

**Oxfordshire Clinical Commissioning Group
Board Meeting**

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| Date of Meeting: 26 January 2017 | Paper No: 17/10 |
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| Title of Presentation: Integrated Performance Report |
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|--------------------------------------------------|-------------------|--|-----------------|--|--------------------|---|
| Is this paper for (delete as appropriate) | Discussion | | Decision | | Information | ✓ |
|--------------------------------------------------|-------------------|--|-----------------|--|--------------------|---|

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| <p>Purpose and Executive Summary (if paper longer than 3 pages): 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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| Financial Implications of Paper: |
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| <p>Action Required:</p> <p>The OCCG Board is asked to note the report.</p> |
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|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| NHS Outcomes Framework Domains Supported (please delete tick as appropriate) | |
| ✓ | Preventing People from Dying Prematurely |
| ✓ | Enhancing Quality of Life for People with Long Term Conditions |
| ✓ | Helping People to Recover from Episodes of Ill Health or Following Injury |
| ✓ | Ensuring that People have a Positive Experience of Care |
| ✓ | Treating and Caring for People in a Safe Environment and Protecting them from Avoidable harm |

| | | | |
|-----------------------------------------------------------------------------------|-----|----|---------------------|
| Equality Analysis completed (please delete tick and attach as appropriate) | Yes | No | Not applicable ✓ |
| Outcome of Equality Analysis | | | |

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Clinical Lead: Sula Wiltshire, Director of Quality

Oxfordshire CCG Integrated Performance Report

for Board

v0.4

November 2016

(Reporting 2016-17 Month 7)



North



North East



Oxford City



South East



South West



West

Executive Dashboard



Oxfordshire
Clinical Commissioning Group

Finance Overview

| Reporting Period | Provider | Year To Date | | | | |
|------------------|-----------------------------------------------------------|--------------|-------------|----------|--------|--------|
| | | Plan cost | Actual cost | Variance | | Rating |
| | | £,000 | £,000 | £,000 | % | |
| M07 | Oxford University Hospitals NHS Foundation Trust | £ 184,917 | £ 184,917 | £ - | 0.00% | Green |
| M07 | Royal Berkshire NHS Foundation Trust (not excluded drugs) | £ 12,017 | £ 11,589 | -£ 428 | -3.56% | Amber |
| M07 | Horton Treatment Centre (Ramsay) - (Inc. Spinal) | £ 4,333 | £ 4,322 | -£ 11 | -0.24% | Green |
| M07 | Oxford Health Foundation Trust | £ 70,906 | £ 71,213 | £ 307 | 0.43% | Green |
| M07 | SCAS 999 | £ 12,363 | £ 12,615 | £ 252 | 2.04% | Green |

| Full Year | | | | |
|-----------|-----------|----------|--------|--------|
| Plan Cost | FOT Cost | Variance | | Rating |
| £,000 | £,000 | £,000 | % | |
| £ 317,000 | £ 317,000 | £ - | 0.00% | Green |
| £ 20,600 | £ 19,866 | -£ 734 | -3.56% | Amber |
| £ 7,428 | £ 7,660 | £ 232 | 3.12% | Amber |
| £ 122,911 | £ 123,288 | £ 377 | 0.31% | Green |
| £ 21,194 | £ 21,685 | £ 491 | 2.32% | Green |

