

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

**Monthly Performance Report
Month 7 October 2020**

FOR: INFORMATION

Introduction

This report summarises the Trust's performance for the month of October 2020 for the following areas:

Section 1: COVID-19 headlines

Section 2: Compliance against statutory and national indicators

- NHS Oversight Framework (includes Long Term Plan metrics)

Section 3: Operational patient activity and demand

- Trust-wide headlines and noteworthy exceptions
- Directorate headlines

Section 4: Contractual KPI performance

SECTION 1: COVID-19 HEADLINES

At the end of October there were 2 patients reported as COVID19 on the inpatient wards. At 19 November this had increased to 9.

Group	Activity	No. at end Oct	Diff from end Sept 2020	No. at 19 Nov
Patients	Cumulative number of inpatients confirmed COVID-19 positive	182	+2	192
	Cumulative number of COVID-19 deaths in our inpatient settings	23	No change	23
	Cumulative number of community patients confirmed COVID-19 positive	207	+19	228
	No. of vulnerable community patients (as identified by Trust clinicians)	3,562	-167	3,534
	No. of community patients known to be symptomatic 7 day self-isolating	108	-2	106
	No. of community patients known to have a member of household symptomatic (14 day self-isolating)	125	+2	129
Staff	Number of staff impacted by COVID19 and not working	46	New method of reporting	87
	Number of staff self-isolating - working from home	4		0

SECTION 2: COMPLIANCE AGAINST STATUTORY AND NATIONAL INDICATORS

2.1 National Oversight Framework (NOF)

The NHS Oversight Framework replaced the provider Single Oversight Framework and the clinical commissioning group (CCG) Improvement and Assessment Framework (IAF) in 2019/20 and informs assessment of providers. It is intended as a focal point for joint work, support and dialogue between NHS England and NHS Improvement, CCGs, providers and sustainability and transformation partnerships, and integrated care systems.

The table below shows the Trust's performance against the NHS Oversight Framework. Supporting narrative is provided where the Trust is non-compliant. Overall, the Trust continues to perform well against the national targets set by NHS England. OAPs are currently not meeting the national targets, please see supporting narrative below.

National Oversight Framework

National Oversight Framework	Target	Position	2019/20					2020/21						
			Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
A&E maximum waiting time of four hours from arrival to admission/transfer/ discharge	95%	Trust	98.0%	98.0%	97.5%	96.2%	97.3%	99.0%	98.2%	98.5%	97.9%	96.8%	96.9%	97.8%
People with a first episode of psychosis begin treatment with a NICE-recommended care package within two weeks of referral (UNIFY2, moving to Mental Health Services Data Set – MHSDS)10	56%	Trust		89.3%			81.3%			80.3%				81.3%
Data Quality Maturity Index (DQMI) – MHSDS dataset score	95%	Trust		95.5%			95.4%			96.3%				
IAPT - Percentage of people completing a course of IAPT treatment moving to recovery	50%	Trust		49.5%			49.5%			50.5%				
IAPT - Percentage of people waiting six weeks or less from referral to entering a course of talking treatment under Improving Access to Psychological Therapies (IAPT)	75%	Trust	98.0%	97.8%	97.8%	98.2%	98.2%	98.0%	97.3%	97.0%	96.5%			97.0%
IAPT - 18 weeks or less from referral to entering a course of talking treatment under IAPT	95%	Trust	100.0%	100.0%	99.8%	99.8%	99.7%	99.7%	99.5%	99.7%	99.8%			99.8%
Inappropriate out-of-area placements for adult mental health services.	Bucks Plan			357			285			171				103
	Bucks Actual			119			499			335				639
	Oxon Plan			318			254			152				91
	Oxon Actual			106			188			529				996

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

NHS Oversight Framework (SOF) - areas of non-compliance

Out of Area Placements (OAPs):

The Trust did not achieve the OAPs trajectory in Q2. This was primarily due to the changes in bed capacity as a result of Infection Prevention Control (IPC) guidance. Since the start of the pandemic, the Trust has operated with **up to 15% less capacity** in the Adult and Older Adult Mental Health wards which 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.

