Report to the Meeting of the

Oxford Health NHS Foundation Trust

Board of Directors

30 September 2020

NHS
Oxford Health
NHS Foundation Trust

BOD 52/2020
(Agenda item: 6)

Monthly Performance & Service Change Report
Month 4 July & Month 5 August 2020

FOR: INFORMATION

Introduction

This report summarises the Trust's performance for the months of July and August 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.

COVID19: (The position as of 18th September 2020). At the present time, there are no patients reported as COVID19 on the inpatient wards and the last confirmed patient was the 17th July. Although the numbers have reduced over July & August, the Trust continues to prepare for a rapid switch back into RESPONSE mode when necessary.

Group	Setting	Activity	No.	Diff. from 13/7/2020
Patients	Inpatient	Cumulative number of patients confirmed **COVID-19 positive**	180	+1
		Cumulative number of **COVID-19 deaths** in our inpatient settings	23	No change
		Cumulative number of inpatients **swabbed**	854	+20
	Community	Cumulative number of patients confirmed **COVID-19 positive**	189	+11
		Cumulative number of patients **swabbed**	300	+42
		Number of **shielded** patients (12 weeks isolation)	28,15	-101
		Number of **vulnerable** patients (as identified by Trust clinicians)	3,729	-292
		Number of patients **symptomatic** 7 day self-isolating	106	-10
		Number of patients with a member of household symptomatic (14 day self-isolating)	122	-24
Staff	Trust-wide	Number of staff **symptomatic and/or COVID19 positive** and off sick	7	-5
		Number of staff **self-isolating** or special leave – **not working**	22	-37
		Number of staff **self-isolating** - **working from home**	14	+14

Performance Headlines

At a national level, the table below shows the Trust's performance against the mandatory NHS Single Oversight Framework. The Trust continues to perform well against the national targets set by NHS England. OAPs are currently not meeting the national targets, please see OAP section for further details.

NHSI Operational Performance (SOF)	Target	Position	M6 (Sept)	M7 (Oct)	M8 (Nov)	M9/Q3 (Dec)	M10 (Jan)	M11 (Feb)	M12 (Mar)	M1 (Apr)	M2 (May)	M3 (June)	M4 (July)	M5 (Aug)
A&E (MIU) - 4 hours performance		Trust	97.0%	99.0%	98.0%	98.0%	97.5%	96.2%	97.3%	99.0%	98.2%	98.5%	97.9%	**96.8%**
First episode psychosis - treatment within 2 weeks		Trust	90.0%	95.0%	82.0%	91.0%	79.0%	82.0%	83.0%	80.0%	79.0%	82.0%	91.0%	**75.0%**
Cardio-metabolic assessment and treatment for people with psychosis (inpatient)	90%	Trust												
Cardio-metabolic assessment and treatment for people with psychosis (EIS)	90%	Trust												
Cardio-metabolic assessment and treatment for people with psychosis (Community MH)	65%	Trust												
Data Quality Maturity Index (DQMI) - Data Quality	95%	Trust	92.1%	94.1%	92.6%	95.5%	95.5%	91.3%	95.4%	96.2%	**97.3%**			
IAPT - proportion of people completing treatment who move to recovery	50%	Trust	53.5%	49.0%	49.5%	52.0%	50.5%	48.0%	50.0%	47.5%	52.5%	**53.0%**		
IAPT - 6 week wait	75%	Trust	98.5%	98.0%	97.5%	98.0%	98.0%	98.5%	98.0%	97.5%	96.5%	**97.0%**		
IAPT - 18 week wait	95%	Trust	100.0%	100.0%	100.0%	100.0%	99.5%	100.0%	99.5%	99.5%	99.5%	**100.0%**		
Out of Area Placements (OAPS) - Bed days in quarter		Bucks Plan	397			357			285			171		
		Bucks Actual	49 (21)	18	4	119 (97)	140	190	499 (169)	190	181	335 (154)	201	**289**
		Oxon Plan	354			318			254			152		
		Oxon Actual	87 (22)	40	58	106 (8)	58	46	188 (84)	103	120	529 (306)	325	**317**