Performance Overview

| Measure | Target | Period | OCCG | Rating | |
|-------------------------|---------------------------------------------------|--------|------|---------|-------|
| RTT | Incomplete Pathways 18 Week - All patients | 92% | M07 | 90.14% | Red |
| 2 week | 6.3 - Cancer Two week waits | 93% | M07 | 92.47% | Red |
| | 6.4 - Breast symptoms Two week waits | 93% | M07 | 91.75% | Red |
| 31 Day | 7.4 - 31 Day First Treatment | 96% | M07 | 93.90% | Red |
| | 7.11 - 31 Day Subsequent Treatment (Surgery) | 94% | M07 | 94.12% | Green |
| | 7.11 - 31 Day Subsequent Treatment (chemotherapy) | 98% | M07 | 98.61% | Green |
| | 7.11 - 31 Day Subsequent Treatment (radiotherapy) | 94% | M07 | 98.81% | Green |
| 62 Day | 8.4 - Cancer Plan 62 day standard (Tumour) | 85% | M07 | 71.03% | Red |
| | 9.4 - CRS 62 Day screening standard (Tumour) | 90% | M07 | 100.00% | Green |
| Ambulance response time | Cat A8 - Red 1 | 75% | M07 | 67.90% | Red |
| | Cat A8 - Red 2 | 75% | M07 | 70.80% | Red |
| | Cat A19 | 95% | M07 | 91.80% | Red |
| 4 hour wait | Oxford University Hospitals NHS Foundation Trust | 95% | M07 | 73.89% | Red |
| | Royal Berkshire NHS Foundation Trust | 95% | M07 | 93.08% | Red |
| | Oxford Health Foundation Trust | 95% | M07 | 97.17% | Green |

| OUHFT | Tracking |
|--------|----------|
| 89.45% | Red |
| 91.83% | Red |
| 91.67% | Red |
| 89.11% | Red |
| 97.96% | Green |
| 97.62% | Red |
| 97.79% | Green |
| 75.57% | Red |
| 94.74% | Green |

| RBFT | Tracking |
|---------|----------|
| 93.88% | Green |
| 96.10% | Green |
| 98.03% | Green |
| 96.58% | Green |
| 100.00% | Green |
| 100.00% | Green |
| 91.51% | Red |
| 74.78% | Red |
| 81.48% | Red |

| Key For Finance Overview | |
|--------------------------|------------|
| >10% | Over/under |
| 3-10% | Over/under |
| <3.0% | Over/under |

| Safety Incidents Year To Date (December 2016) | OCCG | Community/Primary | OUHFT | RBFT | OHFT | Independent Providers |
|-----------------------------------------------|--------|-------------------|-------|------|------|-----------------------|
| Never events | 4 | | 2 | 0 | 0 | 2 |
| MRSA incidents | Limit | 0 | 0 | 0 | 0 | 0 |
| | Actual | 5 | 2 | 4 | 1 | 0 |
| C Difficile incidents | Limit | 110 | 53 | 53 | 20 | 5 |
| | Actual | 114 | 68 | 42 | 13 | 8 |

| Friends and Family Patients likely or extremely likely to recommend (October 2016) | OUHFT | RBFT | OHFT | Independent Providers | National NHS |
|------------------------------------------------------------------------------------|-------|------|------|-----------------------|--------------|
| The care given at this organisation (staff - Q4 15/16) | 87% | 85% | 78% | N/A | 80% |
| Inpatient (Patient) | 96% | 99% | N/A | 98% | 95% |
| Accident & Emergency (Patient) | 78% | 94% | N/A | N/A | 86% |

