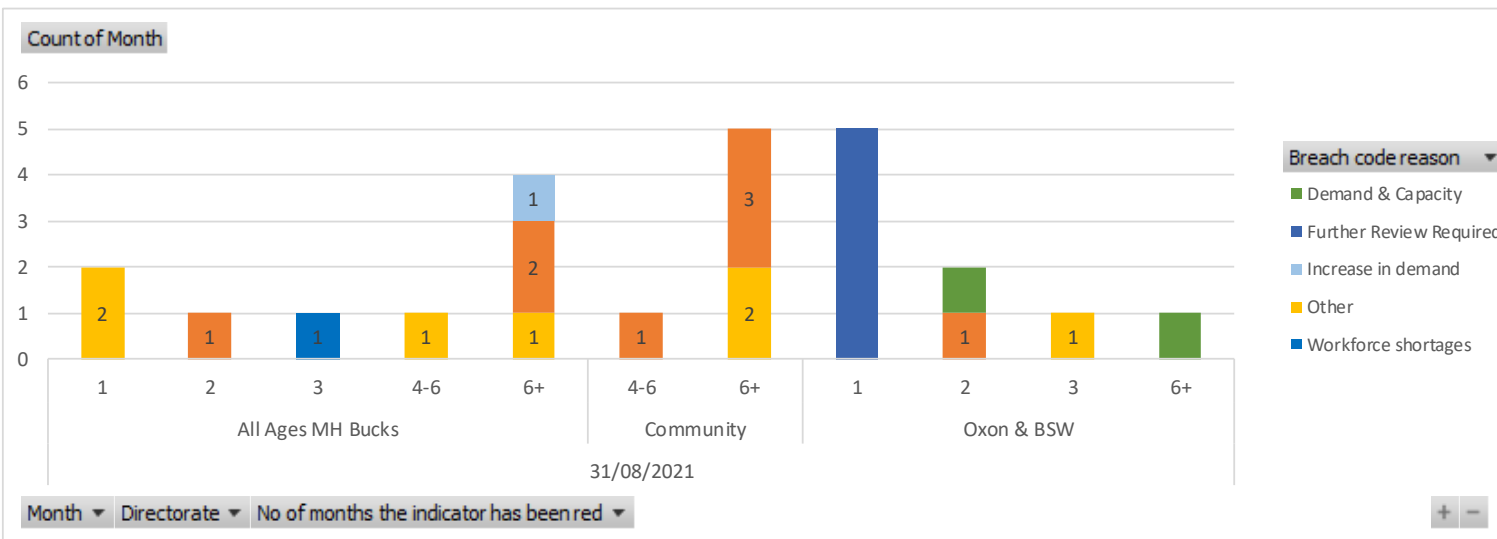
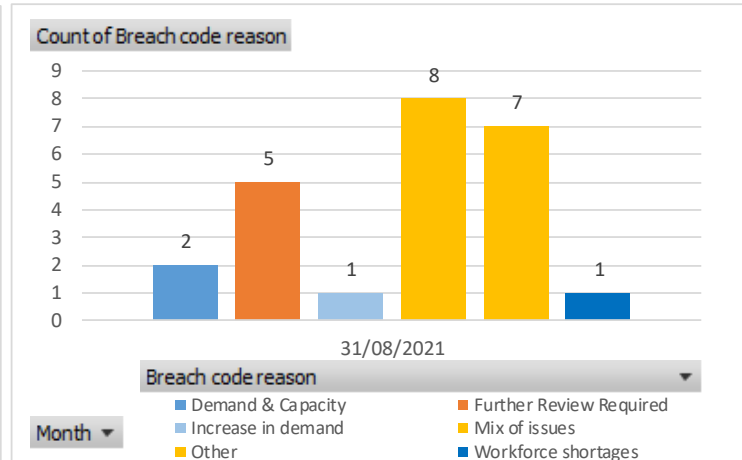
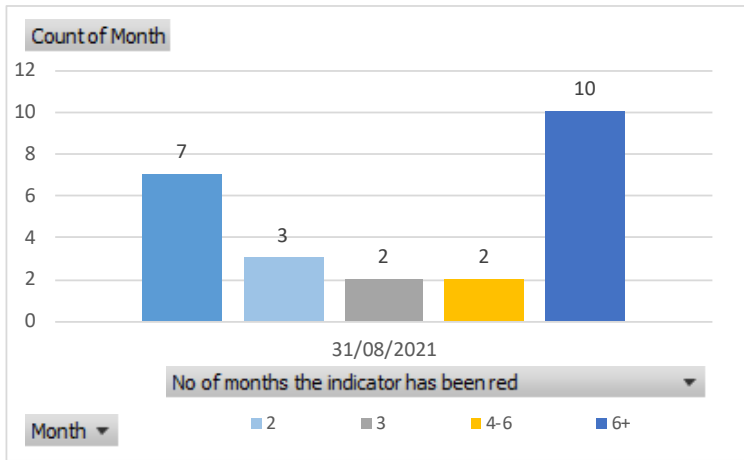
NB - Due to a change in the L&D Reporting System, training figures for Specialised Services are not available for M05. They have therefore been marked as 'achieved' for the purposes of this report. Figures will be refreshed once available.



