

**Report to the Meeting of the
Oxford Health NHS Foundation Trust
Board of Directors**

Monthly Performance & Service Change Report – Month 1 & 2/April & May 2020

FOR: INFORMATION

Introduction

This report summarises the Trust’s performance for months 1 & 2, April & May 2020, due to the early Board deadline indicators reported are for April 2020. The focus for all performance management and reporting has been on the COVID-19 situation and in addition, the Trust’s response to all emergency and urgent referrals. This approach took effect in March 2020 and will continue until at least July 2020. The rationale for suspending all non-essential reporting, where possible, is to reduce the burden on staff and release time for the COVID-19 response and recovery. The Trust continues to report against the national single oversight framework as mandated by NHS England.

Performance Headlines

Using the Patient Activity and Demand (PAD) app, provided below are key headlines regarding the **impact of COVID-19** on the Trust’s activity levels;

Activity	Monthly average (based on last 24 months to April)	April Actual	How does the April position compare to the monthly norm?	Monthly average (based on last 24 months to May)	May Actual	How does the May position compare to the monthly norm?
Referrals - ALL	14,904	10,149	-31.9% less	14,790	11,292	-23.7% less
Referrals - Emergency	891	818 - emergency	-8.2% less	887 - emergency	891 - emergency	+0.5% more
Referrals - Urgent	3,227	3,257 - urgent	+0.9% more	3,256 – urgent	3,861 - urgent	+18.6% more
Referrals - Routine	10,781	6,067 - routine	-43.7% less	10,641 - routine	6,536 - routine	-38.6% less
Appointments – ALL	81,569	65,090	-20.2% less	81,021	66,731	-17.6% less
Inpatient admissions	247	248	+0.4% more	246	259	+5% more
Inpatient discharges	248	270	+8.9% more	246	212	-13.8% less

Delayed Transfers of Care (DTC):

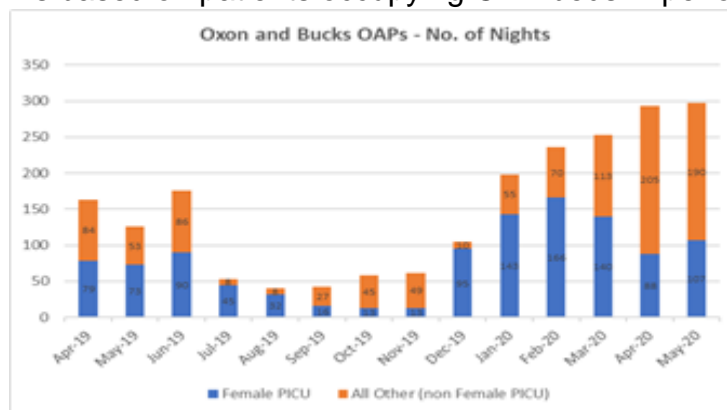
At 18th May (latest available information), **61** patients were reported as being delayed on the daily BOB capacity return please note this includes **30** patients medically optimised for discharge but are continuing to be treated in hospital to better support their care and rehab provision. In normal circumstances, patients would be considered to be officially DTC, however, due to the additional capacity available in hospitals at this time, it is felt that the patients are better placed remaining in hospital. Each patient has a clear discharge plan and Estimated Discharge Date (EDD).

National indicators

- **99%** of MIU patients were seen within 4 hours in April 2020
- **80%** of patients experiencing a first episode of psychosis commenced treatment in 2 weeks
- **98.5%** patients referred to IAPT started treatment within 6 weeks (Feb 2020 data latest available nationally)
- **293** OAPS bed days to Acute and PICU wards in **April** were as follows:
 - Oxon CCG – **4** new OAP placements in Apr20, and **103** bed days in Apr20 (against a target of 51)
 - Bucks CCG = **4** new OAP placements in Apr20, and **190** bed days in Apr20 (against a target of 57)
- **297** OAPS bed days to Acute and PICU wards in **May** were as follows:
 - Oxon CCG – **4** new OAP placements in May20, and **116** bed days in May20 (against a target of 51)
 - Bucks CCG = **5** new OAP placements in May20, and **181** bed days in May20 (against a target of 57)

This includes the commissioning of a block of 10 beds as part of the Covid response to ensure adequate bed capacity, support lower bed occupancy and fewer admission to Trust beds but resulted in more OAPs.