Quality and Performance Dashboard



Oxfordshire

Clinical Commissioning Group

| | | Target | Oct '15 | Nov '15 | Dec '15 | Jan '16 | Feb '16 | Mar '16 | Apr '16 | May '16 | Jun '16 | Jul '16 | Aug '16 | Sep '16 | Oct '16 | YTD * | |
|--------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|----------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|-------|-------|
| RTT | Incomplete % within 18 weeks | 92% | 93.6% | 94.0% | 93.6% | 93.3% | 93.2% | 92.7% | 92.7% | 92.7% | 92.3% | 91.2% | 90.7% | 90.4% | 90.1% | 91.4% | |
| | Incomplete 52+ week waits | 0 | 0 | 1 | 3 | 2 | 2 | 1 | 3 | 8 | 9 | 6 | 0 | 7 | 4 | | |
| Diagnostics % waiting over 6 weeks | | 1% | 0.4% | 0.3% | 0.7% | 0.7% | 0.4% | 0.8% | 0.9% | 0.7% | 0.6% | 0.5% | 0.7% | 0.7% | 0.7% | 0.7% | |
| Cancer | Two Week Wait | 93% | 94.1% | 93.5% | 90.7% | 89.0% | 93.3% | 91.5% | 88.7% | 92.8% | 94.7% | 95.4% | 95.3% | 94.1% | 92.5% | 93.3% | |
| | Two Week Wait - Breast Symptom | 93% | 90.9% | 94.0% | 95.6% | 92.3% | 95.8% | 97.9% | 93.2% | 90.6% | 94.5% | 94.9% | 86.9% | 97.9% | 91.8% | 92.8% | |
| | 31 Day First Treatment (Diagnosis to Treatment) | 96% | 98.4% | 98.5% | 98.0% | 96.0% | 96.1% | 96.3% | 96.6% | 94.8% | 96.0% | 94.4% | 94.7% | 92.8% | 93.9% | 94.8% | |
| | 31 Day Subsequent Treatment (Surgery) | 94% | 97.5% | 100.0% | 98.1% | 96.1% | 93.7% | 94.6% | 93.2% | 95.5% | 100.0% | 97.5% | 91.9% | 95.1% | 94.1% | 95.4% | |
| | 31 Day Subsequent Treatment (Chemotherapy) | 98% | 100% | 100% | 99% | 98% | 100.0% | 98.8% | 100.0% | 98.9% | 100.0% | 100.0% | 100.0% | 100.0% | 98.6% | 99.7% | |
| | 31 Day Subsequent Treatment (Radiotherapy) | 94% | 97.3% | 95.7% | 100.0% | 92.2% | 100.0% | 91.9% | 78.0% | 94.7% | 96.2% | 97.4% | 98.2% | 93.9% | 98.8% | 93.9% | |
| | 62 Day Standard | 85% | 89.1% | 87.6% | 85.5% | 87.5% | 83.9% | 86.1% | 79.1% | 84.9% | 75.3% | 76.3% | 79.1% | 75.2% | 71% | 77.4% | |
| | 62 Day Screening | 90% | 88.2% | 100.0% | 95.5% | 100.0% | 94.1% | 100.0% | 100.0% | 95.8% | 84.6% | 100.0% | 95.7% | 100.0% | 100.0% | 95.6% | |
| A & E | 4 Hour Wait | OUHT | 95% | 88.0% | 88.8% | 88.2% | 84.4% | 77.6% | 78.9% | 87.6% | 87.0% | 88.2% | 87.6% | 86.6% | 82.8% | 73.9% | 84.7% |
| | | RBFT | 95% | 94.5% | 94.9% | 95.8% | 93.9% | 88.0% | 88.9% | 91.1% | 93.2% | 95.3% | 91.0% | 94.3% | 90.2% | 93.1% | 92.6% |
| | | OHFT | 95% | 95.1% | 96.9% | 97.5% | 97.0% | 95.2% | 96.2% | 94.5% | 95.5% | 97.5% | 95.0% | 95.9% | 97.61% | 97.2% | 96.2% |
