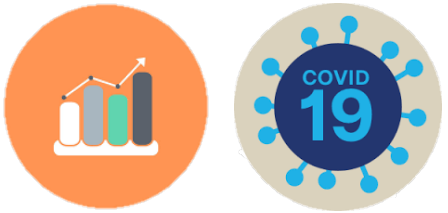
Integrated Performance Report (IPR) - Supporting Report

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

Trust Board Meeting – January 2022

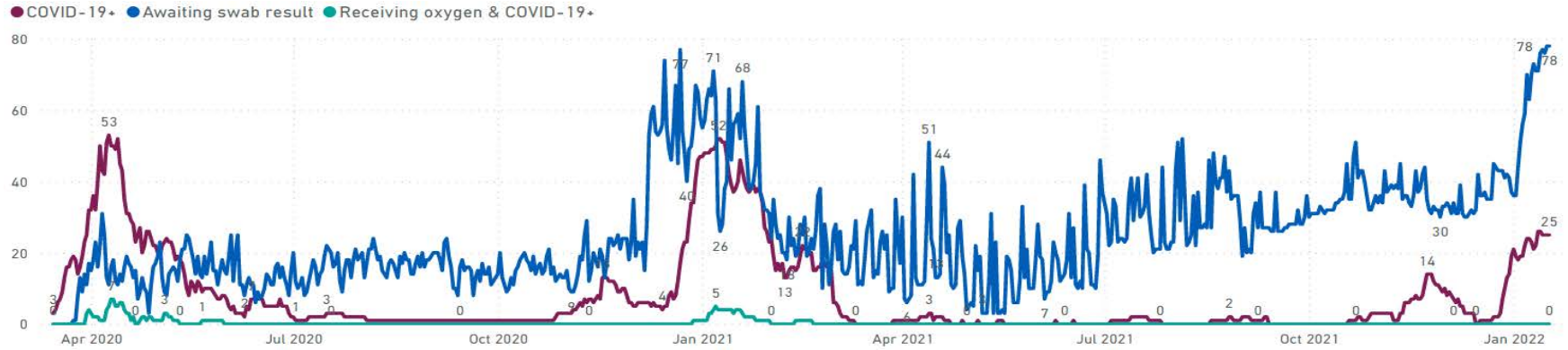


Section 1:

COVID-19 Headlines

1. COVID-19 Headlines

1.1 COVID-19 positive patients on inpatient wards as at 17 January 2022: 23 patients



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

Activity	On 18 Nov '21	On 17 Jan '22	Difference	Trend
Cumulative number of inpatients confirmed COVID-19 positive	428	486	+58	↑
Cumulative number of COVID-19 deaths in our inpatient settings	32	35	+3	↑
Cumulative number of community patients confirmed COVID-19 positive	752	840	+88	↑
Number of staff impacted by COVID19 and not working	10	96	+86	↑
Number of staff impacted by COVID and working from home	4	7	+3	↑

1.3 COVID-19 vaccination uptake as at 14 Jan 2022: Dose 1 = 90.9%, Dose 2 = 88.1% and Dose 3 (eligible staff only) 59.4%. Patient Facing Dose 1 = 90.4%, Dose 2 = 87.4% and Dose 3 (eligible staff only) 59.3%

TRUST			Dose 1			Dose 2			Dose 3- Eligible staff Only			
14/01/2022 12:02		Headcount	Today	07/01/2022	Change	Today	07/01/2022	Change	Eligible Headcount Dose 3	Today	07/01/2022	Change
TRUST	Total	7379	90.9%	90.5%	0.4%	88.1%	87.5%	0.6%	6408	59.4%	56.6%	2.8%
	Patient Facing	6038	90.4%	90.0%	0.4%	87.4%	86.7%	0.6%	5204	59.3%	56.6%	2.8%
	Care Home	1000	97.4%	97.4%	0.0%	96.6%	96.3%	0.3%	953	65.6%	61.8%	3.8%
	Non-Patient Facing >=18								1204	59.6%	56.9%	2.8%

Section 2:

Patient Activity and Demand

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

Narrative regarding noteworthy exceptions is provided in Section 2 c

2. Patient Activity and Demand

2. Introduction and section content

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

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

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

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

Normal: Data demonstrates normal variation

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

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

Alert: Data highlights variation requiring further investigation/comment

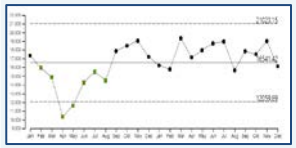
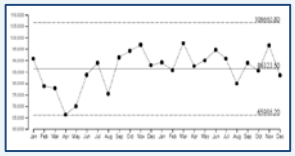
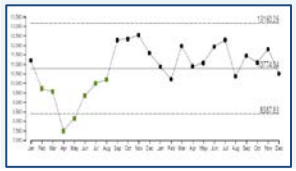
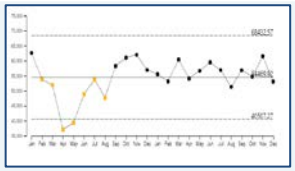
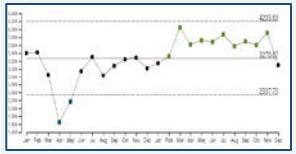
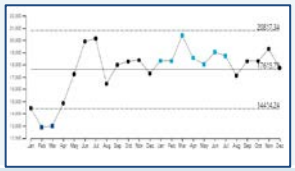
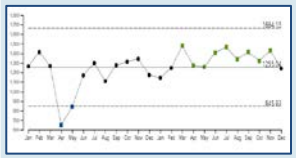
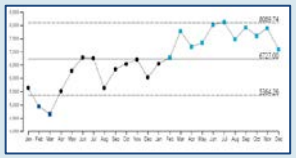
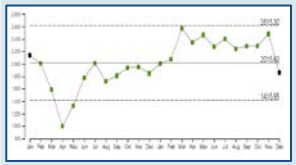
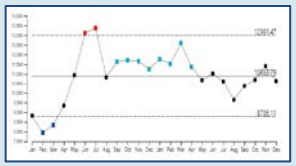
2. This month's activity is compared to the pre-COVID 2019/20 monthly average (which is the Trust's current benchmark of 'normal' activity levels (unless specified otherwise). The percentage difference is shown.

Section 2a:

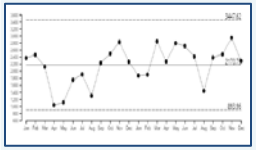
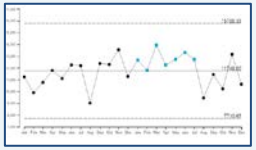
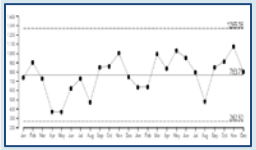
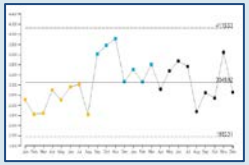
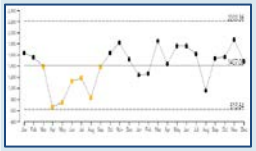
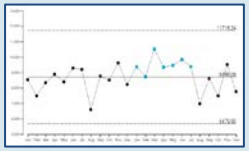
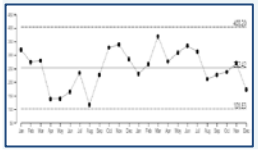
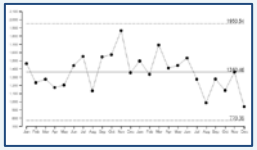
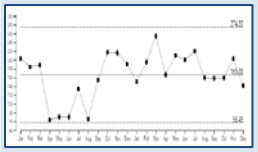
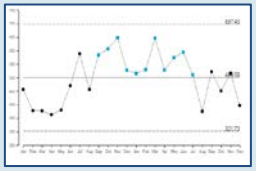
Community Patient Activity and Demand

Referrals and appointments overview

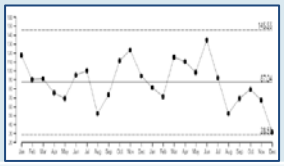
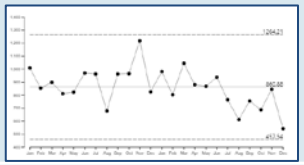
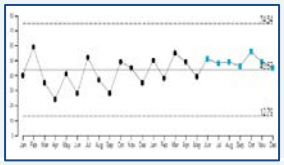
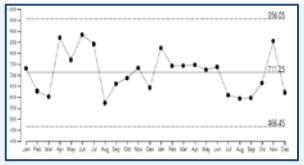
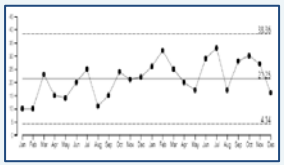
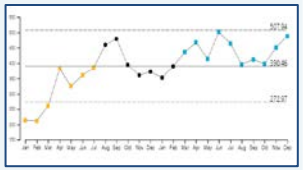
Patient Activity and Demand Overview: **Community** referrals and appointments

	Referrals					Appointments				
Specialty	Trend over time	Activity in month	SPC Analysis Variation	2019/20 average	+/-%	Trend over time	Activity in month	SPC Analysis Variation	2019/20 average	+/-%
Trust (excluding IAPT, Dental, OOH/MIU)		**16,119**		**15,776**	**+2%**		**83,538**		**83,028**	**+1%**
Community Services (excluding Dental, OOH and MIU)		**10,494**		**10,190**	**+3%**		**53,131**		**57,372**	**-7%**
Adult and Older Adult Mental Health (excluding IAPT)		**3,101**		**3,142**	**-1%**		**17,726**		**13,482**	**+31%**
Buckinghamshire		**1,241**		**1,336**	**-7%**		**7,090**		**5,455**	**+30%**
Oxfordshire		**1,860**		**1,806**	**+3%**		**10,633**		**8026**	**+32%**

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

	Referrals					Appointments				
Specialty	Trend over time	Activity this month	SPC Analysis Variation	2019/20 average	+/-%	Trend over time	Activity in month	SPC Analysis Variation	2019/20 average	+/-%
Children and Young People - CAMHS		**2,283**		**2,076**	**+10%**		**10,606**		**9,996**	**+6%**
Buckinghamshire		**800**		**615**	**+30%**		**2,854**		**2,203**	**+30%**
Oxfordshire & BSW		**1,483**		**1460**	**+2%**		**7,752**		**7793**	**-1%**
Children and Young People - Neuro Developmental Services		**172**		**295**	**-42%**		**938**		**1271**	**-26%**
Buckinghamshire		**141**		**185**	**-24%**		**397**		**399**	**-1%**

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

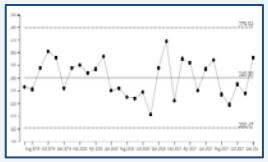
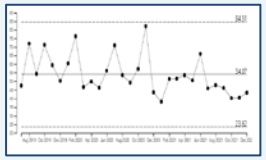
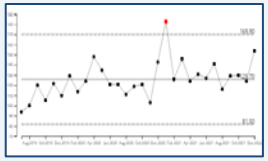
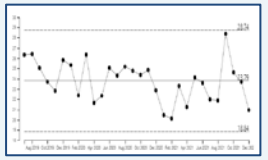
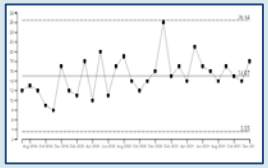
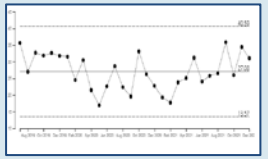
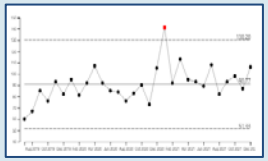
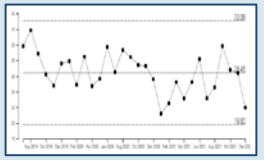
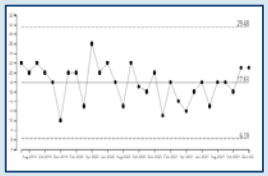
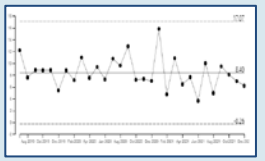
	Referrals					Appointments				
Specialty	Trend over time	Activity in month	SPC Analysis Variation	2019/20 average	+/-%	Trend over time	Activity in month	SPC Analysis Variation	2019/20 average	+/-%
Oxfordshire & BSW		**31**		**110**	**-72%**		**541**		**871**	**-38%**
Learning Disabilities		**45**		**43**	**+5%**		**621**		**692**	**-10%**
Forensics		**16**		**21**	**-24%**		**488**		**175**	**+179%**
Dental	Not available data not yet in warehouse	**226**	SPC not available	**762**	**-70%**	Not available data not yet in warehouse	**1525**	SPC not available	**1926**	**-21%**
IAPT	Not available data not yet in warehouse	**2260**		**2429**	**-7%**	Not available data not yet in warehouse	**10783**		**8785**	**+23%**
MIU		**2,887**		**3,642**	**-21%**		**4,319**		**5,201**	**-17%**
OOH		**9,318**		**9255**	**+1%**		**12,262**		**12,333**	**-1%**

Section 2b:

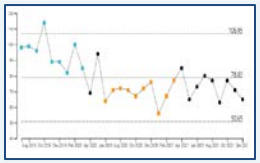
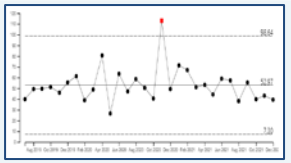
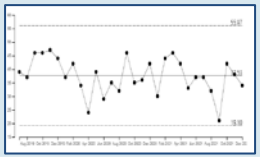
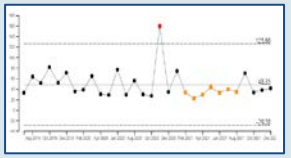
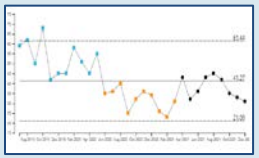
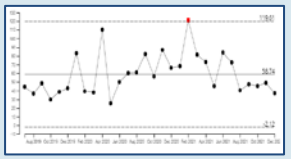
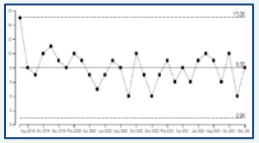
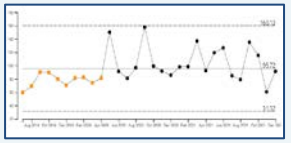
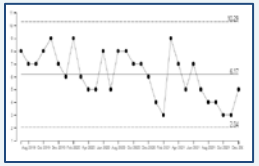
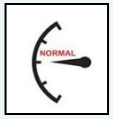
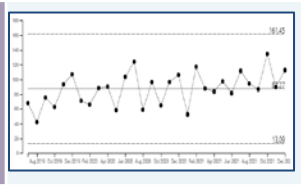
Inpatient Patient Activity and Demand