The information below is based on patients occupying OAP beds in period



- **35%** of children and young people who need access to MH services should be accessing the Trust CAMHs service. The Trust is achieving (excludes partners data):
 - 39.6% Oxon
 - 39.4% Bucks
 - 22.9% BSW

Emergency and Urgent Waits

The following information in relation to urgent and emergency waits has been reported to the board for information. This information is reported as per clinical systems without operational input due to COVID19 and relates to April 2020:

Service		Emergency or Urgent KPI	Target	Apr-20	Num	Den
Oxon	CAMHS	% of children that are seen within 7 calendar days for urgent CAMHS	95%	100%	2	2
Oxon	CAMHS	% of CYP that are seen within 4 hours for emergency referrals	95%	Null	0	0
Oxon	CAMHS	% of children that are seen within 1 week for urgent Eating Disorders	95%	Null	0	0
Oxon	Out of Hours	95% of Patients receive a Face to Face Consultation in an IUC Treatment Centre within 2 hours	95%	100%	460	460
Oxon	Out of Hours	95% of Patients receive a Face to Face Consultation in an IUC Treatment Centre within 6 hours	95%	100%	226	226
Oxon	Out of Hours	95% of Patients receive a Face to Face Consultation within their Home Residence within 2 hours	95%	100%	403	403
Oxon	Out of Hours	95% of Patients receive a Face to Face Consultation within their Home Residence within 6 hours	95%	100%	262	262
Oxon	SaLT	% of patients who are classified as "urgent swallow" to be offered assessment within two working days of referral received. Patient not seen in time due to delay in availability of PPE for therapist	95%	50%	1	2
Oxon	EMU	Patients referred are seen, or contacted as appropriate, within 2 hours	90%	100%	170	170
Oxon	RACU	Patients referred are seen, or contacted as appropriate, within 48 hours	90%	100%	23	23
Oxon	CHC	Fast Track application will be processed for eligibility within 2 working days (7 days a week)	95%	Not reported as manually provided from service not recorded in carenotes		
Oxon	EDPS	All patients referred to EDPS are seen within the agreed timeframe (within 90 minutes) - JR	95%			
Oxon	EDPS	All patients referred to EDPS are seen within the agreed timeframe (within 90 minutes) - Horton	95%			
Oxon	OAMH - Ax Cluster	Urgent referrals will be assessed within 7 days (CMHTs includes all clusters but excludes direct referrals to memory assessment services)	90%	98%	39	40
Oxon	OAMH - Ax Cluster	Emergency referrals will be assessed within 4 hours	90%	100%	4	4
Oxon	Adult CMHTs	Adult CMHTs - Percentage of referrals categorised as crisis/emergency that are assessed within 4 hours	95%	100%	5	5
Oxon	Adult CMHTs	Adult CMHTs - Percentage of referrals categorised as urgent that are assessed within 7 calendar days breaches not validated due to time constraints/COVID	95%	77%	79	102
Oxon	Specialist LD	Referrals: % of urgent referrals to Specialist Learning Disability Health Services 48 hour wait	95%	Null	0	0
Oxon	Specialist LD	Referrals: % of emergency referrals to Specialist Learning Disability Health Services and people experiencing a significant change in their condition/acute crisis 4 hours wait	90%	Null	0	0
Oxon	IAPT	No emergency or urgent KPIs				
Bucks	CAMHS	% of EMERGENCY referrals assessed within 24 hours	100%	Null	0	0
Bucks	CAMHS	% of URGENT referrals assessed within 7 days	100%	Null	0	0

Bucks	Adult & OA Combined	Urgent referrals to Mental Health Team will be seen within 7 consecutive days for assessment. breaches validated by P&I team not service	95%	96%	68	71
Bucks	Perinatal	Emergency – Face to Face assessment undertaken within 4 hours of receipt of referral	95%	Null	0	0
Bucks	Perinatal	Urgent – 2 day assessment target	95%	100%	1	1
Bucks	PIRLS	% of referrals where the patient is deemed fit for interview by A/E staff will be seen for assessment within 1 hour of referral	95%	100%	48	48
BSW	CAMHs BaNES	Percentage of CYP Eating Disorder ONLY having their first appointment - % of Urgent within 1 week	95%	Null	0	0
BSW	CAMHs BaNES, Swindon & Wilts	MH Liaison Service in Acute Hospital. No. and % of CYP referred from Accident and Emergency Dept., receiving assessment within 4 hours.	n/a	Not available due to change in operational delivery during Covid		
BSW	CAMHs BaNES	MH Liaison Service in Acute Hospital. No. and % of CYP referred from Other sources receiving assessment/advice within 24 hours.	n/a			
BSW	CAMHs Swindon	Percentage of CYP Eating Disorder ONLY having their first appointment - % of Urgent within 1 week	95%	Null	0	0
BSW	CAMHs Wiltshire	Percentage of CYP Eating Disorder ONLY having their first appointment - % of Urgent within 1 week	95%	Null	0	0
Bucks	IAPT	No emergency or urgent KPIs				

COVID-19 Headlines (position at 02/06/2020) – See COVID19 dashboard for latest information and trends.

