

## Oxfordshire Clinical Commissioning Group Board Meeting

<b>Date of Meeting:</b> 25 January 2018	<b>Paper No:</b> 18/08
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<b>Title of Paper:</b> Integrated Performance Report
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<b>Paper is for:</b> (please delete tick as appropriate)	<b>Discussion</b>		<b>Decision</b>		<b>Information</b>	✓
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<p><b>Purpose and Executive Summary:</b> 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>
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<p><b>Financial Implications of Paper:</b> None specific to the paper.</p>
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<p><b>Action Required:</b> The Board is asked to note the report.</p>
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<b>OCCG Priorities Supported</b> (please delete tick as appropriate)	
✓	Operational Delivery
✓	Transforming Health and Care
✓	Devolution and Integration
✓	Empowering Patients
✓	Engaging Communities
✓	System Leadership

<p><b>Equality Analysis Outcome:</b> Not applicable.</p>
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<b>Link to Risk:</b>
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The Integrated Performance Report links to risks:  
Assurance Framework 19 – Demand and Performance Challenges  
Assurance Framework 22 – Quality  
Risk 758 – Delayed Transfers of Care (DTC) Reduction  
Risk 735 – OUHFT Tests Results  
Risk 771 – Inpatient Discharge Summaries  
Risk 798 – Performance in Referral to Treatment (RTT) and Cancer NHS  
Constitution Standards  
Risk 770 – Outpatient Communication between Primary and Secondary Care  
Risk 797 – A&E 4 Hour Wait  
Risk 800 – Learning Disability Service in Transition

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**Date of Paper:** 17 January 2018

# **Oxfordshire CCG Integrated Performance Report**

## **January 2018**

(Reporting 2017-18 Month 08 Activity)



North



North East



Oxford City



South East



South West



West

# Executive Dashboard

## Finance Overview

Reporting Period	Provider	Year To Date				Full Year			
		Plan cost	Actual cost	Variance		Plan Cost	FOT Cost	Variance	
		£,000	£,000	£,000	%	£,000	£,000	£,000	%
M09	Oxford University Hospitals NHS Foundation Trust	£ 248,484	£ 251,706	£ 3,222	1.30%	£ 331,315	£ 335,615	£ 4,300	1.30%
M09	Royal Berkshire NHS Foundation Trust (not excluded drugs)	£ 15,073	£ 15,813	£ 741	4.91%	£ 20,097	£ 21,176	£ 1,079	5.37%
M09	Horton Treatment Centre (Ramsay)	£ 6,037	£ 6,611	£ 574	9.51%	£ 8,049	£ 8,815	£ 766	9.51%
M09	Oxford Health Foundation Trust	£ 96,420	£ 96,757	£ 337	0.35%	£ 128,071	£ 128,484	£ 413	0.32%
M09	SCAS 999	£ 16,665	£ 17,132	£ 467	2.80%	£ 22,220	£ 22,727	£ 507	2.28%

NB. The tables on page 2 and 23 are extracted from the Month 9 Finance report. They are driven by Month 8 SLAM information extrapolated to Month 9.

NB. Oxford Health Foundation Trust includes spend for new learning disability service from Month 6

## Performance Overview

Measure		Period	Target	Total Commissioner OCCG Rating		Total Provider OUHFT Rating		Total Provider RBFT Rating	
RTT	Incomplete Pathways 18 Week - All patients	M08	92%	87.26%	Red	87.35%	Red	92.71%	Green
2 week	6.3 - Cancer Two week waits	M08	93%	96.80%	Green	96.88%	Green	96.85%	Green
	6.4 - Breast symptoms Two week waits	M08	93%	98.01%	Green	99%	Green	96.05%	Green
31 Day	7.4 - 31 Day First Treatment	M08	96%	96.52%	Green	96.06%	Green	97.32%	Green
	7.11 - 31 Day Subsequent Treatment (Surgery)	M08	94%	95.08%	Green	95.96%	Green	93%	Red
	7.11 - 31 Day Subsequent Treatment (chemotherapy)	M08	98%	100.00%	Green	100.00%	Green	99%	Green
	7.11 - 31 Day Subsequent Treatment (radiotherapy)	M08	94%	99.10%	Green	99.10%	Green	97%	Green
62 Day	8.4 - Cancer Plan 62 day standard (Tumour)	M08	85%	84.02%	Red	82.02%	Red	84.96%	Red
	9.4 - CRS 62 Day screening standard (Tumour)	M08	90%	95.83%	Green	95.65%	Green	100.00%	Green
4 hour wait	Oxford University Hospitals NHS Foundation Trust	M08	95%	83.76%	Red				
	Royal Berkshire NHS Foundation Trust	M08	95%	92.28%	Red				
	Oxford Health Foundation Trust	M08	95%	97.30%	Green				
Ambulance response time	Cat A8 - Red 1	Due to the implementation of the Ambulance Response Programme the measurement of ambulance response times is changing from November 2017. To support successful implementation a national request has been made that commissioners do not manage against the new indicators until 2018/19.							
	Cat A8 - Red 2								
	Cat A19								

Total Provider performance listed by each provider may include non-OCCG patients therefore Total Commissioner and Total Provider performance is not reflective of the other

## Quality Overview

Safety Incidents Year To Date (November 2017)		Period	Total OCCG	OUHFT	OHFT	RBFT	Community	Independent Providers	Third Party (MRSA Only)
Never events		M08	3	2	1	0	0	0	
MRSA incidents	Limit	M08	0	0	0	0	0	0	0
	Actual		4	2	0	1	3	0	1
C Difficile incidents	Limit	M08	98	47	4	17	47	0	
	Actual		111	46	6	9	65	0	

Total MRSA incidents listed by each provider may include non-OCCG patients & may also include cases with shared responsibility

Friends and Family Patients likely or extremely likely to recommend (November 2017)		Period	OUHFT	RBFT	OHFT	Independent Providers	National NHS
The care given at this organisation (staff – Q2 17/18)		Q2	86%	85%	77%	N/A	80%
Inpatient (Patient)		M08	96%	99%	N/A	99%	96%
Accident & Emergency (Patient)		M08	85%	98%	N/A	N/A	87%

