

Oxfordshire Clinical Commissioning Group Board Meeting

Date of Meeting: 27 July 2017	Paper No: 17/49
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Title of Paper: Integrated Performance Report
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Paper is for: (please delete tick as appropriate)	Discussion		Decision		Information	✓
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<p>Purpose and Executive Summary: To update the Committee on quality and performance issues to date.</p> <p>The Integrated Performance Report is designed to give OCCG Board assurance of the processes and controls around quality and performance. It contains analysis of how OCCG and associated organisations are performing. The report is comprehensive, but seeks to direct members to instances of exception.</p> <p>Appendix 1 contains an update on plans to address the Referral to Treatment time (RTT) target.</p>

<p>Financial Implications of Paper: None specific to the paper.</p>
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<p>Action Required: The Board is asked to note the report.</p>

OCCG Priorities Supported (please delete tick as appropriate)	
✓	Operational Delivery
✓	Transforming Health and Care
✓	Devolution and Integration
✓	Empowering Patients
✓	Engaging Communities
✓	System Leadership

<p>Equality Analysis Outcome: Not applicable.</p>
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Link to Risk:

The Integrated Performance Report addresses all risks on the Strategic and Red Operational Risk Registers.

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Date of Paper: 19 July 2017

Oxfordshire CCG Integrated Performance Report for Board

July 2017

(Reporting 2017-18 Month 02)



North



North East



Oxford City



South East



South West



West

Executive Dashboard

Finance Overview

Reporting Period	Provider	Year To Date				
		Plan cost	Actual cost	Variance		Rating
		£,000	£,000	£,000	%	
M02	Oxford University Hospitals NHS Foundation Trust	£ 53,701	£ 54,458	£ 757	1.41%	Green
M02	Royal Berkshire NHS Foundation Trust (not excluded drugs)	£ 3,223	£ 3,325	£ 102	3.16%	Amber
M02	Horton Treatment Centre (Ramsay) - (Inc. Spinal)	£ 1,273	£ 1,432	£ 159	12.47%	Red
M02	Oxford Health Foundation Trust*	£ 20,565	£ 20,538	-£ 27	-0.13%	Green
M02	SCAS 999	£ 3,655	£ 3,716	£ 61	1.68%	Green

Full Year				
Plan Cost	FOT Cost	Variance		Rating
£,000	£,000	£,000	%	
£ 331,000	£ 334,028	£ 3,028	0.91%	Green
£ 20,340	£ 20,976	£ 636	3.13%	Amber
£ 7,637	£ 8,590	£ 953	12.47%	Red
£ 124,103	£ 124,103	£ -	0.00%	Green
£ 21,927	£ 22,295	£ 368	1.68%	Green

* Actuals not available so break even applied

Key: Finance Overview	<3.0%	Over/under plan	3-10%	Over/under plan	>10%	Over/under plan
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Performance Overview

Measure		Target	Period	OCCG	Rating
RTT	Incomplete Pathways 18 Week - All patients	92%	M02	89.96%	Red
2 week	6.3 - Cancer Two week waits	93%	M02	92.20%	Red
	6.4 - Breast symptoms Two week waits	93%	M02	96.00%	Green
31 Day	7.4 - 31 Day First Treatment	96%	M02	96.73%	Green
	7.11 - 31 Day Subsequent Treatment (Surgery)	94%	M02	93.06%	Red
	7.11 - 31 Day Subsequent Treatment (chemotherapy)	98%	M02	100.00%	Green
	7.11 - 31 Day Subsequent Treatment (radiotherapy)	94%	M02	99.25%	Green
62 Day	8.4 - Cancer Plan 62 day standard (Tumour)	85%	M02	84.27%	Red
	9.4 - CRS 62 Day screening standard (Tumour)	90%	M02	100.00%	Green
4 hour wait	Oxford University Hospitals NHS Foundation Trust	95%	M02	86.40%	Red
	Royal Berkshire NHS Foundation Trust	95%	M02	90.08%	Red
	Oxford Health Foundation Trust	95%	M02	95.37%	Green
Ambulance response time	Cat A8 - Red 1	75%	M02	74.12%	Red
	Cat A8 - Red 2	75%	M02	69.93%	Red
	Cat A19	95%	M02	91.62%	Red

OUHFT	Rating	RBFT	Rating
90.12%	Red	92.82%	Green
92.04%	Red	96.24%	Green
98.04%	Green	98.33%	Green
96.62%	Green	97.14%	Green
94.59%	Green	100.00%	Green
100.00%	Green	100.00%	Green
98.80%	Green	97.78%	Green
82.80%	Red	81.90%	Red
96.97%	Green	100.00%	Green

SCAS	Rating
75.94%	Green
71.93%	Red
94.57%	Red

Quality Overview

Safety Incidents	OCCG	Community/Primary	OUHFT	RBFT	OHFT	Independent Providers	Third Party (MRSA Only)
Year To Date (May 2017)							
Never events	0		1	0	0	0	
MRSA incidents	Limit	0	0	0	0	0	0
	Actual	1	1	1	0	0	0
C Difficile incidents	Limit	23	11	11	4	0	
	Actual	22	10	11	0	0	

Friends and Family	OUHFT	RBFT	OHFT	Independent Providers	National NHS
Patients likely or extremely likely to recommend (May 2017)					
The care given at this organisation (staff - Q2 16/17)	89%	84%	79%	N/A	79%
Inpatient (Patient)	95%	99%	N/A	96%	96%
Accident & Emergency (Patient)	87%	97%	N/A	N/A	87%