In October across Oxon and Buckinghamshire (excluding PICU) the Trust potentially could have accommodated all the OAPs if it were not for the ICP measures, see below:

Bucks CCG	Adult Acute	Older Adult	TOTAL	Oxon CCG	Adult Acute	Older Adult	TOTAL	PICU	
OAPs occupied beddays	33	0	33	OAPs occupied beddays	239	33	272	OAPs occupied beddays	40
Lost beddays to ICP	184	0	184	Lost beddays to ICP	217	42	259	Lost beddays to ICP	30

SECTION 3: OPERATIONAL PATIENT ACTIVITY AND DEMAND

3.1 Trust-wide headlines

Currency	Graph	Narrative
	Community Services (Mental Health and Physical Health)	
Received referrals		<p>Overall; referral levels have increased since the low seen at the start of the COVID pandemic, and have returned to comparable levels to last year, albeit significant above the 3-year average. October referrals were 24.8% higher than the 12-month average and the number of emergency referrals is significantly higher than usual; at 51.2% above the 12-month average in October.</p> <p><i>NB – Although overall referral volumes have returned to comparable levels, the number of operational staff available has been reduced due to COVID factors.</i></p>
Attended appointments		<p>The levels of attended appointments have increased since the low seen at the start of the COVID pandemic and have returned to comparable levels previous years for the month of October. October levels were 12.8% above the 12-month average but were in line with normal levels for October. A decrease in activity was seen in August, however, this followed the usual trend for this month.</p>
Digital appointments		<p>Digital consultations have increased significantly in 2020/21. In October the Trust delivered 11,058 digital appointments compared to 564 in October last year and 46 in October of the year before. This is a 23,939% increase since 2018/19. Digital consultations have made up 12.5% of appointments this year, compared to 0.51% last year.</p>

Inpatient Services

Admissions		<p>Overall, admissions have been below average levels YTD and October saw the lowest number of admissions for the month compared to the previous two years (-14% in October against the previous two year's admissions which were comparable). This reduction is likely to be a direct consequence of the reduced bed numbers relating to COVID infection control practices which required fewer beds to be in operation.</p>
Length of stay		<p>Length of stay (excluding delays and leave) has been lower than the usual levels this year. The October length of stay was more in line with the previous trend.</p>

3.2 Noteworthy exceptions

Service area	Currency	Graph	Narrative
Community Services Directorate	Received referrals - Emergency		<p>Emergency referrals to the Community Services Directorate in October were 91.7% higher than the 12-month average.</p>
District Nursing	Received referrals		<p>The District Nursing service has seen an increase in overall referral numbers this year against previous years. Emergency referrals have been exceptionally high over recent months – see graph below.</p>
District Nursing	Received referrals – emergency		<p>Emergency referrals to the District Nursing service have significantly increased since July and were 842% higher this October than last October with 688 referrals received compared to 73 the same month last year.</p>
Buckinghamshire Adult MH Service	Received referrals – urgent		<p>Urgent referrals have been significantly higher than previous years since June. In October the number of urgent referrals received was 66% higher than last year with 336 received compared to 202 last year.</p>

3.3 Directorate headlines

Please note that this information relates only to services on Carenotes. Services not included at the present time are: Out of hours, Dental and IAPT

Currency	Community	Oxon/BSW	Bucks	Specialised
Referrals				
Commentary	<p>Referrals have increased each month since the low seen in April at the start of COVID and are now above usual levels for October based on the last 2 years. Overall, October referrals were 20.4% higher than the 12-month average with emergency referrals being 91.7% higher than the 12-month average</p>	<p>Referrals have increased since the low seen in April and since June have been back at the usual levels based on the last two years' referral referral numbers. Overall referrals in October were 14% higher than the 12 month average. This increase is mainly in relation to routine referrals.</p>	<p>Similar to Oxon, referrals have increased since the low seen in April and since June have been back at usual levels to last year and have followed a similar trend. Overall referrals in October were 18% higher than the 12 month average. This increase is mainly in relation to urgent referrals which have increased by 39.3%.</p>	<p>Overall, referrals have remained in line with usual levels and appear to have been largely unaffected by COVID-19.</p>
Attended appointments				
Commentary	<p>The number of appointments has increased since April, however, despite an increase in referrals above usual levels, appointments remain in line with usual levels for this time of year. However, October appointments were 14.4% higher than the 12 month average.</p>	<p>Appointment activity YTD has been higher than usual compared to the last two year's activity despite referral levels being lower than usual YTD. October activity was 6.3% higher than the 12 month average.</p>	<p>Similar to Oxon, appointment activity YTD has been significantly higher than usual compared to the last two year's activity despite referral levels being lower than usual YTD. October activity was 17.8% higher than the 12 month average.</p>	<p>Appointment activity has been higher than usual YTD despite the number of referrals being in line with usual levels, however, activity has recently returned to usual levels at 2.5% higher than the 12 month average and the same as last year.</p>