Key: Data in **bold** and underlined deontes new data reported this month
Data in brackets denotes the month's figure alongside the quarterly total

National indicators key points:

- **96.8%** of MIU patients were seen within 4 hours in August 2020

- **%** of patients experiencing a first episode of psychosis commenced treatment in 2 weeks *target 60%* **Jul20 = 91%, Aug20 = 75%**

- **97%** patients referred to IAPT started treatment within 6 weeks *target 75%* (June 2020 data latest available nationally)

- At a national level, 35% of children and young people who need access to MH services should be accessing the Trust CAMHs service. Even though the Trust experienced a significant reduction in referrals to CAMHS in April May & June, both Buckinghamshire and Oxfordshire services are exceeding national expectations for access year to date (excluding partners data) up to Aug 20:

| Up to Aug20	FY20/21 YTD	Rolling 12 months
Buckinghamshire CCG	35.3%	36.9%
Oxfordshire CCG	53.1%	49.1%
BSW CCG	21.9%	19.4%

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.

Referrals & Activity: The graphs below show overall referral and activity levels over the past year. Although referral levels have increased since the low seen at the start of the COVID pandemic, routine referrals remain below the average over the past two years. However, what is important to note is that the number of emergency and urgent referrals has increased substantially over the past few months which reflects patient acuity.
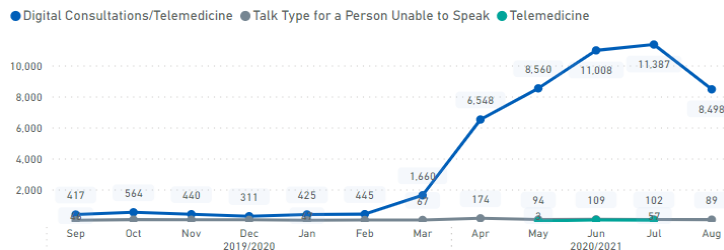
Trustwide Position (all Carenotes data combined):

How many referrals have been received?
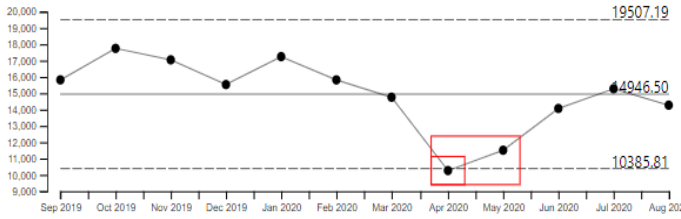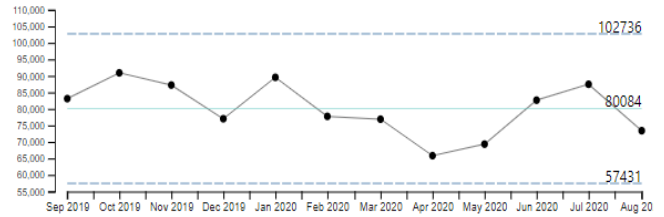
How many appointments were attended?

How many digital appointments have happened?