| | 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 | | | 1018 | 1005 | 791 | 890 | 784 | 881 | 717 | 712 | 622 | 506 | 743 | 785 | 897 | 709 | |
| Dementia Diagnosis | Target | | 65.5% | 65.8% | 66.0% | 66.3% | 66.5% | 67.0% | 65.1% | 65.3% | 65.4% | 65.5% | 65.6% | 65.8% | 66.0% | 67.2% | |
| | Actuals | | 65.5% | 66.0% | 66.0% | 66.5% | 66.4% | 66.7% | 65.8% | 65.7% | 66.3% | 67.0% | 67.1% | 67.8% | 67.2% | 67.2% | |
| HCAI | Incidence of C-Diff - YTD | | 106 | 117 | 131 | 140 | 148 | 157 | 14 | 34 | 49 | 67 | 80 | 92 | 98 | 98 | |
| | Incidence of C-Diff - YTD Ceiling | | 85 | 98 | 111 | 124 | 135 | 145 | 11 | 23 | 35 | 48 | 61 | 73 | 85 | 85 | |
| | MRSA | 0 | 2 | 0 | 1 | 0 | 1 | 0 | 0 | 1 | 2 | 0 | 1 | 0 | 1 | 5 | |
| A&E (MIU-Type 3) | 4 hour wait | 95% | 95.1% | 96.9% | 97.5% | 97.0% | 95.2% | 96.2% | 94.5% | 95.5% | 97.5% | 95.0% | 95.9% | 97.61% | 97.2% | 96.2% | |
| Mixed Sex Accommodation | | 0 | 0 | 7 | 0 | 0 | 11 | 4 | 1 | 7 | 0 | 2 | 1 | 3 | 7 | 21 | |
| Mental | IAPT | Access | 15% | 18.3% | 17.2% | 13.2% | 16.7% | 18.0% | 16.5% | 15.9% | 15.1% | 16.9% | 15.2% | 14.6% | | 15.6% | |
| | | Recovery | 50% | 46.1% | 45.3% | 46.7% | 49.4% | 49.5% | 51.0% | 50.6% | 50.0% | 52.5% | 52.0% | 51.5% | | 51.4% | |
| | People waiting from referral to entering a course of IAPT treatment as % of people who finish a course of treatment. | 6 weeks | 75% | 66.4% | 66.7% | 72.5% | 73.7% | 70.6% | 70.1% | 74.5% | 82.5% | 82.0% | 86.1% | 90.9% | | 83.4% | |
| | | 18 weeks | 95% | 91.6% | 91.7% | 92.2% | 94.9% | 93.3% | 95.7% | 94.9% | 95.9% | 97.3% | 98.1% | 98.2% | | 96.9% | |
| Oxfordshire Ambulance Response Time | Cat 1 | 75% | 70.1% | 65.4% | 78.4% | 72.0% | 72.6% | 58.0% | 73.8% | 74.5% | 72.4% | 65.6% | 69.1% | 63.2% | 67.9% | 69.3% | |
| | Cat 2 | 75% | 72.5% | 75.8% | 73.1% | 72.8% | 68.6% | 65.9% | 74.5% | 71.9% | 73.4% | 70.3% | 72.7% | 69.8% | 70.8% | 71.9% | |
| | Cat 19 | 95% | 93.3% | 95.0% | 93.7% | 94.6% | 92.8% | 92.5% | 95.5% | 93.8% | 92.2% | 92.2% | 93.8% | 91.8% | 91.8% | 93.0% | |
| SCAS Ambulance Response Time | Cat 1 | 75% | 70.7% | 71.8% | 74.3% | 71.9% | 70.4% | 69.1% | 75.1% | 73.7% | 74.1% | 68.4% | 73.2% | 69.8% | 71.3% | 72.2% | |
| | Cat 2 | 75% | 72.9% | 74.4% | 75.0% | 71.1% | 68.3% | 68.1% | 75.1% | 72.1% | 74.1% | 71.5% | 73.8% | 73.4% | 72.2% | 73.1% | |
| | Cat 19 | 95% | 94.5% | 95.3% | 95.4% | 93.8% | 92.8% | 93.2% | 96.0% | 94.9% | 94.6% | 93.8% | 95.0% | 94.5% | 94.1% | 94.7% | |