Group	Setting	Activity	No.
Patients	Inpatient	Cumulative number of patients confirmed COVID-19 positive	173
		Cumulative number of COVID-19 deaths in our inpatient settings	22
		Cumulative number of inpatients swabbed	440
	Community	Cumulative number of patients confirmed COVID-19 positive	166
		Cumulative number of patients swabbed	231
		Number of shielded patients (12 weeks isolation)	2,983
		Number of vulnerable patients (as identified by Trust clinicians)	4,252
		Number of patients symptomatic 7 day self-isolating	151
Staff	Trust-wide	Number of patients with a member of household symptomatic (14 day self-isolating)	169
		Number of staff symptomatic and/or COVID19 positive and off sick	9
		Number of staff self-isolating or special leave – not working	68
		Number of staff self-isolating - working from home	53

Service Change Headlines – For Information

Mental Health:

On 25th March 2020 all mental health trusts were requested to establish 24/7 open access telephone lines for urgent NHS mental health support, advice and triage, and through which people of all ages can access the NHS urgent mental health pathway / further support if needed. The main drivers being to redirect demand from 111 and ED, and to respond to an increase in mental health demand triggered by COVID-19 at the point of request.

As a response to the national request, OHFT (Bucks and Oxon) developed an all age 24/7 helpline at pace which directs callers to either the CAMHs service or Adults/older adults support. The service is a cross-county provision, delivered by Oxon and Bucks colleagues from IAPT, Mind and Urgent Care. This was designed and implemented within 7 days, and since 8 April has received over 600 calls from members of the public. The project team are now developing a long-term sustainable service model to be in place from July, working with system partners to agree and implement the most efficient and effective approach for each organisation, staff and the public.

Digital Consultations:

To support staff and patients in accessing care safely during COVID, the Trust has accelerated the roll-out of digital consultation to front line teams using Microsoft Teams/Bookings. This has had very successful take-up, resulting in 55% of all consultations being delivered remotely during April/May and a total of 10,000 digital consultations held since January 2020. See table 1 to see the take-up increase over time.

Anecdotal feedback to date has been positive, and the Trust is now working with the University of Oxford to evaluate the uptake, acceptability, clinical utility and overall service impact during the COVID-19 pandemic.

Services undertaking significant numbers of digital consultations include IAPT and Dentistry, CAMHS, Eating Disorders, Adult Mental Health, Early Intervention in Psychosis, Perinatal, Health Visiting, and the Pheonix team. Table 2 below illustrates this, but does not include Dentistry and IAPT figures.

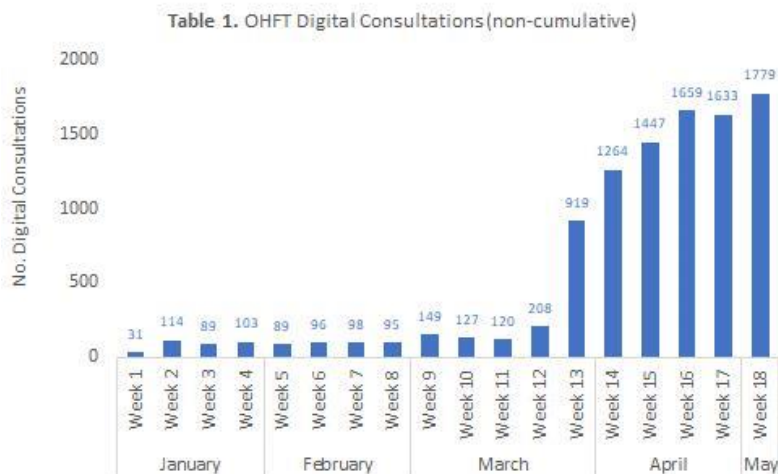


Table 2:

