

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

**BOD 04/2021**  
(Agenda item 07)

**Monthly Performance Report  
Month 9 December 2020  
For Board of Directors Meeting 27<sup>th</sup> January 2021**

**FOR: INFORMATION**

**Introduction**

This report summarises the Trust's performance for the month of December 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 – not currently available see below**

As with the first wave of Covid the Trust has agreed to suspend all non-essential reporting activities to reduce the pressure on operational teams. All routine reporting has been suspended, unless Nationally mandated or identified as still being essential for operational purposes.

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

In order to provide assurance, the Patient Activity and Demand (PAD) continues to be available to provide 24/7 access to operational intelligence.

In addition to the above, the COVID-19 app enables services and the executive team to manage effectively, the ongoing response to COVID.

## SECTION 1: COVID-19 HEADLINES

There was an increase in the number of COVID19 positive patients in mid November and then again in mid December as shown in the diagram below. The Trust has so far responded to three waves of COVID, with the latest infection rates higher than was originally seen in the first wave.



At the end of **December** there were **48** patients reported as COVID19 on the inpatient wards. On the 9<sup>th</sup> January 2021 this had increased to **52**, with a fluctuating trend since.

Group	Activity	No.at end Dec	Diff from end Nov 2020	No. at 15 <sup>th</sup> Jan
Patients	Cumulative number of inpatients confirmed <b>COVID-19 positive</b>	261	+64	313
	Cumulative number of <b>COVID-19 deaths</b> in our inpatient settings	23	No change	26
	Cumulative number of community patients confirmed <b>COVID-19 positive</b>	326	+87	425
	No. of <b>vulnerable</b> community patients (as identified by Trust clinicians)	3387	-147	3387
Staff	Number of staff impacted by <b>COVID19</b> and <b>not working</b>	202	+75	197
	Number of staff <b>self-isolating - working from home</b>	8	+4	15

### Vaccination Update

A total of **3160** front-line at-risk staff have either received or been offered an opportunity to have a vaccination. So far as of 19th January 2021, **1563** priority Oxford Health staff have received their first vaccination dose. A further **1600** have been offered/booked appointments. Over the next two weeks the Trust aims to vaccinate a further **2066** front line staff.

## 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	Frequency	Position	M10 (Jan)	M11 (Feb)	M12/Q4 (Mar)	M1 (Apr)	M2 (May)	M3/Q1 (June)	M4 (July)	M5 (Aug)	M6/Q2 (Sept)	M7 (Oct)	M8 (Nov)	M9/Q3 (Dec)
A&E maximum waiting time of four hours from arrival to admission/transfer/ discharge	95%	Monthly	Trust	97.5%	96.2%	97.3%	99.0%	98.2%	98.5%	97.9%	96.8%	96.9%	97.8%	98.1%	<b>97.6%</b>
People with a first episode of psychosis begin treatment with a NICE-recommended care package within two weeks	56%	Quarterly (three-month rolling)	Trust			81.3%			80.3%			81.3%			<b>81.6%</b>
Data Quality Maturity Index (DQMI) – MHSDS dataset score	95%	Quarterly	Trust			95.4%			96.3%			<b>96.9%</b>			
IAPT - Percentage of people completing a course of IAPT treatment moving to recovery	50%	Quarterly	Trust			49.5%			50.5%			<b>50.5%</b>			
IAPT - Percentage of people waiting six weeks or less from referral to entering a course of talking treatment under IAPT - 18 weeks or less from referral to entering a course of talking treatment under IAPT	75%	3-month rolling	Trust	97.8%	98.2%	98.2%	98.0%	97.3%	97.0%	96.5%	97.0%	<b>97.3%</b>			
	95%	3-month rolling	Trust	99.8%	99.8%	99.7%	99.7%	99.5%	99.7%	99.8%	99.8%	<b>99.5%</b>			
Inappropriate out-of-area placements for adult mental health services.		Quarterly	Bucks Plan			285			171			102			42
		Quarterly	Bucks Actual			499			335			639			326
		Quarterly	Oxon Plan			254			152			90			36
		Quarterly	Oxon Actual			188			529			999			1113

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

#### NOF highlight:

#### IAPT

The IAPT service is meeting the indicators within the National Oversight Framework regarding waiting times and recovery.