Inpatient admissions and length of stay overview and noteworthy exceptions

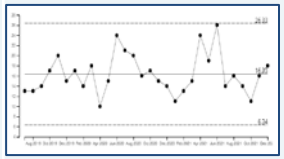
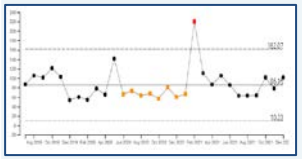
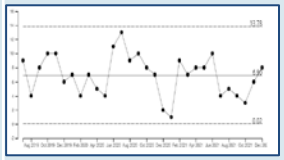
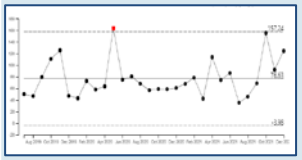
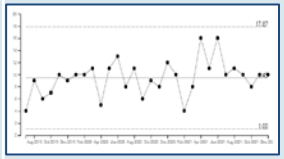
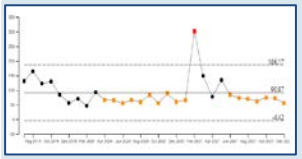
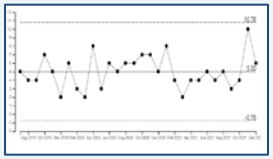
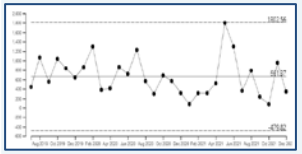
Patient Activity and Demand Overview: **Inpatient** admissions and length of stay (LOS)

	Admissions					Length of Stay				
Specialty	Trend over time	Activity this month	SPC Analysis Variation	2019/20 average	+/-%	Trend over time	Activity in month	SPC Analysis Variation	2019/20 average	+/-%
Trust		**255**		**242**	**+5%**		**43**		**65**	**-34%**
Community Services		**153**		**112**	**+37%**		**21**		**25**	**-16%**
Community Stroke		**18**		**13**	**+38%**		**31**		**29**	**+7%**
Community Rehab		**105**		**80**	**+31%**		**22**		***27***	**-19%**
Community EMU		**21**		**18**	**+17%**		**6**		**9**	**-33%**

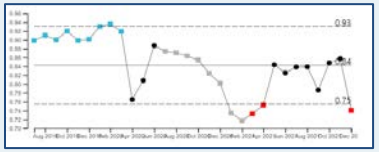
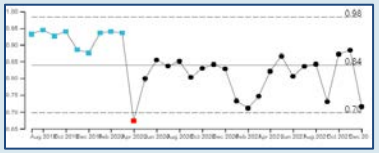
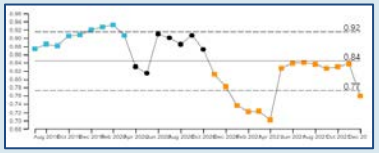
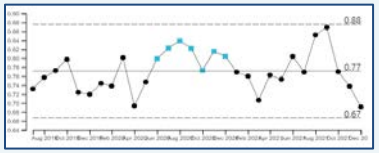
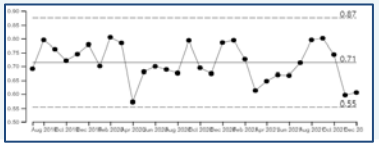
Patient Activity and Demand Overview: **Inpatient** admissions and length of stay (LOS)

	Admissions					Length of Stay				
Specialty	Trend over time	Activity in month	SPC Analysis Variation	2019/20 average	+/-%	Trend over time	Activity in month	SPC Analysis Variation	2019/20 average	+/-%
Adult Mental Health		**65**		**91**	**-29%**		**39**		**51**	**-24%**
Buckinghamshire (inc Opal)		**34**		**41**	**-17%**		**41**		***57***	**-28%**
Oxfordshire		**31**		**50**	**-38%**		**37**		**46**	**-20%**
CYP Mental Health (information presented is OHFT provision only, use of resources is managed as part of a provider collaborative)		**8**		**9**	**-11%**		**91**		**81**	**+12%**
Eating Disorders (information presented is OHFT provision only, use of resources is managed as part of a provider collaborative)		**5**		**7**	**-29%**		**113**		**76**	**+49%**

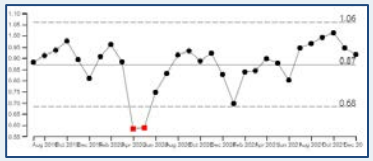
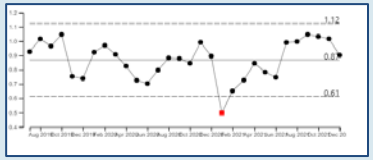
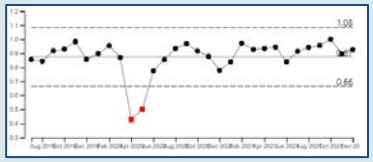
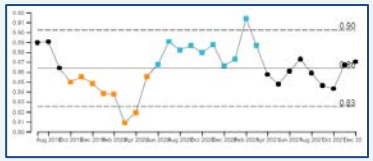
Patient Activity and Demand Overview: **Inpatient** admissions and length of stay (LOS)

	Admissions					Length of Stay				
Specialty	Trend over time	Activity in month	SPC Analysis Variation	2019/20 average	+/-%	Trend over time	Activity in month	SPC Analysis Variation	2019/20 average	+/-%
Older Adult Mental Health		**18**		**15**	**+20%**		**101**		**85**	**+19%**
Buckinghamshire		**8**		**7**	**+14%**		**124**		**75**	**+65%**
Oxfordshire		**10**		**8**	**+25%**		**56**		**92**	**-39%**
Forensic		**6**		**5**	**+20%**		**344**		**915**	**-96%**

Patient Activity and Demand Overview: **Inpatient** bed occupancy

	Bed Occupancy				
Specialty	Trend over time	Activity this month		2019/20	Variance*
Adult Mental Health		**74.0%**		**91.8%**	**-19%**
Buckinghamshire		**71.56%**		**93.0%**	**-23%**
Oxfordshire		**75.9%**		**91.0%**	**-17%**
CYP Mental Health (information presented is OHFT provision only, use of resources is managed as part of a provider collaborative)		**69.2%**		**73.6%**	**-6%**
Eating Disorders (information presented is OHFT provision only, use of resources is managed as part of a provider collaborative)		**60.6%**		**74.1%**	**-18%**

Patient Activity and Demand Overview: **Inpatient** bed occupancy

	Bed Occupancy				
Specialty	Trend over time	Activity this month	SPC Analysis Variation	2019/20	Variance*
Older Adult Mental Health		**91.5%**		**90.6%**	**+1%**
Buckinghamshire		**90.2%**		**92.0%**	**-2%**
Oxfordshire		**92.51%**		**89.7%**	**+3%**
Forensic		**87.3%**		**87.0%**	**0%**

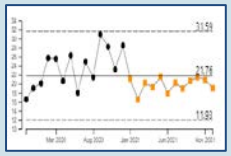
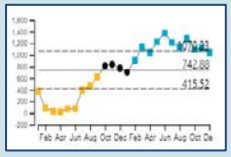
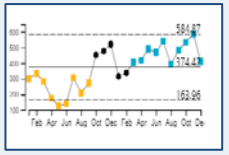
* Data for Community Hospitals bed occupancy not currently available

Section 2c:

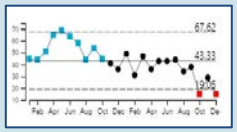
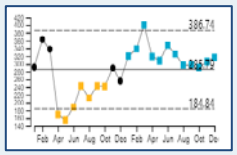
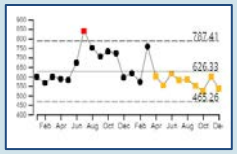
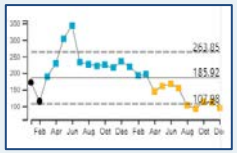
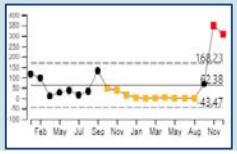
Community & Inpatient
Patient Activity and Demand

Narrative regarding noteworthy exceptions

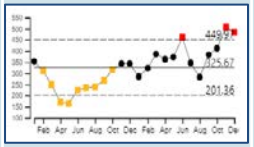
Patient Activity and Demand: **Community Services** Noteworthy exceptions

Specialty / Directorate	Currency / Service Line	Trend over time	Activity in month	SPC Analysis Variation	2019/20 average	+/-%*	Commentary
Community Services Rehab Basket of Care	Length of Stay excl delay: City Ward, Rehab Basket of Care		**19**		**22**	**-14%**	Is performance within usual levels: For the last 12 months the ALOS for rehab basket of care has been below average. Is it expected? Yes, there has been increased system focus on discharges and different options to support discharges such as interim beds and live in care. Domiciliary care and reablement remain an issue. It is a problem? No concerns raised. Is any action required? Ongoing monitoring,
Community Services Care Home Support Service	Referrals: Care Home Support Service		**277**		**141**	**+191%**	Is performance within usual levels? No referral numbers for the last 11 months have been above average and on or near the UCL. Is it expected? Yes, during COVID there was limited access to Care Homes. The service is now returning to business as usual. It is a problem? No concerns to raise Is any action required? Ongoing monitoring
Community Services Care Home Support Service	Appointments: Care Home Support Service		**1041**		**114**	**+813%**	Is performance within usual levels? No appointment numbers for the last 11 months have been above average and some months above the UCL. Is it expected? Yes, during COVID there was limited access to Care Homes. The service is now returning to business as usual. Is it a problem? No concerns to raised Any action required? Ongoing monitoring
Community Services Childrens Integrated Therapies	Referrals: Childrens Integrated Therapies		**411**		**314**	**+31%**	Is performance within usual levels? No referral volumes overall for last 10 months have been above average and some months above or near UCL. This is driven by above average levels of Urgent referrals. Is it expected? Yes It is a problem? No concerns to raise Is any action required? CIT has been undergoing a full service review and are in the process of developing a business case and proposing a new model of care which will be presented to the joint commissioning group in December

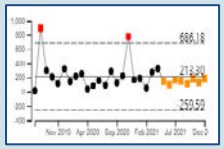
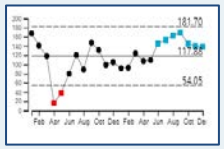
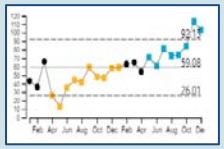
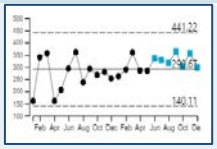
Patient Activity and Demand: **Community Services** Noteworthy exceptions

Specialty / Directorate	Currency / Service Line	Trend over time	Activity in month	SPC Analysis Variation	2019/20 average	+/-%*	Commentary
Community Services Complex Care	Referrals Community Complex Care		15		40	-63%	Not required first month outside normal process limit, monitor position.
Community Services Diabetes Service	Referrals Diabetes Service		317		317	0%	Is performance within usual levels: Referrals for the last 12 months have been higher than average. Is it expected? Yes, services saw a reduction in referrals during initial Covid waves. More patients living with diabetes are now wanting a refresher on how to manage this long term condition. It is a problem? No Is any action required? No, ongoing monitoring.
Community Services Diabetes Service	Appointments: Diabetes Service		537		582	-8%	Is performance within usual levels? No appointment numbers for the last 9 months have been below average Is it expected? Yes, the service were impacted by covid It is a problem? No concerns to raised Any action required? Ongoing monitoring
Community Services Phlebotomy	Referrals: Phlebotomy		96		139	-31%	Is performance within usual levels? No referral numbers for the last 9 months below average with some months below the LCL. Is it expected? Yes – this has been impacted by the supply chain affecting the stock of blood tubes It is a problem? No concerns to raise Is any action required? Ongoing monitoring of situation re national supply chain issues.
Community Services Complex Care	Appointments: Complex Care		306		50	+512%	Is performance within usual levels: For the last 2 months appointments numbers in community complex care team have exceeded the UCL. There have been changes in the operational service and work is ongoing to understand if this is a reporting anomaly

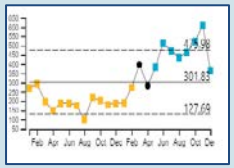
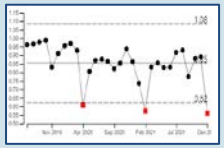
Patient Activity and Demand: **Community Services** Noteworthy exceptions

Specialty / Directorate	Currency / Service Line	Trend over time	Activity in month	SPC Analysis Variation	2019/20 average	+/-%*	Commentary
Community Services Tissue Viability	Appointments: Tissue Viability		**484**		**323**	**+50%**	Is performance within usual levels: For the last 2 months appointments volumes have exceeded the UCL. Activity is reviewed every month by team, is affected by capacity (e.g. sickness, AL etc) as well as demand. Over past year or so, had a very new team, who as they became trained and competent were able to deliver more activity. Some historical under reporting of activity has also been identified which has now been addressed. Is it expected? Activity levels high normal level is circa 350 per month. There has been some increased referrals for wound care and an increased need to support the District Nursing service, but overall referral numbers are in line with averages. It is a problem? Currently responding to the increased pressures and working very closely with District Nursing teams, but this level of activity is not sustainable longer-term Is any action required? New operational manager is reviewing various aspects of Tissue Viability with Clinical Lead to establish what is value adding. Likely to need support with whole system to review amending current pathways and responsibilities

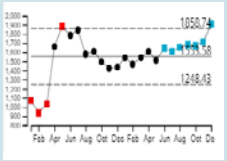
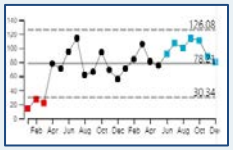
Patient Activity and Demand: **Bucks MH** Noteworthy exceptions

Specialty / Directorate	Currency / Service Line	Trend over time	Activity in month	SPC Analysis Variation	2019/20 average	+/-%*	Commentary
Bucks Adult MH Inpatients	Length of Stay excl leave: Opal Ward		**188**		**207**	**-9%**	Is performance within usual levels? No ALOS for the last 8 months have been below average Is it expected? Yes, the service has been undertaking an improvement project to reduce LOS and improve patient flow. It is a problem? No concerns to raised Any action required? Ongoing monitoring
Bucks Community Memory Assessment Service	Referrals: Memory Assessment Services		**139**		**143**	**-3%**	Is performance within usual levels? No referrals for the last 7 months have been above average Is it expected? Yes, the service experienced significant reduction in referrals during the first wave of Covid, impacting on historical trends. Added staffing pressures have resulted in reduced availability if appointments. It is a problem? No concerns to raised Any action required? Ongoing monitoring and continued recruitment efforts
Bucks Adult Community ADHD & Autism Service	Referrals: Autism & ADHD teams combined		**103**		**43**	**+140%**	Is performance within usual levels? No referrals for the last 8 months have been above average Is it expected? Yes for ADHD as there is a national increase in demand of ADHD services. It is a problem? Yes, there are currently several hundred people on both ASD and ADHD waiting lists. Any action required? Yes, papers being drafted to increase permanent and temporary staffing.
Bucks Adult Community CMHTs	Referrals: Adult CMHTs		**296**		**116**	**+155%**	Is performance within usual levels? No referrals for the last 7 months have been above average. Comparison against previous years is difficult due to service and system configuration changes which skew the data to some extent. Is it expected? Yes there has been a national increase in demand. It is a problem? Teams are struggling to keep up with demand compounded by staffing issues Any action required? Ongoing monitoring

