

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

BOD 21/2021  
(agenda item 10)

**Monthly Performance Report  
Month 12 March 2021  
For Board of Directors Meeting 14<sup>th</sup> April 2021**

**FOR: INFORMATION**

**Introduction**

This report summarises the Trust's performance for the month of March 2021 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. As of March 2021, we have reinstated reporting of emergency and urgent KPIs however, data for March is still in the process of being compiled and verified so is not available at the time of this report. Information will be published at the end of April in accordance with normal reporting timescales.

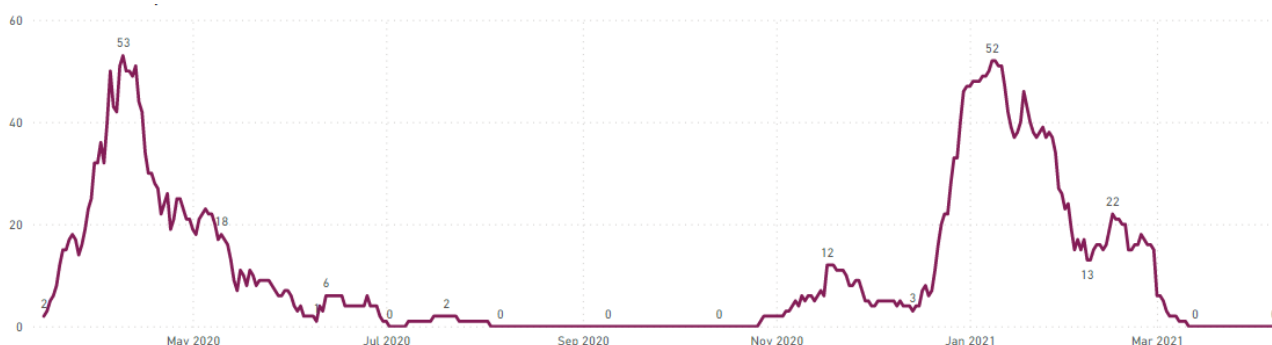
**Revised performance reporting during the COVID-19 incident**

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

The number of COVID19 positive patients decreased significantly in February since the high numbers in December.



At the end of **March** there were **0** patients reported as COVID19 on the inpatient wards.

Group	Activity	No.at end Feb	Diff from end Feb	No. at end Mar
Patients	Cumulative number of inpatients confirmed <b>COVID-19 positive</b>	396	+1	397
	Cumulative number of <b>COVID-19 deaths</b> in our inpatient settings	31	+1	32
	Cumulative number of community patients confirmed <b>COVID-19 positive</b>	583	+19	602
	No. of <b>vulnerable</b> community patients (as identified by Trust clinicians)	3309	-1	3308
Staff	Number of staff impacted by <b>COVID19</b> and <b>not working</b>	99	+1	100
	Number of staff impacted by <b>COVID</b> and <b>working from home</b>	1	-1	0

### Vaccination Update

At 31<sup>st</sup> March, a total of **5339 (76.3%)** staff have received their first vaccination dose of which **3812 (82%)** are front-line staff. Only 2.4% of staff who have been offered the vaccine have opted out for a variety of reasons such as already vaccinated, medical condition, pregnancy related, travel or choice. As per the guidance provided by NHSE, line managers/occupational health are supporting staff and ensuring that any questions or concerns about the vaccination are addressed.

Vaccination numbers are based on national NIVS data and employee self declarations.

	Head Count	Dose 1 Received	Dose 1 Opted Out
Total	6999	5339 (76.3%)	168
Patient facing	4668	3812 (81.7%)	110

## 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	M1 (Apr)	M2 (May)	M3/Q1 (June)	M4 (July)	M5 (Aug)	M6/Q2 (Sept)	M7 (Oct)	M8 (Nov)	M9/Q3 (Dec)	M10 (Jan)	M11 (Feb)	M12/Q4 (Mar)
A&E maximum waiting time of four hours from arrival to admission/transfer/ discharge	95%	Monthly	Trust	99.0%	98.2%	98.5%	97.9%	96.8%	96.9%	97.8%	98.1%	97.6%	98.4%	<b>98.3%</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			80.3%			81.3%			81.6%			
Data Quality Maturity Index (DQMI) – MHSDS dataset score	95%	Quarterly	Trust			96.3%			96.9%			98.1%			
IAPT - Percentage of people completing a course of IAPT treatment moving to recovery	50%	Quarterly	Trust			50.5%			50.5%			57.0%			
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	98.0%	97.3%	97.0%	96.5%	97.0%	97.3%	97.8%	97.8%	98.0%			
	95%	3-month rolling	Trust	99.7%	99.5%	99.7%	99.8%	99.8%	99.5%	99.3%	99.3%	99.5%			
Inappropriate out-of-area placements for adult mental health services.		Quarterly	Bucks Plan			171			102			42			
		Quarterly	Bucks Actual			335			639			326			
		Quarterly	Oxon Plan			152			90			36			
		Quarterly	Oxon Actual			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:

The IAPT service is continuing to meet indicators within the National Oversight Framework regarding waiting times and recovery. Points of note include:

- Both IAPT services have made good progress towards their Q4 expansion targets (Oxon 22.7% and Bucks 24.1%).
- Recovery rates remain above the national target of 50% for Q4 (Oxon 53% and Bucks 61%)
- In line with the long-term plan's workforce objectives the IAPT services have employed 55 Psychological Welfare Practitioner (PWP) trainees and 34 High Intensity (CBT) trainees.