Key Issues and mitigation

18 Week Wait Incompletes

OCCG failed to meet the 18 week target (90.1%) primarily resulting from OUHFT (89.5%), the specialties are: Trauma and Orthopaedics, Gynaecology, ENT and Plastic Surgery, performance is partly mitigated by RBFT achievement (93.9%). The RTT Incomplete recovery trajectory (the national standard) is currently being discussed regularly at Planned Care Summit with NHS England and NHS Improvement. To recover the backlog OCCG is procuring additional activity in low performing specialties, this will be delivered in a number of existing providers.

52 Week Wait Incompletes

OCCG 52 week waits decreased to four in month seven. By provider and specialty:

- OUHFT – General Surgery (1)
- RBFT – General Surgery (1)
- Imperial College – Trauma and Orthopedics (1)
- ENT (1)

Imperial College breaches are related to the providers ongoing backlog issue. Option to repatriate is being investigated.

Cancer

There is an agreed OUHFT action plan in place to ensure recovery of constitutional cancer targets. It is expected that all standards (except 62 day) will be met from November, with the 62 day standard expected to be met from January. This has not been achieved so far, further action is being discussed and to be agreed.

A and E – four hour waits

A&E 4 hour performance target has seen further signs of deterioration in M07 resulting in missing the standard with 73.9% (84.7% YTD). System wide improvement plans have been put in place via the A&E Delivery Board. Including:

- Clinical Coordination Hub Launched in October
- Ambulatory Unit - fully operational
- Minor streams – fully staffed

These efforts are showing initial success with November showing early indications of improvement with unvalidated performance of 94.2%. Trust performance over Christmas compared well across the region. OCCG is experiencing high A&E numbers of activity with an increase of 6.4% on last year (YTD).

Quality premium – 16/17 tracker

The Quality Premium is a CCG financial incentive requiring achievement of both the constitution measures and each of the quality premium measures. For each constitution measure achieved, 25% of the £3.5m is available depending on achievement of the quality premium measures. Based on October's performance, we would achieve £0. However, performance for the constitution measures is based on Q4 2016/17 according to our STP trajectories. This means that if we could recover performance immediately we could achieve the incentive.

| Constitution standard | Owner | Penalty | OCCG Oct-16 position | Actions and mitigation |
|-----------------------------------------------|------------------------------------------|-------------|----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| RTT-incomplete (92%) | Sharon Barrington | -25% | 90.1% | OUHFT priority services' are continuing work to improve theatre throughput, this is being led by FourEyes consultancy work and explores opportunity in theatre productivity for 6 key specialties; Trauma & Orthopaedics, Urology and Ophthalmology (phase one), and gynaecology colorectal, oral, maxio-facial, and ENT (phase two) . Results are expected in December and February respectively. This is being supported by increased pre-assessment and diagnostic capacity. The CCG and NHSE are jointly funding a backlog clearance programme. This will provide patient waiting in excess of 18 weeks on underperforming pathway an alternate provider option. |
| A&E waits (95% within 4 hrs.) | Sara Wilds | -25% | 73.9% | A&E delivery board continues to identify and monitor actions to improve performance. There was initial significant improvement in performance following the implementation of the improvement plan in October with both November and December anticipated to report a positive step change from performance in October. Early indication however are that performance has deteriorated due to high demand over the Christmas period. Daily Escalation calls are in place to facilitate recovery. |
| Cancer waits – 62 days (85%) | Shelley Hayles & Laura Carter | -25% | 71.0% | OUHFT and OCCG Cancer Action plans in place and trajectory agreed. Focus on reducing median wait from 11-7 days on 2ww pathways, reducing wait for diagnostics tests and reporting, increasing straight to test processes for Lung, Lower GI and Prostate. In addition the OUH have enhanced pathway management and escalation and have increased pre operative capacity. |
| Category A Red 1 ambulance calls (75%) | Sara Wilds | -25% | 71.3% | Thames Valley CCGs have issued a contract notice, and are managing a comprehensive remedial action plan in that context. OCCG are supporting. |