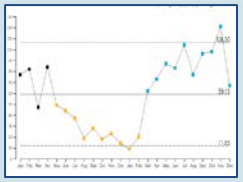
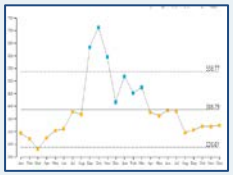
Patient Activity and Demand: **Bucks MH** Noteworthy exceptions

Specialty / Directorate	Currency / Service Line	Trend over time	Activity in month	SPC Analysis Variation	2019/20 average	+/-%*	Commentary
Bucks Older Adult MH Memory Services	Appointments: Memory Services		**365**		**430**	**-15%**	Is performance within usual levels? No appointment numbers for the last 8 months have been above average with some months above or on UCL. Is it expected? Yes, the south teams have been delivery activity above commissioned levels to support reducing the wait for memory assessments. The service delivery model has changed to increase telephone and digital consultations resulting in delivery of higher volume of appointments. It is a problem? There is a potential impact on the quality of appointments via telephone consultations. Additionally, patients have chosen to wait longer as they did not want to have a digital consultation. Is any action required? The service are encouraging more face to face and digital appointments so the position may reduce in coming months. The service are exploring the model of delivery for memory services to support assessments in a timely manner and speed up provision of treatment
Bucks Adult MH Crisis Response Teams	Appointments: Crisis Response Teams		**1004**		**400**	**+151%**	Is performance within usual levels? No appointment numbers have been above historical averages. This is driven by the CRHT from Oct 2020. Comparison against previous years is difficult due to service and system configuration changes which skew the data to some extent. Is it expected? The service delivery model has changed to increase telephone and digital consultations resulting in delivery of higher volume of appointments. It is a problem? There is a potential impact on the quality of appointments via telephone consultations. Is any action required? The service are encouraging more face to face and digital appointments so the position may reduce in coming months.
Bucks Adult MH Inpatients	Occupancy: Sapphire Ward		**56%**		**94.7%**	**-41%**	Not required first month outside normal process limit, monitor position.

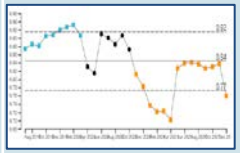
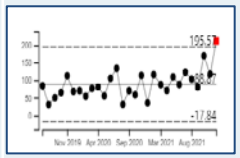
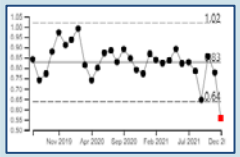
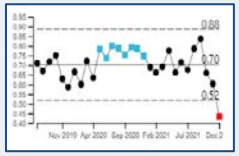
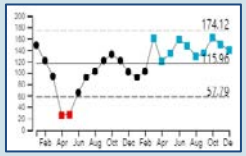
Patient Activity and Demand: **Bucks MH** Noteworthy exceptions

Specialty / Directorate	Currency / Service Line	Trend over time	Activity in month	SPC Analysis Variation	2019/20 average	+/-%*	Commentary
Bucks Older Adult CMHT	Appointments: Older Adult CMHT		**1907**		**1132**	**+68%**	Is performance within usual levels? No appointment numbers for the last 7 months have been above Is it expected? Yes, in particular the south teams have been delivery activity above commissioned levels to support reducing the wait for memory assessments. The service delivery model has changed to increase telephone and digital consultations resulting in delivery of higher volume of appointments. It is a problem? There is a potential impact on the quality of appointments via telephone consultations. Additionally, patients have chosen to wait longer as they did not want to have a digital consultation. Is any action required? The service are encouraging more face to face and digital appointments so the position may reduce in coming months. The service are exploring the model of delivery for memory services to support assessments in a timely manner and speed up provision of treatment
Bucks Adult Individual Placement Support (IPS)	Appointments: IPS		**80**		**5**	**+1500%**	Is performance within usual levels: For the last 7 months appointment volumes have been above average. Increase from 19/20 data was as the team was expanding in Bucks. Team expanded from 1 employment specialist to 3, increasing capacity from 20 to 60 patients. Caseload sizes reaming the same as they have been over the past 7 months, more telephone/digital and less F2F have meant greater capacity for appointments. The number of referrals remain within expectations with current workforce. Is it expected? Yes team expansion from 19/20. Also reporting moved from IPS tool to MHSDS in April 21 and may have impacted on improved data quality of input. It is a problem? Lack of F2F appointments in the community impacts delivery of service and fidelity is likely to be effected if it continues. Is any action required? IPS Team Leader to continue to liaise with IPS Grow around expectation of community working in current climate.

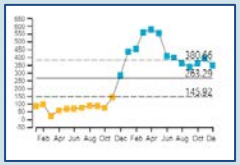
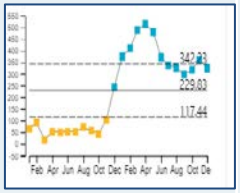
Patient Activity and Demand: **Bucks MH** Noteworthy exceptions

Specialty / Directorate	Currency / Service Line	Trend over time	Activity in month	SPC Analysis Variation	2019/20 average	+/-%*	Commentary
Bucks CAMHs Reconnect	Appointments: Reconnect		**67**		**52**	**+29%**	Is performance within usual levels? No appointment numbers for last 10 months have been above average with some months above UCL. Is it expected? Yes, due the decrease in referrals to the service during Covid and staff shortages it is difficult to compare activity. It is a problem? No the activity now being delivery is more in line with normal expectations. Is any action required? No
Bucks CAMHS OSCA	Appointments: OSCA		**324**		**192**	**+69%**	Is performance within usual levels: For the last 9 months appointment volumes for the OSCA Crisis and OSCA Outreach teams combined have been below average. This month activity is higher than average for FY 19/20. There has been variation in activity levels in last 2 years. Is it expected? Yes, there was surge period spike when schools returned following Covid restrictions. That activity was outside normal ranges and now they are seeing normal expected demand for the service. It is a problem? No Is any action required? Ongoing monitoring.

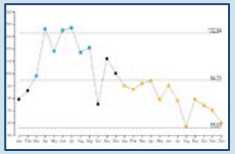
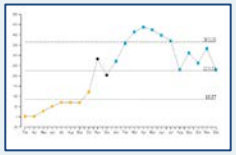
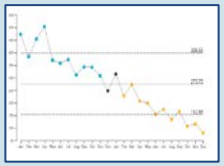
Patient Activity and Demand: **Oxon & BSW** Noteworthy exceptions

Specialty / Directorate	Currency / Service Line	Trend over time	Activity in month	SPC Analysis Variation	2019/20 average	+/-%*	Commentary
Oxon & BSW Inpatients	Occupancy: Overall		**75.9%**		**91.0%**	**-17%**	Is performance within usual levels: Occupancy levels in Oxon & BSW inpatient wards have been below average. Is it expected? Yes, in the main this is as a result of reduction in occupancy levels due to infection control measures for Covid response. It is a problem? This has resulted in additional cost pressure associated with purchase of block beds outside of the Trust. Is any action required? Ongoing monitoring
Oxon & BSW Eating Disorders Inpatients	Length of Stay excl leave: ED Cotswold House Oxford		**212**		**74**	**-9%**	Not required first month outside normal process limit, monitor position.
Oxon & BSW Adult MH Inpatients	Occupancy: Wintle Ward		**56%**		**87%**	**-36%**	Not required first month outside normal process limit, monitor position.
Oxon & BSW CYP MH Inpatients	Occupancy: CAMHs Swindon Marlborough House		**43%**		**68%**	**-37%**	Not required first month outside normal process limit, monitor position.
Oxon & BSW Older Adults	Referrals: Memory Assessment Services		**140**		**113**	**+24%**	Is performance within usual levels: For the last 10 months referral volumes have been above average. Is it expected? Yes, during the first wave of Covid there was a reduction in referrals made for memory assessments. It is a problem? Yes capacity issues within CMHTs to meet the demand. This is a long capacity gap since removal of S75 and lack of investment in service over a significant time frame. Is any action required? SBARD completed to increase resources across the CMHTs awaiting funding decision.

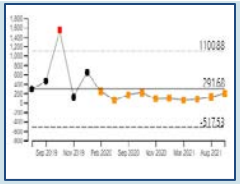
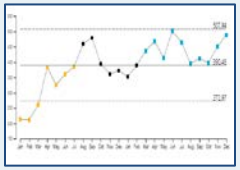
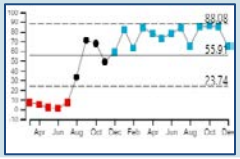
Patient Activity and Demand: **Oxon & BSW** Noteworthy exceptions

Specialty / Directorate	Currency / Service Line	Trend over time	Activity in month	SPC Analysis Variation	2019/20 average	+/-%*	Commentary
Oxon & BSW SCAS Triage	Referrals; SCAS Triage		**348**		**42**	**+729%**	Is performance within usual levels? No referral numbers for the last 13 months have been above or near the UCL based on last 2.5 years. Is it expected? Yes this is as a result of planned development of services. The SCAS service is a new service fully operational 24/7 from Dec 2020, alongside Home Treatment/CRHT which commenced in July 2020. Both of these have lead to the increase in referrals and appointments shown in the data It is a problem? No Is any action required? No
Oxon & BSW SCAS Triage	Appointments: SCAS Triage		**325**		**116**	**+180%**	As above
Oxon & BSW Complex Needs	Appointments: Complex Needs		**28**		**257**	**-89%**	Is performance within usual levels? No; appointment numbers for the last 6 months have been below the LCL. 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 FY1920. 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%. Is it expected/a problem? Activity has been reduced 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. Is any action required? Work is progressing to resolve the system configuration. The new episodes are now on TOBI and work ongoing with CAST to transfer the historical data

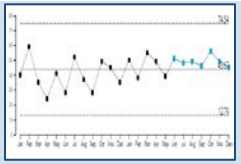
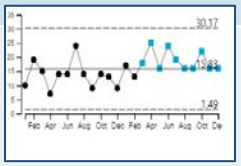
Patient Activity and Demand: **Oxon & BSW** Noteworthy exceptions

Specialty / Directorate	Currency / Service Line	Trend over time	Activity in month	SPC Analysis Variation	2019/20 average	+/-%*	Commentary
Oxon & BSW CAMHS O Perinatal	Appointments : CAMHS O Perinatal		**60**		**34**	**+76%**	Is performance within usual levels? No appointment numbers for the last 11 months have been below average based on last 2.5 years. Is it expected? Yes - Some sickness in team and some vacancy / Data quality issues; clinicians not recording all appts – mainly indirect / Ineffective processes within service pathway – now reviewed clarified and improved. It is a problem? Yes Is any action required? Yes – see below • Consistent standardised case management • Office manager supporting admin to improve • Deep dive into care notes to ensure accurate and up to date • Improved focus on wait and throughput
Oxon & BSW CAMHS Wilts & BANES MHST	Appointments : CAMHS Wilts & BANES MHST		**228**		**1**	**22700%**	Is performance within usual levels? No appointment numbers for the last 12 months have been above average based on last 2.5 years, with some months above UCL. However the services were not fully operational in 19/20 so impacts on trend data comparisons. Is it expected? Yes – these are services with growth objectives to see more children and young people. It is a problem? No Is any action required? Ongoing monitoring.
Oxon & BSW CAMHS Wiltshire RISK	Appointments : CAMHS Wiltshire RISK		**81**		**200**	**-60%**	Is performance within usual levels? No appointment numbers for the last 11 months have been below average and last 3 below the LCL. Is it expected? Yes – a lot of the work previously done under Wiltshire OSCA is now picked up by the Liaison team. The Wilts Liaison team currently sits elsewhere in the team hierarchy (not in Wiltshire Risk) It is a problem? No Is any action required? No action required

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

Specialty / Directorate	Currency / Service Line	Trend over time	Activity in month	SPC Analysis Variation	2019/20 average	+/-%*	Commentary
Specialised Services Inpatients	Length of Stay excl leave: O Kennet Ward		**196**		**488**	**-60%**	Is performance within usual levels? No LOS for the last 10 months have been below average Is it expected? Yes, data relates to small discharge numbers and impacted by individual patients discharges. It is a problem? No Is any action required? No, ongoing monitoring
Specialised Services: Forensic Community	Appointments: Overall		**488**		**175**	**+179%**	Is performance within usual levels? No appointment numbers for the last 10 months have been above average based on last 2.5 years. This is driven mainly by the TV Pathfinder Team (since Sept 2020) Is it expected? Yes, the service had not previously captured their activity on Carenotes, this changed from Sept 2020 hence the increase in activity reported. It is a problem? No Is any action required? No
Specialised Services: Forensic Community	Appointments: Forensic Pathfinder Team		**65**		**1.25**	**+5100%**	As above
Specialised Services: Forensic Community	Appointments: Forensic Oxon Community Team		**155**		**54**	**+187%**	Is performance within usual levels: For the last 11 months appointment volumes have been above average. Is it expected? Yes, this is resulting from improved recording of appointments, further improved with the development of the combined event/diary note. It is a problem? No Is any action required? Ongoing monitoring

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

Specialty / Directorate	Currency / Service Line	Trend over time	Activity in month	SPC Analysis Variation	2019/20 average	+/-%*	Commentary
Specialised Services Learning Disabilities	Referrals: Learning Disabilities overall		**45**		**30**	**+50%**	Is performance within usual levels: For the last 7 months referral volumes have been above average. Is it expected? Yes, the increase in referrals remains steady, this noted across the service. Following the pandemic it is clear that patients are having increased GP referrals due to changes and impact following lockdowns/restricted pre covid activities. It is a problem? This is monitoring and although there is an impact on waiting lists, this is being managed at local team level. Is any action required? Ongoing monitoring
Specialised Services Learning Disabilities	Referrals: LDC Community Team		**16**		**9**	**+78%**	Is performance within usual levels: For the last 10 months appointment volumes have been above average. Is it expected? As above It is a problem? As above Is any action required? As above

Section 3:

Waiting Lists and Waiting Times to generic waiting time standards

Information on

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

Waiting Times and Lists

Buckinghamshire Mental Health Directorate - Adults

Patients waiting – refreshed weekly

Indicator	No.	Trend
Emergency referrals waiting for their first contact >48 hours after referral	1	↑
Last week's position	0	

Indicator	No.	Trend
Urgent referrals waiting for their first contact >7 days after referral	4	↓
Last week's position	5	