In month 05, there were 10 red indicators that have been red for more than 6 months and 2 indicators red for 4 to 6 months.

The main reason attributed to the non-achievement of local contractual indicators was "Mix of Issues & Other"; 15 of the 24 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



## 3.1 Contractual performance: Key Performance Indicator breaches

Directorate	Service/Contract	Measure	Target	Actual	Months Below Target	Narrative/Plan	COVID RELATED
Buckinghamshire All Ages MH	CAMHS ED	% of routine ED referrals assessed in 4 weeks (national rules)	90%	18.2% (2/11)	4 months	<p><b>Description of the issue:</b> 9 patients breached. Increased referrals into the service have meant there is a higher demand and a decrease in capacity due to vacancies in the team.</p> <p><b>Plan:</b> The service is currently recruiting to vacant posts and have increased assessment slots. A Locum RMN (nurse) in post to support this.</p> <p><b>Resolution Timescales:</b> By the end of October/November, it is hoped new staff will have been recruited to vacant posts and to have meaningful reduction in waits.</p>	Partially
Buckinghamshire All Ages MH	CAMHS ED	% of urgent ED referrals assessed in 7 days (national rules)	100%	0% (0/2)	1 month	<i>This indicator has breached its target by &gt;10% for one month. Further investigation will be carried out if this indicator remains red for a second month.</i>	
Buckinghamshire All Ages MH	CAMHS	% of Routine referrals assessed within 28 days (Inc LD/OSCA/GMH/Targeted/SPA)	90%	63.8% (88/138)	6+ months	<p><b>Description of the issue:</b> 50 breaches. Demand is very high and has been since April.</p> <p><b>Plan:</b> As well as the demand &amp; capacity work, the service has reviewed the average monthly referrals since 16/17 FY and the average percentage increase for Targeted &amp; Getting More Help across all of the subsequent years to the present time show at least a 33% increase, if we take out the last COVID year that average is more like 39%. The service will now utilise the demand &amp; capacity information and conduct a more detailed review to plan where improvements can be made.</p> <p><b>Resolution Timescales:</b> October/November 2021</p>	Partially
Buckinghamshire All Ages MH	Adults	% people will have CPA review within the (timeframe)	95%	81.6% (648/794)	6+ months	<p><b>Description of the issue:</b> The target for this measure has been in place since November 2020 and has increased from the 71% achieved at that time.</p> <p><b>Plan:</b> The service is working through the CPA breaches, with the help of the performance &amp; information team – some data issues identified such as clients not being on CPA but recorded as being on CPA. Clinicians are updating the true breaches.</p> <p><b>Resolution Timescales:</b> The service is aiming to meet target by January 2022</p>	Partially
Buckinghamshire All Ages MH	Adults	Routine (non-emergency) referral to Mental Health Team will be seen within 28 consecutive days for assessment.	90%	78.2% (122/156)	3 months	<p><b>Description of the issue:</b> There were 34 breaches for August, 24 of them were for the AMHB Aylesbury CMHT and the remaining 10 are from the AMHB Chiltern CMHT.</p> <p>Aylesbury 24 breaches - In 2 cases the Carenotes system reported a breach but they were not, and the date of the appointment has now been corrected. In 6 cases the patient DNA or chose to change the date, and in an additional 4 cases the patients were not available until several attempts of contact to make an appointment. In two cases, patients were transferred from other services.</p> <p>Chiltern 10 patients - One was not a breach and has been corrected in our systems. In six cases the appointment did not happen due to patient choice, or delay in the patient responding or due to DNA (did not attend). In two cases, patients were transfers from other trusts or services. On one occasion, the patient was seen one day late due to reduced capacity in the team.</p> <p><b>Plan:</b> The north team have requested additional agency cover for 3 months.</p> <p><b>Resolution Timescales:</b> September/October 2021</p>	Partially