# Quality and Performance Dashboard

## Oxfordshire Clinical Commissioning Group (unless otherwise stated) 13 Month Performance

		Target	Nov '16	Dec '16	Jan '17	Feb '17	Mar '17	Apr '17	May '17	Jun '17	Jul '17	Aug '17	Sep '17	Oct '17	Nov '17	YTD *
RTT	Incomplete % within 18 weeks	92%	90.1%	89.1%	89.6%	89.5%	90.6%	90.1%	90.0%	89.8%	88.9%	87.8%	86.7%	86.9%	87.3%	88.5%
	Incomplete <b>52+ week waits</b>	0	3	7	15	6	8	10	10	23	37	62	49	47	48	
Cancer	Two Week Wait	93%	94.7%	91.9%	89.2%	96.2%	93.9%	92.2%	92.2%	96.8%	95.9%	96.8%	97.5%	96.8%	95.7%	
	Two Week Wait - Breast Symptom	93%	88.5%	84.1%	95.2%	96.2%	94.7%	98.4%	96.0%	93.9%	96.7%	91.9%	100.0%	99.2%	98.0%	96.9%
	31 Day First Treatment (Diagnosis to Treatment)	96%	94.9%	97.4%	95.0%	97.0%	98.8%	98.3%	96.7%	97.9%	97.7%	96.7%	98.3%	97.3%	96.5%	97.4%
	31 Day Subsequent Treatment (Surgery)	94%	97.4%	97.6%	98.2%	96.5%	96.3%	93.3%	93.1%	100.0%	97.6%	97.9%	95.3%	98.4%	95.1%	96.0%
	31 Day Subsequent Treatment (Chemotherapy)	98%	100.0%	100.0%	98.5%	98.1%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	31 Day Subsequent Treatment (Radiotherapy)	94%	97.0%	98.9%	98.2%	99.0%	100.0%	100.0%	99.2%	97.4%	95.3%	99.1%	100.0%	98.2%	99.1%	98.4%
	62 Day Standard	85%	77.5%	82.9%	69.3%	79.8%	85.1%	86.3%	84.3%	87.8%	89.3%	88.1%	89.2%	86.6%	84.0%	87.0%
	62 Day Screening	90%	100.0%	88.9%	96.0%	100.0%	93.1%	93.8%	100.0%	96.2%	94.1%	100.0%	100.0%	100.0%	95.8%	97.6%
	62 Day Upgrade	90%	100.0%	100.0%	100.0%	100.0%	88.9%	92.9%	94.1%	90.0%	100.0%	100.0%	85.7%	100.0%	100.0%	93.4%
Diagnostics % waiting over 6 weeks		1%	0.8%	1.3%	0.9%	0.7%	0.8%	0.9%	0.8%	0.8%	0.8%	0.9%	1.0%	0.6%	0.4%	0.8%
Mixed Sex Accommodation		0	3	2	18	19	2	2	19	1	3	13	10	12	13	73
Oxfordshire Ambulance Response Time		Cat 1	75%	70.7%	71.4%	71.9%	75.4%	69.9%	75.7%	74.1%	70.4%	74.4%	70.5%	63.6%	69.4%	71.1%
		Cat 2	75%	72.3%	70.5%	70.6%	71.7%	71.4%	70.7%	69.9%	68.2%	70.0%	69.1%	66.8%	67.8%	68.9%
		Cat 19	95%	92.0%	91.2%	93.1%	93.3%	94.3%	94.1%	91.6%	91.0%	93.0%	92.4%	92.0%	92.4%	92.3%
Ambulance Handover		JR	85%	70.2%	72.2%	71.0%	72.7%	75.2%	74.1%	73.1%	72.4%	72.9%	71.5%	68.8%	68.7%	71.0%
		Horton	85%	94.7%	91.8%	83.1%	89.2%	95.5%	97.3%	94.4%	91.9%	90.6%	96.8%	90.9%	76.8%	89.4%
		All	85%	74.0%	75.2%	73.0%	75.1%	78.3%	77.8%	76.3%	75.6%	75.8%	75.8%	72.2%	70.1%	74.0%
A&E	4 Hour Wait	OUHT (Type 1 & 2)	95%	94.2%	91.1%	84.8%	82.2%	87.1%	88.8%	86.4%	82.8%	80.8%	84.8%	82.8%	82.1%	83.8%
		RBFT (Type 1 & 2)	95%	93.3%	91.8%	88.3%	91.3%	94.5%	93.3%	90.1%	95.8%	95.6%	91.3%	90.5%	89.1%	92.3%
		OHFT Minor Injuries Unit (Type 3)	95%	96.7%	97.1%	98.5%	98.6%	96.4%	96.6%	95.4%	97.1%	97.0%	97.6%	98.7%	99.0%	97.3%
	12 Hours Trolley Wait	Oxford University Hospitals FT	0	0	0	0	0	0	0	0	0	2	0	3	2	9
		Royal Berkshire FT	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DTC	Oxford University Hospitals FT	Delayed Transfers of Care as % of total beds	3.5%		10.8%			12.4%			13.8%			12.1%		13.0%
	Royal Berkshire Hospitals FT	Delayed Transfers of Care as % of total beds	3.5%		8.1%			6.0%			5.6%			5.6%		5.6%
	Oxford Health FT	Delayed Transfers of Care as % of total beds	3.5%		8.9%			11.8%			11.9%			11.7%		11.8%
Mental Health	Improving Access to Psychological Therapies	Access	15%	18%	13%	15%	17%	20%	14%	20%	15%	16%	16%	15%		16%
		Recovery	50%	54%	48%	54%	53%	50%	54%	50%	57%	48%	50%	50%		52%
		6 weeks	75%	94%	94%	95%	98%	97%	97%	97%	98%	98%	99%	98%		98%
		18 weeks	95%	99%	99%	98%	100%	99%	99%	99%	99%	99%	100%	100%		99%
	Care Programme approach follow up post discharge	7 day	95%		96%			98%			96%			98%		97%
		Completed	50%						50%	92%	60%	88%	57%	80%	60%	71%
	Early Intervention in Psychosis	Incomplete	50%						53%	36%	31%	17%	42%	28%	11%	30%
		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%	68.3%
CYP	Eating Disorders	Actuals		68.1%	67.4%	67.4%	67.3%	67.7%	67.1%	65.9%	67.4%	68.0%	67.6%	67.8%	68.0%	68.3%
		Urgent	95%								83%			91%		88%
HCAI	MRSA		0	0	0	2	1	0	1	0	0	0	3	0	0	4
	Incidence of C-Diff - YTD			105	114	123	128	137	12	24	35	53	72	87	99	111
	Incidence of C-Diff - YTD Ceiling			98	111	124	135	145	11	23	35	48	61	73	85	98

# Executive Summary 1

(Performance Concern or Quality Priority Subjects)



**Oxfordshire  
Clinical Commissioning Group**

Key Issues	Updates
<p><b>18 Week Wait Incomplete Referral to Treatment</b></p> <p>Oxfordshire CCG (OCCG) and Oxford University Hospitals Foundation Trust (OUHFT) failed to achieve the constitutional 92% Referral to Treatment (RTT) target in November 2017 with 87.2% and 87.39% respectively. Although this has improved marginally from October. The specialties under greatest pressure for OCCG continue as Trauma &amp; Orthopaedics, Gynaecology, Ear Nose and Throat, Plastic Surgery, Ophthalmology, Urology, Other (includes paediatrics) and Gastroenterology. The incompletes have reduced in November by a further 613 for patients under 18 weeks and by 187 for those over 18 weeks. A total reduction of 800 pathways.</p>	<p>The plans for the top 10 specialities have been reviewed and a response to OUHFT regarding the future commissioning of run rate balance and backlog clearance communicated. OCCG have reiterated the need to ensure patients are seen in turn with longest waiting and those with highest clinical need being seen first .</p> <p>Since July 2017 there has been a reduction of incompletes by 3,529 pathways (3,505 under 18 weeks and 24 over 18 weeks). The small reduction in over 18 weeks suggests patients are not being seen in turn or there is a particular speciality(s) that has limited capacity in a specific clinical area such as Gynaecology which has a large number of patients waiting up to and over 18 weeks for Uro-gynaecological surgery.</p>
<p><b>52 Week Wait Incomplete Referral to Treatment</b></p> <p>19 of Oxfordshire CCG's 20 patients waiting more than 52 weeks in November 2017 were awaiting treatment at OUHFT. Patients were waiting for treatment in Gynaecology (16) and Other (3), with one Oxfordshire CCG patient awaiting Trauma &amp; Orthopedic treatment at Bristol Royal Infirmary.</p>	<p>Gynaecology has seen an improvement in the number of 52 week waiting patients by 1 compared to October. All patients are telephoned by a consultant to review their condition and a plan made for their future treatment. Many patients are choosing to set a date that suits them in the future so these patients remain as 52 week waits until they are treated.</p>
<p><b>Cancer – 62 day standard</b></p> <p>Oxfordshire CCG (OCCG) and Oxford University Hospitals Foundation Trust (OUHFT) failed to achieve the constitutional 62 day standard for cancer in November 2017 with 84.02% and 82.02% respectively. This is due to a combination of reasons being late tertiary referrals, workforce, radiology equipment, and theatre capacity.</p>	<p>An OUHFT cancer improvement plan is in place with current focus on sustainability of the 62 day pathway with ongoing detailed reviews of breaches and cancer huddles. A new post has been created to focus on resolving late tertiary referrals. All theatre sessions are now back in use and OUHFT are currently exploring options to use alternative capacity. Radiology is developing an equipment replacement programme due a number of equipment issues.</p>
<p><b>Ambulance Services</b></p> <p>In November the 999 reported the first month of the Ambulance Response Programme (ARP), whilst Oxfordshire CCG is not currently using this as a performance monitoring mechanism during the 6 months of implementation, the data shows that of the Four categories, South Central Ambulance (SCAS) are achieving the targeted mean and 90<sup>th</sup> percentile for category 2, 3 and 4. whilst on category 1, the mean and 90<sup>th</sup> percentile are marginally over the targeted 7 minutes and 15 minutes respectively.</p>	<p>The Ambulance Response Programme (ARP) recommendations were endorsed in July 2017 with a letter from the National Medical Director to the Secretary of State for Health with recommendation it be implemented before Winter 2017. As a result the national 'Red' targets have been replaced by the new Category 1 – 4 standards. SCAS have implemented the recommendations and in beginning to monitor performance against the targets. National reporting and contractual performance management has ceased until the end of the financial year to support the provider in implementing and embedding the ARP findings, which shall be monitored in A&amp;E Delivery Board.</p>
<p><b>Ambulance Handover</b></p> <p>October performance for ambulance handovers within 15 minutes at the John Radcliffe site worsened marginally from September, it has been caused by a number of problems, the volumes of ambulances being delayed has increased while the number of ambulances arriving as stayed the same. This has also been seen at the Horton, where ambulance performance significantly worsened from September into October.</p>	<p>Engagement continues between the Emergency Department staff and the Ambulance trust to ensure there is as little delay as possible when handing over patients. Due to the acuity of SCAS patients and the rise in demand on the service, ambulances are arriving more frequently. Both SCAS and OUHFT have agreed to review their handover processes to improve the efficiency of handovers, in an attempt to reduced patients waiting in ambulances and release ambulance capacity for patients requiring ambulances in the community.</p>