How many admissions were there?
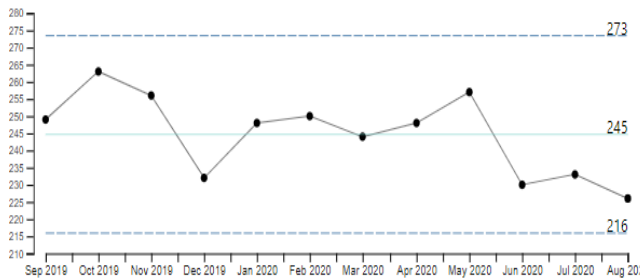
How many discharges were there?
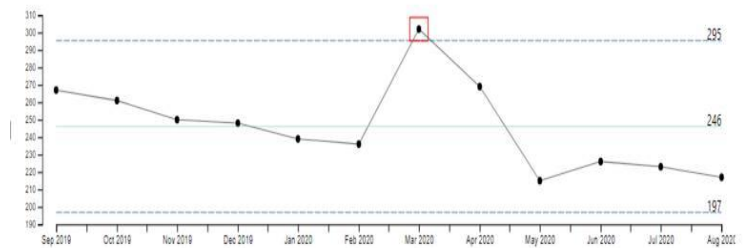
What is the average length of stay (ALOS) for discharged episodes? (excl. leave/delay)
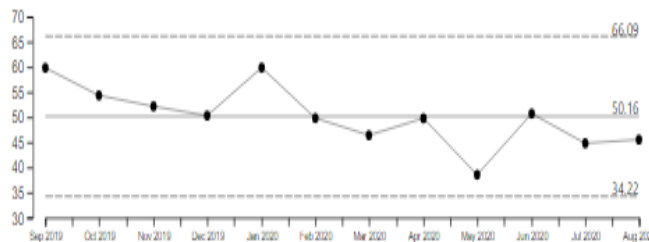
Using the Patient Activity and Demand (PAD) app, provided below are key headlines regarding the **impact of COVID-19** on Trustwide activity levels*;

Activity	Monthly average (based on last 24 months to July)	July Actual	How does the July position compare to the monthly norm?	Monthly average (based on last 24 months to August)	August Actual	How does the August position compare to the monthly norm?
Referrals - ALL	**14,740**	**15,270**	3.6% more	14,826	14,254	-3.9% less
Referrals Emergency Urgent Routine	**878** emergency **3448** urgent **10,497** routine	**928** emergency **4512** urgent **9824** routine	5.7% more 30.9% more 6.4% less	**895** emergency **3531** urgent **10,392** routine	**1240** emergency **4198** urgent **8,810** routine	+38.5% more +18.9% more -15.2% less
Appointments - ALL	**80,666**	**87,408**	8.4% more	**80614**	**73192**	-9.2% less
Inpatient admissions	**243**	**233**	-4.1% less	**242**	**226**	-6.6% less
Inpatient discharges	**244**	**223**	-8.6% less	**242**	**217**	-10.3% less

*based on data recorded on Carenotes

The most notable change from the monthly average is the increase in emergency and urgent referrals, see Directorate positions for further information.

Out of Area Placements (OAPs): Given the Trust's estate, we are implementing Infection Prevention Control (IPC) guidance which is better served by reducing occupancy levels. This has resulted in up to 15% less capacity in the Adult and Older Adult Mental Health wards and is in line with Royal College guidance. 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 with a private provider, Elysium.

