

# Report to the Meeting of the

**BOD 18/2020**
(Agenda item: 7)

# Oxford Health NHS Foundation Trust

# Board of Directors

**Monthly Performance Report – Month 12/March 2020**

**FOR: INFORMATION**

**Introduction**

This report summarises the management of performance related **meetings** and routine **reporting** facilitated by the Performance & Information Team as a result of the COVID-19 situation. This approach took effect in March 2020 for an initial period of 3 months. The rationale for suspending reporting, where possible, is to reduce the burden on staff and release time for the COVID-19 response.

**Meetings**

All performance specific meetings have been suspended for an initial period of 3 months as detailed below;

* All CCG **Contract Review Meetings**
* All internal monthly **Directorate Performance Review** meetings
* The **Data Quality Improvement Group** (DQIG)
* The Trust’s **Performance Improvement Group** (PIG)

Multiple daily calls are in place seven days per week in each directorate, Trust-wide and at BOB system level to discuss escalation issues. These calls are critical to our oversight and should be seen as a forum to escalate concerns about quality and performance.

**Routine Performance Reporting**

All routine reporting has been suspended, unless Nationally mandated or identified as still being essential for operational purposes. Appendix 1 sets out the full details of reports that have been suspended as well as those that will continue.

**Revised performance reporting during the COVID-19 incident**

In order to provide assurance, a new Patient Activity and Demand (PAD) app has been developed in the Trust Online Business Intelligence (TOBI) platform which provides 24/7 access to the following intelligence;

* Community referrals
* Community appointments
* Community caseload
* Community discharges
* Inpatient admissions and discharges
* Inpatient occupancy
* Inpatient length of stay
* Waiting times - currently in development due for release week commencing 27 April

In addition to the above, a new COVID-19 app (dashboard) has been developed to specifically monitor COVID-19 cases, deaths, staff self-isolating and staffing levels.

**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) | **March Actual**  | **April forecast**  | **How does the April forecast compare to the monthly norm?**  |
| Referrals - ALL | **14,864** | **14,421** | **7,502** | -50% less |
| Referrals - EmergencyReferrals - UrgentReferrals - Routine  | **893** - emergency**3,230** – urgent**10,741 -** routine | **770** - emergency**3,687** - urgent**9,964** - routine | **683** - emergency**2500** - urgent**4316** - routine | -24% less-23% less-60% less |
| Appointments – ALL | **81,415** | **74,826** | **46,008** | -43% less |
| Inpatient admissions | **236** | **245** | **153** | -35% less |
| Inpatient discharges | **238** | **290** | **174** | -27% less |

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

At the end of March, there were a series of directives which led to the pausing of the delays reporting processes as follows:

• Government publication of the COVID-19 Hospital Discharge Guidance

• Temporary suspension of the Delayed Transfers of Care (known as MSitDT on SDCS)

As a result of the COVID-19 Hospital Discharge Guidance and the resulting COVID initiatives there have been changes to operational practice, especially for community inpatient services. The impact on delays reporting has been:

* The **current method for counting delays is different from their business as usual methods** – number of ‘medically optimised’ vs those medically fit for discharge and unable to be discharged each day. As a result, it is not possible to provide a comparison between the numbers of patients who were DTOC prior to the impact of COVID-19 and the current numbers. At the time of writing, 24 patients were reported as being delayed on the daily inpatient SITREP as per the **revised** **method of counting**.

**COVID-19 Headlines** (position at 21 April 2020)

|  |  |  |  |
| --- | --- | --- | --- |
| **Group** | **Setting** | **Activity** | **No.** |
| Patients | Inpatient | Cumulative number of patients confirmed **COVID-19 positive**  | 142 |
| Cumulative number of **COVID-19 deaths** in our inpatient settings | 19 |
| Cumulative number of inpatients **swabbed** | 219 |
| Community | Cumulative number of patients confirmed **COVID-19 positive**  | 78 |
| Cumulative number of patients **swabbed** | 103 |
| Number of **shielded** patients (12 weeks isolation) | 3,056 |
| Number of **vulnerable** patients (as identified by Trust clinicians) | 2,292 |
| Number of patients **symptomatic** 7 day self-isolating | 160 |
| Number of patients with a member of household symptomatic (14 day self-isolating) | 179 |
| Staff | Trust-wide | Number of staff **symptomatic and/or COVID19 positive** and off sick | 59 |
| Number of staff **self-isolating** or special leave – **not working** | 157 |
| Number of staff **self-isolating** - **working from home** | 77 |

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