# Executive Summary 2

(Performance Concern or Quality Priority Subjects)

Key Issues	Updates
<p><b>Accident and Emergency – Four hour waits</b></p> <p>Accident and Emergency (A&amp;E) 4 hour performance failed to attain the 95% constitutional target again with 82.11% in month 8 compared to 94.21% in the same month last year. With year to date attendances increasing 1.97% compared to the previous year. Oxfordshire Accident and Emergency Delivery Board (AEDB), chaired by the Chief Executive Officer of Oxford University Hospitals FT (OUHFT), continues to identify performance improvement opportunity.</p>	<p>AEDB remains focused on maintaining performance over the winter period and holds oversight of mitigating actions to improve A&amp;E performance. Oxfordshire's system was under significant pressure and on the 20th November 2018 declared system-wide OPEL 4, the first escalation to level 4 for Oxfordshire CCG. AEDB is receiving regular updates on; NHS Improvements Demand &amp; Capacity modelling of OUHFT, flu vaccination programme, and re-design of the urgent care improvement plan. The national Emergency Care Improvement Programme have been advising on key priorities.</p>
<p><b>12 Hour Trolley Waits</b></p> <p>OUHFT sustained two 12 hour trolley wait breaches in November. 1 at the Horton, 1 at the John Radcliffe. This brings the year to date total to 5 across the trust. (4 at the John Radcliffe, 1 at the Horton)</p>	<p>Root cause analyses (RCA) is undertaken on all breaches to establish lessons learned with improvement proposals being actioned. Communications to the key staff members and escalation protocols have been implemented. NHS Improvement have noted the RCA quality could be improved, OUHFT are working to address this.</p>
<p><b>Delayed Transfers of Care</b></p> <p>The daily average bed days lost to Delayed Transfers of Care (DToC) reduced during November to <b>104</b>. This <b>validated</b> figure represents a reduction from October of 30 from 134. The Oxfordshire DToC target as agreed with NHS England as part of the Better Care Fund was 99 for November to reduce to 83 by 31st March 2018.</p> <p>The highest proportion of delays remain attributable to the HART service, but in terms of performance against the target the <b>validated</b> performance gaps are as follows:</p> <ul style="list-style-type: none"> <li>Continuing Healthcare (CHC) assessment delays</li> <li>Delays to access community hospital beds or intermediate care beds</li> <li>Delays in sourcing CHC or adult social care funded nursing homes or domiciliary care</li> <li>Codes owing to choice and other patient issues in Oxford Health NHS FT (OHFT)</li> </ul> <p>Generally performance to M8 has improved. These reports will now use the validated national data rather than locally reported weekly data going forward.</p>	<p>All Home Assessment Reablement Team (HART) mitigation actions remain fully in place.</p> <p>OCCG and Oxford County Council (OCC) were developing new block arrangements to supply complex beds. This procurement has only been partially successful and negotiations are continuing with individual homes.</p> <p>A review of CHC assessment processes was undertaken which improved performance. A daily escalation call is now in place.</p> <p>OHFT have allocated dedicated internal resource and funded dedicated social work support from OCC to manage G code and other complex cases. This has reduced G code delays and those related to housing. Complex cases are escalated to the weekly DToC group for MDT review</p> <p>OUHFT is now charging Northamptonshire County Council in respect of their delays in Horton General.</p>
<p><b>Methicillin Resistant Staphylococcus Aureus (MRSA)</b></p> <p><i>Methicillin Resistant Staphylococcus Aureus</i> (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 no further MRSA cases to date therefore OCCG remains on four cases of MRSA bacteraemia in this financial year, three of which have been assigned to OCCG, the fourth has been assigned as third party.</p>	<p>There have been no new cases of MRSA in the months of October or November. OCCG has had a total of four cases to date. Post infection reviews (PIR) have been undertaken for all cases. No lapses in care were identified and the cases were deemed as unavoidable.</p> <p>OUHFT has two MRSA cases this year (April &amp; May), both for non-OCCG patients. Both post-infection reviews have indicated that the cases were unavoidable.</p>



# Executive Summary 3

(Performance Concern or Quality Priority Subjects)

Key Issues	Updates
<p><b>Clostridium difficile</b></p> <p><i>Clostridium difficile</i> (<i>C.diff</i>) infection can affect people who have recently been treated with antibiotics. The older population is at greater risk of acquiring <i>C.diff</i> infection. It remains a challenging year with numbers of <i>C.difficile</i> cases over trajectory at 111 cases against a limit of 98 at the end of month 08.</p>	<p><i>C.difficile</i> rates continue to be higher than the set limits. Root cause analysis work continues with the majority of cases having previously required antibiotic treatment for other infections with work now commencing to track cases who have recently been discharged from acute care but have tested positive on readmission. Antimicrobial prescribing is assessed. Three cases in November were deemed to be avoidable due to inappropriate antimicrobial prescribing. These cases are being followed up with clinicians involved in the patient's care.</p>
<p><b>Outpatient Clinical Communication</b></p> <p>Trusts have been expected to communicate with GPs within 14 days of any outpatient appointment. The timescale has reduced to 10 days from 1st April 2017 and will reduce further to 7 days from 1st April 2018. This is to ensure the patient's ongoing management is clearly understood by the GP and any changes in medication are continued by the GP.</p>	<p>The Trust's performance against the target of 95% has plateaued at around 80%. A meeting took place on 5 December to discuss progress against this target. At the meeting it was reported that the voice recognition software pilot had been very successful. The Trust is now seeking to roll out this system, subject to approval of the business case. It is anticipated that the initiative will be cost neutral after the first 2 years.</p> <p>Timely communication with GPs is in the national standard contract and is included Service Development Improvement Plan (SDIP).</p> <p>The Trust has agreed to look again at the cultural /behavioural change required to deliver on these targets, alongside the technological developments. The CCG has written to the Trust asking them to set out their proposed trajectory for improvement.</p>
<p><b>Inpatient Clinical Communication</b></p> <p>Discharge summaries should be sent to the patient's GP within 24 hours of a patient leaving hospital following inpatient care. Patients often need significant support from their GP so it is imperative GPs receive prompt communication from the hospital in order to manage the care of their patients.</p>	<p>Performance against this target continues to edge up. The Trust achieved 85.1% 24 hour discharge summaries in November 2017 against a target of 90%. Timely communication with GPs is in the national standard contract and is included Service Development Improvement Plan (SDIP).</p> <p>The CCG has written to the Trust asking them to set out their proposed trajectory for improvement.</p>
<p><b>Management of Test Results</b></p> <p>OUHFT undertakes over 110,000 investigations each week. OUHFT has reported a small number of serious incidents (SIs) relating to the management of test results. 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 and has chosen the endorsement of test results as the quality marker with which to measure improvement.</p>	<p>OUHFT achieved 78.04% of test results endorsed in November 2017 against an agreed trajectory of 90%. A meeting took place between the CCG and OUHFT to discuss the blocks to this target being met. It was acknowledged that the solution is a combination of behavioural change and enabling technology.</p> <p>How to spread the excellent performance in some areas throughout the Trust was also discussed. The CCG has written to the Trust asking them to set out their proposed trajectory for improvement.</p>



# Quality Premium – 17/18 Tracker



**Oxfordshire  
Clinical Commissioning Group**

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 NHS England's RightCare Commissioning for Value programme.