The graph below shows the current utilisation of bed days and what is important to note is the figure of 620. That is the total capacity that is currently unavailable due to the IPC constraints that are now in place. As can be seen in the graph, if the restrictions were not in place, then the Trust would, in planning terms, be able to meet demand from its current bed capacity. That is not to say that no OAPs would have been used as every admission continues to be considered on a case by case basis.
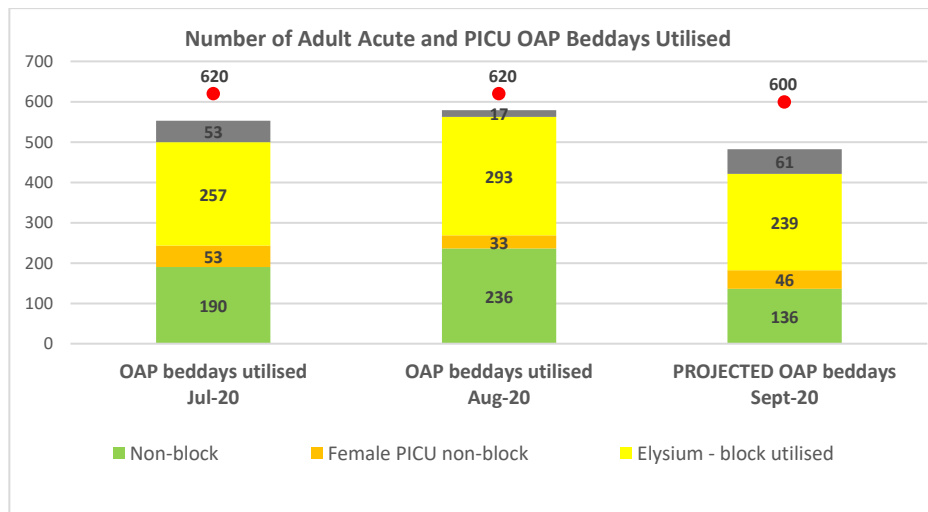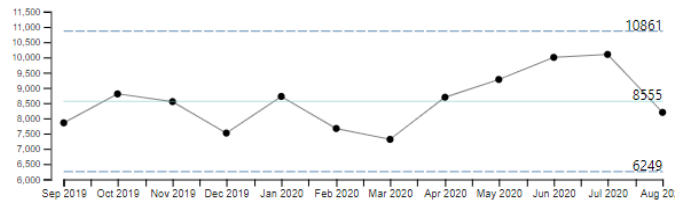
Directorate Positions:
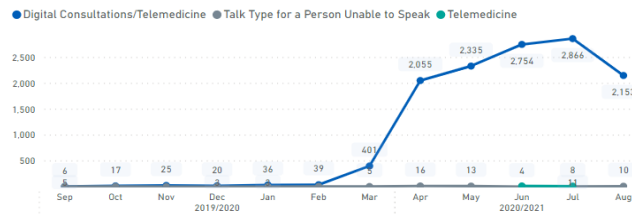
Buckinghamshire – All Services

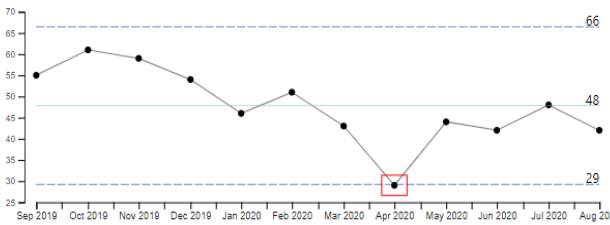How many referrals have been received?
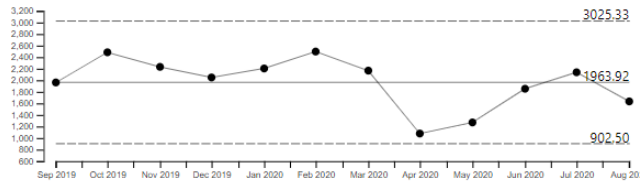
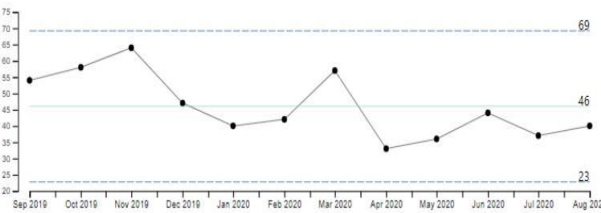How many appointments were attended?
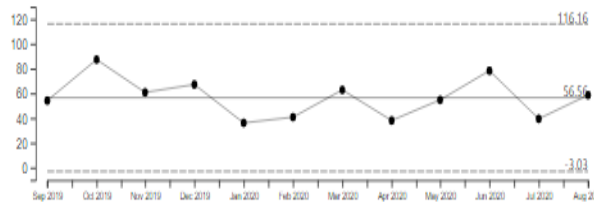

How many digital appointments have happened?

How many admissions were there?

How many discharges were there?

