

**BOD 42/2020**  
(Agenda item: 6)

# Report to the Meeting of the

# Oxford Health NHS Foundation Trust

# Board of Directors

**Monthly Performance & Service Change Report – Month 3 June 2020**

**FOR: INFORMATION**

**Introduction**

This report summarises the Trust’s performance for month 3 June 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 September 2020, subject to COVID19 situation. The rationale for suspending all non-essential reporting, where possible, was 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 **end June 2020**) | **June Actual** | **How does the June position compare to the monthly norm?** |
| Referrals - ALL | **14671** | **13873** | **-5.4%** less |
| Referrals - Emergency  Referrals - Urgent  Referrals - Routine | **880 –** emergency  **3367** – urgent  **10418** - routine | **879** – emergency  **4165** – urgent  **8815** - routine | **-0.1%** less  **23.7%** more  **-15.4%** less |
| Appointments – ALL | **80355** | **80608** | **0.3%** more |
| Inpatient admissions | **245** | **231** | **-5.7%** less |
| Inpatient discharges | **244** | **222** | **-9.0%** less |

The most notable change from the monthly average is the increase in urgent referrals across Community Services +23% (3408/2763), Oxon & BSW +9% (430/394) and Bucks +58% (329/208) Directorates.

**Delayed Transfers of Care (DTOC):**

Weekly local reporting of DTOCs to Commissioners has now recommenced, monthly national reporting is still suspended due to Covid situation. The snapshot as of 25th June 2020 was:

* **12** patients were reported delayed in Community Hospitals
* **2** patients were reported delayed in Mental Health wards.

This is significantly below the average number of DTOCs that are normally seen at this time of year.

**National indicators**

* **98.5%** of MIU patients were seen within 4 hours in June 2020
* **79%** of patients experiencing a first episode of psychosis commenced treatment in 2 weeks ***target 60%*** (May data latest available nationally)
* **97.5%** patients referred to IAPT started treatment within 6 weeks ***target 75%*** (April 2020 data latest available nationally)
* **461** OAPS bed days to Acute and PICU wards in **June** were as follows:
  + Oxon CCG: 1**4** new OAP placements in June 20, and **307** bed days in June 20 (against a target of 51)
  + Bucks CCG: **7** new OAP placements in June 20, and **154** bed days in June 20 (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 given the Trust has set a maximum occupancy of 85% across all inpatient wards.

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

* At a national level, 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):
  + 45.0% Oxon
  + 36.4% Bucks
  + 19.3% BSW: there are known challenges in recording consultations with children within the early help teams and work is underway to resolve this. This figure also reflects that the Trust is not commissioned to deliver all services that contribute to the achievement of the 35% target.

**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 June 2020:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Service** | | **Emergency or Urgent KPI** | **Target** | **Jun-20** | **Num** | **Den** |
| Oxon | CAMHS | % of children that are seen within 7 calendar days for urgent CAMHS | 95% | 100% | 5 | 5 |
| 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% | 645 | 645 |
| Oxon | Out of Hours | 95% of Patients receive a Face to Face Consultation in an IUC Treatment Centre within 6 hours | 95% | 100% | 440 | 440 |
| Oxon | Out of Hours | 95% of Patients receive a Face to Face Consultation within their Home Residence within 2 hours | 95% | 100% | 355 | 355 |
| Oxon | Out of Hours | 95% of Patients receive a Face to Face Consultation within their Home Residence within 6 hours | 95% | 100% | 229 | 229 |
| Oxon | SaLT | % of patients who are classified as “urgent swallow” to be offered assessment within two working days of referral received. | 95% | 100% | 11 | 11 |
| Oxon | EMU | Patients referred are seen, or contacted as appropriate, within 2 hours | 90% | 100% | 220 | 220 |
| Oxon | RACU | Patients referred are seen, or contacted as appropriate, within 48 hours | 90% | 100% | 20 | 20 |
| Oxon | CHC | Fast Track application will be processed for eligibility within 2 working days (7 days a week) | 95% | 100% | 80 | 80 |
| Oxon | EDPS | All patients referred to EDPS are seen within the agreed timeframe (within 90 minutes) - JR | 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) - 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% | 56 | 57 |
| Oxon | OAMH - Ax Cluster | Emergency referrals will be assessed within 4 hours | 90% | 100% | 3 | 3 |
| Oxon | Adult CMHTs | Adult CMHTs - Percentage of referrals categorised as crisis/emergency that are assessed within 4 hours | 95% | 100% | 13 | 13 |
| Oxon | Adult CMHTs | Adult CMHTs - Percentage of referrals categorised as urgent that are assessed within 7 calendar days | 95% | 97% | 133 | 137 |
| 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% | 100% | 0 | 0 |
| Bucks | CAMHS | % of URGENT referrals assessed within 7 days | 100% | 100% | 8 | 8 |
|  |  |  |  |  |  |  |
| Bucks | Adult & OA Combined | Urgent referrals to Mental Health Team will be seen within 7 consecutive days for assessment. | 95% | 99% | 142 | 144 |
| 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% | 95% | 106 | 111 |
| BSW | CAMHs BaNES | Percentage of CYP Eating Disorder ONLY having their first appointment - % of Urgent within 1 week | 95% | 100% | 2 | 2 |
| 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 | 100% | 3 | 3 |
| 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 | 100% | 8 | 8 |
| BSW | CAMHs Swindon | Percentage of CYP Eating Disorder ONLY having their first appointment - % of Urgent within 1 week | 95% | 100% | 1 | 1 |
| BSW | CAMHs Wiltshire | Percentage of CYP Eating Disorder ONLY having their first appointment - % of Urgent within 1 week | 95% | 100% | 2 | 2 |
| Bucks | IAPT | No emergency or urgent KPIs |  |  |  |  |