Constitutional Standard	Owner	Penalty	Current YTD position	Gateway	Owner	August YTD Position
RTT Incomplete (92%)	Sharon Barrington	-25%	88.48% (OCCG)	Quality Gateway	Helen Ward	Fail
A&E waits < 4 hrs. (95%)	Sara Wilds	-25%	82.11% (OUHFT)			
Cancer waits – 62 days (85%)	Sharon Barrington	-25%	86.98% (OCCG)	Finance Gateway	Jenny Simpson	Pass
Category A Red 1 ambulance calls (75%)	Sara Wilds	-25%	N/A			

Quality Premium Standard	Owner	Weighting	Measure	Projected YTD position	Comments
Early Cancer Diagnosis	Sharon Barrington	17%	Cancer Stage 1 & 2 Diagnosis		No proxy measure identified
GP Appointment Satisfaction	Julie Dandridge	17%	Overall satisfaction with making an appointment		No proxy measure identified
Mental Health	Sarah Breton	17%	14% increase/32% overall Children's Mental Health treatment	18% decrease	
Continuing Healthcare	Ian Bottomley	17%	Continuing Healthcare Decision 28 Days (80%)	73%	
			Continuing Healthcare Assessments in Hospital (>15%)	26.75%	
Bloodstream Infections	Sara Wilds	17%	10% reduction in E.Coli (463)	387 (target 309) +25%	
			Collection of Primary Care Dataset for E.Coli (Y/N)	Not Collecting	
			10% reduction in Trimethoprim: Nitrofurantoin prescribing ratio (≤1.040)	0.845	Published up to October 2017
			10% reduction in Trimethoprim prescriptions in over 70's (17,103)	15,913	Published up to October 2017
			Items per STAR-PU ≤1.161	0.862	Published up to October 2017
Stroke – Early Supported Discharge	Sara Wilds	15%	Stroke patients treated by ESD Team		No proxy measure identified

\*Data for a number of Quality Premium indicators are only validated and published on an annual basis. In the case of these indicators local proxies, which reflect the indicator as close as possible with available data, have been established to provide an in year predicted position against the national indicator. These are subject to change due to validation and publication

# Project Update

FY17/18 Schemes				FOT	YTD				
Prog.	Scheme Type	Scheme Name	Scheme Description	Target FYE £'000	Plan £'000	Actual £'000	Delivery RAG	Project Stage	Comments
Planned Care	Project	Cancer - SCAN (Suspected Cancer) - low risk cancer pathway	OCCG will implement an early diagnostic multi-disciplinary care pathway providing referring medical staff with an option for patients who are experiencing low risk but not without risk symptoms of cancer.		TBC	TBC	Green	Mobilisation	SCAN capacity is being maintained with flexible staffing. MDC is going well but with a 5 week delay from scan being performed. All patients are aware of this delay and alternative staffing is being considered to improve this. Current spend is in-line with the grant money awarded for the project so not a cost pressure for the CCG, funded confirmed for FY18/19 but amount still to be confirmed.
Planned Care	Project	GP-led Cardiac Community Clinics	Implementing a community clinic led by specialist cardiology GPs (GP-Cs) for patients with symptoms appropriate for care in the community	154	(9)	(8)	Amber	Mobilisation	Clinics currently being run in Broadshires, Yarnton and Chipping Norton. Echotec are currently reviewing the premises to establish suitability to collocate with the ICS.
Planned Care	Project	Musculoskeletal (MSK) Assessment, Treatment and Triage Service (MATT)	Commissioning a new Musculoskeletal (MSK) Assessment, Treatment and Triage Service (MATT). All referrals relating to MSK will be triaged and treated on one of the MATT pathways or, when specialist treatment is required, will be triaged and referred onto secondary care.	875	350	555	Green	Mobilisation	New service now live with full delivery. Currently receiving higher than expected number of referrals but this is thought to be a referral backlog. Healthshare still currently processing the backlog of patient notes which is due to be completed November 2017. QIPP monitoring of savings currently in development.
Planned Care	Project	GP-led Headaches Community Clinic	Implementing a community GP Specialist led headache clinic for patients with a primary headache.	57	0	0	Amber	Mobilisation	Service to commence January 2018 (slipped from September 2017). Not expected to yield cash releasing savings but is expected to manage demand and treat patients at a lower cost in the community. QIPP monitoring of savings in development. Once pilot is completed savings are expected.
Planned Care	Project	Urgent Eye Conditions Pathway	Implementing a Minor Eye Conditions Service (MECS); a community service that uses Optometrists based in Opticians to assess and treat recent onset eye conditions and vision problems.	175	75	75	Amber	Business Case	Reduced FOT over-spend of MECS from £304k to £137k. Eye Casualty and MECS now within IAP envelope for 4 months running. Optoms have rolled out redirecting patients to pharmacy where appropriate at the front door. Supporting changes to 111, pharmacy and primary care to go live on 15th November. Eye Casualty discussions have commenced and further negotiations are planned.
Planned Care	Project	Bladder & 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 provide secondary care services and OHFT managing the supply of pads and products.	-	TBC	TBC	Green	Scoping	Now progressed as part of the MSK MATT implementation; due to go live from 1st December. New pathway and referral forms agreed. Savings expected on pads as a result of new system being implemented and savings on secondary care activity. Prescribing savings from use of Cobweb.
Planned Care	Project	Diabetes	OCCG received NHS England funding to improve diabetes education and treatment targets as well as the multi-disciplinary diabetic foot care team (MDFT) across Oxfordshire.	571	0	0	Green	Business Case	NHSE Diabetes Transformation Fund (DTF) funding for all 3 OCCG bids has been awarded. All 3 DTF workstreams are underway across Structured Education, Treatment Target Improvement, and Multi-disciplinary Diabetic Foot Team (MDFT), underpinned by Memorandum of Understanding with all relevant providers. DTF funding for 2018/19 yet to be confirmed by NHSE. Integrated Diabetes Care: NE Locality pilot underway - using Diabetes Dashboard with rollout of Skype consultations going live.
Planned Care	Project	Semen Analysis New Provider	Re-procurement of Semen Analysis contract to include infertility and complex Vasectomy undertaken in secondary care	5	13	13	Amber	Mobilisation	Service commencement date 1st November 2017. The pathway has been agreed and referral forms are currently being updated.
Primary Care	Project	General Practice Access Fund (GPAF) Neighbourhood Hub Services	As part of GP Forward View, the extended access hubs provide extended access to appointments in evenings, weekends and in hours.		TBC	TBC	Green	Mobilisation	Access Hubs run by each federation are now online providing 5600 extra appointments each month. Two additional hubs in Oxford City have just gone live to further increase access for city residents. There has been feedback for the access hubs has been very positive with 99% of patients using the city hub saying they'd recommend to friends and family.
				1,837	429	635			

## Oxford University Hospitals NHS Trust (OUHFT) – Urgent Care

### Urgent Care Month 08 Position

#### Accident and Emergency (A&E) Attendances

A&E has shown slight over-performance against plan at month 8 by 324 attendances (0.4%) and -£29k, (0.2%), this represents a continuance from month 5 2017/18 performance which saw an under-performance of 0.2% in activity and 0.4% in spend.