What is the average length of stay (ALOS) for discharged episodes? (excl. leave/delay)

Overall referral volumes are in line with averages. However, numbers of **Urgent** referrals have increased. In August urgent referrals increased **+49.6%** (333 compared to average of 223)

Length of Stay: The national average based on monthly Covid benchmarking return for July 2020 in **33** days (mean) and **30** (median). **Bucks** wards average LOS for July was **29** days (mean) **19** days (median)

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 10th September 2020 was:

- **1** patient was reported delayed in Opal ward

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

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 July and August 2020:

| Service		Emergency or Urgent KPI	Target	July 2020			August 2020		
				%	Num	Den	%	Num	Den
Bucks	CAMHS	% of EMERGENCY referrals assessed within 24 hours	100%	Null	0	0	Null	0	0
Bucks	CAMHS	% of URGENT referrals assessed within 7 days	100%	100%	4	4	100%	6	6
Bucks	Adult & OA Combined	Emergency referrals will be seen within 4 hours	95%	100%	1	1	67%* *see note*	2	3
Bucks	Adult & OA Combined	Urgent referrals to Mental Health Team will be seen within 7 consecutive days for assessment.	95%	98%	108	110	100%	155	155
Bucks	Perinatal	Emergency – Face to Face assessment undertaken within 4 hours of receipt of referral	95%	Null	0	0	Null	0	0
Bucks	Perinatal	Urgent – 2 day assessment target	95%	100%	1	1	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%	99%	105	106	97%	111	115
Bucks	IAPT	No emergency or urgent KPIs							

∗ The one breached patient was seen as an emergency referral by PIRLs then referred onto the AMHT and was followed up by that team outside of the 4 hour window
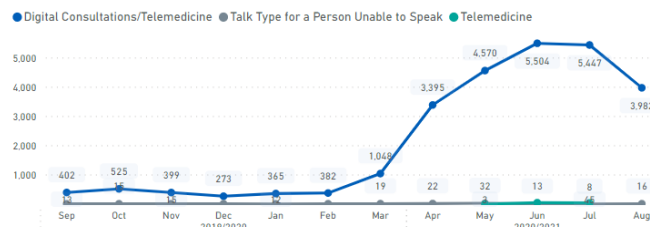
Oxfordshire & BSW – All Services

How many referrals have been received?
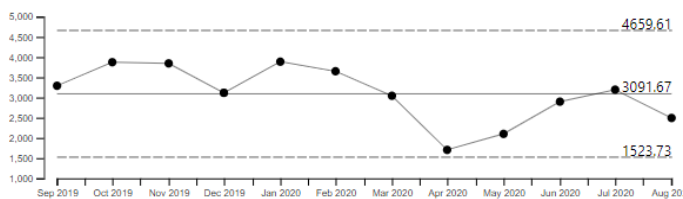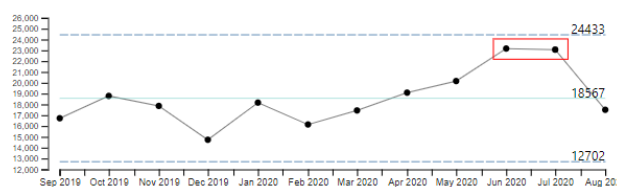
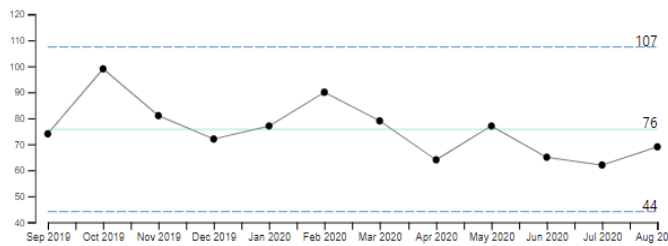

How many appointments were attended?
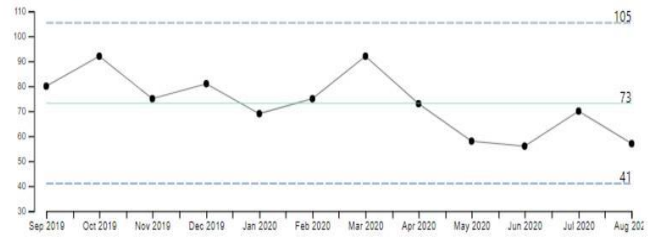

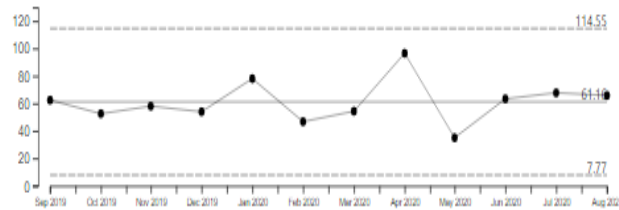How many digital appointments have happened?