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

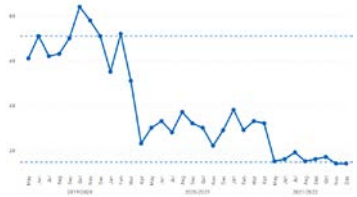
HealthcareTeamName	Patients waiting	Wait so far in days
AMHB Aylesbury CMHT	1	9
Total	**1**	**9**

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

HealthcareTeamName	Patients waiting	Wait so far in days
AMHB Chiltern CMHT	2	13
AMHB Aylesbury CMHT	1	16
AMHB Chiltern Crisis Response and Home Treatment team	1	13
Total	**4**	**13**

Monthly Trends Below

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



Patients seen in December

Referral urgency	Pts seen	Pts Seen in Time (Generic)	Median Wait	% seen <target
Emergency	94	94	1 hour	100%
Urgent	280	280	10 hours	100%

Exceptions: Emergency & Urgent referrals

None

Waiting Times and Lists

Buckinghamshire Mental Health Directorate - CAMHS

Patients waiting – refreshed weekly

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

Escalations: none

Indicator	No.	Trend
Urgent referrals waiting for their first contact >7 days after referral	3	↓
Last week's position	6	

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

Directorate	Patients waiting	Wait in days
Buckinghamshire Mental Health	3	16
CAMHS B OSCA Crisis	2	16
CAMHS B OSCA Outreach	1	16
Total	3	16

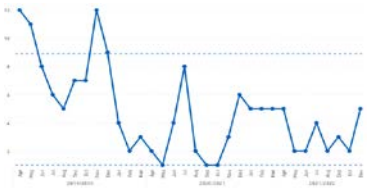
Patients seen in December

Referral urgency	Pts seen	Pts Seen in Time (Generic)	Median Wait	% seen <target
Emergency	0			
Urgent	38	30	0 days	100%

Monthly Trends Below

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

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



Exceptions: Emergency & Urgent referrals

None

Waiting Times and Lists

Buckinghamshire Mental Health Directorate – Childrens & Young People NDC

Patients waiting – refreshed weekly

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

Escalations: None

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

Escalations: None

Indicator	No.	Trend
Routine referrals waiting for their first contact >28 days after referral	1928	↑
Last week's position	1914	

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

Directorate	Patients waiting	Wait in days
Buckinghamshire Mental Health	1928	274
CAMHS B Neuro Development Collaboration Service	1749	290
CAMHS B Neuro New Assess	101	141
CAMHS B Neuro Caseload	39	63
CAMHS B Neuro PDG	39	98
Total	1928	274

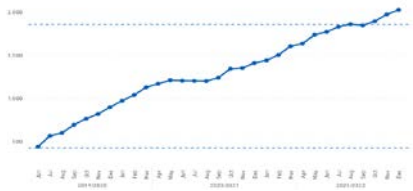
These teams only have routine referrals

Patients seen in December

Referral urgency	Pts seen	Pts Seen in Time (Generic)	Median Wait	% seen <target
Emergency				
Urgent				
Routine	66	10	107	15%

Monthly Trends Below

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



Exceptions: Emergency & Urgent referrals

None

The application of the generic 28 days is not an appropriate standard for NDC the above is provided for information only. Work is underway to develop measurement of waits against clinically meaningful standards for individual services. This will be available in Q4.

Waiting Times and Lists

Oxon and BSW Mental Health Directorate - Adults

Patients waiting – refreshed weekly

Indicator	No.	Trend
Emergency referrals waiting for their first contact >48 hours after referral	5	↑
Last week's position	3	

Indicator	No.	Trend
Urgent referrals waiting for their first contact >7 days after referral	34	→
Last week's position	34	

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

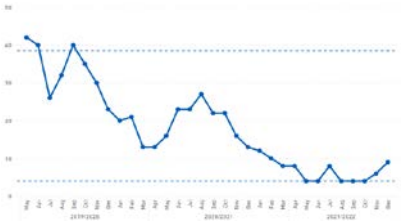
HealthcareTeamName	Patients waiting	Wait so far in days
AMHO City and NE Oxon Treatment Team	2	98
AMHO EDPS	2	6
AMHO North and West Oxon Treatment Team	1	4
Total	**5**	**6**

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

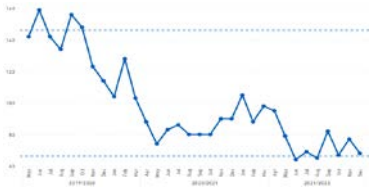
HealthcareTeamName	Patients waiting	Wait so far in days
ED O Cotswold House Caseload	22	59
AMHO North and West Oxon Treatment Team	2	158
AMHO South Assessment Team	2	12
AMHO Specialist Psychological Intervention Assessment Team	2	148
AMHO City and NE Oxon Assessment Team	1	8
AMHO City and NE Oxon Treatment Team	1	18
AMHO EIS Service	1	9
AMHO SCAS Triage	1	17
O OA Central CMHT	1	24
O OA North CMHT	1	35

Monthly Trends Below

The number of emergency patients waiting is slightly **increased** in December



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



Patients seen in December

Referral urgency	Pts seen	Pts Seen in Time (Generic)	Median Wait	% seen <target
Emergency	247	242	1 hours	98%
Urgent	375	358	0 days	95%

Exceptions: Emergency & Urgent referrals

None

Waiting Times and Lists

Oxon and BSW Mental Health Directorate - CAMHS

Patients waiting – refreshed weekly

Indicator	No.	Trend
Emergency referrals waiting for their first contact >48 hours after referral	3	↓
Last week's position	7	

Indicator	No.	Trend
Urgent referrals waiting for their first contact >7 days after referral	25	↓
Last week's position	29	

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

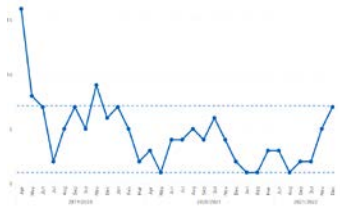
Directorate	Patients waiting	Wait in days
Oxfordshire & Sw Mental Health	3	67
CAMHS S Swindon Liaison RISK	2	60
CAMHS W Wiltshire Liaison RISK	1	73
Total	3	67

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

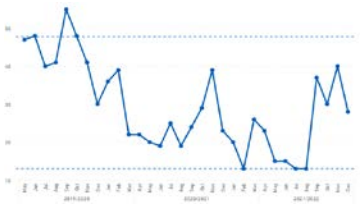
Directorate	Patients waiting	Wait in days
Oxfordshire & Sw Mental Health	25	34
CAMHS S Swindon GMH	5	30
CAMHS W BaNES GH	4	68
CAMHS O GMH South	3	44
CAMHS W Wiltshire Liaison RISK	3	9
CAMHS O Crisis Team	2	24
CAMHS W BaNES Liaison RISK	2	32
CAMHS O Eating Disorders	1	20
CAMHS O GMH North	1	34
CAMHS S Swindon OSCA RISK	1	39
CAMHS W BaNES GMH	1	72

Monthly Trends Below

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



The number of urgent patients waiting **decreased** in December– see below



Patients seen in December

Referral urgency	Pts seen	Pts Seen in Time (Generic)	Median Wait	% seen <target
Emergency	45	42	2 hours	93%
Urgent	85	66	2 days	78%

Directorate	Stop clocks	Wait in Days	Wait in hours
Oxfordshire & Sw Mental Health	85	2	53
CAMHS Community	85	2	53
CAMHS W Wiltshire OSCA RISK	1	43	1,028
CAMHS W Melksham ED GMH	3	19	458
CAMHS W Melksham GMH	4	9	212
CAMHS O GMH South	10	8	180
CAMHS O Eating Disorders	2	7	169
CAMHS W BaNES LD GMH	1	7	170
CAMHS O GMH North	9	6	146

Exceptions: Emergency & Urgent referrals

Urgent referrals: 13% were seen within 14 days and 9% at longer than 14 days. The longest wait for an urgent referral was 69 days. Above shows further information on top 7 teams with longest waits on Urgent referrals seen in October.

Waiting Times and Lists

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

Patients waiting – refreshed weekly

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

Escalations: None

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

Escalations: None

Indicator	No.	Trend
Routine referrals waiting for their first contact >28 days after referral	2031	↑
Last week's position	2026	

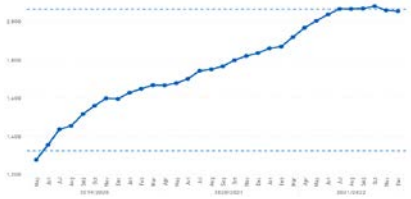
Escalations: below are the teams where routine patients have been waiting >28 days

These teams only have routine referrals

Directorate	Patients waiting	Wait in days
Oxfordshire & Sw Mental Health	2031	534
CAMHS O NDC Diagnostic	1859	574
CAMHS O NDC Treatment	161	211
CAMHS O NDC Neuro	11	65
Total	2031	534

Monthly Trends Below

The number of routine patients waiting **decreased** this month following trend of increasing waits. Looks to be stabilising.



Patients seen in December

Referral urgency	Pts seen	Pts Seen in Time (Generic)	Median Wait	% seen <target
Emergency				
Urgent				
Routine	50	8	268	16%

Exceptions: Emergency & Urgent referrals

None
The application of the generic 28 days is not an appropriate standard for NDC the above is provided for information only. Work is underway to develop measurement of waits against clinically meaningful standards for individual services. This will be available in Q4.

Waiting Times and Lists

Community Directorate

Patients waiting – refreshed weekly

Indicator	No.	Trend
Emergency referrals waiting for their first contact >48 hours after referral	81	↓
Last week's position	87	

Indicator	No.	Trend
Urgent referrals waiting for their first contact >7 days after referral	538	↓
Last week's position	564	

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

HealthcareTeamName	Patients waiting	Wait so far in days
TV Complex Wounds	33	50
ITPS Community Feeding	9	36
POD Nail Surgery Team	4	51
Respiratory – Pulmonary Rehab	4	166
Respiratory Post Covid	4	150
POD North Horton Hospital	3	192
Community Response	2	5
DNC Weekend Working Central Team	2	128
DNSW Didcot Health Centre	2	13
DNW Witney & Eynsham	2	79

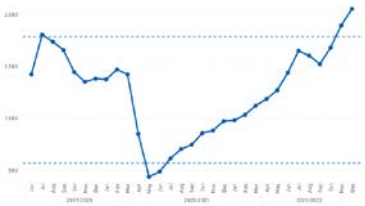
Escalations: below are the teams where urgent patients have been waiting >7 days (Top 10 teams)

HealthcareTeamName	Patients waiting	Wait so far in days
Respiratory Post Covid	100	156
TV Complex Wounds	52	43
Heart Failure Team	25	16
DN Phlebotomy	24	199
ITPS EY North Orchard HC	20	115
ITPS Mainstream Schools South	19	164
CIT SLT Referrals and Triage	17	24
POD City Raglan House	17	175
ITPS EY North Witney	12	84
CT - South East Team	11	155

Monthly Trends Below

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

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



Patients seen in December

Referral urgency	Pts seen	Pts Seen in Time (Generic)	Median Wait	% seen <target
Emergency	106	59	31 hours	56%
Urgent	971	811	1 day	84%

Exceptions: Emergency & Urgent referrals

None
The application of the generic 7 days is not an appropriate standard for many services in the Community Directorate. Work is underway to develop measurement of waits against clinically meaningful standards for individual services. This will be available in Q4.

Waiting Times and Lists

Forensic Services

Patients waiting – refreshed weekly

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

Escalations: None

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

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

HealthcareTeamName	Patients waiting	Wait so far in days
Forensic Referrals	2	16
Total	2	16

Monthly Trends Below

Patients seen in December

Referral urgency	Pts seen	Pts Seen in Time (Generic)	Median Wait	% seen <target
Emergency	0			
Urgent	0			

Exceptions: Emergency & Urgent referrals

None

Waiting Times and Lists

Specialised – Learning Disability Services

Patients waiting – refreshed weekly

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

Escalations: None

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

Escalations: None

Monthly Trends Below

Patients seen in December

Referral urgency	Pts seen	Pts Seen in Time (Generic)	Median Wait	% seen <target
Emergency	0			
Urgent	3	2	2 days	67%

Exceptions: Emergency & Urgent referrals

Urgent waits: 1 patient not seen in generic time of 7 days was seen within 11 days.

Section 4:

Contractual Performance – Key Performance Indicators

Contractual performance: Key Performance Indicators

Summary of Indicators

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

Area	Indicators with defined targets						Totals
	Monthly	Quarterly	Yearly	Bi-Annual/ Seasona	Total		
Local Contractual Performance							
(2) Community Services	19	18	23	9	69		69
(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	4	0	4	82		82
Local Contractual Total	**201**	**24**	**25**	**18**	**268**		**268**

Performance Scorecard

The tables below show performance as at month 09, and then breakdown of performance is provided below:

Summary

Directorate	Below target >10%	Below Target -1-9%	Target Met		Total	% Met
Local Contractual Performance						
(2) Community Services	8	2	10		20	50%
(3) All Ages Mental Health Oxon and BSW	8	8	49		65	75%
(4) All Ages Mental Health Buckinghamshire	9	7	23		39	59%
(5) Specialised Services	0	0	6		6	100%
Local Contractual Performance Total	**25**	**17**	**88**		**130**	**68%**
Grand Total	**25**	**17**	**88**		**130**	**68%**