At a national level, although IAPT referrals have increased from the first lock down, referrals are still below pre-COVID levels. However, in both Oxfordshire and Buckinghamshire, referrals have already returned to pre-COVID levels. Whilst GP referrals reduced at various points last year, an active outreach programme promoting self-referrals has enabled those not seeing GPs directly, to get access to IAPT services across both counties.

Activity remains high and C6000 appointments have been delivered monthly in each county, primarily through telephone or digital consultations. These levels of activity are higher than pre-COVID levels and a point of success for the Board to note is that access rates (one of the key national performance indicators and a stated ambition in the NHS Long Term Plan (LTP)), have increased despite COVID.

Although there has been a shift in terms of how services have been delivered (digital) during the pandemic recovery rates are steady and remain above the national average. It

is predicted that post COVID, there will be a return to face to face contact with digital appointments offering the services an expanded capacity.

Priorities for IAPT include:

- Both county IAPT services are developing and hosting a new Staff Mental Health and Wellbeing Hub for all NHS staff across Oxfordshire and Buckinghamshire
- Enhancing the established pathways for BAME communities, older adults in Oxfordshire, students and people with comorbid long-term physical health conditions.
- Developing a Long COVID pathway with colleagues in both counties and post COVID assessment clinics. The first joint IAPT and respiratory clinics in partnership with Buckinghamshire Healthcare Trust have just started.
- Buckinghamshire IAPT has been leading on a series of national NHSE webinars on how IAPT can help people recover from COVID. Over 5000 people have attended in the past month.

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

### Out of Area Placements (OAPs):

The Trust did not achieve the OAPs trajectory in Q3. This was primarily due to the changes in bed capacity as a result of Infection Prevention Control (IPC) guidance. The Trust continues to operate 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. Work is currently underway to review the status and potential alternatives for those patients in long term placements. The tables below provide the details (excluding PICU)

Bucks CCG	Adult Acute	Older Adult	TOTAL
OAPs occupied beddays	98	0	98
Lost beddays to ICP	178	0	178

Oxon CCG	Adult Acute	Older Adult	TOTAL
OAPs occupied beddays	309	1	310
Lost beddays to ICP	235	155	390