How many admissions were there?

How many discharges were there?

What is the average length of stay (ALOS) for discharged episodes? (excl. leave/delay)

Overall referral volumes are in line with averages. However, **Emergency** referrals in August were above average with a **+2.4%** increase (302 compared to average of 295)

Length of Stay for Adult Wards: The national average based on monthly Covid benchmarking return for July 2020 in **33** days (mean) and **30** (median). **Oxon** wards average LOS for July was **59** days (mean) and **32** days (median)

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 10th September 2020 was: **0** patients delayed in Oxon mental health wards.

Potential Stranded Patients (patients with LOS over 56 days): Reports to accurately reflect stranded patient figures are currently being developed and tested. The figures below relate to the position for the Oxon wards only based on the Red2Green data as at 21st September:

Ward	Stranded Patients
Phoenix	10
Sandford	7
Vaugh Thomas	6
Wintle	6
Ashurst	5
Allen	5
Cherwell	4
TOTAL	43

Contractually reported indicator: % of service users who have had a comprehensive physical health assessment covering BMI, blood pressure, smoking status, blood sugar levels, alcohol intake and exercise levels in the previous 12 months. In August **12%** was achieved against the target of 85% (159/1326). This indicator was highlighted at the Executive Performance Review during September, the service will

be reviewing their performance and developing an action plan for October to improve compliance for this measure.

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 July and August 2020:

Service		Emergency or Urgent KPI	Target	July 2020			August 2020		
				%	Num	Den	%	Num	Den
Oxon	CAMHS	% of children that are seen within 7 calendar days for urgent CAMHS	95%	100%	12	12	100%	12	12
Oxon	CAMHS	% of CYP that are seen within 4 hours for emergency referrals	95%	na	0	0	na	0	0
Oxon	CAMHS	% of children that are seen within 1 week for urgent Eating Disorders	95%	na	0	0	na	0	0
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%	100%	63	63	90%	28	31
Oxon	OAMH - Ax Cluster	Emergency referrals will be assessed within 4 hours	90%	100%	3	3	n/a	0	0
Oxon	Adult CMHTs	Adult CMHTs - Percentage of referrals categorised as crisis/emergency that are assessed within 4 hours	95%	88%	7	8	100%	2	2
Oxon	Adult CMHTs	Adult CMHTs - Percentage of referrals categorised as urgent that are assessed within 7 calendar days	95%	93%	114	122	98%	113	115
Oxon	IAPT	No emergency or urgent KPIs							
BSW	CAMHs BaNES	Percentage of CYP Eating Disorder ONLY having their first appointment - % of Urgent within 1 week	95%	100%	2	2	100%	1	1
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	50%	7	14	100%	13	13
BSW	CAMHs BaNES, Swindon & Wilts	MH Liaison Service in Acute Hospital. No. and % of CYP referred from Other sources receiving assessment/advice within 24 hours.	n/a	85%	17	20	95%	18	19

Service		Emergency or Urgent KPI	Target	July 2020			August 2020		
				%	Num	Den	%	Num	Den
BSW	CAMHs Swindon	Percentage of CYP Eating Disorder ONLY having their first appointment - % of Urgent within 1 week	95%	100%	1	1	n/a	0	0
BSW	CAMHs Wiltshire	Percentage of CYP Eating Disorder ONLY having their first appointment - % of Urgent within 1 week	95%	100%	3	3	100%	1	1