**COVID-19 Headlines** (position at 13/07/2020) – See COVID19 dashboard for latest information and trends.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Group** | **Setting** | **Activity** | **No.** | **Diff. from last month** |
| Patients | Inpatient | Cumulative number of patients confirmed **COVID-19 positive** | 179 | +6 |
| Cumulative number of **COVID-19 deaths** in our inpatient settings | 23 | +1 |
| Cumulative number of inpatients **swabbed** | 634 | +194 |
| Community | Cumulative number of patients confirmed **COVID-19 positive** | 178 | +12 |
| Cumulative number of patients **swabbed** | 258 | +27 |
| Number of **shielded** patients (12 weeks isolation) | 2,916 | -67 |
| Number of **vulnerable** patients (as identified by Trust clinicians) | 4,021 | -231 |
| Number of patients **symptomatic** 7 day self-isolating | 116 | -35 |
| Number of patients with a member of household symptomatic (14 day self-isolating) | 146 | -23 |
| Staff | Trust-wide | Number of staff **symptomatic and/or COVID19 positive** and off sick | 12 | +3 |
| Number of staff **self-isolating** or special leave – **not working** | 59 | -9 |
| Number of staff **self-isolating** - **working from home** | 0 | -53 |

**Service Change Headlines – For Information**

**COVID19 Staff Testing**

All staff across the Trust have now been offered an initial COVID swab testing and antibody blood test. Retesting will commence from 20th July and it is advised that staff have a fortnightly swab and 6 weekly blood test (regardless of swab results). In line with other trusts we have assumed that 80% of staff will request the testing and we are currently 83% complete in terms of delivering against this. There are further clinics taking place over the next week to ensure we meet the deadline given by NHSE.

**Ageing Well**

As part of the Ageing Well project and linked to recovery, there is a particular focus on **‘Getting Oxfordshire Back on Its Feet’** that will be developed over the coming months. This focuses on supporting two cohorts of patients:

* + Patients with post covid complications. Many patients will have an identified rehabilitation need, usually as a result of muscle weakness, neurological insult or general deconditioning. ITU patients who recover from COVID 19 may have a specific ICU acquired weakness and will need a strengthening programme to restore maximum function and recovery. Specific attention will also need to be given to cardiorespiratory function, fatigue and endurance during recovery.
  + Stepping out of shielding. The resulting physical and mental health of the population living with frailty post isolation will also require attention to restore confidence and functional decline.

**Crisis Resolution Home Treatment Team - Adult & CYP**

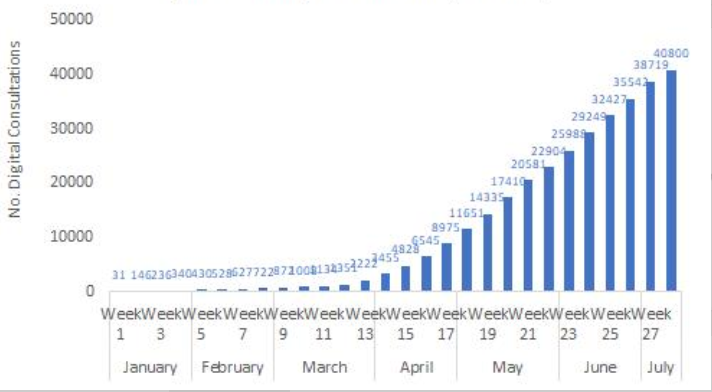
Crisis Resolution Home Treatment Team(CRHTT) is a service for those individuals whose mental health is having a significant impact on their day to day life and individuals at risk of needing admission to hospital and/ or those who would require intensive support on discharge from hospital. The Adult provision went live early July 2020.

The CYP CRHTT is a service which provides children and young people intensive mental health care in a variety of settings including a client’s own home. The CHRTT care plan will be tailored specifically to individual needs, and we welcome client collaboration with this. In providing intensive home treatment, CRHTT will prevent admission to hospital. If a client does require inpatient care, CRHTT will work alongside the inpatient team to ensure a timely discharge from hospital. This service is under development and is expected to be offered to patients by October 2020.

**Digital consultations**

**Digital consultations** have increased rapidly to allow patients and clinicians to continue therapy whilst safely distancing. The cumulative number exceeded 40,000 in early July. NHS E/I have been asked for benchmarking data - we are unaware of any trust undertaking more than this. Remote consultations (digital along with telephone and email) now account for most consultations (56%), with a minority now face-to-face (46%, down from 86% in January).

There is now a focus on evaluating the effectiveness of this rapid change and better understanding any new risks that may affect our patients or services. A patient questionnaire about experiences of digital consultations is ready to launch, and funding is being sought for an evaluation of tele-psychiatry through the Oxford University Department of Psychiatry.

Digital consultations (cumulative), July 2020:

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