PICU	TOTAL
OAPs occupied beddays	70
Lost beddays to ICP	31

## SECTION 3: OPERATIONAL PATIENT ACTIVITY AND DEMAND

### 3.1 Trust-wide headlines

Currency	Graph	Narrative
<b>Community Services (Mental Health and Physical Health)</b>		
Received referrals	<p>● 2018/2019 ● 2019/2020 ● 2020/2021</p>	<p>Overall; referral levels are still <b>comparable to last year</b>, albeit significant <b>above the 3-year average</b>. An area to highlight is that <b>Emergency referrals</b> are higher than usual; at <b>35% above the 12-month average</b> in December.</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>● 2018/2019 ● 2019/2020 ● 2020/2021</p>	<p>Despite Covid the levels of attended appointments are still above activity recorded in previous years. The levels of activity in December were higher than those at the same time in previous years.</p>
Digital appointments	<p>● 2018/2019 ● 2019/2020 ● 2020/2021</p>	<p>Digital consultations have increased significantly in 2020/21. In December the Trust delivered 14,594 digital appointments compared to 2334 in December last year. This is a <b>525.3% increase comparing last December to this</b>.</p>
<b>Inpatient Services</b>		
Admissions	<p>● 2018/2019 ● 2019/2020 ● 2020/2021</p>	<p>Admissions increased in December and were in line with previous years. This is due to an increase in community beds to support the system. MH admissions remain below normal levels due to reduction in beds in operation to comply with IPC measures.</p>
Length of stay	<p>● 2018/2019 ● 2019/2020 ● 2020/2021</p>	<p>Length of stay (excluding delays and leave) was lower than in previous years. However, the length of stay in December 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><b>Emergency</b> referrals to the Community Services Directorate continue to be higher than average. In December they were <b>59.9% higher</b> than the 12-month average. Although the reporting protocol is now under review, the Trust's approach has not changed. Work is ongoing to further understand this increase with services.</p>
Heart Failure	Received referrals		<p>Over the past four months the Heart Failure service has seen an increase in overall referral numbers. In December they were <b>47% higher</b> than the 12-month average. This a direct consequence of patients delaying presentation and more acute cases now being referred.</p>
Buckinghamshire Community Eating Disorders	Received referrals	<p>CAMHS:</p>	<p>The <b>CAMHS</b> Eating Disorder Service has seen an increase in referrals this year. In December referrals were <b>128.2%</b> above the 12-month average with 27 referrals being received against an average of 12.</p> <p><b>Adults:</b> Volumes of referrals have also increased in the <b>Adult</b> Eating Disorder services, by <b>30.4%</b> in December</p>
Oxon & BSW Community Eating Disorders	Received referrals	<p>CAMHS:</p>	<p>As with Buckinghamshire Directorate the Oxfordshire &amp; BSW <b>CAMHS</b> Eating Disorder Service has also seen an increase in referrals this year. In December referrals were <b>42.2%</b> above the 12-month average with 59 referrals being received against an average of 42.</p> <p><b>Adults:</b> Volumes of referrals have also increased in the <b>Adult</b> Eating Disorder services, by <b>11.5%</b> in December</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
<b>Referrals</b>				
<b>Commentary</b>	<p>Referrals in December decreased compared to the volumes of recent months. Overall, December referrals were higher than in previous years at <b>8.9% higher</b> than the 12-month average with <b>emergency referrals being 59.9% higher than the 12-month average</b></p>	<p>Referrals continue to follow the seasonal trend of previous years. Overall referrals in December were <b>3.3% higher than the 12-month average</b>. In <b>December urgent referrals were 37.6% higher than the 12-month average</b>.</p>	<p>Similar to Oxon, referrals have been back at usual levels to last year and have followed a similar trend. Overall referrals in December were <b>2.4% higher than the 12-month average</b>. This increase is mainly in relation to <b>urgent referrals which have increased by 13.6%</b>.</p>	<p>Overall, referrals have remained in line with usual levels and appear to have been largely unaffected by COVID-19.</p>
<b>Attended appointments</b>	<p>How do appointments compare to previous years?</p>			
<b>Commentary</b>	<p>Despite the increase in referrals above usual levels, activity remains at normal for this time of year. In, December activity was <b>13% higher than the 12-month average</b>.</p>	<p>Activity YTD has been higher than usual compared to the last two years. Despite December activity being <b>-6.2% lower than the 12-month average it is still higher than at the same time in previous years</b>.</p>	<p>Similar to Oxon, appointment activity YTD has been significantly higher than usual compared to the last two years. December activity was <b>-4.6% lower than the 12-month average but is still higher than at the same time in previous years</b>.</p>	<p>Activity in December is broadly at the same levels as previous years.</p>

Currency	Community	Oxon/BSW	Bucks	Specialised
<b>Digital appointments</b>				
<b>Commentary</b>	Across all Directorates, the level of digital activity has declined in December compared to November. However, December activity volumes are impacted by Christmas period. Overall digital appointments are significantly higher than in previous years as a direct result of COVID-19.			
<b>Admissions</b>				
<b>Commentary</b>	Admissions in December increased in response to Covid pressures for beds across the system.	Admissions have been, and remain, at lower levels than usual this year.	Admissions for December and the previous two months have been at lower levels than usual.	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.
<b>Length of stay (excl leave and delay)</b>				
<b>Commentary</b>	Despite a fluctuation in December, patient average length of stay has remained at consistent levels this year and in line with previous years.	Despite some monthly fluctuations, overall, patient average length of stay has remained at consistent levels	Patient average length of stay has remained at consistent levels this year and slightly below average based on last 3 years	Patient average length of stay has been lower than usual levels this year but there was an increase in December. But data impacted by low volumes.

## SECTION 4: CONTRACTUAL KPI PERFORMANCE

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### 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

There is currently a technical issue relating to the counting of wait days for patients who have been seen. This issue has affected all urgencies of referrals. Work is underway to resolve the issues as quickly as possible and further information may be supplied to the Board post submission of this report.

The issue does not present a clinical risk as operational services are still able to view information regarding patients who are still waiting to be seen and take action as clinically appropriate.

### 4.2 Contractual KPI scorecard

As with the first wave of Covid the Trust has agreed to suspend some routine activities to support the operational response to the Covid situation. This includes routine contractual monitoring reporting to Oxon, Bucks and BSW CCGs.