Quality and Performance Dashboard



Oxfordshire

Clinical Commissioning Group

			Target	May '16	Jun '16	Jul '16	Aug '16	Sep '16	Oct '16	Nov '16	Dec '16	Jan '17	Feb '17	Mar '17	Apr '17	May '17	YTD *
RTT	Incomplete % within 18 weeks		92%	92.7%	92.3%	91.2%	90.7%	90.4%	90.1%	90.1%	89.1%	89.6%	89.5%	90.6%	90.1%	90.0%	90.0%
	Incomplete 52+ week waits		0	8	9	6	0	7	4	3	7	15	6	8	10	10	
Diagnostics % waiting over 6 weeks			1%	0.7%	0.6%	0.5%	0.7%	0.7%	0.7%	0.8%	1.3%	0.9%	0.7%	0.8%	0.9%	0.8%	0.8%
Cancer	Two Week Wait		93%	92.8%	94.7%	95.4%	95.3%	94.1%	92.5%	94.7%	91.9%	89.2%	96.2%	93.9%	92.2%	92.2%	92.2%
	Two Week Wait - Breast Symptom		93%	90.6%	94.5%	94.9%	86.9%	97.9%	91.8%	88.5%	84.1%	95.2%	96.2%	94.7%	98.4%	96.0%	97.1%
	31 Day First Treatment (Diagnosis to Treatment)		96%	94.8%	96.0%	94.4%	94.7%	92.8%	93.9%	94.9%	97.4%	95.0%	97.0%	98.8%	98.3%	96.7%	97.4%
	31 Day Subsequent Treatment (Surgery)		94%	95.5%	100.0%	97.5%	91.9%	95.1%	94.1%	97.4%	97.6%	98.2%	96.5%	96.3%	93.3%	93.1%	93.2%
	31 Day Subsequent Treatment (Chemotherapy)		98%	98.9%	100.0%	100.0%	100.0%	100.0%	98.6%	100.0%	100.0%	98.5%	98.1%	100.0%	100.0%	100.0%	100.0%
	31 Day Subsequent Treatment (Radiotherapy)		94%	94.7%	96.2%	97.4%	98.2%	93.9%	98.8%	97.0%	98.9%	98.2%	99.0%	100.0%	100.0%	99.2%	99.5%
	62 Day Standard		85%	84.9%	75.3%	76.3%	79.1%	75.2%	71.0%	77.5%	82.9%	69.3%	79.8%	85.1%	86.3%	84.3%	85.2%
	62 Day Screening		90%	95.8%	84.6%	100.0%	95.7%	100.0%	100.0%	100.0%	88.9%	96.0%	100.0%	93.1%	93.8%	100.0%	97.0%
A&E	4 Hour Wait	OUHT	95%	87.0%	88.2%	87.6%	86.6%	82.8%	73.9%	94.2%	91.1%	84.8%	82.2%	87.1%	88.8%	86.4%	87.5%
		RBFT	95%	93.2%	95.3%	91.0%	94.3%	90.2%	93.1%	93.3%	91.8%	88.3%	91.3%	94.5%	93.3%	90.1%	91.6%
		OHFT	95%	95.5%	97.5%	94.96%	95.9%	97.6%	97.2%	96.7%	97.09%	98.5%	98.6%	96.4%	96.6%	95.4%	96.0%
	12 Hours Trolley Wait	OUHT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		RBFT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Delayed Transfers of Care from hospital per 100,000 pop. per month				712	622	506	743	785	897	760	826	980	997	1048	942	1144	1043
Ambulance Handover		JR	85%	72.4%	70.6%	70.4%	72.1%	73.5%	65.0%	70.2%	72.2%	71.0%	72.7%	75.2%	74.1%	73.1%	73.6%
		Horton	85%	90.0%	90.2%	88.3%	92.0%	92.0%	80.9%	94.7%	91.8%	83.1%	89.2%	95.5%	97.3%	94.4%	95.8%
Dementia Diagnosis		Target		66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.9%
		Actuals		65.7%	66.3%	67.0%	67.1%	67.8%	67.2%	68.1%	67.4%	67.4%	67.3%	67.7%	67.1%	66.9%	66.9%
HCAI	Incidence of C-Diff - YTD			34	49	67	80	91	97	105	114	123	128	137	12	22	22
	Incidence of C-Diff - YTD Ceiling			23	35	48	61	73	85	98	111	124	135	145	11	23	23
	MRSA		0	1	2	0	1	0	1	0	0	2	1	0	1	0	1
A&E (MIU-Type 3)		4 hour wait	95%	95.5%	97.5%	95.0%	95.9%	97.6%	97.2%	96.7%	97.1%	98.5%	98.6%	96.4%	96.6%	95.4%	96.0%
Mixed Sex Accommodation			0	7	0	2	1	3	7	3	2	18	19	2	2	19	21
Mental Health	IAPT	Access	15%	15%	17%	15%	15%	14%	17%	18%	13%	15%	17%	20%			16%
		Recovery	50%	50%	53%	52%	52%	49%	49%	54%	48%	54%	53%	50%			51%
	People waiting from referral to entering a course of IAPT treatment as % of people who finish a course of treatment.	6 weeks	75%	83%	82%	86%	91%	93%	93%	94%	94%	95%	98%	97%			90%
		18 weeks	95%	96%	97%	98%	98%	98%	98%	98%	99%	99%	98%	100%	99%		
	Oxfordshire Ambulance Response Time		Cat 1	75%	74.5%	72.4%	65.6%	69.1%	63.2%	67.9%	70.7%	71.4%	71.9%	75.4%	69.9%	75.7%	74.1%
Cat 2			75%	71.9%	73.4%	70.3%	72.7%	69.8%	71.2%	72.3%	70.5%	70.6%	71.7%	71.4%	70.7%	69.9%	70.3%
Cat 19			95%	93.8%	92.2%	92.2%	93.8%	91.8%	92.3%	92.0%	91.2%	93.1%	93.3%	94.3%	94.1%	91.6%	175.7%
SCAS Ambulance Response Time		Cat 1	75%	73.6%	74.1%	68.4%	73.2%	69.8%	71.3%	73.0%	74.5%	74.7%	76.7%	75.0%	75.9%	75.9%	75.9%
		Cat 2	75%	72.1%	74.1%	71.5%	73.8%	73.4%	72.2%	72.9%	72.1%	71.4%	75.5%	73.3%	74.6%	71.9%	73.2%
		Cat 19	95%	95.0%	94.6%	93.8%	95.0%	94.5%	94.0%	94.8%	94.4%	94.0%	95.7%	95.1%	95.9%	94.6%	95.2%

Key Issues and mitigation

Accident and Emergency (A&E) – Four hour waits

A&E 4 hour performance continued to not meet the 95% target with performance of 86.4% in May deteriorating from 88.8% in April. YTD attendances have increased 1.6% compared to the previous year. Going forward the A&E system-wide assurance forum (Accident and Emergency Delivery Board) shall now chaired by the Chief Executive Officer of Oxford University Hospitals FT (OUHFT).

Ambulance Services

In April 2017 SCAS met the target for Red 1, but not for Red 2 and Red 19 at a Thames Valley level. A remedial action plan (RAP) is in place with a number of initiatives to come on stream during 2017/18 that will contribute to improved performance. Red 1 and Red 2 exceeded the trajectories set as part of this RAP, the trajectory for Red 19 was narrowly missed. If the trajectories for Red 1 and Red 19 are met then performance will meet the respective targets in March 18. The trajectory for Red 2 does not see the target met at any point, rather an improvement on 16/17 performance.

Key Issues and mitigation

18 Week Wait Incompletes

OCCG and OUHFT failed the RTT 92% target with 89.96% and 90.12% retrospectively. Specialties under pressure at OUHFT include T&O, Gynaecology, ENT, Plastic Surgery, Paediatrics and Pain Management. Plastic surgery has improved its position in May whilst T&O Gynaecology, other and ENT have all deteriorated.

A recovery plan for Q2 was agreed between OUHFT, OCCG and specialist commissioning on 9th June 2017. This is part of the Enforcement notice issued by NHSI on 1st June 2017. Following the short term plan a long term recovery plan needs to be agreed by 1st September.

OUHFT AND OCCG have appointed a System Improvement approach (McKinsey and Company) who started in July 2017.

The CCG have a comprehensive Demand management plan with initiatives in a range of areas supported by the Demand management Review carried out by North East CSU and other options too.

52 Week Wait Incompletes

In May 2017 ten Oxfordshire patients were waiting over 52 weeks for treatment. Nine were awaiting treatment at OUHFT; nine in Gynaecology and one in Trauma and Orthopaedics at Royal Orthopaedic Hospital. OUH are implementing a remedial action plan for treatment of long waiting gynaecology patients.

Cancer

OCCG met five of eight cancer targets; two week wait (2ww) (92.2%), 31 day wait for surgery (93.06%) and 62 day standard (84.27%) were not achieved. 2ww and 62 day failed at OUHFT predominately due to Upper and Lower Gastrointestinal. This is partially due to workforce issues (Fellow and Registrar illness and vacancies) as well as slow pathways and patients choosing to delay treatment. Staff have now been recruited and the backlog clearance is continuing with recovery expected by the end of June. The 31 day surgery was also breached by the OUHFT due to inadequate elective capacity and delayed 'To Come In' (TCI) dates.

