

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

**Council of Governors
18th November 2020**

Performance Report Q2 (July 2020 to Sept 2020)

For: Information

Executive Summary

This report provides a consolidated view of the Trust's operational performance for July to September 2020 (Q2) and an overview of key headlines in relation to prevalence and impact of Covid-19 on patients served by the Trust.

Performance reporting is presented monthly and scrutinised by various leadership and oversight committees up to and including the Trust Board and Commissioners. See Appendix 2 for a diagram showing the performance governance process.

The report is divided into three sections:

Section 1: an update on the **overall position** and trends for the Trust in relation to Covid.

Section 2: summary headlines regarding the impact of Covid-19 on Trust's activity levels

Section 3: an update on the Trust's performance against the Single Oversight Framework (SOF) which is the **National (NHSI) criteria**

Section 1 – Covid-19 Headlines

(The position as of 10th November). At the present time, there are 5 patients reported as COVID19 on the inpatient wards and the last confirmed patient was on 7th November.

Group	Activity	No.	Diff from end Sept 2020
Patients	Cumulative number of inpatients confirmed COVID-19 positive	185	+5
	Cumulative number of COVID-19 deaths in our inpatient settings	23	No change
	Cumulative number of community patients confirmed COVID-19 positive	216	+28
	No. of vulnerable community patients (as identified by Trust clinicians)	3,550	-179
	No. of community patients symptomatic 7 day self-isolating	108	-2
	No. of community patients with a member of household symptomatic (14 day self-isolating)	129	+6
Staff	Number of staff impacted by COVID19 and not working (inc underlying health condition)	66	New method of reporting
	Number of staff self-isolating - working from home	2	

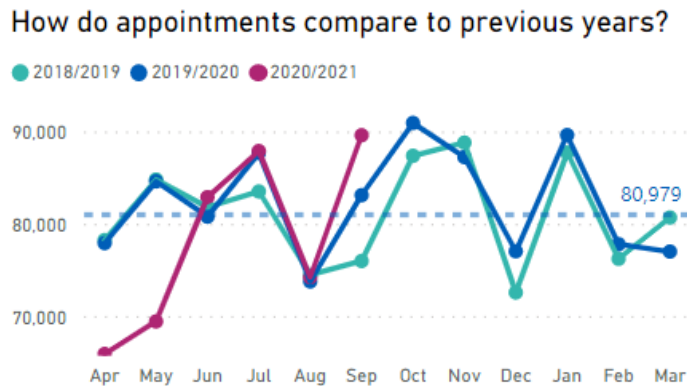
Section 2 – Performance Headlines

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;

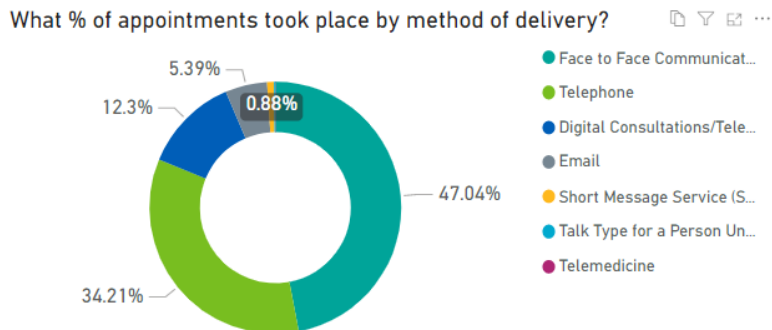
	Monthly average (based on last 24 months to July)	July 2020 Actual	How does the July position compare to the monthly norm?	Monthly average (based on last 24 months to Aug)	Aug 2020 Actual	How does the Aug position compare to the monthly norm?	Monthly average (based on last 24 months to Sept)	Sept 2020 Actual	How does the Sept position compare to the monthly norm?
Referrals ALL	14740	15270	3.6% more	14826	14254	-3.9% less	15068	17615	16.9% more
Referrals Emergency	878	928	5.7% more	895	1240	38.5% more	926	1382	49.2% more
Referrals Urgent	3448	4512	30.9% more	3531	4198	18.9% more	3619	4523	25.0% more
Referrals Routine	10497	9824	-6.4% less	10392	8810	-15.2% less	10520	11708	11.3% more
Appointments - ALL	80666	87408	8.4% more	80614	73192	-9.2% less	81277	89600	10.2% more
Inpatient Admissions	243	233	-4.1% less	242	226	-6.6% less	242	224	-7.4% less
Inpatient Discharges	244	223	-8.6% less	242	217	-10.3% less	243	219	-9.9% less

The most notable change during Q2 from the monthly average is the increase in emergency and urgent referrals as detailed in the table above. During Q2 we have seen a growth in Emergency referral numbers across all services with 49.2% more in September compared for the 24-month average.