| Quality premium measures | Position |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| National (20%) – 4% improvement of a subset of cancers diagnosed at stage 1 or 2 against previous year | Unclear and at risk– 12+ month lag, so last years performance will be used for final payment. Historic data (Q4 2014 = 49.5%, rate of improvement ~1-3% a yr.) shows improvement required unlikely. |
| National (20%) – 83.25% improvement of respondents to GP Patient Survey report a good experience of making an appointment | July 2016 survey showed 80.25%. Data collection for next year starting this month. Further investment for GP access sought by primary care team but not likely to impact in the short term. Increasing pressures on primary care are likely to affect patients' experience of making an appointment. |
| National (20%) – >80% of GP referrals made as e-referrals against previous year | Achieved by ~1% May to September. 2 week wait referrals are now made through e-RS, which should increase performance. |
| National (10%) – 5% reduction in antibiotics prescribed by primary care, and a 5% reduction in the proportion of a subset that are broad spectrum | The overall antibiotic items per STAR PU (weighted population) has already achieved its target. |
| | The second target has improved slowly and is close to reaching the target. A ~4% reduction is required from now until the end of March to achieve this target. |
| Local (10%) – >49.5% of pregnant women are vaccinated for flu from 1st Sept 16 to 31st Jan 17 (i.e. an increase on 2015/16 performance) | Provisional data from 1/9 to 30/11/16 shows 49.2% of registered pregnant women took up a flu vaccine (more women will become pregnant and require a vaccine until the end of the season). |
| Local (10%) – Increase the proportion of those with anxiety/depression accessing IAPT to 15.3% by end of 2016 | NHS Digital reports show 5,815 contacts in the first 7 months against an annual target of 9,289, which provides a margin of 196 patients for the first 7 months. Provider reports suggest we are on track. |
| Local (10%) – 35.6% of Oxfordshire residents will have had an NHS Health Check by 31st Dec 16 | The public health team are on track with a comfortable margin, with GPs having seen 12,730 in the first 9 months against a target of 13,142 for the whole year |

Executive Summary 1

| Key Issues | Actions |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Delayed Transfers of care (DToC)</p> <p>Performance improved through until July 2016 but has recently come under significant pressure. The weekly average headcount had reduced from 161 at the start of the <i>Breaking the Cycle</i> in November 2015 to 109 at July 2016, a subsequent increase was seen through October (118) to date (121). The situation has stabilised but the key issues driving this deterioration in performance have been</p> <ul style="list-style-type: none"> • The impact of the newly commissioned integrated Reablement service (HART). The service continues to operate below capacity and is the main driver of delays • Lack of throughput in community hospitals where average length of stay and average delays have not changed in line with the planned trajectory-this is in part linked to the reablement performance • Capacity in the nursing home market, especially where patients present severe behavioural challenges. These cases in particular are driving long-term delays • Challenges in the short-term where a domiciliary care provider withdrew from the market in November with no notice. This allied to a continuing workforce challenge is creating significant system pressure. | <p>The newly constituted Delayed Transfers of Care Action Group has been established to deliver Priority 5 of the A& E Improvement Plan. The key actions are as follows:</p> <ul style="list-style-type: none"> • Community Hospital Perfect week planned for 30 January 2017 • New reablement staff in place and review taking place of packages to identify latent capacity that can be released within current HART caseload • OCC has purchased additional intermediate care bed capacity within the hub to mitigate the impact of the domiciliary care provider withdrawal • OCC is in negotiations to add 2 extra providers to the domiciliary care framework • System agreement to divert complex reablement packages to bed based pathway in the short term to increase capacity for hospital pick ups • Townlands ICB capacity now live adding 11 beds (total) to the system <p>Longer term plan in development to consider a more integrated bed pathway out of hospital.</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 CCG has issued a Contract Query Notice (CQN) and is currently monitoring performance. In November 2016, 82.47% of letters were sent to GPs within 10 working days. Performance data suggest that there are excessive delays in some specialties and with individual clinicians. The Trust has undertaken a “deep dive” which has identified lack of standard processes, lack of deputising arrangements for clinicians and admin teams to cover leave and limited supervision. The Trust are agreeing a new remedial action plan to address these issues with the CCG. The CCG has proposed a revised trajectory and awaits trust feedback.</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>November 2016 figures show that 78.1% of discharge summaries were sent within 24 hours of discharge. The CCG has issued a First Exception Report to the Trust, however, here has been limited improvement in performance in the previous 10 months. GPs continue to highlight the potential clinical risk resulting from poor clinical communication. The Trust has undertaken a “deep dive” which has identified difficulties in staff using the Electronic Patient Record and lack of deputising arrangements for ward clerks who tend to police this process. The Trust are agreeing a new remedial action plan to address these issues with the CCG. The CCG has proposed a revised trajectory and awaits trust feedback.</p> |