Directorate	ServiceLineName	OperationalTeam	HealthcareTeamName	Digital appointments (attended)
Buckinghamshire Mental Health	CAMHS Community	CAMHS B Getting More Help	CAMHS B South Bucks Targeted	363
Oxfordshire & Sw Mental Health	CAMHS Community	CAMHS O Getting More Help Central	CAMHS O GMH Central	449
Oxfordshire & Sw Mental Health	Eating Disorders Community	ED Oxfordshire Community Eating Disorder Service	ED O Cotswold House Caseload	426
Buckinghamshire Mental Health	CAMHS Community	CAMHS B Getting More Help	CAMHS B North Bucks Targeted	370
Buckinghamshire Mental Health	CAMHS Community	CAMHS B Getting More Help	CAMHS B South Bucks Getting More Help	368
Oxfordshire & Sw Mental Health	CAMHS Community	CAMHS O Getting More Help South	CAMHS O GMH South	302
Oxfordshire & Sw Mental Health	CAMHS Community	CAMHS O Eating Disorders	CAMHS O Eating Disorders	270
Buckinghamshire Mental Health	CAMHS Community	CAMHS B Eating Disorders	CAMHS B Bucks ED	256
Oxfordshire & Sw Mental Health	CAMHS Community	CAMHS W Melksham Community	CAMHS W Melksham GH	255
Oxfordshire & Sw Mental Health	CAMHS Community	CAMHS O Getting More Help North	CAMHS O GMH North	240
Buckinghamshire Mental Health	CAMHS Community	CAMHS B Getting More Help	CAMHS B North Bucks Getting More Help	224
Oxfordshire & Sw Mental Health	Adult MH Community	AMHO South Assessment + Treatment Teams	AMHO South Treatment Team	224
Oxfordshire & Sw Mental Health	CAMHS Community	CAMHS O Getting Help South	CAMHS O GH South	216
Oxfordshire & Sw Mental Health	Adult MH Community	EIS Oxon	AMHO EIS Service	192
Oxfordshire & Sw Mental Health	CAMHS Community	CAMHS O Neuro	CAMHS O NDC ASD	190
Oxfordshire & Sw Mental Health	CAMHS Community	CAMHS Wiltshire RISK	CAMHS W Wiltshire OSCA RISK	183
Buckinghamshire Mental Health	Eating Disorders Community	ED B Community Eating Disorder Service	ED B Caseload	175
Oxfordshire & Sw Mental Health	CAMHS Community	CAMHS Swindon Community	CAMHS S Swindon GMH	169
Oxfordshire & Sw Mental Health	CAMHS Community	CAMHS O Crisis & Outreach	CAMHS O OSCA Caseload	141
Oxfordshire & Sw Mental Health	CAMHS Community	CAMHS W Melksham Community	CAMHS W Melksham GMH	140
Buckinghamshire Mental Health	Adult MH Community	B Adult Perinatal Service	Bucks Perinatal MH Team Work	139
Oxfordshire & Sw Mental Health	CAMHS Community	CAMHS O Getting Help North	CAMHS O GH North	138
Oxfordshire & Sw Mental Health	CAMHS Community	CAMHS W Salisbury Community	CAMHS W Salisbury GMH	131
Total				11,316

Dental Services have developed remote triaging whilst most routine dental care is unavailable. Although NHSE have introduced Urgent Dental Care provision that has not affected demand at weekends and bank holidays where we are the main provider. Our Trust services is the only operation to 'step up' to meet this gap in lack of provision and patient feedback has been very positive.

Community Services transformation response to COVID:

Community Assessment, Monitoring (CALM) response clinics have been set up across Oxfordshire to provide dedicated physical space away from other healthcare provisions for people who have been identified by their GP as showing signs of COVID 19. These clinics are run by Primary Care Networks (PCNs) and have been developed in partnership with OHFT Urgent Care team. Urgent Care also provide specific follow-up care provision when required. This is a really positive example of integrated working with primary care colleagues, as required as part of the LTP.

In response to the current COVID 19 pandemic, the Oxfordshire system leaders have worked together to implement the new (March 2020) [Government guidance](#) on Hospital Discharge. For Oxford Health this built on work already underway in supporting people to return home. This is the default pathway and builds on 'Home First' ambitions of Health and social care partners in Oxfordshire and is under review for future provision following learning post COVID response. From the beginning of March, Community Services delivered a targeted discharge pathway from community hospitals to allow HART to focus on acute discharge. OH is now working with system partners to further develop our discharge to assess and our admission prevention offers.

Author: Martyn Ward, Director of Strategy and CIO