Contractual performance: Key Performance Indicators

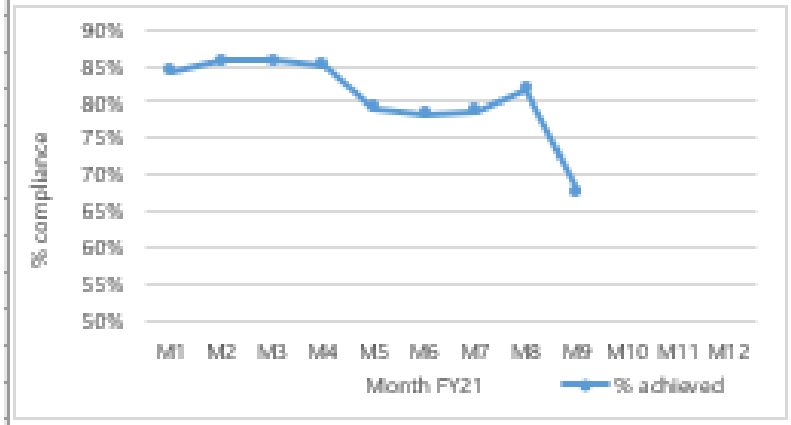
Breakdown

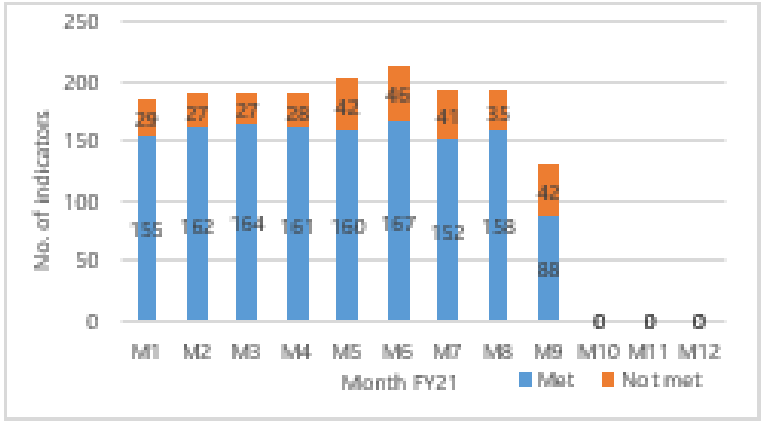
Area	Below target >10%	Below Target -1-9%	Target Met		Total	% Met
Local Contractual Performance						
(2) Community Services	8	2	10		20	50%
School Health Nursing and College Health Nursing services, Public Health Promotion Resources services and a National Child Measurement	0	0	1		1	100%
Oxon Community & Mental Health Contract (Adults Community services)	4	1	7		12	58%
Oxon Community & Mental Health Contract (Children Community services)	3	1	1		5	20%
Buckinghamshire Continuing Healthcare	1	0	1		2	50%
(3) All Ages Mental Health Oxon and BSW	8	8	49		65	75%
Adult Mental Health Outcomes Based Commissioning (OBC) Sch 4	1	1	0		2	0%
Adult Mental Health Outcomes Based Commissioning (OBC) Incentivised	0	0	12		12	100%
Child and Adolescent Mental Health Service (CAMHS)	3	0	2		5	40%
Integrated Access to Psychological Therapies (IAPT)	2	0	8		10	80%
Wellbeing (Oxon)	1	0	12		13	92%
Oxfordshire Perinatal Mental Health Service	0	1	8		9	89%
Community & Mental Health Contract Sch 4 (Oxon)	0	5	4		9	44%
Child and Adolescent Mental Health Service	1	1	0		2	0%
(4) All Ages Mental Health Buckinghamshire	9	7	23		39	59%
Adults & Older Adults Community Mental Health Teams and Inpatients, Integrated Access to Psychological Therapies and Psychiatric In Reach Liaison Service	4	6	12		22	55%
Child and Adolescent Mental Health Service (CAMHS)	2	0	5		7	71%
Buckinghamshire Perinatal Mental Health Service	3	1	6		10	60%
(5) Specialised Services	0	0	6		6	100%
Learning Disabilities (OCCG)	0	0	6		6	100%
Dentistry (NHSE)	0	0	0		0	#DIV/0!
Forensic Medium Secure Unit (NHSE)	0	0	0		16	0%
Forensic Low Secure Unit (NHSE)	0	0	0		16	0%
Child and Adolescent Mental Health Service (CAMHS) Tier 4 Inpatients	0	0	0		16	0%
Eating Disorders Inpatients (NHSE)	0	0	0		16	0%
NHSE Totals	0	0	0		0	#DIV/0!

Contractual performance: Key Performance Indicators

Performance Trend

The number of reportable indicators varies each month as while the majority are reportable monthly, some are reportable less frequently (such as quarterly, bi-annually or seasonally). In month 9 (December), 130 contractual indicators were reportable of which 68% were achieved. **This is a decrease of 14% compared to last month, but, this excludes 64 indicators for NHSE contracts where they are not available as they are not reportable until working day 15 each month**. The number of red indicators this month was 25 which represents 19% of the total number of indicators. Last month it was 13.5% based on 26 reds out of 193 indicators.

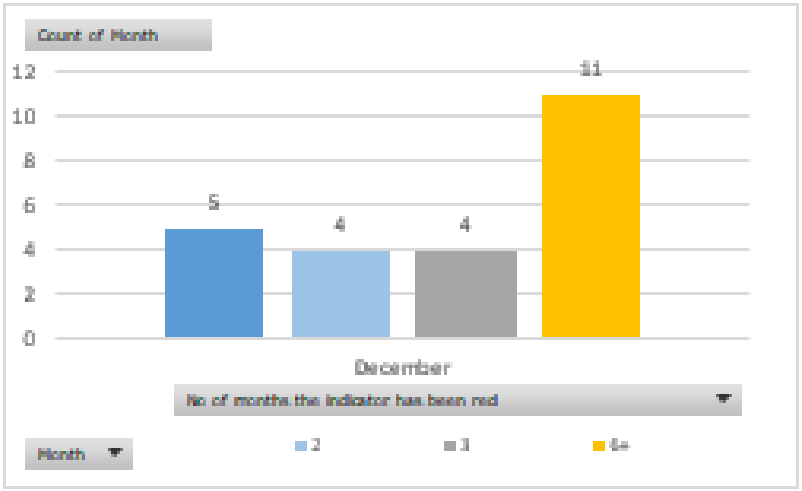


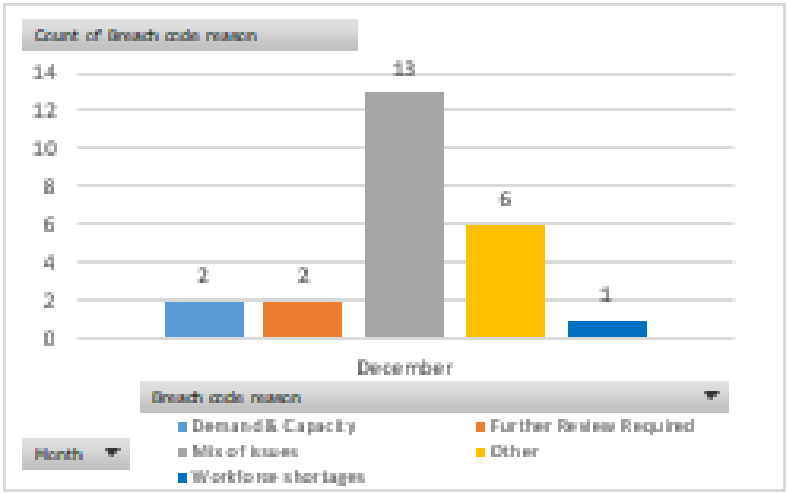


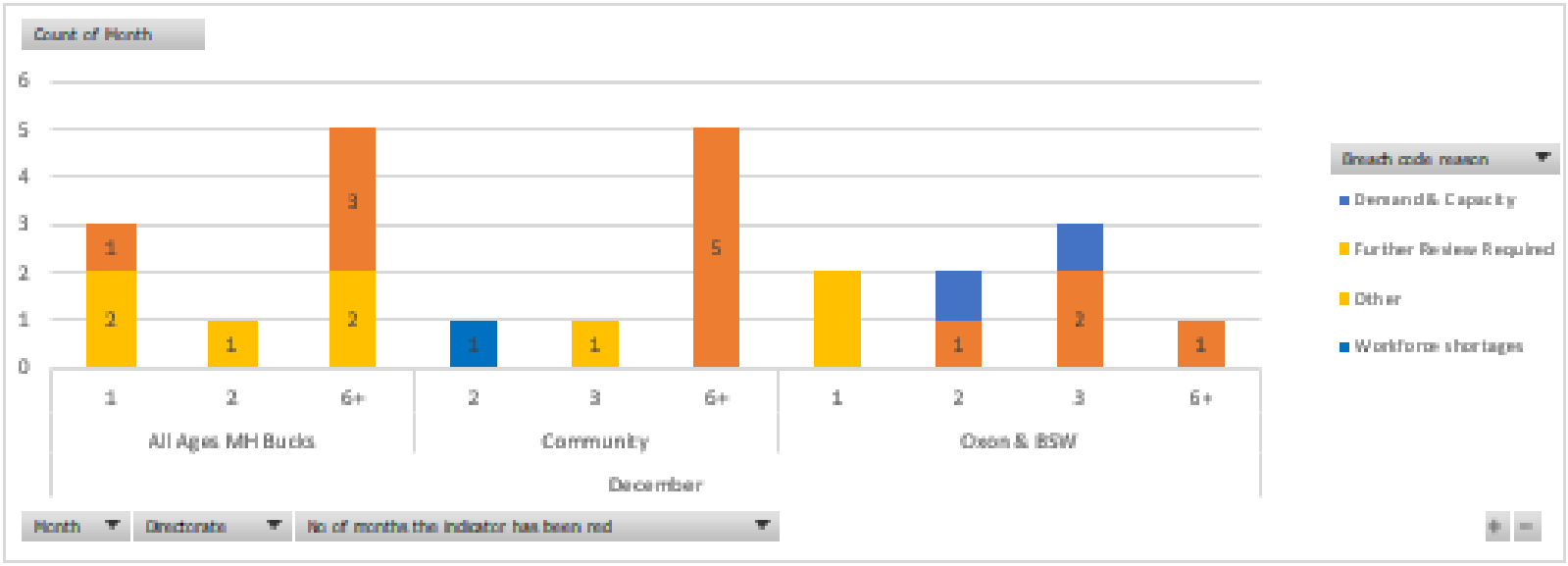
In month 09, there were 11 red indicators that have been red for more than 6 months.

The main reason attributed to the non-achievement of local contractual indicators was "Mix of Issues & Other"; 13 of the 25 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







Section 5:

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

Update as submitted to MH Oversight Group 20 Jan 2022)

MH Long Term Plan Metrics Performance – BOB overview

There are delays with NHSD publications resulting in national platforms not being fully updated, with limited data on new LTP metrics available. Below is the latest available information. N.B. The CYP Access rate is still based on historical rules not the new rule of 1 contact for FY21/22:*

Indicator	Target	Latest Published Date	BOB Current Month (Previous Month)	BUCKS Current Month (Previous Month)	OXON Current Month (Previous Month)	BERKS WEST Current Month (Previous Month)
Number of A&E 12 hr waits – Adult	n/a	Oct-21	90 (65)	20 (20)	70 (40)	n/a
Percentage of A&E 12 hr waits – Adult	n/a	Oct-21	13% (9%)	12% (13%)	18% (11%)	n/a
Number of A&E 12 hr waits – CYP	n/a	Oct-21	10 (15)	n/a	5 (15)	n/a
Percentage of A&E 12 hr waits – CYP	n/a	Oct-21	6% (9%)	n/a	7% (14%)	n/a
Discharges followed up within 72 hours	>80%	Sep-21	69% (74%) ↓	67% (89%) ↓	70% (69%) ↑	71% (68%) ↑
Acute admissions with no prior contacts - All inpatients	n/a	Sep-21	13% (12%)	16% (20%)	12% (9%)	13% (9%)
Admissions With No Prior Contacts - Black, Asian and Minority Ethnic	n/a	Sep-21	22% (16%)	24%	19% (21%)	30% (20%)
Admissions With No Prior Contacts - White British	n/a	Sep-21	6% (6%)	12% (16%)	11% (18%)	6% (7%)
Community Mental Health access - 2+ Contacts	n/a	Sep-21	14,450 (14,400)	4,800 (4,775)	6,630 (6,605)	3,035 (3,035)
CYP access - 1+ Contact	>20,392	Sep-21	20,610 (20,500) ↑	7,070 (7,050)	7,085 (7,070)	6,470 (6,395)
CYP Eating disorder waiting time – Routine	>95%	Sep-21	48% (59%) ↓	47% (62%) ↓	39% (50%) ↓	81% (88%) ↓
CYP Eating disorder waiting time – Urgent	>95%	Sep-21	64% (78%) ↓	80% (82%) ↓	77% (100%) ↓	52% (69%) ↓
Dementia Diagnosis Rate	>66.7%	Nov-21	60% (60%) -	58% (57%) ↑	62% (61%) ↑	59% (59%) -

** There are delays with NHSD publications resulting in national platforms not being fully updated and no data on new LTP metrics is yet available*

MH Long Term Plan Metrics Performance – BOB overview

Indicator	Target	Latest Published Date	BOB Current Month (Previous Month)	BUCKS Current Month (Previous Month)	OXON Current Month (Previous Month)	BERKS WEST Current Month (Previous Month)
Number of EIP services graded at Level 2 or above in 2020/21	>100%	Mar-21	100%	100%	100%	n/a
Number of EIP services graded at Level 3 or above in 2020/21	>60%	Mar-21	0%	0%	0%	n/a
Percentage of EIP referrals waiting 2 weeks or less	>60%	Sep-21	75% (82%) ↓	81% (80%) ↑	92% (93%) ↓	50% (40%) ↑
Percentage of IAPT referrals receiving an appointment within 6 weeks	>75%	Sep-21	98% (99%) ↓	98% (99%) ↓	99% (99%) -	97% (97%) -
Percentage of IAPT referrals receiving an appointment within 18 weeks	>95%	Sep-21	100% (100%) -	100% (100%) -	100% (100%) -	100% (100%) -
Percentage of first to second IAPT treatment over 90 days	<10%	Sep-21	9% (5%) ↑	5% (3%) ↑	16% (7%) ↑	7% (5%) ↑
IAPT access - over 65 years	n/a	Jun-21	580 (460)	225 (155)	205 (175)	150 (130
Number people accessing IAPT services – monthly	3,309	Sep-21	2,875 (2,515) ↑	940 (800) ↑	1,060 (945) ↑	870 (765) ↑
Number people accessing IAPT services - rolling quarter	9,926	Sep-21	8,455 (8,935) ↓	2,610 (2,570) ↑	3,210 (3,505) ↓	2,635 (2,860) ↓
IAPT Recovery Rate – monthly	>50%	Sep-21	52% (51%) ↑	57% (54%) ↑	47% (46%) ↑	52% (54%) ↓
IAPT Recovery Rate - Black, Asian and Minority Ethnic	n/a	Jun-21	51% (52%)	56% (55%)	45% (45%)	52% (54%)
IAPT Recovery Rate - White British	n/a	Jun-21	54% (57%)	59% (63%)	47% (54%)	56% (54%)
Number accessing Individual Placement and Support services	>433	Sep-21	290 (265) ↑	105 (95) ↑	110 (100) ↑	75 (65) ↑

** There are delays with NHSD publications resulting in national platforms not being fully updated and no data on new LTP metrics is yet available*