Executive Summary 1

Key Issues	Updates
<p>Delayed Transfers of care (DToC)</p> <p>The 10 week average DToC head count is 169 at week 8.</p> <p>Key issues;</p> <ul style="list-style-type: none"> • Performance of Home Assessment and Reablement Team (HART) service relating to recruitment and retention of staff, and implementation of new service model • Home Care provider failure and diminished capacity • Flow through Community Hospitals • The discharge to assess model for continuing healthcare has not been delivering the discharge flow that was anticipated • Self-funder delays remain a significant issue especially in community hospitals • Longest waits tend to be driven by more specialist (especially EMI) nursing home packages both in the hospital pathway and in the stepdown pathway 	<p><i>NHS England/NHS Improvement Helping People Home</i> team attended Oxfordshire on 9 May. Progress on these recommendations and those from the NHSE review of the HART service will be monitored and assured in Accident and Emergency Delivery Board now chaired by the Chief Executive Officer of Oxford University Hospitals FT (OUHFT).</p> <p>Short-term mitigation actions for HART (funded by IBCF)</p> <ul style="list-style-type: none"> • Review of care packages to assure that people are not being overprescribed care: now in place with all packages reviewed by RROT from 10 July • 30 extra beds commissioned with OCCG funding through until 31 May • 80 additional discharge to assess home care packages commissioned by OCC • escalation process to divert cases to alternative forms of provision • OUHFT plan to be at full staff capacity by 31st August 17 <p>Continuing Healthcare (CHC) D2A pathway retained without changes but kept under review.</p> <p>OCCG and Oxfordshire County Council specifying further nursing home blocks to deliver extra Elderly Mentally Infirm capacity by August.</p> <p>Process mapping workshops concluded: report with demand and capacity analysis to be presented to Chief Operating Officers 4th August 17.</p> <p>CQC inspection of health and social care system, to be concluded prior to November 17, will focus on discharges and patient flow.</p>
<p>Outpatient clinical communication</p> <p>Trusts are expected to communicate with GPs within 14 days of any outpatient appointment. This is to ensure the patients ongoing management is clearly understood by the GP and any changes in medication are continued by the GP.</p>	<p>The agreed trajectory is for 90% by June 2017. As of May 2017 the OUHFT continues to achieve 80%. The trust is piloting dictation software to reduce the time communications take. The pilot is beginning in September. The trust continues to give this target a high priority. Performance is reported at a divisional level and is visible throughout the Trust. This issue will be raised at Contract Review Meeting following receipt of finalised figures for June 2017.</p>
<p>Inpatient clinical communication</p> <p>Discharge summaries should be sent to the GP within 24 hours of a patient leaving hospital. Patients often need significant support from their GP so it is imperative they receive prompt communication from the hospital in order to manage the care of their patients.</p>	<p>The current agreed trajectory is 95% by June 2017. The Trust's performance continues to be around 80%. The Trust is continuing to give this target high priority, with divisional performance displayed throughout the Trust. This issue will be discussed at Contract Review Meeting following receipt of finalised figures for June 2017.</p>

Executive Summary 2

Key Issues	Updates
<p>Management of test results</p> <p>Oxford University Hospitals FT (OUHFT) undertakes over 110,000 investigations each week with the vast majority being managed efficiently and effectively; however, the CCG has concerns about the administration of this process. OUHFT has reported a small number of SIRIs and OCCG regularly receives GP feedback where clinicians have failed to follow up results or inform the patient's GP of the result where clinically appropriate. OUHFT has acknowledged that this represents a potential patient safety risk.</p>	<p>The Trust has agreed a trajectory to achieve 90% by June 2017. As of May the Trust was continuing to achieve around 80%. The Trust is giving the target high priority and is identifying the areas in which the electronic endorsement of results is below the target.. This issue will be discussed at Contract Review Meeting (CRM) following receipt of finalised figures for June.</p>
<p>C. difficile</p> <p><i>Clostridium difficile</i>, is a bacterium that can infect the bowel and cause diarrhoea. The elderly, people with multiple co-morbidities and those who have received multiple courses of antibiotics are most commonly affected by the organism. <i>C. difficile</i> infections are unpleasant and can sometimes cause serious bowel problems, but they can usually be treated with another course of antibiotics. The period to end of May saw a total of 22 cases of <i>C.difficile</i> isolated in Oxfordshire patients (2 below threshold).</p>	<p>Each case up to the end of May has been discussed at the Health Economy meeting, consisting of Public Health England (PHE), OUHFT, OHFT and OCCG. The meeting establishes if there were any lapses in care leading to the acquisition of <i>C. difficile</i> and therefore if the case was avoidable or unavoidable.</p>
<p>MRSA</p> <p>MRSA is a type of bacteria that is resistant to a number of widely used antibiotics. This means MRSA infections can be more difficult to treat than other bacterial infections. There have been 1 case of MRSA bacteraemia in April attributed to OUHFT.</p>	<p>Post infection review has been completed for the only case with no lapses in care. No new cases for May.</p>

Quality Premium – 17/18 Tracker

The Quality Premium is a Clinical Commissioning Group financial incentive based on achievement of the Quality Premium measures. As with previous years the 2017/18 Quality Premium is worth £5 per head of population, the total awarded then reduced by 25% for each NHS Constitutional Standards classed as “not met”. The scheme involves five National measures worth 17% each, and a single Local measure worth 15% that is based on the Commissioning for Value packs in NHS England’s RightCare programme.

Constitutional Standard	Owner	Penalty	May-17 YTD position	Actions and mitigation
RTT Incomplete (92%)	Sharon Barrington	-25%	90.03% - OCCG	Following agreement of a 2017/18 quarter two action plan OUHFT have expanded capacity in a number of specialties. This shall lead in to a longer term plan currently being worked up within the trust spanning to March 2018/19, the longer term plan must be agreed between OUHFT, OCCG, and Specialist Commissioning by 1 st September 2017. This is part of the Enforcement notice issued by NHSI on 1st June 2017. A meeting is scheduled for the 17 th July to agree with associate commissioners the quarter two plan. (See Appendix 1)
A&E waits (95% within 4 hrs.)	Sara Wilds	-25%	87.54% - OUHFT	A&E delivery board continues to identify and monitor actions to improve performance and have realigned the A&E improvement plan to the 7 Urgent and Emergency Care Domains. Mitigation triggers for the achievement of the 4 hour target have been agreed by A&E Delivery Board. The target trajectory is for 90.0% to be achieved in each month of 2017/18 with 95% achieved in March 2018.
Cancer waits – 62 days (85%)	Sharon Barrington	-25%	85.17% - OCCG	Workforce related issues in Gastroenterology (Fellow and Registrar illness and vacancies) and Gynaecology (Consultant vacancy) have impacted on recent performance. Staff have been recruited and the backlog clearance continues. Gastroenterology breaches driven by slow pathways and late identification of patients requiring subsequent diagnostics. Pathways are being streamlined with patients identification and a clinician assigned earlier.
Category A Red 1 ambulance calls (75%)	Sara Wilds	-25%	74.84% - OCCG	The target for Red 1 performance was marginally missed in May for Oxfordshire. At a Thames Valley level Red 1 performance was 78.4% exceeding both the constitutional and trajectory target. A remedial action plan is in place with initiatives scheduled to be delivered throughout the year to further improve performance.