#### Area of non-compliance: Out of Area Placements (OAPs):

The Trust did not achieve the OAPs trajectory in Month 12 due to the ongoing changes in bed capacity as a result of Infection Prevention Control (IPC) guidance. The Trust has been operating throughout the year with **up to 15% less capacity** in the Adult and Older Adult Mental Health wards. 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 tables below provide the details (excluding PICU) and shows the very positive progress that has been made in Buckinghamshire. The legacy estate remains the primary issue in Oxfordshire.

Oxon CCG	Adult Acute	Older Adult	TOTAL
OAPs occupied beddays	344	42	386
Lost beddays to ICP	279	151	430

Bucks CCG	Adult Acute	Older Adult	TOTAL
OAPs occupied beddays	100	0	100
Lost beddays to ICP	186	0	186

PICU	TOTAL
OAPs occupied beddays	38
Lost beddays to ICP	62

## SECTION 3: OPERATIONAL PATIENT ACTIVITY AND DEMAND

### 3.1 Trust-wide headlines

As in the first major wave of COVID, the Trust continues to prioritise responses to urgent and emergency referrals. Information about the Trust's performance against these KPIs will be available at the end of April once the data has been validated.

Currency	Graph	Narrative
<b>Community Services (Mental Health and Physical Health)</b>		
<b>Received referrals</b>		Overall; referral levels are <b>above average</b> . There continues to be a sustained increase in <b>Urgent</b> referrals which have been above average since June 2020.
<b>Attended appointments</b>		Despite Covid the levels of attended appointments have been in line with or above average since September 2020.
<b>Digital appointments</b>		Digital consultations have increased significantly in 2020/21 and enabled the Trust to deliver an increased number of appointments despite COVID. The figures shown in the graph exclude telephone consultations which have also seen an increase in response to Covid.
<b>Inpatient Services</b>		
<b>Admissions</b>		Overall mental health admissions to inpatient wards in March were slightly above average but remain below pre-COVID levels due to the reduction in beds available. In contrast, Community Hospital admissions continue to be above normal levels.

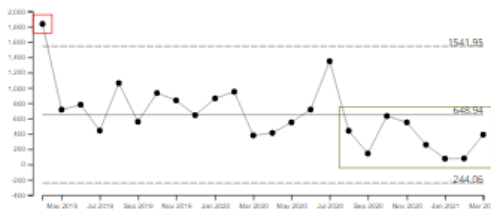
<b>Length of stay</b>		<p>Length of stay (excluding delays and leave) was just below average in March. Oxon and BSW LOS has been impacted by individual patients with lengthy S17 leave arrangements. This has resulted in the Trust being an outlier compared to other Trusts in benchmarking data.</p>
-----------------------	--	---

### 3.2 Noteworthy exceptions

Service area	Currency	Graph	Narrative
<b>Bucks Directorate</b>	<b>Received referrals - Urgent</b>		<p>Since June 2020 urgent referrals have been above average with January and February 2021 being above the upper control limit. A summary of the impact of Covid and demand on waiting times will be included in the board summary next month.</p>
<b>Bucks Directorate</b>	<b>Inpatient Average Length of Stay (excluding leave and delay)</b>		<p>This graph shows if the ALOS was higher or lower than the same month of the previous year. As can be seen, ALOS in Bucks inpatient wards has mainly been lower than the same months of the previous year.</p>
<b>Oxon &amp; BSW Directorate</b>	<b>Received referrals – all urgencies combined</b>		<p>For the last 6 months there has been an increase in overall referral volumes. March was above the upper control limit.</p>
<b>Community Services Directorate</b>	<b>Podiatry Received referrals all urgencies combined</b>		<p>Following a significant reduction in referrals during COVID, referrals have now returned to pre Covid levels.</p>
<b>Community Services Directorate</b>	<b>Children's community nursing Received Referrals all urgencies combined</b>		<p>Referral volumes in Children's Community Nursing have increased.</p>

**Specialised**

**Average Length of Stay (ALOS)**



Average length of stay has been below average since August 2020 and below the level in the same month the previous year for all month's except July.

### 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 and Dental

Currency	Community	Oxon/BSW	Bucks	Specialised
<b>Referrals</b>				
<b>Commentary</b>	All referral urgencies were above average with routine increasing to volumes comparable to those seen in September to November 2020	Referrals in March were above average. Urgent referrals have been above the upper control limit for the last 3 months	Referrals in March were above average. Urgent referrals continue trend of recent months and exceeded the upper control limit.	Referral volumes are in line with average numbers received
<b>Attended appointments</b>				
<b>Commentary</b>	Following the decline in recent months activity volumes increased in March and were slightly above average.	Activity levels have been above average since September 2020.	Similar to Oxon, appointment activity has been higher than average since September 2020.	Activity continues to be above or in line with averages.

Currency	Community	Oxon/BSW	Bucks	Specialised
<b>Digital appointments</b>				
<b>Commentary</b>	Across all Directorates, the level of digital activity continues to be higher than pre Covid-19. There has been a decrease in volumes in the Community Services Directorate over the last two months.			
<b>Admissions</b>				
<b>Commentary</b>	Admissions in March were above average.	Admissions have been, and remain, at lower levels than usual this year.	Admissions for March were slightly above average	Admissions have declined in the last two months. 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>	There has been an increase in overall length of stay in March, but this is still in line with averages	Length of stay in March was higher than average	Patient average length of stay has remained at consistent levels this year	Patient average length of stay continues to be below average.



## **SECTION 4: CONTRACTUAL KPI PERFORMANCE**

---

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.