## 3.1 Contractual performance: Key Performance Indicator breaches

Buckinghamshire All Ages MH	EIP	Access and waiting time standard for early intervention in psychosis (EIP) services	60%	50% (1/2)	1 month	<i>This indicator has breached its target by &gt;10% for one month. Further investigation will be carried out if this indicator remains red for a second month.</i>	
Buckinghamshire All Ages MH	Older Adults	% people will have CPA review within the (timeframe)	95%	69.4% (102/147)	6+ months	<p><b>Description of the issue:</b> The target for this measure has been in place since November 2020 and has fallen slightly below the 74% achieved at that time.</p> <p><b>Plan:</b> The service is working through the CPA breaches, with the help of the performance &amp; information team – some data issues identified such as clients not being on CPA but recorded as being on CPA. Clinicians are updating the true breaches.</p> <p><b>Resolution Timescales:</b> The service is aiming to meet target by January 2022</p>	Partially
Buckinghamshire All Ages MH	Perinatal	Urgent – 2-day assessment target	95%	50% (1/2)	5 months	<p><b>Description of the issue:</b> One patient out of two was not seen within the urgent timeframe. The patient did not attend a scheduled appointment; the service also made several calls to the patient but had no response. An opt-in letter was sent and the patient was eventually assessed. The conclusion was that this was patient choice.</p> <p><b>Plan:</b> Not applicable</p> <p><b>Resolution Timescales:</b> Not applicable</p>	No
Buckinghamshire All Ages MH	Perinatal	<p>% of birth rate accessing specialist Perinatal MH service</p> <p>For FY21/22, the new access target is 8.6%. The number of people accessing perinatal services is set at 525 (was corrected by national team from 573) for BCCG.</p>	8.6%	4.7% (288/6121)	6+ months	<p><b>Description of the issue:</b> The current target is based on 2016 birth rates of 6121, 2019 live birth figure for Buckinghamshire Local Authority was 5629. The 288 (4.7%) number is the access indicator rate and a percent achieved based on rolling 12-month period measured against 8.6% target for FY21/22.</p> <p><b>Plan:</b> The Performance &amp; Information team have contacted the national team about this as Bucks LA have seen an 8% decrease in live births from 2016 compared to 2019 (latest available figures). They have advised that any reduction in the birth rate used for Bucks would also necessitate a reduction in funding.</p> <p><b>Resolution Timescales:</b> The Performance &amp; Information team have produced a trajectory for the service but note that since targets have been published nationally, Bucks access target appears to now be 525 instead of the original 573 that the trajectory was calculated against. As a result, monthly targets have now been updated to match this annual 525 target. Based on this revised target, and assuming the service meets the targets for the remainder of the year, by year end the service will now be 124 short of this year's target. The service has also successfully embedded digital triage as well as offering face 2 face options and have been raising awareness through our Communications Team, who are also helping with the costing for stickers for babies' red books. The team attend regular meetings with maternity services and health visitors to discuss potential service users and the service has set up Perinatal-CMHT interface meetings quarterly to improve joint working. The service continues to offer educational support to GP trainees.</p>	Partially

## 3.1 Contractual performance: Key Performance Indicator breaches

Community Services	Continuing health care (Oxon)	Eligibility decisions are made within 28 days of accepting a referral. All assessments required for eligibility decisions are to be completed within this timeframe.	95%	23% (7/30)	6+ months	<p><b>Description of the issue:</b> NHS England have suspended the national reporting on this indicator until January 2022 to allow recovery time.</p> <p><b>Plan:</b> We have proposed to pause the reporting on this indicator until January 2022.</p> <p><b>Resolutions timescales:</b> The reporting on this indicator should re-start from January 2022 onwards.</p>	Partially
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%	42% (25/59)	6+ months	<p><b>Description of the issue:</b> 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.</p> <p><b>Plan:</b> To mitigate increased complexity of the clients referred to the service, the team is taking on 2 WTE of agency assessor.</p> <p><b>Resolution timescales:</b> Not applicable.</p>	Partially
Community Services	Continuing health care (Oxon)	Individuals eligible for CHC will receive a case review which will include care plan review 3 months after eligibility decision	95%	73% (8/11)	6+ months	<p><b>Description of the issue:</b> 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><b>Plan:</b> The service manager has submitted a capacity and demand assessment to the Oxfordshire CCG to demonstrate the gap in the service. Also, OHFT is working on a business case for their consideration. Started using some agency assessor to mitigate.</p> <p><b>Resolution timescales:</b> Some improvement expected next month</p>	Partially
Community Services	Looked After Children (out of county)	Every child over 5 years old receive health review annually	90%	75% (18/24)	6+ months	<p><b>Description of the issue:</b> Children seen outside the timeframe mainly due to reduced capacity in the Looked After Children (LAC) teams in other counties, one young person declined the review. This is not within the power of Oxford Health Foundation Trust to correct.</p> <p><b>Plan:</b> Not applicable</p> <p><b>Resolution timescales:</b> Not applicable</p>	No