Digital appointments				
Commentary	<p>Across all Directorates, the level of digital activity is significantly higher than in previous years as a direct result of COVID-19. Overall, digital appointments have increased by +23,929% since 2018/19. Bucks Directorate has seen the highest increase (+40,242%), followed by Community (+19,825%), Oxon and BSW (+12,889%) and then Specialised (+10,000%).</p>			
Admissions				
Commentary	<p>Admissions were higher than normal at the start of the year but have returned to be in line with previous years.</p>	<p>Admissions have been, and remain, at lower levels than usual this year.</p>	<p>With the exception of April, admissions have been at usual levels and have followed a similar trend with previous years.</p>	<p>With the exception of April, admissions have been at usual levels and have followed a similar trend with previous years. It should be noted that low admission numbers in this directorate impact on the variation.</p>
Length of stay (excl leave and delay)				
Commentary	<p>Patient average length of stay has remained at consistent levels this year and in line with previous years.</p>	<p>Despite some monthly fluctuations, overall, patient average length of stay has remained at consistent levels</p>	<p>Patient average length of stay has remained at consistent levels this year and in line with previous years</p>	<p>Patient average length of stay has been lower than usual levels this year.</p>

SECTION 4: CONTRACTUAL KPI PERFORMANCE

4.1 Contractual waiting times

The Trust is contracted to report its waiting times for the following services;

- **Community Services Directorate:** Community Therapy Service (CTS), Adult Speech and Language Therapy (ASaLT), Physical Disability Physiotherapy Service (PDPS) and Nutrition and Dietetics (N&D).
- **Oxon and BSW Mental Health Directorate:** Adult MH Community services (assessment and treatment teams), Older Adult MH Community Services (older adult CMHTs) and CAMHS community
- **Buckinghamshire Mental Health Directorate:** MH Urgent Care service (crisis response and home treatment teams), Older Adult Mental Health Community Service (older adult CMHTs) and CAMHS community

Performance excluding CAMHS relates to waiting times from referral received date to first attended appointment delivered via any method i.e. digital, telephone. If a patient does not attend (DNAs) their first appointment, the start date of their waiting time changes from referral received date to first DNA appointment date. This is in line with National referral to treatment (RTT) rules. CAMHS rules differ in that the start date of the patients wait resets every time the patient DNAs an appointment.

Community Services Directorate

Service	Referral urgency	Number of patients seen	Median waiting time	Last year's median waiting time	Commentary
Adult Speech & Language Therapy (ASaLT)	Emergency	0	-	-	In October, no emergency referrals were received by the ASaLT, PDPS or N&D services. The CTS saw 70 patients who were referred as an emergency an overall median waiting time for these patients was 24 hours.
Community Therapy Service (CTS)	Emergency	70	24 hours	24 hours	
Nutrition and Dietetics (N&D)	Emergency	0	-	-	
Physical Disability Physiotherapy Service (PDPS)	Emergency	0	-	-	
Adult Speech & Language Therapy (ASaLT)	Urgent	26	1 day	1 day	298 urgent patients were seen in October across three service lines. The overall median waiting time was 13 days, however, Adult SaLT and PDPS saw patients within 1 and 2 days on average respectively and so overall performance is impacted by the Community Therapy Service that saw patients within 14 days overall.
Community Therapy Service (CTS)	Urgent	265	14 days	19 days	
Nutrition and Dietetics (N&D)	Urgent	0	-	-	
Physical Disability Physiotherapy Service (PDPS)	Urgent	7	2 days	13 days	
Adult Speech & Language Therapy (ASaLT)	Routine	168	14 days	15 days	504 routine patients were seen in October across the 4 service lines. The overall median waiting time was 22 days, however, the PDPS service reported longer waiting times as 77 median days overall. Median waiting times in October across all three service lines are shorter than their 2019/20 outturn.
Community Therapy Service	Routine	169	21 days	30 days	
Nutrition and Dietetics (N&D)	Routine	61	27 days	62 days	
Physical Disability Physiotherapy Service (PDPS)	Routine	106	77 days	85 days	