Oxfordshire Community Services

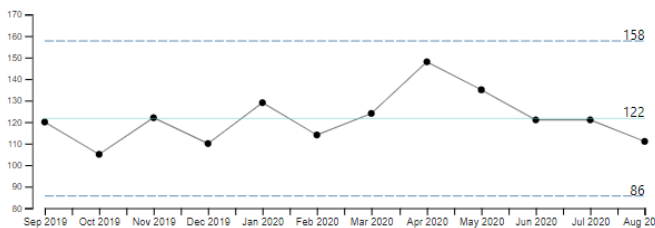How many referrals have been received?
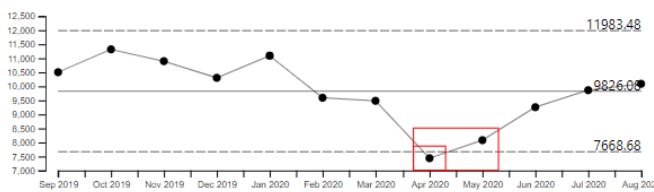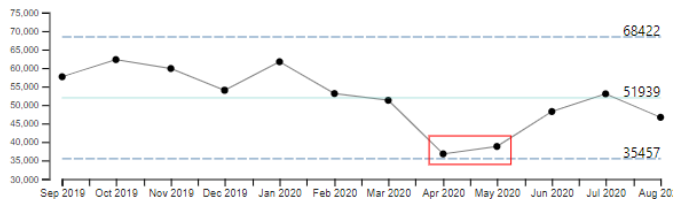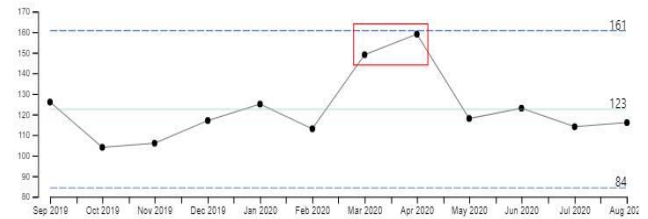

How many appointments were attended?

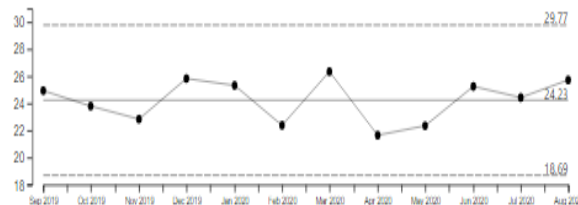How many digital appointments have happened?
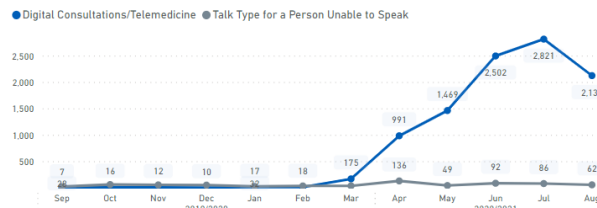
How many admissions were there?

How many discharges were there?

What is the average length of stay (ALOS) for discharged episodes? (excl. leave/delay)

Overall referral volumes are in line with averages. However, numbers of **Emergency** referrals have increased. In August emergency referrals increased +81.9% (791 compared to average of 435). Also **Urgent** referrals have increased. In August urgent referrals increased **+19.1%** (3467 compared to average of 2912)

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 10th September 2020 was:

- **8** patients were reported delayed in Community Hospitals

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

Length of Stay: The LOS in Community Hospitals for August 2020 was **26** days (mean) and **20** days (mean) excluding delay.

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 July and August 2020:

| Service		Emergency or Urgent KPI	Target	July 2020			August 2020		
				%	Num	Den	%	Num	Den
Oxon	Out of Hours	95% of Patients receive a Face to Face Consultation in an IUC Treatment Centre within 2 hours	95%	100%	711	711	100%	806	806
Oxon	Out of Hours	95% of Patients receive a Face to Face Consultation in an IUC Treatment Centre within 6 hours	95%	100%	500	500	100%	472	472
Oxon	Out of Hours	95% of Patients receive a Face to Face Consultation within their Home Residence within 2 hours	95%	100%	371	371	100%	396	396
Oxon	Out of Hours	95% of Patients receive a Face to Face Consultation within their Home Residence within 6 hours	95%	100%	227	227	100%	216	216
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	100%	9	9
Oxon	EMU	Patients referred are seen, or contacted as appropriate, within 2 hours	90%	100%	199	199	100%	186	186
Oxon	RACU	Patients referred are seen, or contacted as appropriate, within 48 hours	90%	100%	20	20	100%	22	22
Oxon	CHC	Fast Track application will be processed for eligibility within 2 working days (7 days a week)	95%	100%	79	79	97%	75	77