## 3.1 Contractual performance: Key Performance Indicator breaches

Community Services	Looked After Children (out of county)	Every child under age of 5 receive health review at 6 monthly intervals	90%	75% (3/4)	6+ months	<p><b>Description of the issue:</b> Reduced capacity in the Looked After Children (LAC) teams in other county. This is not within the power of Oxford Health Foundation Trust to correct.</p> <p><b>Plan:</b> Not applicable</p> <p><b>Resolution timescales:</b> Not applicable</p>	No
Community Services	Looked After Children	Children notified by Local Authority to LAC team new to care offered health assessment in 20 working days	100%	16% (5/32)	6 months	<p><b>Description of the issue:</b> The offer of a health assessment to 27 children new to care in August has been delayed between 1 and 37 days. The Phoenix Team has had reduced availability of clinic appointments due to the consistent high number of children coming into care and a reduction of available appointments with the specialist doctors. The number of children new to care is not within the power of Oxford Health Foundation Trust.</p> <p><b>Plan:</b> The Phoenix team is looking at to employ additional medical staff to increase capacity in clinic. Processes have been reviewed to ensure medical time is focused on clinical activity.</p> <p><b>Resolution timescales:</b> All 27 children have now been offered an appointment, of which 13 have already been seen (as of 15 September 2021).</p>	No
Oxon & BSW MH All ages	BSW CAMHS ED	% of routine ED Referrals Assessed in 4 weeks (national rules)	95%	47.1% (8/17)	2 months	<p><b>Description of the issue:</b> 43% increase in referrals in this FY has led to demand and capacity issues</p> <p><b>Plan:</b> D&amp;C analysis is currently being undertaken and further investigation is under review</p> <p><b>Resolution timescales:</b> Awaiting finding from D/C review.</p>	Yes
Oxon & BSW MH All ages	BSW CAMHS ED	% of urgent ED Referrals Assessed in 7 Days (national rules)	95%	75% (3/4)	1 Month	<i>This indicator has breached its target by &gt;10% for one month. Further investigation will be carried out if this indicator remains red for a second month.</i>	Yes
Oxon & BSW MH All ages	OBC	% of service users who have had a physical health assessment	90%	62% (584/942)	6+months	<p><b>Description of the issue:</b> Despite capacity issues Performance for this KPI has improved by 10% during the last month..</p> <p><b>Plan:</b> OH have recruited a PH lead nurse for SMI in Community, they started in June 21. Additionally the directorate have successfully recruited to 9 physical health care assistants in the community teams – they will initially target patients missing PH assessments before broadening the roles</p> <p><b>Resolution Timescales:</b> We have a trajectory to get to 90% complete by Mar 22.</p>	Partially

## 3.1 Contractual performance: Key Performance Indicator breaches

Oxon & BSW MH All ages	Perinatal	Referral to treatment target of 6 weeks from referral for phycological treatment	95.0%	33.0%	1 month	<i>This indicator has breached its target by &gt;10% for one month. Further investigation will be carried out if this indicator remains red for a second month.</i>	Yes
Oxon & BSW MH All ages	CAMHS	Clinic letters sent to GP's in 7 Days	95%	62.2% (28/45)	2 months	<b>Description of the issue:</b> Capacity and Staffing Issues. <b>Plan:</b> A number of admin vacancies currently exist across the county in CAMHS services, recruitment is underway with job adverts currently live. <b>Resolution Timescales:</b> March 2022	Partially
Oxon & BSW MH All ages	CAMHS ED Oxon	% of routine ED Referrals Assessed in 4 weeks (national rules)	90%	20% (3/15)	3 months	<b>Description of the issue:</b> Increase in Demand and Staff Vacancies. 50% increase in referrals compared to last FY and caseload has increased by 43%. Loss of clinical staff due to mat leave and recruitment issues. Current Vacancies are 8.2 WTE <b>Plan:</b> Investment monies have been provided and service is working with HR and vacancies are being advertised. However application numbers have been low and some roles are proving difficult to fill. Also the service is working with system partners to come up with possible solutions. <b>Resolution timescales:</b> Oxford Health would hope to see an improvement in the next 6-9 months once staff have been hired into the vacant roles	Yes
Oxon & BSW MH All ages	Wellbeing Service	Number of Older People who have received support from the wellbeing service	13	3	1 month	<i>This indicator has breached its target for one month. Further investigation will be carried out if this indicator remains red for a second month.</i>	Yes
Oxon & BSW MH All ages	OBC Incentivised	QPR - % aggregated improvement in score on validated recovery evaluation tool amongst service users in clusters 4-17 at most recent cluster review	55%	40% (2/5)	1 month	<i>This indicator has breached its target for one month. Further investigation will be carried out if this indicator remains red for a second month.</i>	Yes
Oxon & BSW MH All ages	OBC Incentivised	2A - People will improve their level of functioning. Recovery Star % of SU showing an improvement (2+ stars)	55%	38.6% (27/70)	1 month	<i>This indicator has breached its target for one month. Further investigation will be carried out if this indicator remains red for a second month.</i>	Yes