Quality Premium Measures	Owner	Position
Early Cancer Diagnosis (Mandatory 17%)	Sharon Barrington	CCG required to demonstrate 4% increase or greater than 60% overall diagnosis of cancers at stage 1 or 2.
GP Access and Experience (Mandatory 17%)	Julie Dandridge	CCG required to achieve a 3% increase, or 85% overall GP Patient Survey respondents who had a good experience of making an appointment.
Continuing Healthcare (CHC) (Mandatory 17%)	Ian Bottomley	a) Greater than 80% of cases with positive CHC checklist will have an eligibility decision made within 28 days. b) Less than 15% of all full NHS CHC assessments take place in an acute hospital setting.
Mental Health (Mandatory 17%)	Ian Bottomley	Selected measure - Improve Inequitable rates of access to Children & Young People’s (CYP) Health Services Aim 14% increase or 32% overall of CYP commencing treatment in NHS Community Services
Bloodstream Infections (BSI) (Mandatory 17%)	Sara Wilds & Claire Ward-Jackson	a) Reduce gram negative BSI b) Reduce inappropriate antibiotic prescribing for Urinary Tract Infection b) Reduce inappropriate prescribing in Primary Care
Stroke – Early Supported Discharge (Local 15%)	Sara Wilds	CCG to measure the percentage of patients treated by a stroke skilled Early Supported Discharge Team.

Low Priority Procedures

Low Priority Procedures (LPPs) are interventions where a threshold exists below which the risks or cost of the procedure outweighs the potential benefit to the patient. LPPs are defined within Oxfordshire Clinical Commissioning Group's (OCCG) clinical commissioning statements. The purpose of clinical commissioning statements for procedures of Low Priority Procedures is to ensure that OCCG funds treatment only for clinically effective interventions delivered to the right patients at the right place.



Oxfordshire CCG reviewed its prior approval process in 2016 and is now implementing electronic prior approval processes with all providers. This began in September 2016 and resulted in the visible step change in activity. Oxford University Hospitals FT is the only remaining contracted provider for OCCG not to have implemented an electronic system, it is due to be fully implemented by 1 January 2018.

In addition to Low Priority Procedures the CCG considers and decides upon applications for individual funding requests (IFR). An IFR is the means by which an NHS clinician may advocate the use of an intervention for his/her patient which is not commissioned and is, therefore, not normally funded. In doing so they must seek to demonstrate in what way the clinical circumstances may be regarded as exceptional. The purpose of the IFR process is to provide a structure within which IFRs can be submitted, considered and responded to in a rational, consistent and transparent way. Due to the specifics and low volume of activity on this pathway resulting in potential patient identifiable data it is not possible to report publically in any meaningful fashion. Instead a periodic report is submitted to the Oxfordshire CCG Quality Committee.

Oxford University Hospitals NHS Trust (OUHFT)

Urgent Care M02 Position

Accident and Emergency (A&E) Attendances

April 2017 A&E attendances were -4.3% (-438) under activity plan and -4.4% (-£65,361) under the price plan, This was recovered in May with year to date activity marginally over plan 0.4% (86) with the price plan on target (-£765).

Ambulatory Care Pathways

Ambulatory Daily Decision Unit (DDU), Emergency Surgery Ambulatory Unit, and Adams Ambulatory Unit (AAU) are locally agreed and priced ambulatory care pathways which opened in February 2016. There is additional activity that flows through the Ambulatory pathway that is not recorded separately as it attracts a standard Non-Elective inpatient tariff.

- Ambulatory Emergency Care is slightly under plan -3.8% (-40) which equates to -4.3% (-£14,043) spend.
 - Ambulatory Daily Decision Unit is under plan by -37.3% (-112) which equates to -31.8% (-£41,227) spend.
 - Emergency Surgery Ambulatory Unit is under plan by -2.2% (-12) which equates to -2.2% (-£2,773) spend.
 - Adams Ambulatory Unit exceeded plan year to date 40.4% (84) and 40.4% (£29,956) spend.
- The AAU plan for 2017/18 recognises the lower level of locally charged (non admitted) activity recorded in 2016/17 compared to admitted AAU activity.
- AAU activity over Plan by 40.4%, and DDU activity under by a similar amount (37.3%), mostly relating to follow up DDU activity, may reflect a shift in how activity is now flowing through the ambulatory units.

Non Elective

Total NEL activity is under plan by -1.7% (-175) but spend is over plan by 2.9% (£522,588), before adjusting for the Marginal Rate Emergency Tariff.

Month 2 2017/18								
Point of Care Delivery	Activity Plan	Activity Actual	Activity Variance	%	Price Plan	Price Actual	Price Variance	%
A&E	20,916	21,002	86	0.4%	£3,027,499	£3,026,734	-£765	0.0%
Ambulatory Emergency Care	1,058	1,018	-40	-3.8%	£329,394	£315,351	-£14,043	-4.3%
Non-Elective	10,431	10,256	-175	-1.7%	£17,953,190	£18,475,778	£522,588	2.9%
Elective	9,007	9,275	268	3.0%	£9,805,374	£10,000,469	£195,096	2.0%
Excess Bed Days	2,544	2,300	-244	-9.6%	£637,599	£579,819	-£57,780	-9.1%
Critical Care Total	1,314	1,267	-47	-3.6%	£1,599,577	£1,420,012	-£179,565	-11.2%
Diagnostic Imaging whilst Outpatients	14,555	12,924	-1,631	-11.2%	£1,451,116	£1,319,047	-£132,070	-9.1%
Direct Access	793,825	703,436	-90,389	-11.4%	£2,223,383	£2,288,531	£65,148	2.9%
Drugs & Devices	3,061	3,218	157	5.1%	£3,330,728	£3,476,271	£145,543	4.4%
Maternity	2,425	2,213	-212	-8.7%	£2,144,110	£2,070,101	-£74,010	-3.5%
Outpatient First	26,459	26,899	440	1.7%	£4,084,780	£4,146,622	£61,841	1.5%
Outpatient Follow Up	45,134	46,069	935	2.1%	£3,598,603	£3,629,733	£31,130	0.9%
Outpatient Other	3,412	4,043	631	18.5%	£167,789	£201,425	£33,636	20.0%
Outpatient Procedure	12,720	11,676	-1,044	-8.2%	£1,982,062	£1,856,165	-£125,897	-6.4%
Other	1,996	2,098	105	5.2%	£2,075,696	£2,157,237	£81,541	3.9%
Activity Driven Total	948,857	857,694	-91,160	-9.6%	£54,410,902	£54,963,295	£552,393	1.0%

Month 2 2016/17					
Activity Actual	Activity Growth	%	Price Actual	Price Growth	%
20,542	460	2.2%	£2,704,243	£322,491	11.9%
945	73	7.7%	£281,317	£34,034	12.1%
9,883	373	3.8%	£16,724,448	£1,751,330	10.5%
9,571	-296	-3.1%	£9,752,077	£248,392	2.5%
3,477	-1,177	-33.9%	£805,512	-£225,693	-28.0%
1,373	-106	-7.7%	£1,342,025	£77,987	5.8%
13,245	-321	-2.4%	£1,295,535	£23,512	1.8%
760,271	-56,835	-7.5%	£2,465,696	-£177,165	-7.2%
2,970	248	8.4%	£3,109,717	£366,554	11.8%
2,422	-209	-8.6%	£2,214,723	-£144,622	-6.5%
30,420	-3,521	-11.6%	£4,370,133	-£223,511	-5.1%
50,563	-4,494	-8.9%	£4,462,406	-£832,673	-18.7%
4,138	-95	-2.3%	£180,622	£20,803	11.5%
11,027	649	5.9%	£1,915,033	-£58,868	-3.1%
2,857	-759	-26.6%	£2,117,965	£39,272	1.9%
923,704	-66,010	-7.1%	£53,741,452	£1,221,843	2.3%

Key - for OUHFT Summary

>10%

Over/under plan

3-10%

Over/under plan

<3.0%

Over/under plan

Oxford University Hospitals - Planned Care

Planned Care Month 02 Position

Oxford University Hospitals FT (OUHFT) experienced an issue with patient reporting systems which resulted in concern over the accuracy of reporting in month one and two activity data. These issues have now largely been resolved with issues being rectified from month three, with month one and two data being retrospectively resolved.