#### Ambulatory Care Pathways

Ambulatory activity recorded and charged at a locally agreed price is over plan by £73k (5.2%). Within this value:

- Ambulatory Assessment Unit is over Plan by £294k (99.2%),
- Surgical Ambulatory (SAU) is under by £47k (-8.7%)
- Daily Diagnostic Unit under plan by £173k (31.0%)

#### Non-Elective

Total Non-Elective (NEL) is now recording a slight over-performance of 0.3%. Expenditure recorded under NEL continues to significantly exceed planned levels, with a variance of £3.25m (4.5%) compared to plan. Non elective and Non elective same day are over plan by £6.3m, whilst non elective short stay and Non elective non emergency are under plan by £3m

WJ – Infectious Diseases and Immune System Disorders £2m (155%) , Within this, WJ06A to J Sepsis with and without interventions £2.1m over (238%)

AA – Nervous system Procedures and Disorders £2.1m (64%) but activity only 4% over plan, Within this AA35A to C Stroke with CC score 10 and above £1.9m over but, AA35D to F Stroke with CC score 0 to 9 £419k under plan

#### Month on Month Variance

Month 08 2017/18									Month 07 2017/18			
Grouped POD	Activity Plan	Activity Actual	Activity Variance	%	Price Plan	Price Actual	Price Variance	%	Activity Variance	%	Price Variance	%
A&E	83,663	83,987	324	0.4%	£12,109,996	£12,139,178	£29,182	0.2%	-160	-0.2%	-£35,045	-0.3%
Ambulatory Emergency Care	4,494	4,645	151	3.4%	£1,396,134	£1,469,403	£73,269	5.2%	112	2.9%	£59,071	4.9%
Non-Elective	41,722	41,832	110	0.3%	£71,812,759	£75,048,392	£3,235,633	4.5%	-236	-0.6%	£2,305,793	3.7%
Elective	6,377	5,781	-596	-9.4%	£17,873,288	£17,602,839	-£270,449	-1.5%	-496	-9.0%	-£310,214	-2.0%
Day Case	32,369	33,558	1,189	3.7%	£24,365,245	£25,195,139	£829,894	3.4%	779	2.8%	£534,909	2.5%
Excess Bed Days	10,175	7,395	-2,780	-27.3%	£2,550,398	£1,880,731	-£669,667	-26.3%	-2,320	-26.0%	-£555,595	-24.8%
Critical Care Total	5,254	4,530	-724	-13.8%	£6,398,308	£5,064,873	-£1,333,435	-20.8%	-640	-13.9%	-£1,173,144	-20.9%
Diagnostic Imaging whilst Outpatients	62,700	59,622	-3,078	-4.9%	£6,250,963	£5,956,522	-£294,441	-4.7%	-2,759	-5.1%	-£258,243	-4.8%
Direct Access	3,382,622	3,046,836	-335,786	-9.9%	£9,577,651	£9,686,941	£109,290	1.1%	-304,265	-10.3%	£117,296	1.4%
Drugs & Devices	12,799	14,300	1,501	11.7%	£13,535,797	£15,246,842	£1,711,045	12.6%	1,083	9.7%	£1,200,575	10.1%
Maternity	9,701	9,301	-400	-4.1%	£8,576,442	£8,929,452	£353,010	4.1%	-415	-4.9%	£194,740	2.6%
Outpatient First	113,978	109,995	-3,983	-3.5%	£17,595,976	£17,066,489	-£529,487	-3.0%	-3,324	-3.4%	-£494,577	-3.2%
Outpatient Follow Up	194,427	190,888	-3,539	-1.8%	£15,501,677	£15,067,176	-£434,501	-2.8%	-2,681	-1.6%	-£407,684	-3.0%
Outpatient Other	14,694	17,871	3,177	21.6%	£722,785	£779,950	£57,164	7.9%	2,714	21.3%	£72,669	11.6%
Outpatient Procedure	54,794	49,544	-5,250	-9.6%	£8,538,112	£7,946,768	-£591,344	-6.9%	-4,864	-10.2%	-£567,805	-7.7%
Other	8,140	8,408	268	3.3%	£8,369,933	£8,643,811	£273,878	3.3%	33	0.5%	£168,175	2.3%
Activity Driven Total	4,037,908	3,688,493	-349,415	-8.7%	£225,175,463	£227,724,505	£2,549,042	1.1%	-317,439	-9.0%	£850,920	0.4%
Key - for OUHFT Summary				>10%	Over/under plan	3-10%	Over/under plan	<3.0%	Over/under plan			

## Oxford University Hospitals NHS Trust (OUHFT) – Planned Care

### Planned Care Month 08 Position

#### Elective Inpatients and Day case

- Elective inpatients and daycases continues to show a similar pattern over 2017/18 and the latter half of 2016/17 with increasing financial pressure within daycases offset by underperformance within elective inpatients.
- Daycases are over plan by 3.7% and £830k (3.4%),
- Elective Inpatients are under plan by 9.4%, and £270k (1.5%).
- Inpatients show an increasing casemix pressure.
- Cardiology remains the highest overperforming specialty, with some significant casemix pressures with activity 7.4% over plan and cost £478k, 26% overspent
- Daycases account for £425k of the total overspend
- Daycase activity also drives the overspend within urology and gastro. The most significant in month movement sits within gastro with 220 spells more than the average monthly activity for the year, and with an apparent improvement in RTT performance this month.

#### 1. Outpatient First Attendances Variance > +/- £75k

SLAM Specialty	Activity Plan	Activity Actual	Activity Diff	Activity Perc Diff	Price Plan	Price Actual	Price Diff	Price Perc Diff
			ActPlan	ActPlan			ActPlan	Diff ActPlan
108 - SPINAL SURGERY SERVICE	923	1,710	787	85.3%	£200,845	£366,737	£165,892	82.6%
315 - PALLIATIVE MEDICINE	1,087	1,309	222	20.4%	£328,530	£419,304	£90,774	27.6%
101 - UROLOGY	3,241	4,040	799	24.6%	£456,324	£544,935	£88,611	19.4%
300 - GENERAL MEDICINE	1,275	921	-354	-27.8%	£514,829	£380,800	£134,029	-26.0%
110 - TRAUMA & ORTHOPAEDICS	12,147	10,546	-1,601	-13.2%	£1,997,666	£1,742,835	£254,831	-12.8%
650 - PHYSIOTHERAPY	15,124	11,574	-3,550	-23.5%	£1,050,383	£568,303	£482,080	-45.9%
<b>Grand Total</b>	<b>118,028</b>	<b>113,791</b>	<b>-4,237</b>	<b>-3.6%</b>	<b>£18,869,475</b>	<b>£18,218,630</b>	<b>£650,845</b>	<b>-3.4%</b>

#### 3. Follow Up Attendance variance > +/- £75k

SLAM Specialty	Activity Plan	Activity Actual	Activity Diff	Activity Perc Diff	Price Plan	Price Actual	Price Diff	Price Perc Diff
			ActPlan	ActPlan			ActPlan	Diff ActPlan
130 - OPHTHALMOLOGY	14,782	19,008	4,226	28.6%	£862,950	£1,109,023	£246,073	28.5%
653 - PODIATRY	1,208	2,281	1,073	88.8%	£86,635	£163,537	£76,901	88.8%
400 - NEUROLOGY	4,182	3,633	-549	-13.1%	£557,960	£485,747	£72,213	-12.9%
340 - RESPIRATORY MEDICINE	5,192	4,715	-477	-9.2%	£571,713	£495,059	£76,654	-13.4%
300 - GENERAL MEDICINE	957	542	-415	-43.4%	£188,005	£74,401	£113,604	-60.4%
110 - TRAUMA & ORTHOPAEDICS	17,772	15,348	-2,424	-13.6%	£1,189,225	£1,008,054	£181,172	-15.2%
650 - PHYSIOTHERAPY	38,550	34,055	-4,495	-11.7%	£1,702,172	£1,311,482	£390,690	-23.0%
<b>Grand Total</b>	<b>194,882</b>	<b>190,999</b>	<b>-3,883</b>	<b>-2.0%</b>	<b>£15,637,343</b>	<b>£15,100,243</b>	<b>£537,100</b>	<b>-3.4%</b>

