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# Report to the Meeting of the

# Oxford Health NHS Foundation Trust

**For Chair of Governors (CoG) Meeting 25 March 2021**

**Quarterly Performance Report**

**RR/App\_COG 03/2021**

(Agenda item: 17)

**Quarter 3 2020/21**

**FOR: INFORMATION**

**Introduction**

This report summarises the Trust’s performance for Quarter 3 2020/21 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

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.

In order to provide assurance during the COVID-19 incident, the Patient Activity and Demand (PAD) application on TOBI continues to be available to provide 24/7 access to operational intelligence. In addition, 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 5 March 2021 (time of report production) this had decreased to **5** (1 confirmed by infection and Prevention Control team as still infectious)

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| **Group** | **Activity** | **No.at end Dec** | **Diff from end Nov 2020** | **No. at 5 March** |
| Patients | Cumulative number of inpatients confirmed **COVID-19 positive**  | 261 | +64 | 5 |
| Cumulative number of **COVID-19 deaths** in our inpatient settings | 23 | No change | 31 |
| Cumulative number of community patients confirmed **COVID-19 positive**  | 326 | +87 | 585 |
| No. of **vulnerable** community patients (as identified by Trust clinicians) | 3387 | -147 | 3323 |
| Staff | Number of staff impacted by **COVID19** and **not working** | 202 | +75 | 82 |
| Number of staff **self-isolating** - **working from home** | 8 | +4 | 0 |

**Vaccination Update**

At the time of writing (5 March), a total of **5056 staff (72.8%)** have received their dose 1 vaccination of which 3662 were front line staff. So far 130 (2.6%) staff have opted out for a variety of reasons such as already vaccinated, medical condition, pregnancy related, travel and patient choice.

**SECTION 2: COMPLIANCE AGAINST STATUTORY AND NATIONAL INDICATORS**

**2.1 National Oversight Framework (NOF)**

The NHS Oversight Framework replaced the provider [Single Oversight Framework](https://improvement.nhs.uk/resources/single-oversight-framework/) and the clinical commissioning group (CCG) [Improvement and Assessment Framework (IAF)](https://www.england.nhs.uk/publication/ccg-improvement-and-assessment-framework-ccg-iaf-2018-19/) 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.



**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)

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**SECTION 3: OPERATIONAL PATIENT ACTIVITY AND DEMAND**

**3.1 Trust-wide headlines**

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| **Currency** | **Graph** | **Narrative** |
| **Community Services (Mental Health and Physical Health)** |
| **Received referrals**  |  | Overall; referral levels are still **comparable to last year**, albeit **above the 3-year** average. The levels of referrals in Q3 were **higher** than those at the same time in previous years by **7.6%.***NB – Although overall referral volumes have returned to comparable levels, the number of operational staff available has been reduced due to COVID factors.* |
| **Attended appointments** |  | Despite Covid the levels of attended appointments are still above activity recorded in previous years. The levels of activity in Q3 were **higher** than those at the same time in previous years by **7.9%.** |
| **Digital appointments** |  | Digital consultations have increased significantly in 2020/21. In Q3 the Trust delivered 35,633 digital appointments compared to 1315 in Q3 last year. This is a **2600% increase comparing last Q3 to this.**  |
| **Inpatient Services** |
| **Admissions** |  | 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. |
| **Length of stay**  |  | 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. |

**3.2 Noteworthy exceptions**

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| **Service area** | **Currency** | **Graph** | **Narrative** |
| **Community Services Directorate** | **Received referrals - Emergency** |  | **Emergency** referrals to the Community Services Directorate continue to be higher than average. In Q3 were 189% higher than Q3 last year. This increase is partly attributed to the addition of a triage function in the system. This is in the process of being reviewed to ensure that reporting correctly reflects demand. |
| **District Nursing** | **Received referrals** |  | The District Nursing service had seen an **increase** of **36%** in Q3 against Q3 last year. Emergency referrals have been exceptionally high over recent months. |
| **Heart Failure** | **Received referrals**  |  | Over the past four months the Heart Failure service has seen an increase in overall referral numbers. In Q3 they saw a 14.7% increase compared to Q3 last year and in December were **47% higher** than the 12-month average. This a direct consequence of patients delaying presentation and more acute cases now being referred. |
| **Buckinghamshire Adult MH Service** | **Received referrals – urgent** |  | Urgent referrals have been significantly higher than previous years since June. In Q3 the number of urgent referrals received was 68% higher than Q3 last year. |
| **Buckinghamshire Community Eating Disorders** | **Received referrals** | **CAMHs:** | The **CAMHS** Eating Disorder Service has seen an increase in referrals this year. In December which was the highest point this year referrals were **128.2%** above the 12-month average with 27 referrals being received against an average of 12.  |
| **Oxon & BSW Community Eating Disorders** | **Received referrals** | **CAMHs:** | As with Buckinghamshire Directorate the Oxfordshire & BSW **CAMHS** Eating Disorder Service has also seen an increase in referrals this year. In Q3 referrals were **74%** above levels Q3 last year. |

**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

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| **Currency** | **Community** | **Oxon/BSW** | **Bucks** | **Specialised** |
| **Referrals** |  |  |  |  |
| **Commentary** | Referrals in December decreased compared to the volumes of recent months. Overall, Q3 referrals were higher than in previous years at **10.7% higher** than Q3 last year  | Referrals continue to follow the seasonal trend of previous years. Overall referrals in Q3 were **1% higher** than Q3 last year | Similar to Oxon, referrals have been back at usual levels to last year and have followed a similar trend. Overall referrals in Q3 were **3.8% higher** than Q3 last year | Overall, referrals have remained in line with usual levels Q3 referrals were **5.5%** (10 referrals) **higher** than year Q3  |
| **Attended appointments** |  |  |  |  |
| **Commentary** | Despite the increase in referrals above usual levels, activity remains at normal for this time of year. In, Q3 activity was **0.6% higher than Q3 last year** | Activity YTD has been higher than usual compared to the last two years. Despite December activity being lowerQ3 overall was **23% higher** than Q3 | Similar to Oxon, appointment activity YTD has been significantly higher than usual compared to the last two years. Q3 activity was **25.6% higher** than Q3 last year. | Activity in Q3 was **18% higher** than Q3 last year. |

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| **Currency** | **Community** | **Oxon/BSW** | **Bucks** | **Specialised** |
| **Digital appointments** |  |  |  |  |
| **Commentary** | Across all Directorates, the level of digital activity remained high in Q3. There was a 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.  |
| **Admissions** |  |  |  |  |
| **Commentary** | 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 Q3 have been at lower levels that 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. |
| **Length of stay (excl leave and delay)** |  |  |  |  |
| **Commentary** | Despite a fluctuation in December, patient average length of stay has remained at consistent levels this quarter 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. |