Particular over-performance against plan is being seen in day cases with activity £350,492 over plan which equals to -6.2% variance; primarily being driven by Cardiology, Ophthalmology and General Surgery. With under-performance being driven by diagnostic imaging, elective inpatient, and outpatient procedures.

As part of the system risk agreement, OHFT, OUHFT and OCCG are working together to manage demand and identify areas of opportunity to reduce activity within the Oxfordshire Healthcare system; ensuring appropriateness of outpatient follow up appointments has been identified as a priority area. As such, a series of meetings with Gynaecology, Urology, Neurology, Ophthalmology and General Medicine at the Horton services are being held to scope the potential opportunity.

Planned Care Projects

Musculoskeletal (MSK): Following a tender process, the successful provider Healthshare has been announced. Negotiations and mobilisation have now begun with the full service due to start from 2nd October 2017; options to start triage elements earlier are being explored with the incoming provider.

Cardiology: Contract variation negotiations are nearing completion. Echocardiogram procurement being reviewed before contract variation will be signed by Trust. Go-live for the clinic service is scheduled for September 2017 in the City, North East, and West localities.

Headache: A contract variation to implement the headaches service is close to being signed which includes a scheduled service start date of September 2017. The service shall begin with a clinic located in Oxford City locality which shall be delivered by interim consultant cover whilst a permanent Neurology consultant is sought.

Ophthalmology: Following continued higher than expected activity OCCG and OUHFT are jointly reviewing options for patients to be seen in appropriate community settings following an increase in eye casualty attendances including; alternate options for cataract follow up appointments, a trial advice and guidance email line to support optometrist referral, amending 111 Directory of Services to ensuring patients are directed to appropriate services, and commissioning pharmacists to support glaucoma patients with drug administration and sign-posting.

Suspected Cancer Pathway (SCan): North and West localities received a staggered go live with the remaining Oxfordshire localities planned to go live by November 2017. New Multi-diagnostic centre staff members are now in place. 45 referrals have been received with 5 cancers being diagnosed. Following the success of the service NHS England are looking to adopt the service across the Thames valley region.

Bladder and Bowel Service: It has been agreed that the triage and initial assessment / treatment of all referrals will take place within the new MSK service, with OUHFT continuing to provider secondary care services and OHFT managing the supply of pads and products. Stakeholder meetings are currently taking place to establish clear paediatric and adult pathways and improve quality of service for all patients, these are to be finalised and implemented in-line with the MSK service start date.

Ear, Nose, and Throat (ENT): OUHFT is aims to recruit three consultants, one to fill a long standing vacancy (August '16), and two additional to support an increase in capacity and provision of community based clinics. A business case for ENT pathway review is being developed with increased focus on aural care clinics and access to audiology services.

Diabetes: OCCG received NHSE funding to improve Oxfordshire education, treatment targets, and the multi-disciplinary diabetic foot care team. Funding supports the move to diabetes integrated care, including: year of care planning in primary care, insulin initiation within primary care, practice diabetes MDTs with specialist input, This is being supported by Locality Diabetes Review meetings to focus on diabetic population health and reduce variation in diabetic care.

SCAS Provider Summary

South Central Ambulance Service

Summary of performance on 999

- The 999 service achieved the Red 1 target for Oxfordshire, the target for Red 2 was not met but did exceed the remedial action plan (RAP) trajectory, Red 19 did not meet the target or RAP trajectory for May 2017/18 at Thames Valley contractual level.

Measure	Reporting Period	Threshold	Reporting Month			Year To Date		
			Oxfordshire	North Thames Valley Cluster	South Central Ambulance Service	Oxfordshire	North Thames Valley Cluster	South Central Ambulance Service
RED 1 Incidents within 8 Minute Target	M02	75%	74.10%	78.40%	75.90%	74.80%	77.70%	75.90%
RED 2 Incidents within 8 Minute Target	M02	75%	69.90%	73.20%	71.90%	70.30%	74.30%	73.20%
RED 19 Incidents within 19 Minute Target	M02	95%	91.60%	94.30%	94.60%	92.80%	95.20%	95.20%

Summary of performance on 111

- The 111 service continues to struggle to meet the call answering KPI (95% in 60 seconds). In May SCAS achieved 89%. However, there continues to be a low number of calls abandoned (1.1%) against target of less than 5%. There has been no adverse patient feedback in respect to call waiting times.
- The performance against the nationally mandated Warm Transfer KPI remains low (85% of calls defined as requiring clinical input to be “warm transferred” directly to a clinician). In May SCAS achieved 21%; the remainder will talk to a clinician, but receive a call back. One of a number of factors affecting the performance is the lack of clinicians available, even though there is an ongoing recruitment programme taking place. There have been no clinical incidents reported due to a delay in clinician call back.
- Referrals to 999 are continuing to sit underneath the national <10% guideline target, with May seeing 8.46%.
- Calls ending in an Emergency Department disposition for May were 10% of total (national guideline<5%). While this is not optimal, commissioners are hopeful that from September and the launch of the clinical assessment service within the integrated urgent care service, this figure will decrease.

OHFT Provider Summary 1

Oxford Health Foundation Trust (OHFT)

Mental Health Services

Oxford Health FT (OHFT) is meeting national mental health performance targets (Access 17.2%, Recovery 53%, RTT in 6 weeks 97.7% and RTT in 18 weeks 99.5%) and is making good progress to achieve the in meeting the new waiting targets for early intervention in psychosis and year to date improved access to psychological therapy. Further national standards are expected in relation to Crisis intervention and work is on-going with OHFT to anticipate the reporting requirements.

OCCG and OHFT were successful in a NHSE Five year forward view parity of esteem bid to extend access to improving access to psychological treatment (IAPT) services to provide better integrated long-term conditions (LTC) and IAPT services. The service has started accepting referrals and establishing good relationships within the community and primary care teams working with people with LTC. The service will be run as a pilot through 2017/18 being closely monitored by NHSE and the CCG with an initial quality and economic evaluation due in the autumn to review on-going sustainability.

The OHFT Emergency Department Psychiatric Service performance is meeting access targets of 1 hour in the John Radcliffe (JR) hospital and 1.5 Hours in the Horton General Hospital (HGH), continue to improve, with access at the JR exceeding the target in month 1, and close to the target for HGH. Performance continues to be monitored through the monthly contract review meeting.