#### 2. OUHFT Elective Main Under and Overspends Month 8

SLAM Specialty	Activity Plan	Activity Actual	Activity Diff	Activity Perc Diff	Price Plan	Price Actual	Price Diff	Price Perc Diff
			ActPlan	Diff ActPlan			ActPlan	Diff ActPlan
320 - CARDIOLOGY	1,735	1,864	129	7.4%	£1,837,886	£2,316,086	£478,200	26.0%
101 - UROLOGY	2,027	2,676	649	32.0%	£1,963,624	£2,160,580	£196,955	10.0%
301 - GASTROENTEROLOGY	7,685	8,253	568	7.4%	£3,525,017	£3,698,503	£173,486	4.9%
108 - SPINAL SURGERY SERVICE	293	309	16	5.4%	£961,570	£1,083,689	£122,119	12.7%
110 - TRAUMA & ORTHOPAEDICS	2,788	2,824	36	1.3%	£10,554,159	£10,664,208	£110,049	1.0%
370 - MEDICAL ONCOLOGY	374	603	229	61.0%	£289,795	£398,069	£108,274	37.4%
303 - CLINICAL HAEMATOLOGY	751	812	61	8.1%	£457,457	£560,376	£102,919	22.5%
103 - BREAST SURGERY	502	502	0	0.0%	£1,142,806	£1,244,682	£101,877	8.9%
361 - NEPHROLOGY	270	434	164	60.7%	£147,919	£236,060	£88,142	59.6%
160 - PLASTIC SURGERY	1,582	1,387	-195	-12.3%	£2,025,335	£1,942,473	£82,862	-4.1%
330 - DERMATOLOGY	1,967	1,980	13	0.6%	£1,419,895	£1,322,893	£97,002	-6.8%
100 - GENERAL SURGERY	4,218	4,142	-76	-1.8%	£3,306,257	£3,177,606	£128,651	-3.9%
341 - SLEEP STUDIES	1,239	893	-346	-27.9%	£525,333	£379,845	£145,488	-27.7%
104 - COLORECTAL SURGERY	814	720	-94	-11.5%	£2,302,340	£2,095,246	£207,094	-9.0%
300 - GENERAL MEDICINE	464	46	-418	-90.1%	£254,278	£20,417	£233,861	-92.0%
<b>Grand Total</b>	<b>38,747</b>	<b>39,339</b>	<b>592</b>	<b>1.5%</b>	<b>£42,238,533</b>	<b>£42,797,978</b>	<b>£559,445</b>	<b>1.3%</b>

An overspend is being seen in Outpatient 'Other'. This primarily relates to increased non-face-to-face activity and email advice.

# SCAS Provider Summary

## South Central Ambulance Service

### Summary of performance on 999

In month 8 the South Central Ambulance Service (SCAS) 999 service are no longer reporting against the constitutional standards of Red 1, Red 2 and Red 19, they are now reporting against the ARP targets of CAT 1 (mean and 90<sup>th</sup> percentile), CAT 2 (mean and 90<sup>th</sup> percentile), CAT 3 (90<sup>th</sup> percentile) and CAT 4 (90<sup>th</sup> percentile). SCAS have implemented the recommendations and in beginning to monitor performance against the targets. National reporting and contractual performance management has ceased until the end of the financial year to support the provider in implementing and embedding the ARP findings, which shall be monitored in AEDB.

Measure	Target	Nov-17	YTD
CAT 1 - Mean	<7 min	00:07:45	00:07:45
CAT 1 - 90th Percentile	<15 min	00:15:42	00:15:42
CAT 2 - Mean	<18 min	00:15:19	00:15:19
CAT 2 - 90th Percentile	<40 min	00:28:21	00:28:21
CAT 3 - 90th Percentile	<120 min	01:32:24	01:32:24
CAT 4 - 90th Percentile	<180 min	02:36:41	02:36:41

### Summary of performance on 111

- The new Thames Valley Integrated Urgent Care 111 service will support patients to access a wide range of clinical care through a single call, including dental, pharmacy and mental health services, ensuring patients get the right care, first time.
- The 111 service did not achieved the 95% target for answering the calls in 60 seconds: November 93.14%. However, there continue to be low numbers of calls abandoned, 0.67% against a target of less than 5%.
- Of all calls that were answers by the SCAS IUC 111 service in month 8 (November) 31.60% (4997/15,815) were transferred (either “warm” or call-back) to a clinician.
- 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 November SCAS achieved 58.86% a continued increase from August 34.4% was achieved. This improvement in performance can be attributed partially to the rollout of Adastra, a new call answering platform that more accurately captures warm transfer data.
- 111 patients referred on to a 999 service are continuing to sit underneath the national <10% guideline target, with September seeing 9.02%.
- Calls ending in a disposition recommending attendance of Emergency Department for November were 6.05% of total, this is above the national guideline of <5%.

# OHFT Provider Summary 1

## Oxford Health Foundation Trust (OHFT)

### Out of Hours (OOH) (Cost and Volume Service)

Year to date 2017/18 activity continues to exceed 2016/17 actual – the activity is up 1.6%, with 69,182 in 2017/18 contacts against activity of 68,080 in 2016/17. despite the year to date position being in excess of the previous year, month 8 (November) activity was below the previous year by 4%

8 of the 10 reportable monthly national quality requirements (NQRs) were achieved in November. The following NQRs were not achieved;

1. NQR7B6 – OOHFT % of unfilled shifts ( $\leq 2\%$ ): 4% (YTD 8%);
2. NQR12B10 – OOHFT urgent face to face base visit ( $\leq 95\%$  within 2 hours): 88% (YTD 84%);

The Oxford Health Foundation Trust Executive Board has commissioned an independent review of the OOH service which commenced in June. This review is still underway and there are regular update meetings with the CCG along with weekly highlight reports. It has been agreed that an improvement action plan will be completed by February 2018 detailing how a safe service can be sustainably delivered during the next 6 months.

1.



2.



# OHFT Provider Summary 2

## Oxford Health Foundation Trust (OHFT)

### Adult Mental Health Services

Period	Indicator	Performance	Target
M08	Referred to the Emergency Department Psychiatric Service (EDPS) at JR seen within 1 hour	99% (178/179)	100%
M08	Referred to the Emergency Department Psychiatric Service (EDPS) at HGH seen within 1.5 hour	97% (29/30)	100%
M08	Referrals categorised as crisis /emergency were assessed by the community team within 4 hours	83% (10/12)	95%
M08	People experiencing first episode psychosis were treated by the community team within 2 weeks of referral	78%	55%
M08	Referrals categorised as non-urgent were assessed by the community team within 28 calendar days	85% (189/223)	90%
M08	Outpatient letters were sent back to GPs (uploaded to CareNotes) within 10 calendar days	88%	95%
M08	Service users in paid employment, undertaking a structured education or training programme or undertaking structured voluntary activity	59%	50%
M08	Service users to be in paid employment	19%	16.75%
M08	Service users living in stable accommodation	71%	72%
M08	Service Users on Care Programme Approach (CPA) were followed up within 7 days of discharge from psychiatric in-patient care	97%	95%
M08	Discharge letters were sent back to GPs within 24 hours of discharge from inpatient care	98%	95%
M08	Service users who were discharged from psychiatric in-patient care and were not readmitted to hospital at 28 days after discharge	100%	93%
M08	Service users who were discharged from psychiatric in-patient care and were not readmitted to psychiatric inpatient care at 90 days after discharge	90%	88%

### Commentary:

Whilst some seasonal variation influences monthly reporting, OCCG Improving Access to Psychological Therapies (IAPT) performance continues to be on track year to date to meet annual targets.

Investigation of underperformance on 4 hour crisis target due to breaches of 1 hour, due to travel distance of one patient and the other should have been coded urgent not emergency, therefore to be seen within 24 hours.

Outpatient letter back to GP within 10 days performance audits have identified practice issues within some teams and common solution across all teams being identified to be resolved by the end of February.

Explanation of each breach of 28 day non-urgent referrals required within contract report, due mainly to patient choice. If these were omitted target would have been met.



# OHFT Provider Summary 3

## Oxford Health Foundation Trust (OHFT)

### Specialist Learning Disability Health Services – Month 8 (November 2017)

20% of routine referrals to the service were seen within six weeks (target 95%). At the month 8 Contract Review Meeting (CRM) Oxford Health FT (OHFT) reported that this figure reflected a data quality issue related to the transition of open patients to OHFT and that no service breaches had occurred. OHFT are addressing the data quality issue in January 2018.

All urgent referrals were seen within the required response time (48 hours).

No emergency referrals were received.

GP discharge templates issued within 10 days of patient discharge fell to 55% (target 95%)

44% of Service Users received an accessible discharge summary within 10 days of discharge (target 95%)

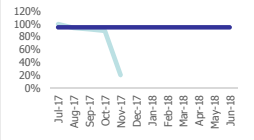
OHFT indicated again that the performance levels reflect issues with data quality and that service breaches had not occurred.

Data quality and the actions taken by OHFT to address this will be reviewed at the January CRM.

Seven patients are currently in out of area spot purchased Assessment and Treatment beds.

OHFT have audited their mainstream mental health wards and are able to admit patients with a learning disability and co-morbid mental health condition to OHFT mental health inpatient beds within Oxfordshire. This is a significant service development and achievement of the new contract.