Oxon and BSW Mental Health Directorate

Service	Referral urgency	Number of patients seen	Median waiting time	Last year's median waiting time	Commentary
Adult Mental Health	Emergency	11	0 hours	0 hours	In October there were 34 emergency patients seen across the three service lines. The overall median waiting time was zero hours. This performance is consistent with last year
Older Adult Mental Health	Emergency	3	0 hours	0 hours	
CAMHS	Emergency	20	0 hours	0 hours	
Adult Mental Health	Urgent	126	2 days	4 days	196 urgent patients were seen across the three service lines in October. The overall median waiting time for patients was 2 days. The median waiting times this year are half the waiting times of last year
Older Adult Mental Health	Urgent	41	1 day	2 days	
CAMHS	Urgent	29	4 days	7 days	
Adult Mental Health	Routine	213	19 days	29 days	669 routine patients were seen in October across the three service lines. The median waiting time for Adult and OA services was 12 days. The median waiting time for CAMHS service was 43 days. This is still an improvement on last year's waiting time. Getting Help, Getting Morer Help, Neuro and SPA all reported long waiting times.
Older Adult Mental Health	Routine	124	6 days	16 days	
CAMHS	Routine	332	43 days	112 days	

Buckinghamshire Mental Health Directorate

Service	Referral urgency	Number of patients seen	Median waiting time	Last year's median waiting time	Commentary
Adult Mental Health	Emergency	Urgent care services part of MH Urgent Care Service line this year			3 emergency patients were seen in October. The overall median waiting time was 96 hours. 1 patient was seen in zero hours and 2 patients took 96 hours to be seen.
Older Adult Mental Health	Emergency	0	-	-	
Mental Health Urgent Care	Emergency	3	96 hours	216 hours	
CAMHS	Emergency	0	-	-	
Adult Mental Health	Urgent	Urgent Care services part of MH Urgent Care Service line this year			249 urgent patients were seen in October across 3 service lines. The overall median waiting time was 1 day. There were no outliers with the longest wait being 10 days.
Older Adult Mental Health	Urgent	9	2 days	2 days	
Mental Health Urgent Care	Urgent	205	1 day	2 days	
CAMHS	Urgent	35	1 day	1 day	
Adult Mental Health	Routine	170	19 days	14 days	632 routine patients were seen in October across the four service lines. With the exception of Adult Mental Health, median waiting times are significantly lower that last year,
Older Adult Mental Health	Routine	100	5 days	16 days	
Mental Health Urgent Care	Routine	2	5 days	20 days	
CAMHS	Routine	360	8 days	23 days	

4.2 Contractual KPI scorecard

The Trust is contracted by a number of commissioners to provide a range of services across the 4 clinical directorates. This section provides a summary of the performance indicators within each of the Trust's contracts.

In total, the Trust routinely reports information and performance relating to **296 indicators**; broken down as follows.

Area	Indicators with defined targets				Total		Totals
	Monthly	Quarterly	Yearly	Bi-Annual/ Seasonal			
Local Contractual Performance							
(2) Community Services	22	22	15	5	64		64
(3) All Ages Mental Health Oxon and BSW	66	0	1	1	68		68
(4) All Ages Mental Health Buckinghamshire	44	2	2	5	53		53
(5) Specialised Services	98	9	0	4	111		111
Local Contractual Total	230	33	18	15	296		296

The table below show performance as at month 7, and then breakdown of performance is provided overleaf:

Directorate	Below target >10%	Below Target -1-9%	Target Met		Total	% Met
Local Contractual Performance						
(2) Community Services	5	4	13		22	59%
(3) All Ages Mental Health Oxon and BSW	9	17	39		65	60%
(4) All Ages Mental Health Buckinghamshire	3	4	21		28	75%
(5) Specialised Services	2	16	80		98	82%
Local Contractual Performance Total	19	41	153		213	72%