MH Long Term Plan Metrics Performance – BOB overview

Indicator	Target	Latest Published Date	BOB Current Month (Previous Month)		BUCKS Current Month (Previous Month)		OXON Current Month (Previous Month)		BERKS WEST Current Month (Previous Month)	
Rate of adult acute mental health length of stay, over 60 days	<8.0	Sep-21	7.8 (7.3)	↑	4.4 (3.8)	↑	10.8 (11.0)	↓	7.4 (6.1)	↑
Rate of older adult acute mental health length of stay, over 90 days	<10.75	Sep-21	6.4 (6.7)	↓	5.8 (5.7)	↑	5.6 (7.2)	↓	14.8 (12.3)	↑
Percentage of inappropriate OAP bed days that are external	n/a	Sep-21	100% (100%)		100% (100%)		100% (100%)		100% (100%)	
No. of days where patients were placed out of area due to unavailable beds	n/a	Sep-21	885 (855)		110 (90)		265 (145)		510 (615)	
Perinatal Access - Rolling 12 months	n/a	Sep-21	1,190 (1,155)		325 (305)		500 (490)		370 (365)	
Perinatal Access - Year to date	850	Sep-21	800 (700)	↑	230 (200)	↑	325 (285)	↑	250 (220)	↑
No. with SMI receiving a physical health check within 12 months	5,403	Sep-21	4,020 (3,642)	↑	1,280 (1,009)		1,484 (1,358)		1,256 (1,275)	
Data Quality – Coverage	>85%	Sep-21	83% (83%)	-	n/a		n/a		n/a	
Data Quality – Consistency	n/a	Aug-21	94% (92%)		n/a		n/a		n/a	
Data Quality – Outcomes	>40%	Sep-21	16% (14%)	↑	n/a		n/a		n/a	
Data Quality - DQMI Score	>80.0	Aug-21	69 (76)	↓	n/a		n/a		n/a	
Data Quality - SNOMED CT	>85%	Sep-21	95% (96%)	↓	n/a		n/a		n/a	

** There are delays with NHSD publications resulting in national platforms not being fully updated and no data on new LTP metrics is yet available*

MH Long Term Plan Metrics Performance – STP Benchmarking

Indicator	Target	Latest Published Date	Region		STP					
			South East Region	*BOB Position*	*BOB*	*FHC*	*HIOW*	*K&M*	*SHH*	*SHC*
Number of A&E 12 hr waits – Adult	n/a	Oct-21	500	3rd	90	15	125	110	60	95
Percentage of A&E 12 hr waits – Adult	n/a	Oct-21	12%	Joint 3rd	13%	4%	13%	17%	13%	11%
Number of A&E 12 hr waits – CYP	n/a	Oct-21	50	Joint 2nd	10	n/a	5	10	10	10
Percentage of A&E 12 hr waits – CYP	n/a	Oct-21	5%	4th	6%	n/a	4%	5%	8%	5%
Discharges followed up within 72 hours	>80%	Sep-21	77%	5th	69%	74%	79%	79%	61%	87%
Acute admissions with no prior contacts - All inpatients	n/a	Sep-21	12%	4th	13%	14%	18%	8%	11%	8%
Admissions With No Prior Contacts - Black, Asian and Minority Ethnic	n/a	Sep-21	15%	6th	22%	17%	13%	14%	15%	11%
Admissions With No Prior Contacts - White British	n/a	Sep-21	9%	Joint 1st	6%	9%	16%	6%	9%	6%
Community Mental Health access - 2+ Contacts	n/a	Sep-21	86,910	3rd	14,450	6,035	12,445	24,850	10,540	18,980
CYP access - 1+ Contact	100,614	Sep-21	99,470	2nd	20,610	7,770	17,725	26,385	12,195	15,010
CYP Eating disorder waiting time – Routine	>95%	Sep-21	65%	5th	48%	74%	65%	97%	100%	41%
CYP Eating disorder waiting time – Urgent	>95%	Sep-21	56%	4th	64%	84%	45%	100%	97%	34%
Dementia Diagnosis Rate	>66.7%	Nov-21	60%	5th	60%	64%	61%	57%	63%	61%

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

MH Long Term Plan Metrics Performance – STP Benchmarking

Indicator	Target	Latest Published Date	Region		STP					
			South East Region	*BOB Position*	*BOB*	*FHC*	*HIOW*	*K&M*	*SHH*	*SHC*
Number of EIP services graded at Level 2 or above in 2020/21	>100%	Mar-21	95%	Joint 1st	100%	100%	86%	100%	100%	100%
Number of EIP services graded at Level 3 or above in 2020/21	>60%	Mar-21	15%	Joint 6th	0%	100%	29%	0%	0%	0%
Percentage of EIP referrals waiting 2 weeks or less	>60%	Sep-21	71%	3rd	75%	84%	65%	82%	67%	67%
Percentage of IAPT referrals receiving an appointment within 6 weeks	>75%	Sep-21	92%	1st	98%	97%	95%	82%	90%	94%
Percentage of IAPT referrals receiving an appointment within 18 weeks	>95%	Sep-21	100%	Joint 1st	100%	100%	100%	99%	100%	100%
Percentage of first to second IAPT treatment over 90 days	<10%	Sep-21	11%	3rd	9%	5%	15%	15%	7%	11%
IAPT access - over 65 years	n/a	Jun-21	2,820	2nd	580	245	590	495	350	560
Number people accessing IAPT services – monthly	18,433	Sep-21	14,675	3rd	2,875	1,385	3,020	2,995	1,820	2,580
Number people accessing IAPT services - rolling quarter	54,913	Sep-21	43,230	3rd	8,455	3,855	8,795	8,625	5,680	7,820
IAPT Recovery Rate – monthly	>50%	Sep-21	51%	2nd	52%	50%	51%	48%	49%	54%
IAPT Recovery Rate - Black, Asian and Minority Ethnic	n/a	Jun-21	50%	Joint 3rd	51%	52%	50%	51%	48%	54%
IAPT Recovery Rate - White British	n/a	Jun-21	53%	Joint 2nd	54%	54%	53%	52%	51%	55%
Number accessing Individual Placement and Support services	1,994	Sep-21	805	1st	290	100	75	235	5	100

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

MH Long Term Plan Metrics Performance – STP Benchmarking

Indicator	Target	Latest Published Date	Region		STP					
			South East Region	*BOB Position*	*BOB*	*FHC*	*HIOW*	*K&M*	*SHH*	*SHC*
Rate of adult acute mental health length of stay, over 60 days	<8.0	Sep-21	6.0	6th	7.8	5.8	5.4	3.3	6.6	7.6
Rate of older adult acute mental health length of stay, over 90 days	<10.75	Sep-21	7.2	2nd	6.4	9.0	6.6	4.9	6.5	10.4
Percentage of inappropriate OAP bed days that are external	n/a	Sep-21	99%	Joint 2nd	100%	100%	100%	100%	100%	98%
No. of days patients were placed out of area due to unavailable beds	n/a	Sep-21	5,715	4th	885	450	450	115	1,065	2,750
Perinatal Access - Rolling 12 months	n/a	Sep-21	5,445	2nd	1,190	400	930	1,025	655	1,275
Perinatal Access - Year to date	4225	Sep-21	3,845	2nd	800	265	630	755	490	910
% with SMI receiving a physical health check within 12 months	27,311	Sep-21	16,278	1st	4,020	2,262	3,476	2,207	2,084	2,229
Data Quality – Coverage	>85%	Sep-21	61%	1st	83%	60%	60%	64%	55%	55%
Data Quality – Consistency	n/a	Aug-21	96%	Joint 4th	94%	100%	96%	100%	96%	94%
Data Quality – Outcomes	>40%	Sep-21	19%	5th	16%	33%	21%	37%	1%	26%
Data Quality - DQMI Score	>80.0	Aug-21	61	3rd	69	74	78	59	50	51
Data Quality - SNOMED CT	>85%	Sep-21	67%	2nd	95%	96%	38%	92%	7%	79%

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

Exceptions/Non-Compliance: Learning Disabilities and Autism

BOB Level

		Q3			Q4			Q1			Q2		
Measure	Latest Target	*Oct-21*	*Nov-21*	*Dec-21*	*Jan-22*	*Feb-22*	*Mar-22*	*Apr-22*	*May-22*	*Jun-22*	*Jul-22*	*Aug-22*	*Sep-22*
LeDer	n/a	Not available	Not available										
Annual Health Checks	37%	23%	30%										
In-patients Adults*	40	40	41										
In-patients CYP	13	13	14										

** These figures include CCG commissioned as well as Adult Secure inpatients*

Buckinghamshire CCG

Indicator	Target	*Nov-21*
LeDer	n/a	Not available
Annual Health Checks	37%	27%
In-patients Adults*	10	14
In-patients CYP	-	4

** These figures include CCG commissioned as well as Adult Secure inpatients*

Oxfordshire CCG

Indicator	Target	*Nov-21*
LeDer	n/a	Not available
Annual Health Checks	37%	30%
In-patients Adults*	14	17
In-patients CYP	-	4

Berkshire West CCG

Indicator	Target	*Nov-21*
LeDer	n/a	Not available
Annual Health Checks	37%	32%
In-patients Adults*	16	10
In-patients CYP	-	6

Commentary:

Adult inpatients include CCG commissioned and Adult Secure beds commissioned by the Thames Valley and Wessex Provider Collaborate. The end Q3 target is 40, which the ICS missed by 1 in November due a system error in Assuring Transformation increasing the Berks West inpatient total by 1. The CYP target was also missed by 1 due to data inaccuracies with the system. BOB is on track to meet the end Q3 targets. Operationally, formal assurance calls for discharge planning including the trusts, CCGs, provider collaboratives and NHS England regional are held fortnightly for CCG commissioned beds and monthly for CYP and adult secure. Performance is reviewed monthly via the Care Room process with ICS SRO and Programme Lead and NHS England/Improvement regional team.

The new national LeDer platform is not live following issues with roll out. The ICS are in compliance for LeDer reviews.

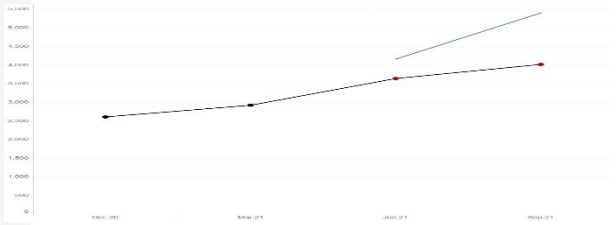
AHC performance tends to see an uplift in late Q3 and Q4. GP DES contract communications received in December requested a focus on Covid-19 vaccinations and a cessation of learning disabilities QOF. This may challenge the 70% target this year.

Definitions

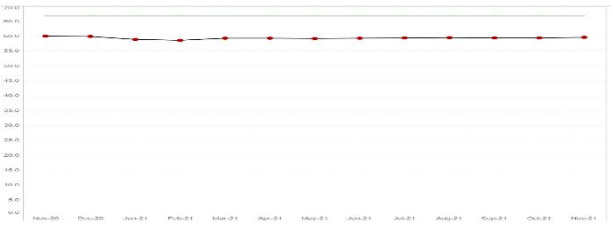
- ***LeDer:*** *Completion percentage of eligible notifications (> 6 month notification date)*
- ***Annual Health Checks (AHCs):*** *Improving the uptake of AHCs in Primary Care for people with a learning disability, so that at by 2023/2024 at least 75% of those eligible (aged 14+) have a health check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

BOB MH Priorities for Recovery

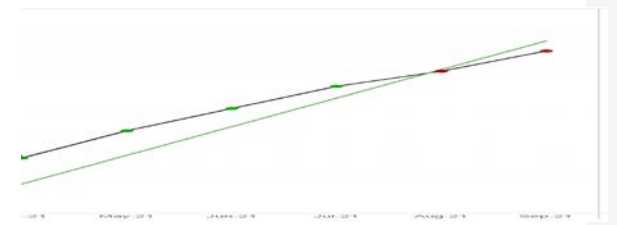
LTP Indicator	Target	Actual
Physical Health Check SMI – quarterly	5,403	4,020 Sep-21



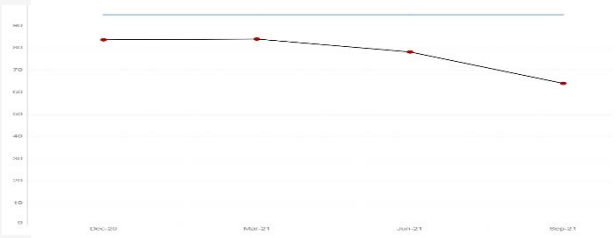
LTP Indicator	Target	Actual
Dementia Diagnosis Rate – monthly	66.7%	60% Nov-21



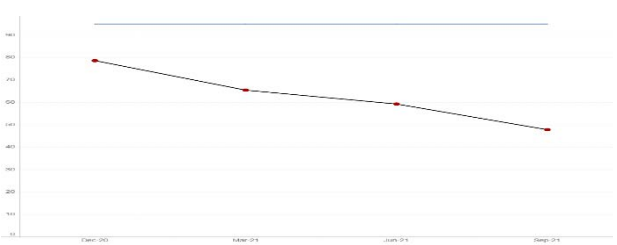
LTP Indicator	Target	Actual
Perinatal MH Access – Year to Date	850	800 Sep-21



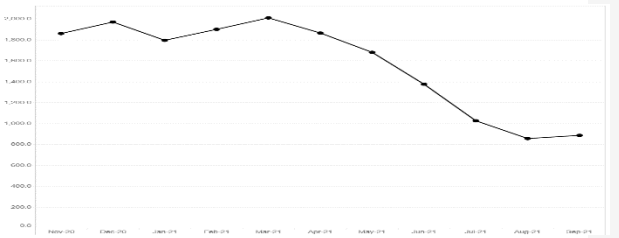
LTP Indicator	Target	Actual
CYP ED Urgent – quarterly	95%	64% Sep-21



LTP Indicator	Target	Actual
CYP Routine – quarterly	95%	48% Sep-21



LTP Indicator	Target	Actual
Eradicate inappropriate OAP – plan	0 days	885 Sep-21



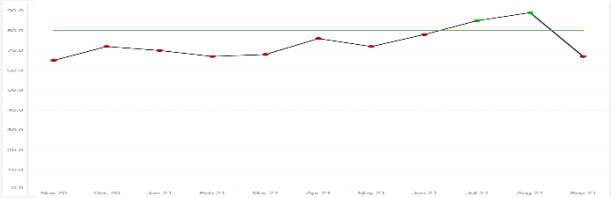
Commentary:

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

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

Buckinghamshire CCG

LTP Indicator	Target	Actual
Discharges Followed Up Within 72 Hours	80%	67% Sep-21



Commentary:

Is performance on track?
No, for September OHFT figures for Bucks were 73.7% with 5 patients breaching the 72 hour follow up.

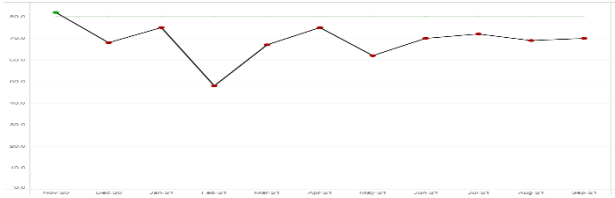
If not, what is the issue?
There were different issues, 1 was on section 17 leave in the community, 1 was contacted within 24 hours, 1 was discharged to a hospital setting, 1 was a psychology breach and the last 1 was contacted on day 4.

What is the plan to address?
All patients were contacted but there was a reminder sent to staff about contacts within 24 hours not being acceptable and therefore still a breach.