17 patients are currently open to the Intensive Support Team.

Standard	Threshold	This month	Month Variance	YTD Position/Average*	YTD Variance	Trend Target
Referrals: % of routine referrals to Specialist Learning Disability Health Services meeting 6 week wait	95%	20%	-79%	75%	-21%	

Caseload	Sep-17	Oct-17	Nov-17
Total	631	699	698
North	233	240	237
City	205	238	234
South	193	221	227

### Commentary:

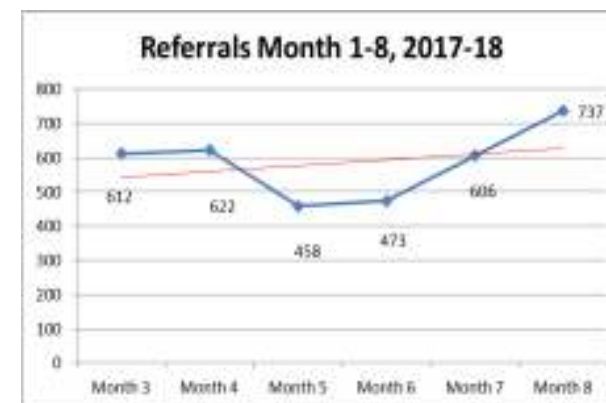
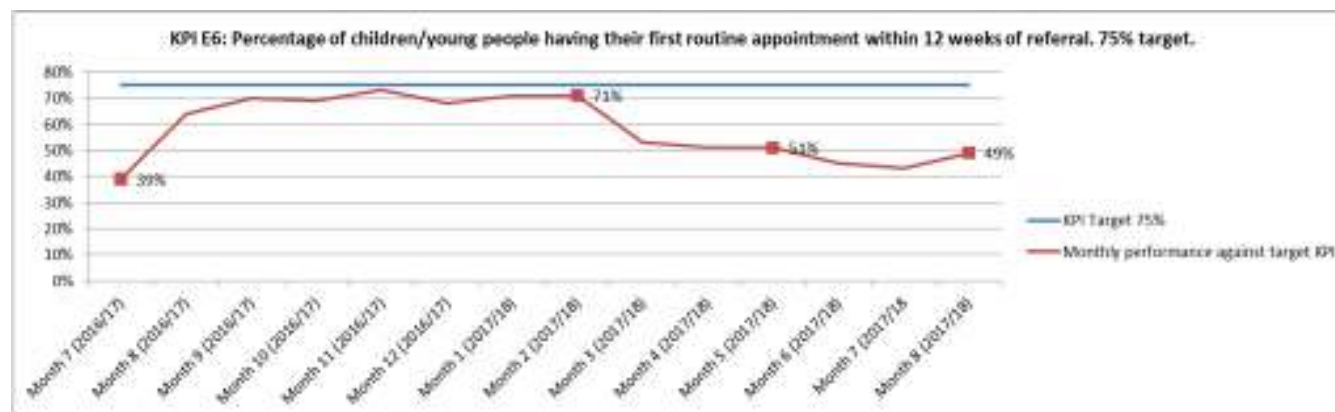
The draft OHFT report on the transition of the learning disability service has been provided to the Quality Committee. A number of data quality issues have been identified which are impacting on the data provided to the CRMs. OHFT have provided assurance that they will address these issues, which stem from the transfer of patient records from RIO (Southern Health case software) to Care Notes (Oxford Health's software platform).

# OHFT Provider Summary 4

## 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.
- There are 1134 patients waiting across the Oxfordshire CAMHS services (0-52 weeks)
- 287 (29%) patients (non-ASD) are waiting over four months for an assessment this is a decrease on last report (34%) showing less waiting over four months
- 93 (9.4%) patients (non-ASD) are waiting over six months for an assessment, this is a decrease from 110 (11.5%) in last reporting period.
- The Oxfordshire CAMHS Performance Manager reviews each case waiting over 4 months.
- 149 patients are awaiting an autism spectrum disorder (ASD) assessment (0-52 weeks) which is an increase of 35
- 49 of the 149 (33%) patients are waiting over four months for an assessment. This is 11 more than last month.
- The average current wait (for those still waiting) for CAMHS Tier 3 Assessment is 13 weeks across South, 17 weeks across Central and 9 weeks across North.
- The average current wait (for those still waiting) for PCAMHS Assessment is 7 weeks across central, 10 weeks for North & South.
- Year to date average for referrals not requiring treatment is currently 12%. These will be signposted to other services.
- Patients receiving first routine appointment within 12 weeks had generally improved from 32% at beginning of last financial year, but an unexpected dip in performance occurred in M3 and continued to deteriorate in M4-M7. M8 shows a modest improvement.



### Issues and actions

The unexpected deterioration in waiting times is a concern to OCCG. There is a clear new contract mobilisation plan in place in order to transform the services in line with the newly awarded contract for CAMHS. The new contract plans for additional activity in line with the national trajectory for improving access. However, there is concern that until the current increase in waiting times is addressed, it is not clear how the Trust will manage additional activity. The Trust has undertaken a 'diagnostic' exercise to understand problems and presented proposed actions to address and recover performance. The actions are initially to continue to focus on recruiting to vacancies and workforce developments, mobilise the Single Point of Access by the 31<sup>st</sup> of Jan 2018 and setting up of new more efficient processes and pathways including the Neuropsychiatric pathway to better manage pressures around ASD and ADHD. Additional capacity to assess long waiters has also been sourced. The new partnership with the Third Sector continues to develop and will be a focus for mobilisation in the coming months as part of the capacity and demand management.

# OHFT Provider Summary 5

## Oxford Health Foundation Trust (OHFT)

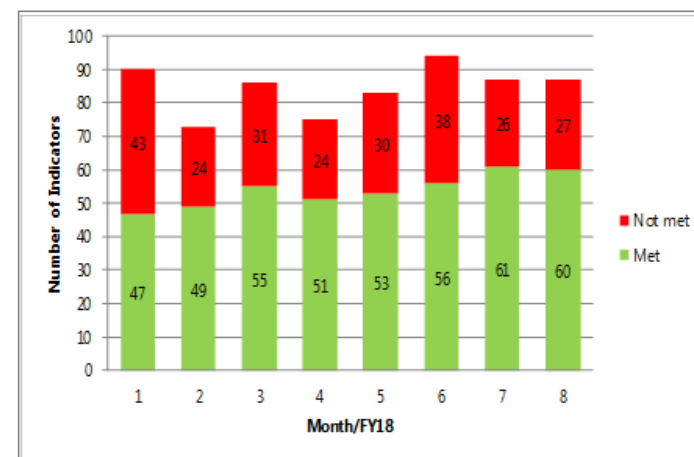
### Community Services

#### Performance Indicators - Quality

OHFT was required to report against 87 indicators in month 8 (including: Older People, Children's and Mental Health services). 60 were achieved (69%). The number of reportable indicators achieving each month continues to vary – the % level of compliance in Q1 and Q2 FY18 has ranged from 52% to 70.1%.

The following indicators are reported by exception as all 10% or more below target. Out of Hours and Mental Health (also below 10%) are addressed elsewhere:

- All patients have discharge plan with EDD within 24 hours of admission to a CH – 29% (target 90%)
- Average length of stay excluding DTOC in Community Hospitals 26 days M8 (target 21). Snapshot number of DTOCs within services control 15 (target 19).
- 66% (M8) of rehab patients had an improved FIM score by MDT fit date(target 75% from Oct '17. 33% (M8) stroke patients have improved FIM score of 11 by MDT fit date ( m7 89%).
- Physical disability physio % of patients who wait longer than 12 weeks to first appointment 49% M8 ( target 95%)
- 79% of routine Falls referrals had an appointment within 8 weeks (target = 90%/ decrease (86% M5). The improvement seen in month 5 was not sustained through M6/7.
- Continuing Healthcare (CHC) – Eligibility decisions are made within 28 days of accepting a referral M8 85% ( target 95%). If eligible package of care for Fast Track individuals will be in place within 2 working days M8 29% (target 95%) . Service working with Marie Curie to increase capacity. 40% M8 received a 12 month case review ( a significant decrease on previous month). Staffing remains a key issues. An agency assessor is in place to address the backlog and agency staff are in place with recruitment in progress.
- 46% of high/medium risk patients have a Named Nurse whom they see every 3 months ( target=60%). A new risk stratification tool is being developed - QRM are following up.
- *Stroke. OHFT has started reporting against the national SENTINEL compliance framework which measures the actual % of patients requiring OT, physio and SALT; The median number of days as inpatient who received OT,SALT and physio, and the median number of minutes per day of SALT, physio and OT received. These are measured against national averages. All thresholds are above national averages with the exception of the median % days as inpatient for whom physio is required which is 40% M8 (target 60%) and the median % of days as inpatient for whom OT is received (37% target 60%) .*



# OHFT Provider Summary 6

## Oxford Health Foundation Trust (OHFT)

### Community Services

Oxfordshire CCG and Oxford Health FT undertook review meetings with underperforming services on 17th November and 19th December to fully define key issues and agree remedial actions for performance.