4.3 Contractual KPI scorecard - Exceptions (Areas of performance >10% away from target)

Directorate	Service/Contract	Ref	Measure	Target	Actual	Narrative/Plan
Buckinghamshire All Ages MH	Bucks CAMHS		% of EHCP assessments completed within 6 weeks	100%	57% (4/7)	Description of the issue and plan: 3 EHCPs have not been returned within the 6 weeks, staff have now been chased. This had not been escalated as per the process due to the COVID 19 situation, this has now been rectified.
Buckinghamshire All Ages MH	Bucks Perinatal		Referral to treatment target of 6 weeks from referral for psychological interventions	95%	60% (3/5)	Description of the issue and plan: The first patient was part of a Joint working case with Eating Disorders (ED) with a request from ED to offer psych intervention. Agreed for CBT informed Care-co support with PMHT as there was no capacity with the psychologist. The other patient was seen by a Care co-ordinator not trained to deliver Guided Self Help (GSH).
Buckinghamshire All Ages MH	Bucks Perinatal		Women Seen (based on 5629 birth rate)	263/309 total (263/5629 = 4.7% of birth rate)	103/309 total (103/5629 = 1.8% of birth rate)	Description of the issue and plan: Planned trajectory position at end of Q2 was 253/5629, this was based on a figure of 33 for Q1 but then a huge increase of 220 for Q2. Our actual figure is 54/309. If we include the patient choice telephone option, this would result in 78/5629 to the end of Q2. Actions discussed at the September ICP meeting include a communication to GP's and referral partners reiterating that we are still open for business, setting up meetings with ReConnect to introduce PMHT and CMHT and looking at other ideas for connecting with maternity services. The service has seen another 25 women for Q3 so far taking the total to 103, which is a great improvement for this next quarter.
Oxfordshire BSW All Ages MH	Oxon IAPT		Number of Older People who have received support from the wellbeing service	13/month	0	Description of the issue and plan: Covid related. Decrease in volume of support previously provided to older people due to COVID. We are working with Age UK to produce information packs to be handed out in flu clinics, since many of the people who attend flu clinics will be 65+ years old.
Oxfordshire BSW All Ages MH	Oxon Community Mental Health		Adults: % of service users who have had a physical health assessment	85%	14% (184/1290)	Description of the issue and plan: There remain a considerable number of vacancies within AMHTs/ CMHTs which has led to significant issues with meeting the target of all 8 elements being achieved for the patient group identified in the current KPI. The 8a Community PH lead post and B3 physical health care assistant posts will be out to recruitment during November. We have also agreed with the CCG to focus on completing the annual physical health checks on patients in the

						psychosis clusters, which will mean patients at highest risk will have their assessments completed.
Oxfordshire BSW All Ages MH	Oxon Community Mental Health		Older Adults: Cluster reviewed within agreed timescales	95%	85% (22/26)	Description of the issue and plan: There has been a recording issue with clusters for longer-term patients, particularly those on non-CPA, transferred to psychology or who were subject to a period of inpatient treatment. In response, we are now undertaking weekly monitoring of patient clusters by team to reduce these occurrences.
Oxfordshire BSW All Ages MH	Oxon Community Mental Health		Older Adults: Interim inpatient discharge letters that are sent back to GPs within 24 hours of discharge	95%	83% (10/12)	Description of the issue and plan: The team are working to address this issue.
Oxfordshire BSW All Ages MH	Oxon Community Mental Health		Older Adults: Referrals for memory assessment will be assessed and diagnosed within 40 working days.	90%	58% (14/24)	Description of the issue and plan: This is improving, and we anticipate getting over the backlog by November. However, there continue to be capacity constraints resulting from Covid measures needing to be applied, which mean we may not be able to reach the target. In particular, we are unable to see as many patients in one clinic, and it is difficult to increase the number of clinics in light of the volume of CMHT acute work.
Oxfordshire BSW All Ages MH	Oxon CAMHS		Clinic letters sent to GPs within 7 calendar days.	95%	63% (53/84)	Description of the issue and plan: Mainly due to issues with the process/technology used to record and prepare clinic letters. There is a piece of work taking place starting the beginning of December to improve the process.
Oxfordshire BSW All Ages MH	Oxon CAMHS		% of routine ED referrals assessed within 4 weeks.	90%	72% (13/18)	Description of the issue and plan: Related to patients who declined appointments for domestic reasons, and who were rescheduled outside of the assessment target timeframe