Are we anticipated to achieve this? By when
This reminder was sent at the time.

Oxfordshire CCG

LTP Indicator	Target	Actual
Discharges Followed Up Within 72 Hours	80%	70% Sep-21



Commentary:

Is performance on track?
Yes, local performance data shows 84% against a target for 80% for September

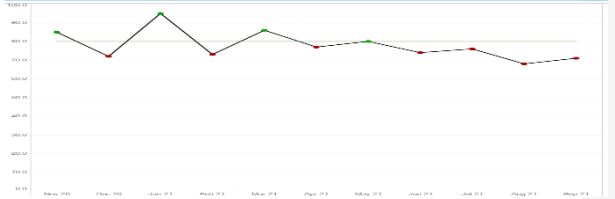
If not, what is the issue?

What is the plan to address?

Are we anticipated to achieve this?

Berkshire West CCG

LTP Indicator	Target	Actual
Discharges Followed Up Within 72 Hours	80%	71% Sep-21



Commentary:

Is performance on track?
Published performance for BHFT on NHS Futures website is 90% for Sept-21.

If not, what is the issue?

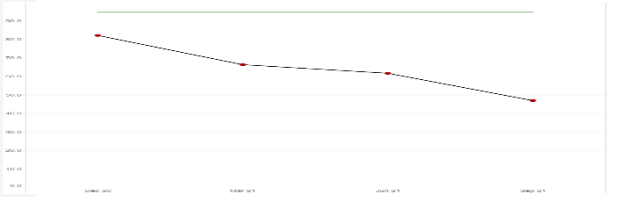
What is the plan to address?

Are we anticipated to achieve this?

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

Buckinghamshire CCG

LTP Indicator	Target	Actual
CYP ED Waiting Time (Routine)	95%	47% Sep-21



Commentary:

Is performance on track?
No. 47% against a target of 95% for September.

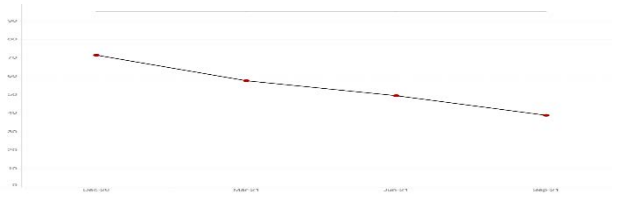
If not, what is the issue?
Increased referrals into the service have meant there is a higher demand and a decrease in capacity due to running with vacancies in the team.

What is the plan to address?
The service has a CAMHS speciality doctor fully recruited, adverts out for a full time 8a psychologist, an 8a part time family therapist and 2 band 7 mental health practitioners. There were also an extra number of assessment clinics undertaken this month to address the longer waits to assessment,.

Are we anticipated to achieve this? By when
The adverts are out now. The service would be looking to interview mid to end November and if successful appointing candidates for all posts, with recruitment checks and notice periods, would expect to be back up to staffing capacity by the end of February 2022.

Oxfordshire CCG

LTP Indicator	Target	Actual
CYP ED Waiting Time (Routine)	95%	39% Sep-21



Commentary:

Is performance on track?
No. 39% against a target of 95% for September .

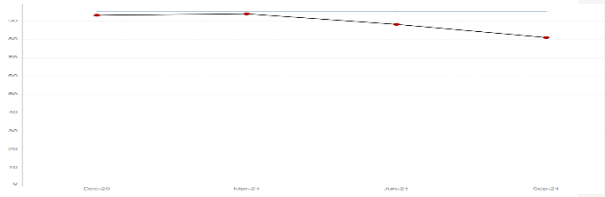
If not, what is the issue?
Increase in demand and staff vacancies. 63% increase in referrals and caseload has increased by 55%. Loss of clinical staff due to maternity leave and recruitment issues. Current vacancies are 8.2 WTE.

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

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

Berkshire West CCG

LTP Indicator	Target	Actual
CYP ED Waiting Time (Routine)	95%	81% Sep-21



Commentary:

Is performance on track?
No.

If not, what is the issue?
Capacity (staffing shortages and absences).

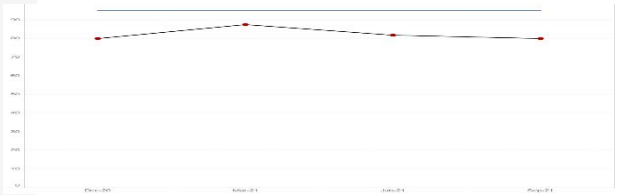
What is the plan to address?
Creative ways of working and subject to successful recruitment.

Are we anticipated to achieve this?
Improve performance by July 2022.

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

Buckinghamshire CCG

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



Commentary:

Is performance on track?

Whilst OHFT did not have breaches in September, other providers seeing Buckinghamshire CCG patients are included in these figures, which is the reason for the lower performance.

If not, what is the issue?

n/a

What is the plan to address?

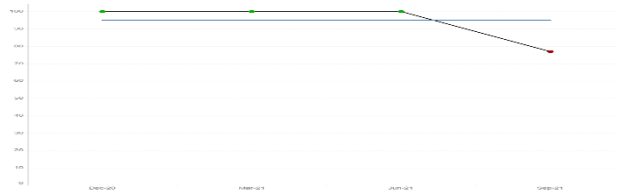
n/a

Are we anticipated to achieve this? By when

n/a

Oxfordshire CCG

LTP Indicator	Target	Actual
CYP ED Waiting Time (Urgent)	95%	77% Sep-21



Commentary:

Is performance on track?

No

If not, what is the issue?

There was one patient breach in September and the patient was seen in 8 days and this was due to patient choice as they rejected the 1st appointment offered within 7 days.

What is the plan to address?

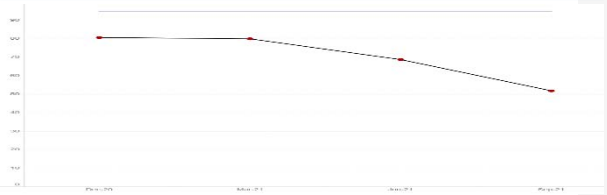
n/a

Are we anticipated to achieve this? By when

n/a

Berkshire West CCG

LTP Indicator	Target	Actual
CYP ED Waiting Time (Urgent)	95%	52% Sep-21



Commentary:

Is performance on track?
No.

If not, what is the issue?
BEDS not always receiving referrals from CPE in time, to avoid breach.

What is the plan to address?
Working actively on this, as part of our QI agenda.

Are we anticipated to achieve this?
We anticipate improvement by July 2022.

Exceptions/Non-Compliance: Dementia Diagnosis Rate

Buckinghamshire CCG

LTP Indicator	Target	Actual
Dementia Diagnosis Rate	66.7%	58% Nov-21

Commentary:

Is performance on track? No, 58% against a target of 66.7%.

If not, what is the issue? This data is pulled from GP systems**.** The pandemic resulted in the suspension of Memory Clinic services for several months in the spring and summer of 2020. In addition, evidence suggests that Covid-19 has also led to fewer people seeking medical support to receive an accurate and timely diagnosis.

What is the plan to address? Memory clinic services have been reinstated locally since summer 2020, with an increasingly flexible offer of digital consultations, face-to-face assessments in clinic and even home visits if clinically indicated. Enhanced investment has taken place to increase assessment capacity in memory clinics, particularly following the creation of several Dementia Nurse Specialist posts across the county.

Are we anticipated to achieve this? By when March 2022

Oxfordshire CCG

LTP Indicator	Target	Actual
Dementia Diagnosis Rate	66.7%	62% Nov-21

Commentary:

Is performance on track? No, 62% against a target of 66.7%.

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

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

Are we anticipated to achieve this? By when March 2022

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

Berkshire West CCG

LTP Indicator	Target	Actual
Dementia Diagnosis Rate	66.7%	59% Nov-21

Commentary:

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

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

What is the plan to address?
Spending review funding has provided additional resource to increase the number of memory assessments. Work completed using Connected Care to identify where dementia diagnoses recorded on RiO are missing from Primary Care records. Reports to be shared with GPs so that they can update their records, which will in turn improve the DDR. Resources required to disseminate reports regularly and possibly for data entry in Primary Care.

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

Exceptions/Non-Compliance: IAPT Access (monthly)

Buckinghamshire CCG

LTP Indicator	Target	Actual
IAPT Access (monthly)	978	940 Sep-21

Commentary:

Is performance on track?
No, 940 against the national target of 978
Yes, 937 against the locally agreed smooth trajectory of 908

If not, what is the issue? What is the plan to address?
Buckinghamshire IAPT service has agreed a smooth trajectory by which they will achieve the LTP (papers submitted to BOB last year). Increases to achieve the LTP are still very challenging e.g., in FY21-22 Buckinghamshire IAPT is required to increase access (previously called entering treatment) by an additional 1504 people. Historically Q2 has been a challenging quarter due to seasonal variation and we have seen this again this year and although we met the target for the month, the service fell short of its entering treatment target for the quarter. The service is actively engaged in marketing campaigns and outreach to hard to reach communities to increase referrals. We continue to develop our Long Covid pathway. We have also invested in an online booking system.

In November 2021, 937 patients accessed IAPT services against a smooth trajectory target of 908.

Oxfordshire CCG

LTP Indicator	Target	Actual
IAPT Access (monthly)	1,332	1,060 Sep-21

Commentary:

Is performance on track?
No

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

Berkshire West CCG

LTP Indicator	Target	Actual
IAPT Access (monthly)	998	870 Sep-21

Commentary:

Is performance on track? No.

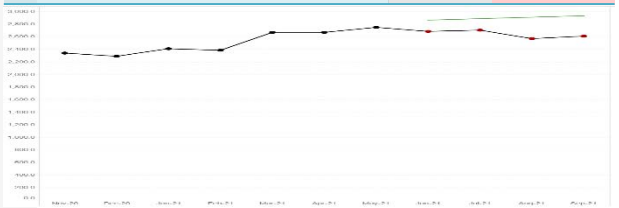
If not, what is the issue?
Access to IAPT services has dropped nationally during the pandemic alongside an increased target for IAPT Berkshire to treat more people. That said, service access numbers are on an increasing trend despite a typical pattern of a seasonal dip.

What is the plan to address?
In the autumn months the service has re-introduced in-person appointments again for the first time since the start of the pandemic to offer choice to clients who are unable to attend appointments via video or telephone. The service is delivering ongoing outreach and marketing campaigns to improve access in under-represented groups. Plans to support increased access over the autumn and winter include: a communications campaign in partnership with West Berkshire CCG, paid-for advert placement, a web audit to improve online engagement and targeted clinical engagement with professionals in local healthcare services to boost referrals.

Exceptions/Non-Compliance: IAPT Access (rolling quarter)

Buckinghamshire CCG

LTP Indicator	Target	Actual
IAPT Access (rolling quarter)	2,934	2,610 Sep-21



Commentary:

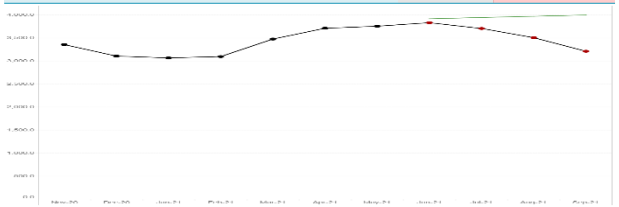
Is performance on track?
No, 2610 against a national target of 2934
Yes, 2723 against the locally agreed smooth trajectory of 2696

If not, what is the issue? What is the plan to address?
Buckinghamshire IAPT service has agreed a smooth trajectory by which they will achieve the LTP (papers submitted to BOB last year). Increases to achieve the LTP are still very challenging e.g., in FY21-22 Buckinghamshire IAPT is required to increase access (previously called entering treatment) by an additional 1504 people. Historically Q2 has been a challenging quarter due to seasonal variation and we have seen this again this year and although we met the target for the month, the service fell short of its entering treatment target for the quarter. The service is actively engaged in marketing campaigns and outreach to hard to reach communities to increase referrals. We continue to develop our Long Covid pathway. We have also invested in an online booking system.

For the rolling quarter Sept-Nov21, 2723 patients accessed IAPT services against a smooth trajectory target of 2696.

Oxfordshire CCG

LTP Indicator	Target	Actual
IAPT Access (rolling quarter)	3,997	3,210 Sep-21



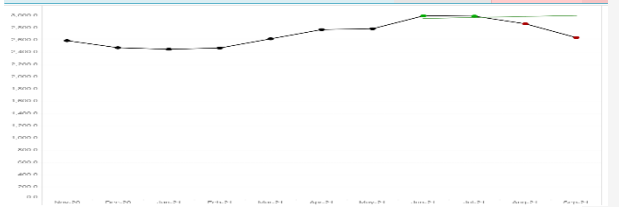
Commentary:

Is performance on track?
No

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

Berkshire West CCG

LTP Indicator	Target	Actual
IAPT Access (rolling quarter)	2,995	2,635 Sep-21



Commentary:

Is performance on track? No.

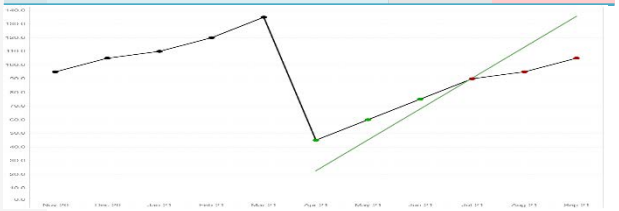
If not, what is the issue?
Access to IAPT services has dropped nationally during the pandemic alongside an increased target for IAPT Berkshire to treat more people. That said, service access numbers are on an increasing trend despite a typical pattern of a seasonal dip.

What is the plan to address?
In the autumn months the service has re-introduced in-person appointments again for the first time since the start of the pandemic to offer choice to clients who are unable to attend appointments via video or telephone. The service is delivering ongoing outreach and marketing campaigns to improve access in under-represented groups. Plans to support increased access over the autumn and winter include: a communications campaign in partnership with West Berkshire CCG, paid-for advert placement, a web audit to improve online engagement and targeted clinical engagement with professionals in local healthcare services to boost referrals.

Exceptions/Non-Compliance: Individual Placement and Support Service

Buckinghamshire CCG

LTP Indicator	Target	Actual
SMI % achievement (quarterly)	136	105 Sep-21



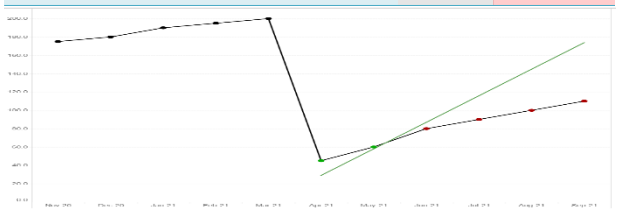
Commentary:

Is performance on track?
No 105 against a target of 136

If not, what is the issue? No allocated funding at start of the year meant we have been working with the previous year's workforce . Expansion was needed to meet the trajectory of the LTP. MHDS Data is not pulling out employment outcomes currently working with P&I team to address this.
What is the plan to address? New employment specialist funded by the CMHF will support expansion in Bucks IPS Team , the benefits of this will be seen as we move into the next financial year . Funding will be needed next year to meet NHSE ambitious targets. Working with P&I Team to ensure data collection quality within the service . Employment forms need to be built on to care notes as a priority in the service this is a key risk for escalation.
Are we anticipated to achieve this?
This will be dependant on funding, we have produced a LTP which underlines the resource needed to meet access targets within IPS. Currently not likely to meet trajectory .