The following services are more than 10% under plan Year To Date (YTD) at M08 and are reported by exception only:

Service Line	YTD Activity v Plan	Key Issues	Updates
<b>Community Hospitals</b>	17/18 IAP no longer valid	<ul style="list-style-type: none"> <li>The methodology of recording Community Hospital activity has been reviewed in order for OCCG and OHFT to achieve a shared view of Community Hospital Activity.</li> </ul>	<ul style="list-style-type: none"> <li>OCCG and OHFT are working to establish a revised IAP for 18/19.</li> </ul>
<b>Hospital at Home</b>	-13% (-676 contacts)	<ul style="list-style-type: none"> <li>Underreporting of Non face to face activity –attended contacts reported only. This may be driving current underperformance.</li> </ul>	<ul style="list-style-type: none"> <li>Non-face-to-face classifications to be agreed across service lines with OH</li> <li>Subgroup of TIG to ensure all activity is being recoded.</li> <li>Non face to face activity to be included in performance report from January 2018.</li> </ul>
<b>Chronic Fatigue Syndrome</b>	-23% (-68 contacts)	<ul style="list-style-type: none"> <li>Staffing –service has operated with a cost pressure but OH unable to sustain this.</li> </ul>	<ul style="list-style-type: none"> <li>OH have reviewed skill mix to increase capacity.</li> <li>Improvement seen in performance.</li> </ul>
<b>Tissue Viability</b>	-38% (-1,175 contacts)	<ul style="list-style-type: none"> <li>Underreporting of Non face to face activity –attended contacts reported only. This may be driving current underperformance.</li> <li>Staffing – Band 5 currently on sick leave.</li> </ul>	<ul style="list-style-type: none"> <li>OH have reviewed skill mix to increase capacity.</li> <li>Subgroup of TIG to ensure all activity is being recorded.</li> <li>Non face to face activity to be included in performance report from January 2018.</li> </ul>
<b>Phlebotomy (City)</b>	-19% (-1,288 contacts)	<ul style="list-style-type: none"> <li>Underreporting of activity - OH is reviewing this.</li> <li>Staffing – one vacancy due to be filled in January 2018</li> <li>Service change – embedded within District Nurse team to avoid multiple visits.</li> </ul>	<ul style="list-style-type: none"> <li>Blood taking classifications to be confirmed by OH.</li> <li>Subgroup of TIG to ensure all activity is being recorded.</li> <li>Total blood taking activity to be included in performance report from January 2018.</li> </ul>
<b>Phlebotomy (Non City)</b>	-22% (-1,696 contacts)	<ul style="list-style-type: none"> <li>Underreporting of activity - OH is reviewing this.</li> <li>Service change – embedded within District Nurse team to avoid multiple visits.</li> </ul>	<ul style="list-style-type: none"> <li>Blood taking classifications to be confirmed by OH.</li> <li>Subgroup of TIG to ensure all activity is being recorded.</li> <li>Total blood taking activity to be included in performance report from January 2018.</li> </ul>

# Acute Provider Summary

## Royal Berkshire Foundation Trust (RBFT)

### Month 07 Position

Discussions with relevant parties continue regarding the financial gap and identification rules with the view to finalising the indicative activity plan for 2017/18.

Whilst the contract is financially over performing, activity is underperforming by 78,976 (26.7%) which is largely explainable by underreporting in Direct Access Pathology as advised by the provider. An estimated placeholder value to correct the price in M5, M6 and M7 has been entered; a data query has been raised to understand the reason behind the under reporting.

A placeholder query for sepsis has been submitted to the provider in line with advice from NHS England, further work has been undertaken to fully understand the impact of the counting and coding change. A report detailing financial impact with all providers shows quarter one £8k for Royal Berkshire FT in Oxfordshire CCG.

### Areas of particular over performance are:

- Outpatient Procedures
- Elective Inpatients
- Non Elective
- Non Elective Non-Emergency
- Accident & Emergency

### Planned/proposed actions to mitigate:

- Investigate and challenge reasons contributing to over performance
- Investigate and challenge over performing HRGs
- Investigate and challenge data discrepancies

# Acute Provider Summary

## Independent Acute Providers

The month 8 position extrapolated to Month 9, total activity within the Independent Acute Providers is showing a potential over performance of £1,126,565 year-to-date with continued under performance at Ramsay Berkshire Independent Hospitals.

The Nuffield Manor Month 8 position is reporting 10.40% over plan leading to an end of year forecast outturn (FOT) of £160k above plan. Activity levels have returned to a more realistic contracted level since Month 4 when concerns were raised around referral levels.

Ramsay Horton Treatment Centre (HTC) is reporting an improved position of 9.51% over plan at month 8 leading to an end of year FOT of £766k above plan if activity continues at current levels. This improved position may be attributed to the slowdown in referrals since the new musculoskeletal referral management provider contract has commenced.

Circle Reading is £224k 19.16% over plan at month 8 leading to an expected FOT of £299k above planned activity. The increased activity levels for Circle are being driven by increased GP referrals and activity is being monitored to establish if the change to the referral process through the referral management provider will affect the activity levels.

Spire Dunedin continues to over perform by 37.12% over contracted levels. SCWCCG are reporting particularly high numbers of follow ups which can be attributed to the over performance, there has been some success relating to data quality issues and an action plan has been drawn up and is being implemented to reduce these back towards normal contracted levels.

Action plans for Ramsay Horton, Spire Dunedin and Circle have been drawn up internally to establish if activity has increased by cost or activity level specifically in areas of high performance: Minor Hand, Very Major and Major Shoulder, Spinal and Pain Management. Along with this, analysis is being undertaken as to what procedures are being undertaken and comparisons by procedure of 2016/17 activity levels against 2017/18.

If it is genuine increased activity then the board shall need to acknowledge this will contribute positively to the referral to treatment underperformance and patient care.

Month period	Provider	Year To Date			
		Plan cost	Actual cost	Variance	
		£	£	£	%
M09	Horton Treatment Centre (Ramsay)	£ 6,037,057	£ 6,611,246	£ 574,189	9.51%
M09	Nuffield Hospital Oxford (The Manor)	£ 1,157,778	£ 1,278,136	£ 120,358	10.40%
M09	Circle Reading	£ 1,170,882	£ 1,395,273	£ 224,391	19.16%
M09	Foscote Court (Banbury) Trust Ltd	£ 677,143	£ 767,677	£ 90,534	13.37%
M09	Ramsay Berkshire Independent Hospital	£ 431,631	£ 410,543	-£ 21,088	-4.89%
M09	Spire Dunedin Hospital	£ 372,222	£ 510,402	£ 138,180	37.12%
M09	Total Lead Contract ISP Spend	£ 9,846,713	£ 10,973,278	£ 1,126,565	11.44%

Full Year			
Plan cost	FOT Cost	Variance	
£	£	£	%
£ 8,049,414	£ 8,814,995	£ 765,581	9.51%
£ 1,543,710	£ 1,704,182	£ 160,472	10.40%
£ 1,561,183	£ 1,860,363	£ 299,180	19.16%
£ 902,867	£ 993,436	£ 90,569	10.03%
£ 575,516	£ 547,395	-£ 28,121	-4.89%
£ 496,303	£ 680,537	£ 184,234	37.12%
£ 13,128,993	£ 14,600,908	£ 1,471,915	11.21%

NB. The tables on page 2 and 23 are extracted from the Month 9 Finance report. They are driven by Month 8 SLAM information extrapolated to Month 9.