A review of the way in which we commission MH urgent care is under way under the scope of the local Crisis Concordat and aims to bring the MH triage services operating within the SCAS control room, alongside the police, and the EDPS into one specification. All concordat partners attend a monthly Problems in Practice meeting, led by OHFT, to raise, discuss and resolve operational issues, this is well attended and working well. OHFT and OCCG have launched a review of services and pathways for people with Personality Disorders.

Within the Outcomes Based Contract in respect of mental health services for adults with severe mental illness indicators have been agreed and performance reports are being provided. Baselines have been agreed up to the end of the year (30/09/17) after which they will be reviewed and agree for the rest of the contract term. A report from the Oxfordshire MH Partnership was presented at the April contract review meeting which showed examples of positive practice across the partners.

OHFT have been successful in working to reduce Oxfordshire mental health adults out of area placements (OAPs) and bed days, from December to March there was only 1 ECR admission equating to 2 bed days, this rose in April but was due to the need to support Buckinghamshire (where OHFT is the provider) in response to two one off incidents there which reduced the MH beds available.

Learning Disability (LD) Services

The OCCG contract with OHFT for provision of specialist learning disability (LD) health services started on 1st July. The service provides specialist psychology, psychiatry, Speech and Language Therapies, Occupational Therapist, nursing and epilepsy care in the community.

OHFT are also responsible for the provision of specialist inpatient beds. Currently seven beds are being spot purchased out of area.

OCCG oversaw the transfer of services from Southern Health NHS FT to OHFT and is assured that this was done in a safe and effective way with minimal impact on continuity of care to patients.

OCCG is responsible for co-ordinating and chairing Care & Treatment Reviews for LD inpatients every six months. Care & Treatment Reviews were introduced by NHSE to ensure people with learning disabilities and / or autism are being discharged in a timely way and are not unnecessarily in hospital.

OHFT Provider Summary 2

Oxford Health Foundation Trust (OHFT)

Out of Hours (OOHFT) (Cost and Volume Service)

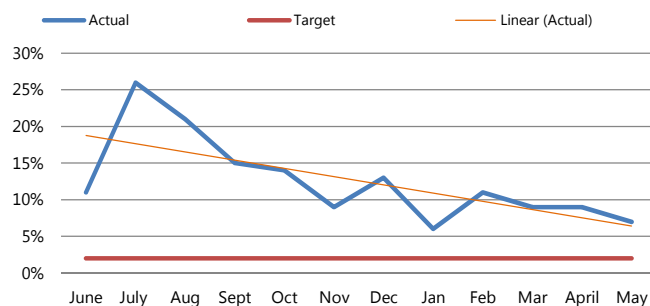
Year to date 2017/18 activity continues to exceed 2016/17 activity up 17%, with 20,492 in 2017/18 contacts against activity of 17,542 in 2016/17.

6 of the 10 reportable monthly national quality requirements (NQRs) were achieved in May (60% compliance). The following NQRs were not achieved;

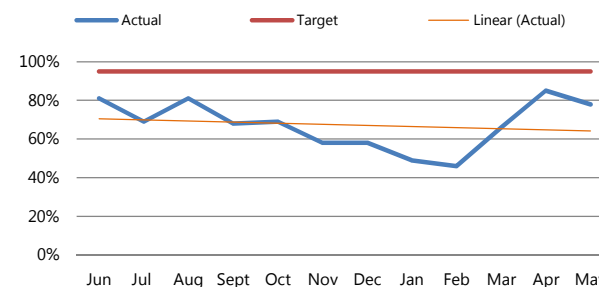
1. NQR7B6 – OOHFT % of unfilled shifts ($\leq 2\%$): 7% (YTD 8%);
2. NQR10B8 – OOHFT urgent triage (walk in) - time to triage ($\leq 95\%$ within 20 minutes): 78% (YTD 85%);
3. NQR10B9 – OOHFT non-urgent triage (walk in) - time to triage ($\leq 95\%$ within 60 minutes): 87% (YTD 87%);
4. NQR12B10 – OOHFT urgent face to face base visit ($\leq 95\%$ within 2 hours): 82% (YTD 80%);

The Oxford Health Foundation Trust Executive Board has commissioned an independent review of the OOHFT service which commenced in June and will take 2 – 3 months.

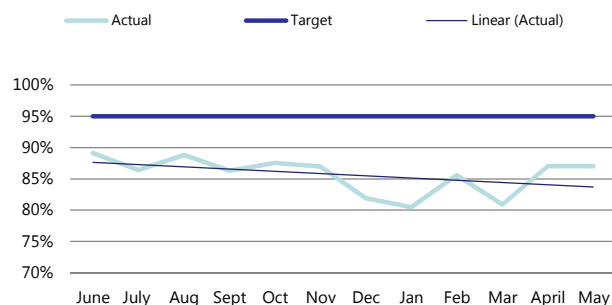
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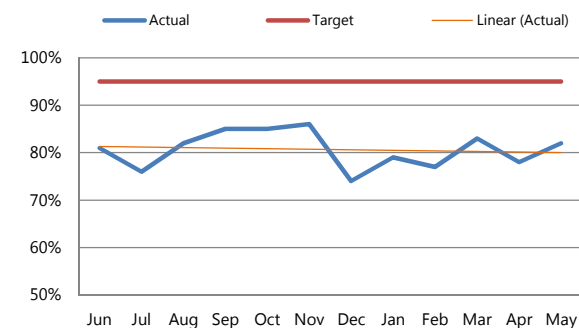
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OHFT Provider Summary 3

Oxford Health Foundation Trust (OHFT)

Community Services

Performance Indicators

OHFT was required to report against **73 indicators** in M02 (including: Older People, Children's and Mental Health services). 49 of the Trust indicators were achieved; **67% attainment** which is an increase on M01.

Key:	Well below Target < 10%	Below Target < /- 6-10%	Near Target < /- 5% under	At Target	Exceeds Target	
						% met
Total (73)	18	1	5	35	14	67%
Older People						
Community Services (52)	33 = 63%	1	2	30	4	65%
OP Mental Health (7)	0	0	0	2	4	86%
Sub-total (59)	18	1	2	32	8	68%
Children's						
LQRs (3)	0	0	1	2	0	33%
Community Services	0	0	0	1	1	100%
CAMHS & ED	2	0	1	0	0	50%
Sub-total (11)	2	0	2	1	6	64%
Adults						
LQRs (1)	0	0	1	0	0	0%
MH (2)	0	0	0	2	0	100%
Sub-total (3)	0	0	1	2	0	67%

Red indicators (10% or more below target) are as follows (excluding: Out of Hours and Mental Health addressed elsewhere):

- 53% of rehabilitation patients and 56% of stroke rehabilitation patients had an improved FIM score by their multi-disciplinary team fit date (target = 75%). Oxford Health (OHFT) are investigating potential data input issues and have been asked to report on progress.
- 71% of Musculoskeletal (MSK) Physiotherapy and 60% of Physical Disability Physiotherapy (PDP) patients waited longer than 12 weeks to first appointment offered (target = 95%). OHFT have stated an increase in referrals for both services is leading to increased waiting times. OHFT have been asked to provide evidence of the referral increase as well as staffing levels to assure capacity and the waiting times to be profiled to show longest waits.
- 34% of routine Falls referrals had an appointment within 8 weeks (target = 90%). OHFT have stated that an increase in referrals has impacted on ability to see patients within 8 weeks. OHFT have been asked to provide OCCG with the data as agreed in Schedule 6 (including referral numbers) whilst the dataset is developed via the Technical Information Group (TIG).
- CHC – 48% of patients did not receive a case review (95% target) and 52% did not receive a 12 month case review (95%). Both are due to staffing capacity and an increase in demand for FNC. OHFT have been re-organised the staff across 3 localities which should increase capacity. In addition, 21% of FastTrack patients did not have a package of care within 2 days. It has been agreed that this KPI is for information only.
- Not reported on - Stroke, Occupational Therapy and Speech and Language therapy patients received at least 45 minutes of physiotherapy (target = 85%). OHFT is unable to submit performance data in relation to these indicators. OCCG have requested assurance around the input of stroke therapy – feedback due in August.