Oxfordshire BSW All Ages MH	Oxon CAMHS		LAC will be seen within 2 weeks for all CAMHS services excluding the neurodevelopment pathway	95%	56% (5/9)	Description of the issue and plan: Primarily due to delays in receipt of referrals from external agencies. We are reviewing referral processes to improve timeliness and quality of information flows.
Oxfordshire BSW All Ages MH	BSW CAMHS		CYP Access Indicator - OHFT	35%	20% (3213/16425)	Description of the issue and plan: The CYP access indicator is a whole system indicator that OHFT contributes toward. Performance is below target because the MHDS (the national system used to report the data) does not capture all relevant service activity. Not all children and young people will have their information stored on the Electronic Health Care Record because they do not require a specialist mental health response. This information is captured outside of the EHCRC and reported at the end of the year via a manual upload. The Trust is working on an electronic solution so that this activity will flow to the MHDS going forward. In addition, the impact of COVID-19 has led to around a 40% reduction in referrals between April and October.
Community Services	Looked After Children (Out of County)	E1bi	Every child under the age of five will receive a review health assessment at six-monthly intervals.	90%	67% (2/3)	Description of the issue and plan: One child out of three was seen outside the timeframe due to one incidence of reduced capacity in the Looked After Children (LAC) teams in other counties.
Community Services	Looked After Children (Out of County)	E1ci	Every child over five years of age will receive a review health assessment annually	90%	67% (12/18)	Description of the issue and plan: Six children and young people were seen outside of the timeframe due to reduced capacity in the Looked After Children (LAC) teams in other counties and/or the information relating to placement details was incorrect or had changed. In one of these six cases, we are awaiting confirmation of the date that the assessment took place to confirm the timeline was not breached.
Community Services	Continuing health care (Oxon)	CHC-1	Eligibility decisions are made within 28 days of accepting a referral. All assessments required for eligibility decisions are to be completed within this timeframe.	95%	11.4% (4/35)	Description of the issue and plan: All CHC national indicator reporting is suspended until April 2021 but the service carries on reporting internally for its own purposes. The data for this indicator includes assessments completed for referrals received whilst the CHC process was suspended (March to September 2020) and for new referrals received from September 2020 onwards. As CHC systems do not allow a new 'clock start' date for referrals received during period of suspension, these assessments will appear as 'breached' once processed from September onwards. To replace the national reporting, NHSE introduced a bi-weekly reporting requirement around managing the backlog created (deferred assessments) during the CHC suspension period. The current target

						is to clear all deferred assessments by end of March 2021. Normal reporting should resume from April 2021.
Community Services	Continuing health care (Oxon)	CHC-5	If eligible, the package of care for Fast Track individuals will be in place within 2 working days	95%	33.3% (20/60)	Description of the issue and plan: The delay is due to two main reasons, namely market restrictions and reduced ability for agencies to pick up new packages due to school holidays. Oxford Health Foundation Trust provides a bi-weekly report to NHS England demonstrating progress made in managing the backlog against the agreed trajectories.
Community Services	Continuing health care (Bucks)	N/A	% of referrals completed in 28 days	80%	24% (6/25)	Description of the issue and plan: All CHC national indicator reporting is suspended until April 2021 but the service carries on reporting internally for its own purposes. The data for this indicator includes assessments completed for referrals received whilst the CHC process was suspended (March to September 2020) and for new referrals received from September 2020 onwards. As CHC systems do not allow a new 'clock start' date for referrals received during period of suspension, these assessments will appear as 'breached' once processed from September onwards. To replace the national reporting, NHSE introduced a bi-weekly reporting requirement around managing the backlog created (deferred assessments) during the CHC suspension period. The current target is to clear all deferred assessments by end of March 2021. Normal reporting should resume from April 2021.

Specialised Services	NHSE - ED		% Cumulative Bed Occupancy		77% (477/620)	<p>Description of the issue: Increased patient acuity has impacted on the service's ability to accept complex referrals into vacant beds, whilst ensuring safe staffing levels are maintained</p> <p>Plan: Cumulative bed occupancy figures have remained stable for the last 6 months. The service will continue to monitor patient acuity against staff capacity. NHSE commissioners are aware of the current situation.</p> <p>Staffing: Cotswold House, Oxford have recruited an additional student nurse, who will qualify in November. One of the HCAs who has completed his nurse training has been offered a job in the community and a Business Case to incentivise posts has been submitted to the Board.</p>
Specialised Services	NHSE- CAMHS		Number of eligible staff who have received clinical supervision as per Trust/organisation policy	90%	74% (55/74)	<p>Description of issue and plan: M7 supervision rate reflects the COVID-19 pressures on the service.</p> <p>Plan: The service is offering remote drop in's and staff are able to request 1:1s as needed.</p> <p>Work continues around ensuring all supervision is appropriately recorded as the service does not feel the figures accurately reflect the level of Supervision completed, even with the negative impact of COVID-19.</p>