Oxfordshire CCG

LTP Indicator	Target	Actual
SMI % achievement (quarterly)	174	110 Sep-21

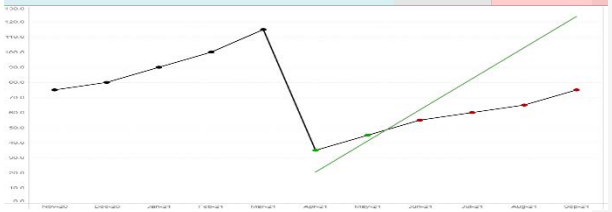


Commentary:

Is performance on track?
No 110 against a target of 174
If not, what is the issue? Delayed allocation of funding at start of the year in Ox IPS meant that the newly funded posts have only just been fully recruited for as we come into Q4. Staff long term absence has had a significant impact on referral access rates for existing workforce for most of the year. MHDS data is not pulling out employment outcomes currently working with P&I Team to address this
What is the plan to address? Will start to see impact on referral data from the new posts as we move into next financial year . More funding will be needed to meet ambitious targets set by NHSE
Third Sector (Restore) are in a formal process with one of the Long Term absent posts that should be resolved shortly Working with P&I Team to ensure data collection quality within the service Employment forms need to be built on to care notes as a priority in the service this is a key risk for escalation
Are we anticipated to achieve this?
This will be dependant on funding, we have produced a LTP which underlines the resource needed to meet access targets within IPS
Currently not likely to achieve trajectory

Berkshire West CCG

LTP Indicator	Target	Actual
SMI % achievement (quarterly)	124	75 Sep-21



Commentary:

Is performance on track?
No.

If not, what is the issue?
We were not fully funded to achieve LTP target for Berkshire West (with 175 our revised target; 87.5 to end Sept). Additionally, we had some gaps and absences in Employment Specialist (ES) cover in the first two quarters of the year.

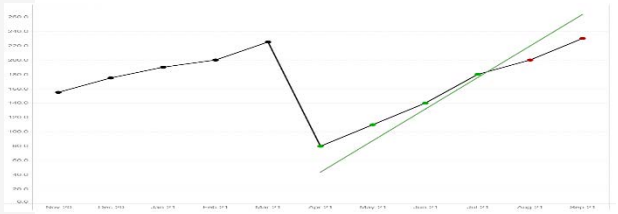
What is the plan to address?
Recruit, induct and train new ESs. Create floating ES cover role (funded by BHFT) to increase the number of clients we are able to work with across the service and address shortfall. Similarly, create part-time roles to work with new clients.

Are we anticipated to achieve this?
We anticipate resolving our shortfall in Q3 and Q4 and reaching our revised target of 175.

Exceptions/Non-Compliance: Perinatal Access – Year to Date

Buckinghamshire CCG

LTP Indicator	Target	Actual
Perinatal Access Rate	264	230 Sep-21



Commentary:

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

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

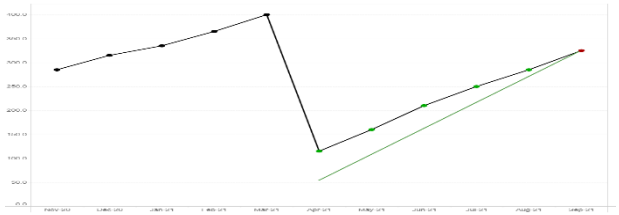
What is the plan to address? We are actively marketing the service with comms team in a variety of ways to counteract this. In view of the increased national target 8.6% Y1/22 ,

Are we anticipated to achieve this? By when The Performance & Information team have produced a trajectory for the service. Assuming the service meets the targets for the remainder of the year, by year end the service will now be 120 short of this year's target.

Local figures for October 2021 – 5.3% (326)

Oxfordshire CCG

LTP Indicator	Target	Actual
Perinatal Access Rate	326	325 Sep-21



Commentary:

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

If not, what is the issue? We are aware that the national target is against for 2016 live birth rate which doesn't reflect the known 7% decline in birth rate locally.

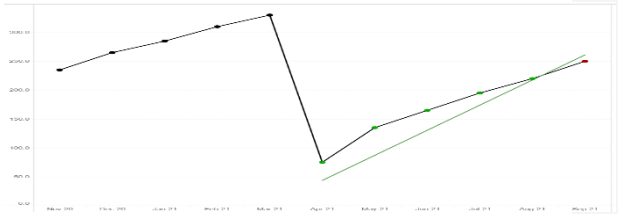
What is the plan to address? E referral process for GP's directly to the team instead of via the AMHT. There are closer links with the midwifery service and health visitors' Joint assessments being offered alongside other agencies, i.e., IPPS. BOB MMHS transformation work is on way developing a birth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

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

Local figures for November 2021 – 6.7% (505)

Berkshire West CCG

LTP Indicator	Target	Actual
Perinatal Access Rate	261	250 Sep-21



Commentary:

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

If not, what is the issue? The national target is set against the 2016 live birth rate which doesn't reflect the known 4.1% decline in the birth rate nationally. There is also the issue of patient preference, non-engagement clients and DNA.

What is the plan to address?
Currently conducting approximately 25 face to face/video assessment per a month. To increase access work, we are recruiting additional duty Clinicians to support with initial assessment / well-being assessments. This will reduce waiting time and enable the service to meet its KPI.

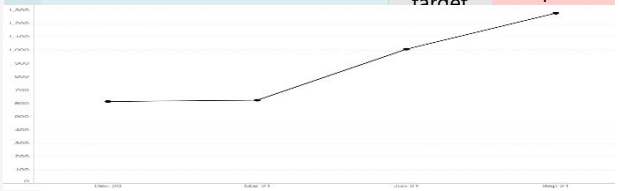
Are we anticipated to achieve this? The service has set a trajectory to increase access on a month-to-month basis with a view of achieving target by September 2022.

Local figures for October 2021 – 10.3% (509)

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

Buckinghamshire CCG

LTP Indicator	Target	Actual
SMI % achievement (quarterly)	No CCG target	1,280 Sep-21



Commentary:

Is performance on track?

This is an improving picture, as at December 21 the percentage was at 37.1%.

If not, what is the issue?

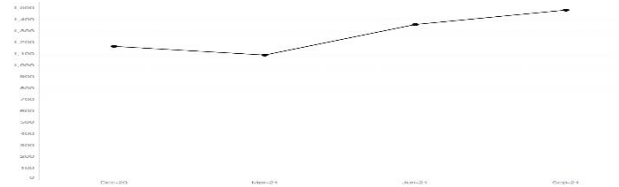
However, National data is provided by the GP systems looking at the whole population. The OHFT Bucks local performance is 58% on Physical Health Checks.

What is the plan to address?

Data is being provided and communicated to each PCN and monthly meetings held with OHFT – Bucks and Commissioners to monitor progress.

Oxfordshire CCG

LTP Indicator	Target	Actual
SMI % achievement (quarterly)	No CCG target	1,484 Sep-21



Commentary:

Is performance on track?

No

If not, what is the issue?

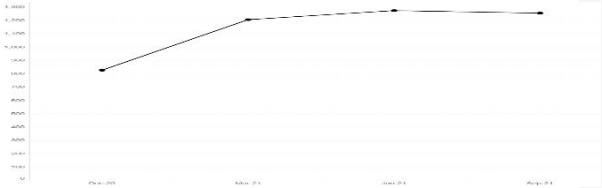
National data is provided by the GP systems looking at the whole population. The OHFT Oxon local performance is 65% on Physical Health Checks for SMI caseload.

What is the plan to address?

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

Berkshire West CCG

LTP Indicator	Target	Actual
SMI % achievement (quarterly)	No CCG target	1,256 Sep-21



Commentary:

Is performance on track?
No.

If not, what is the issue?
National data is provided by the GP systems looking at the whole population. The BHFT local performance is in excess of 75% on Physical Health Checks for SMI caseload.

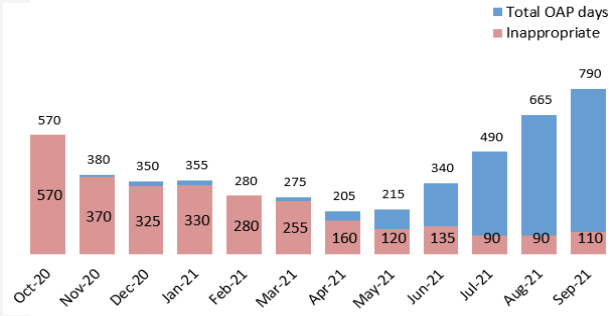
What is the plan to address?
Additional support roles are being piloted in a number of PCN's to undertake these assessments.

This metric is based on data captured on GP systems

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

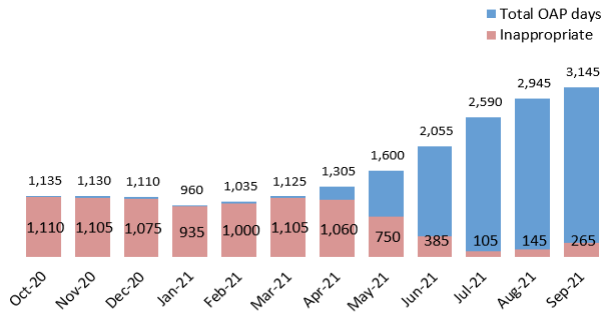
Buckinghamshire CCG

LTP Indicator	Target	Actual
Out of Area Placements	0 days	110 days Sep-21



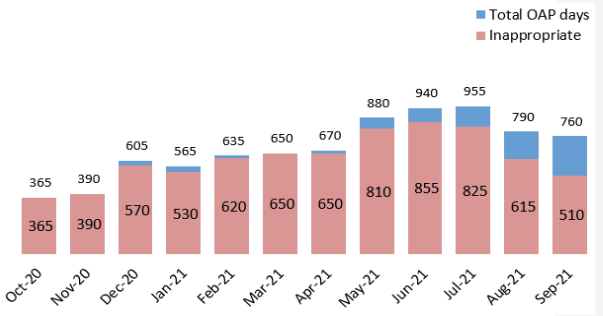
Oxfordshire CCG

LTP Indicator	Target	Actual
Out of Area Placements	0 days	265 days Sep-21



Berkshire West CCG

LTP Indicator	Target	Actual
Out of Area Placements	0 days	510 days Sep-21



Commentary: This is a 3 Months Rolling Measure

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

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

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

In December 2021, there were no inappropriate OAPs in either Buckinghamshire or Oxfordshire

Commentary:

Is performance on track?
The Trust did not achieve the OAPS trajectory which is primarily linked to IPC guidance. There has been a improving position.

If not, what is the issue?
Increased acuity and complexity of clinical presentations resulting in longer admissions and more challenging discharge planning.

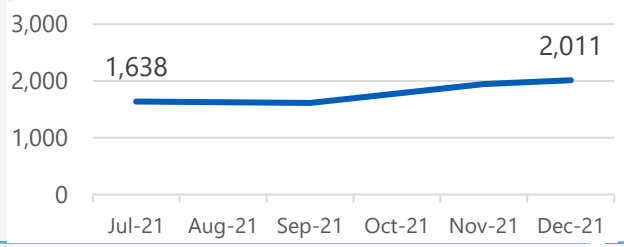
What is the plan to address?
Working with IPC colleagues to undertake risk based assessments to enable admissions to wards before the full isolation period is completed. Continue to commission beds in the Independent Sector and maintain an internal focus on flow.

Are we anticipated to achieve this? March 2022.

Exceptions/Non-Compliance: CYP Neurodevelopmental Conditions

Buckinghamshire CCG

LTP Indicator	Target	Actual
Patients Waiting – NEURO	-	2,011 Nov-21



Commentary:

Is performance on track? No, the service is significantly under-resourced for the demand. This is a collaboration between BHT for under 11's and OHFT for over 11's with OHFT holding the wait list.

If not, what is the issue? Not enough funding for OHFT or BHT to employ the number of clinical staff required to meet demand.

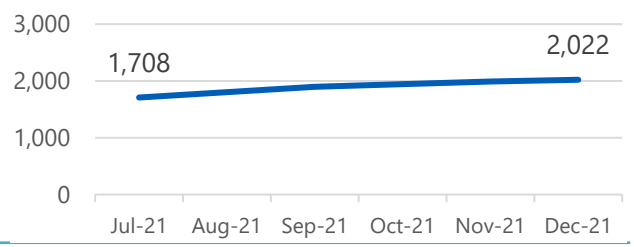
What is the plan to address? There has been a commissioners led review which has been underway for 18 months which aims to address the issues and funding shortfall.

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

N.B: At [15:40] on [23/12/2021] there were 1,084 patients waiting under 11 years of age and 927 patients waiting over 11 years of age. Of the 2,011 waiting, 371 are waiting 0-12 weeks, 1,020 are waiting 12-52 weeks and 620 are waiting >52 weeks.

Oxfordshire CCG

LTP Indicator	Target	Actual
Patients Waiting – NEURO	-	2,022 Nov-21



Commentary:

Is performance on track?

No

If not, what is the issue?

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

What is the plan to address?

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

N.B: Of the 2,022 waiting, 128 are waiting 0-12 weeks, 582 are waiting 12-52 weeks and 1,312 are waiting >52 weeks.

Berkshire West CCG

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

	Jul-21	Aug-21	Sep-21	Oct-21	Nov-2
Total Referrals - waiting	3018	3010	2987	2995	292
No. waiting 0 - 12 weeks	516	391	292	209	20
No. waiting 12 - 52 weeks	1187	1296	1373	1371	126
No. waiting > 52 weeks	1315	1323	1322	1415	145

Commentary:

Is performance on track? No.

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

What is the plan to address? Following comprehensive demand, capacity, workforce and transformation modelling carried out by BHFT, Berkshire West CCG has provided significant additional investment to the Neurodiversity Services in BHFT, with the aim of reducing the wait for autism and ADHD assessment to a maximum of 12 months by the end of March 2022. This is enabling a service expansion and for BHFT to work in partnership with private providers to boost the service capacity (contracts in place for both autism assessment and ADHD assessment and medication titration).

Are we anticipated to achieve this? March 2022.

Section 6:

Abbreviations

A glossary of abbreviations used within the report

BOB MH Priorities for Recovery

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

BOB MH Priorities for Recovery

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