OHFT Provider Summary 4

Oxford Health Foundation Trust (OHFT)

Community Services

Activity

The following services are more than 10% over plan Year To Date (YTD) at M02:

- **Care Home Support Service:** (+1,103 attended contacts//25% over plan YTD) – Non face contact has risen significantly due to a 13% increase in beds within new care homes and increased capacity within the team. It is believed that this increase is temporary and seasonal only.
- **Bladder and Bowel** (+72 attended contacts/14% over plan YTD) – Increase due to rise in the number of referrals (particularly in the children's team).
- **Hospital at Home:** (+682 attended contacts/219% over plan YTD) – Increase is due to different method of reporting for 17/18 (first and follow up activity rather than just firsts). The IAP has now been adjusted to reflect this and variance will be provided in month 3 reporting.
- **Pulmonary Rehabilitation:** (+52 attended contacts/75% over plan YTD) – OHFT have reported that the service activity fluctuates throughout the year due to seasonal variation. OHFT have been asked to evidence seasonal trends.

The following services are more than 10% under plan Year To Date (YTD) at M02:

- **Adult SALT** (-112 attended contacts/-12% under plan/-16% under plan YTD) – Turnover in Band 5 staff has reduced capacity but locum cover is in place where possible. OHFT have confirmed the service will be fully staffed from October.
- **Community Hospitals:** (-56 completed episodes/-16% under plan YTD) - A significant increase in delayed transfers of care has impacted on patient flow. OHFT is in discussion with OCCG regarding FY17/18 activity plan and bed stock alignment.
- **HIV service** (-115 attended contacts/-77% under plan YTD) – One staff member in place with the service currently transferring to OUH. The specialist element of the service (maternity) is continuing but has been mainstreamed due to a staff vacancy.
- **Nutrition and Dietetics** (172 attended contacts/-18% under plan YTD) – Data may include complex diabetes patients which may affect the numbers. OHFT have confirmed accurate data will be available by month 4 reporting.
- **Oxfordshire Chronic Fatigue Syndrome Service** (-11 attended contacts/-15% under plan YTD) – OHFT funded band 6 post has been removed which has increase waiting times and capacity. OHFT have submitted a paper to OCCG outlining proposed changes to the service.
- **Phlebotomy (City)** (-308 attended contacts/ -18% under plan YTD) - OHFT have not provided any explanation as to the underperformance of this service as the data is not yet available. The have given assurance that this will be sent as soon as it is available.

AQP Podiatry

At M02, the OHFT Any Qualified Provider (AQP) Podiatry contract is over performing by £42,558 (8.0%). This is primarily due to an increase in the number of follow up appointments for biomechanics and 0.1% inflation applied to current prices. OH have confirmed reasons for the increase in follow ups which includes patients presenting with an increased acuity/complexity, an increase in the number of diabetic patient contacts, an increase in the number of patient with treatment continuing, a reduction in DNAs therefore more contacts and an increase in staff and general capacity.

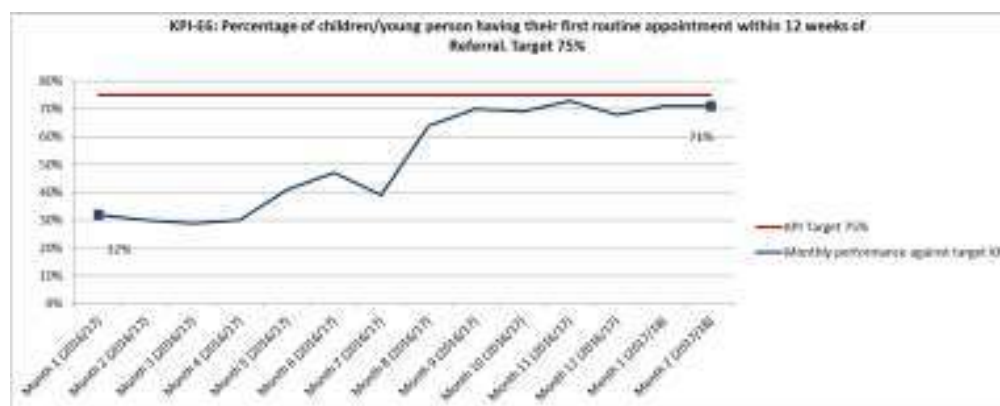
CSU and OCCG Commissioners are reviewing the causal factors, validating them and then agreeing mitigating steps.

OHFT Provider Summary 5

Oxford Health Foundation Trust (OHFT)

Children and Adolescent Mental Health Services (CAMHS)

- 100% of Emergency (24 hour) and Urgent (7 days) referrals were seen within target.
- 1057 patients are currently on the Oxfordshire CAMHS services' wait list (0-52 weeks) an increase of 9% on last month
 - 242 (25.1%) patients (non-ASD) are waiting over four months for an assessment this is a deterioration on last month 178 (20.2%)
 - 78 (8%) patients (non-ASD) are waiting over six months for an assessment, this is a deterioration on last month 48 (5%)
 - The Oxfordshire CAMHS Performance Manager reviews each case waiting over 4 months.
- 93 patients are awaiting an autism spectrum disorder (ASD) assessment (0-52 weeks) an increase of 38.8% on last month
- 18 (19.4%) patients are waiting over four months for an assessment, this is an improvement on last month 19 (28.4%)
- The average current wait for CAMHS Tier 3 Assessment is 10 weeks (change from 13 weeks last month)
- The average current wait for PCAMHS Assessment is 15 weeks in North Oxfordshire, 18 weeks in South Oxfordshire, and 16 weeks in central Oxfordshire
- Average rate patients referred per a month has increased to 560 from 465 last month. This is a 13% increase.
- Year to date to date average for referrals not requiring treatment is currently 10%. These will be signposted to other services.
- Patients receiving first routine appointment within 12 weeks has significantly improved from 32% at beginning of last financial year to 71% for Month 2 2017/18.



Issues

The significant increase in number of referrals has impacted on performance both in terms of number on waiting list and the time children are waiting. The Trust is still focused on recruiting to vacancies. There is also a clear new contract mobilisation plan in place in order to transform the services in line with the newly awarded contract for CAMHS.

Acute Provider Summary

Royal Berkshire Foundation Trust (RBFT)

Summary

The Lead commissioner continues to negotiate the 2017/18 activity plan with Royal Berkshire Foundation Trust. Performance is therefore reported against M02 2016/17.

Month two activity is 66,978 with a of £3,187,175 which is an reduction in activity of -16,914 but a marginal increase in spend of £61,079.