Activity levels have increased this financial year compared to previous years and Sept saw 10.2% more activity being delivered than the 24-month average. The chart below shows the number of attended appointments delivered this financial year today compared to the previous 2 years:



We have seen an increase in digital appointments during this financial year with 12.3% of all attended appointments being delivered digitally:



Significant changes within individual directorates are:

Community Services have seen significant increases in Emergency priority referrals, with 81% more in August and 105% more in September. There has also been an increase in Urgent referrals with over 19% more each month in Q2.

		Monthly average (based on last 24 months to July)	July 2020 Actual	How does the July position compare to the monthly norm?	Monthly average (based on last 24 months to Aug)	Aug 2020 Actual	How does the Aug position compare to the monthly norm?	Monthly average (based on last 24 months to Sept)	Sept 2020 Actual	How does the Sept position compare to the monthly norm?
Community Services	Emergency referrals	421	450	6.9% more	435	791	81.9% more	463	950	105.2% more
	Urgent referrals	2835	3675	29.6% more	2912	3467	19.1% more	3001	3773	25.7% more

Oxon & BSW MH Directorate saw significant increases in July in both Emergency and Urgent referrals at 17% and 21% more. There has been less of an increase in August and September.

		Monthly average (based on last 24 months to July)	July 2020 Actual	How does the July position compare to the monthly norm?	Monthly average (based on last 24 months to Aug)	Aug 2020 Actual	How does the Aug position compare to the monthly norm?	Monthly average (based on last 24 months to Sept)	Sept 2020 Actual	How does the Sept position compare to the monthly norm?
Oxon & BSW	Emergency referrals	289	339	17.3% more	295	302	2.4% more	297	292	-1.7% less
	Urgent referrals	395	481	21.8% more	395	396	0.3% more	389	405	4.1% more

Bucks MH Directorate has seen significant increases in Urgent referral reasons, in the region of 50% more each month, higher in some months. There has been a decline in the number of Emergency referrals over the period.

		Monthly average (based on last 24 months to July)	July 2020 Actual	How does the July position compare to the monthly norm?	Monthly average (based on last 24 months to Aug)	Aug 2020 Actual	How does the Aug position compare to the monthly norm?	Monthly average (based on last 24 months to Sept)	Sept 2020 Actual	How does the Sept position compare to the monthly norm?
Bucks	Emergency referrals	166	139	-16.3% less	166	147	-11.4% less	166	140	-15.7% less
	Urgent referrals	216	356	64.8% more	223	333	49.6% more	228	345	51.3% more

Section 3 – The National Position

NHS Oversight Framework (NOF)

There is a national requirement for Trust's to report against NHSI defined targets which is called the NHS Oversight Framework. The NOF metrics are used to monitor and assess provider performance as part of an overall approach to provider oversight within the NHS Oversight Framework. It helps providers understand which metrics NHS England and NHS Improvement joint teams are using to assess their performance, how these metrics are defined and calculated, and the frequency of data publication.

The Trust has made a clear distinction between measures that have a target and measures that do not. The Trust will only report its performance as non-compliant (more than 10% variance against target) where a target exists.

Areas of non-compliance:

Out of Area Placements (OAPs): The one area where the Trust is not achieving the national indicator in Q2 was the Trust's compliance with the OAPs trajectory, this is as a result of the impact of Covid-19. 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.

See below for full breakdown of compliance against the national indicators that have specified targets, with latest available published data

Table 1: NOF Operational Measures performance against target and National Average

NHSI Operational Performance (NOF)	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)	M6 (Sept)
A&E (MIU) - 4 hours performance	95%	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%	<u>96.9%</u>
First episode psychosis - treatment within 2 weeks	56%	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%	<u>78.0%</u>
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%	<u>96.3%</u>			
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%	<u>49.5%</u>		
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%	<u>96.0%</u>		
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%	<u>100.0%</u>		
Out of Area Placements (OAPS) - Bed days in quarter		Bucks Plan	397			357			285			171			103
		Bucks Actual	49 (21)	18	4	119 (97)	140	190	499 (169)	190	181	335 (154)	201	289	<u>639 (149)</u>
		Oxon Plan	354			318			254			152			91
		Oxon Actual	87 (22)	40	58	106 (8)	58	46	188 (84)	103	120	529 (306)	325	317	<u>996 (354)</u>

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

Author and Title: Claire Page, Head of Performance and Information

Lead Executive Director: Martyn Ward, Director of Strategy and CIO

*note PAD app figures are based on Carenotes data only and exclude services who are on other information systems.

Appendix 1 – Performance Reporting Structure

Performance Reporting Structure