Specialised Services
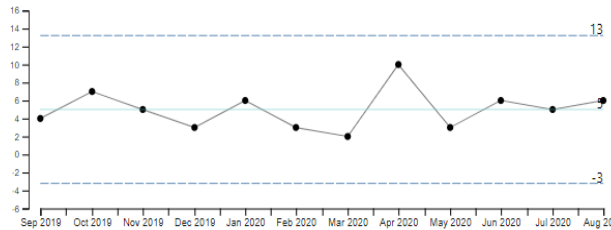

How many referrals have been received?
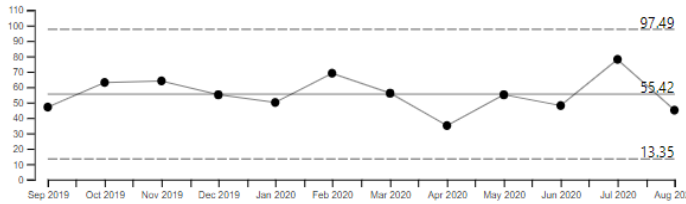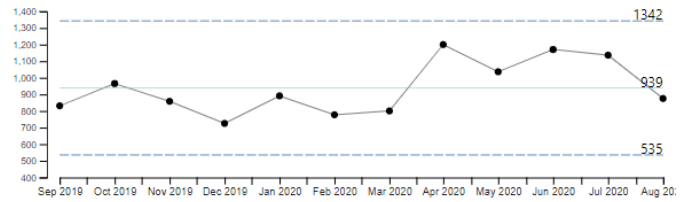
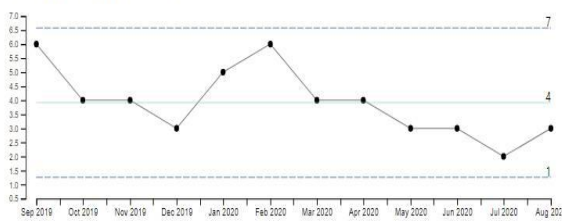How many appointments were attended?

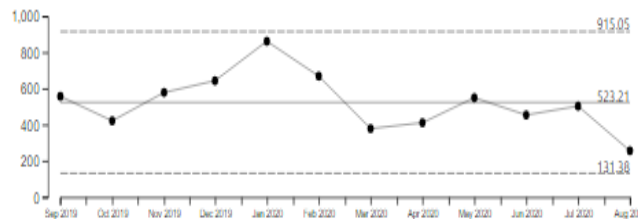How many digital appointments have happened?
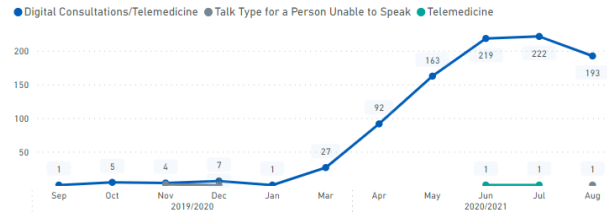
How many admissions were there?

How many discharges were there?

What is the average length of stay (ALOS) for discharged episodes? (excl. leave/delay)

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 July and August 2020. Learning Disability community services have very few emergency and urgent referrals:

Service		Emergency or Urgent KPI	Target	July 2020			August 2020		
				%	Num	Den	%	Num	Den
Oxon	Specialist LD	Referrals: % of urgent referrals to Specialist Learning Disability Health Services 48 hour wait	95%	Null	0	0	100%	1	1
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	Null	0	0