Areas of particular under performance against 2016/17 M02 position are:

Pathology (16,692 - £31,041), Critical Care (31 - £45,614), Outpatient First Attendance (293 - £13,142), Outpatient Follow Up (326 - £57,239), Day Case (49 - £39,165)

Areas of particular over performance against 2016/17 M02 position are:

Accident & Emergency (56 - £39,930), Non-Elective Non-Emergency (89 - £70,954) and Elective Inpatients (8 - £48,515), Outpatient Procedures (498 - £40,053)

Performance is being monitored but all figures must be treated with caution until a plan has been agreed.

Independent Acute Providers

Summary

- At month two, total activity within the Independent Acute Providers is performing above plan (£215k) with activity at The Foscote virtually on plan and an increase in under performance at Ramsay Berkshire Independent Hospitals.
- Ramsay HTC is reporting an overspend of 12.5% over plan at month 2 leading to a potential end of year FOT of £953K above plan if activity continues at these levels. The Provider and OCCG are working to understand the rationale behind the increased levels of activity with a view to address plans for mitigation.
- Nuffield Hospital (The Manor) has an increased overspend at month 2, the highest over-performance can be attributed to major procedures with complications leading to the possibility that the transfer from HRG4 to HRG4+ is playing a significant role in the rationale behind it.

Month period	Provider	Year To Date				
		Plan cost	Actual cost	Variance		Rating
		£	£	£	%	
M02	Horton Treatment Centre (Ramsay)	£ 1,272,902	£ 1,431,686	£ 158,784	12.47%	Red
M02	Nuffield Hospital Oxford (The Manor)	£ 257,285	£ 283,304	£ 26,019	10.11%	Red
M02	Circle Reading	£ 260,197	£ 276,614	£ 16,417	6.31%	Amber
M02	Foscote Court (Banbury) Trust Ltd	£ 150,478	£ 149,976	-£ 502	-0.33%	Green
M02	Ramsay Berkshire Independent Hospital	£ 95,919	£ 68,639	-£ 27,280	-28.44%	Red
M02	Spire Dunedin Hospital	£ 82,717	£ 124,588	£ 41,871	50.62%	Red
M02	Total Lead Contract ISP Spend	£ 2,119,498	£ 2,334,807	£ 215,309	10.16%	Red

Full Year				
Plan cost	FOT Cost	Variance		Rating
£	£	£	%	
£ 7,637,414	£ 8,590,118	£ 952,704	12.47%	Red
£ 1,543,710	£ 1,699,823	£ 156,113	10.11%	Red
£ 1,561,183	£ 1,659,683	£ 98,500	6.31%	Amber
£ 902,867	£ 899,857	-£ 3,010	-0.33%	Green
£ 575,516	£ 402,234	-£ 173,282	-30.11%	Red
£ 496,303	£ 747,526	£ 251,223	50.62%	Red
£12,716,993	£13,999,241	£ 1,282,248	10.08%	Red

Key - for Finance overview

>10%

Over/under plan

3-10%

Over/under plan

<3.0%

Over/under plan

Appendix 1

Update on RTT

OUH has not met the referral to treatment times (RTT) constitution standard since July 2016. For the financial year 2016/17 the full year's average performance was 90.7% against the standard of 92%.

The CCG is required to meet the two key NHS Constitution standards as part of the Improvement and assessment framework (IAF) overseen by NHS England. The Incomplete standard (92%) being one of two key standards, the other being the cancer 62 day standard (85%). The consequence of not meeting these two standards is no payment for this part of the Quality Premium standards. Due to the standards not being met there was an increased level of scrutiny starting in October 2016. NHS Improvement, the regulator for Foundation Trusts, issued an enforcement notice following a full investigation into the management of RTT and cancer. Some of the key actions identified in the notice were:

- Develop and submit a comprehensive RTT improvement plan that has been agreed by its Board and key commissioners (OCCG on behalf of other non-specialist commissioners)
- A detailed demand and capacity analysis at individual speciality and sub speciality level in line with the IMAS model.
- Develop a plan with milestones to improve internal productivity including the recommendations from Four Eyes on theatre productivity.
- Review the governance arrangements to effectively oversee and assure the Board on the RTT plans on an ongoing basis.
- Provide evidence to NHSI, as required, on engagement and ownership by clinical teams of modelling work and implementation of productivity work.
- Ongoing effective engagement with NHS Improvements Elective Intensive Support Team

One of the other actions the system agreed following this notice was to develop an RTT transformation plan and employ an Improvement Director to work across the CCG and Trusts to work up a plan for the medium term and assure the Health System and advise on work to be done and that everything was being done to limit the spend on backlog clearance and run rate balance. Additional support has now been commissioned from McKinsey to assist the system.

Progress to date

There has been progress in developing an RTT improvement plan. A short term plan for quarter 2 has been signed off by OCCG. The quarter 2 plan has been derived from the additional capacity available within the Trust without incurring premium costs and recognising the capacity constraints associated with the summer holiday period. The additional activity set out in the plan does not, in all cases, link to the 18 week RTT specialty pressures. It does, however, impact on the overall RTT measures. Taking this into account the following has been agreed:

- Treatments will be offered in accordance with the Trust's access policy; prioritising clinical urgency and treating patients in order of need, followed by longest waiters at sub-speciality level.
- Further requirements are stipulated on improved information to track progress at a specialty and sub-specialty level.
- A comprehensive performance framework linking key performance indicators to plan delivery.

The Q2 plan for OCCG has been costed at £957k (after application of the risk share agreement), this value will be used as a means to assess Q2 delivery along with sight of the Trust's internal capacity utilisation and cost reports as agreed at the Risk Mitigations Delivery Group. Any forecast cost pressures identified will be managed through the Risk Mitigations Delivery Group.

The Q2 plan is included for information.

OUH Quarter 2 plan for reduction of backlog and balance of run rate

	Inpatients			Daycases			New Outpatients		
	Baseline	Additional	Total	Baseline	Additional	Total	Baseline	Additional	Total
Cardiology	301	0	301	1122	212	1334	4546	204	4750
Dermatology	10	0	10	984	0	984	1836	0	1836
ENT (Adult and Paediatric)	316	24	340	469	36	505	2359	19	2378
Gastroenterology (and Endoscopy)	0	0	0	4278	445	4723	1725	62	1787
General Surgery	258	0	258	1854	0	1854	1896	0	1896
Gynaecology	296	0	296	519	0	519	3608	216	3824
Maxillo Facial Surgery	155	0	155	596	0	596	1380	0	1380
Neurology	124	10	134	269	20	289	2131	108	2239
Neurosurgery	299	7	306	109	1	110	688	47	735
Ophthalmology	70	12	82	1473	258	1731	2549	0	2549
Paediatric Trauma and Orthopaedics	106	20	126	90	18	108	807	0	807
Paediatric Urology	40	0	40	131	0	131	268	0	268
Plastic Surgery (Adult and Paediatric)	305	9	314	1000	27	1027	2012	0	2012
Trauma and Orthopaedics	959	134	1093	567	80	647	6762	249	7011
Urology	316	12	328	697	39	736	1493	869	2362
Other	2817	81	2898	5973	27	6000	47556	535	48091
Totals	6372	309	6681	20131	1163	21294	81616	2309	83925
Commissioner costs	£'000								
Oxfordshire at 60% of tariff	979								
NHS England	597								
Other CCG's	994								
Total	2570								