Executive Summary 2

Key Issues

Management of test results

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.

C. difficile

Clostridium difficile, 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. *C. difficile* 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 December saw a total of 114 cases of *C.difficile* isolated in Oxfordshire patients. This is against a limit of 110 for this time period.

MRSA

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 4 cases of MRSA bacteraemia attributed to OUHFT between April and the end of December 16/17, and 3 pre 48 hour cases. Both of the pre 48 hour cases have been assigned to third party.

Actions

In November 2016, 75.2% of test results were endorsed (electronically signed off by a clinician) within 7 days. The CCG has issued a First Exception Report to the Trust, however, there has been limited improvement in performance in the last four months. The Trust has undertaken a "deep dive" which has identified lack of standard processes, lack of deputising arrangements for clinicians and admin teams to cover leave and limited supervision. The Trust are agreeing a new remedial action plan to address these issues with the CCG. The CCG has proposed a revised trajectory and awaits trust feedback.

Each case up to the end of December 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 *C.difficile* and therefore if the case was avoidable or unavoidable. Of the 114 cases reviewed, 18 cases have been deemed avoidable, 7 of which were tests on already known positive patients.

Post infection reviews have been completed for all OUHFT cases and lapses in care have been identified, 3 of the 4 cases have been deemed avoidable. It is noted that one case attributed to OUHFT was an out of area patient. One case was classed as unavoidable, as the source could not be identified. Learning points regarding nursing and medical care and documentation have been identified and remedial action plans are in place. Both community cases had no interaction with health care services in the three weeks preceding the bacteremia.

OUHFT Provider Summary 1

Oxford University Hospitals NHS Trust (OUHFT)

Month 7 Position

The main areas of overspend at month 7 continue to be within Emergency Care and outpatient follow ups, with elective care delivering the underspends which offset the current position.

Urgent Care

A&E Attendances

A&E continues to over-perform but an increased level compared to last month at £489k (5.4%), and 3.2% over the activity plan. The higher percentage overspend compared to activity suggests a higher acuity linked to the increased activity.

Ambulatory Care Pathways

The activity recorded and charged within the ambulatory units is still under Plan by 31% in activity terms, and 36% (£651k) under against the financial plan. Within this, AAU is running at 62% under Plan, and DDU by 30%. This is primarily driven by an on going discussion between OUHFT and OCCG on ambulatory care coding. Taking the coding discussion in to consideration activity is broadly in line with plan.

The main overspend still sits within Geriatric Medicine, and colorectal surgery. Compared to the significant overspend above, there are few specialties showing corresponding significant underspends, other than general surgery at £489k under plan, and clinical oncology at £378k under plan.

Non Elective

NEL over-performing by £2.5m (4.5%), and in activity terms by 7.1%, and 9% higher than Month 7 2015/16 activity. The over-spend is partially offset by underperformance in ambulatory care and financial adjustments.

| Month 7 YTD 2016/17 | | | | | | | | |
|---------------------------------------|------------------|------------------|-------------------|-------------|---------------------|---------------------|-------------------|-------------|
| POD | Activity Plan | Activity Actual | Activity Variance | % | Price Plan | Price Actual | Price Variance | % |
| A&E | 70,148 | 72,388 | 2,240 | 3.2% | £8,996,986 | £9,486,835 | £489,849 | 5.4% |
| Ambulatory Emergency Care | 5,054 | 3,501 | -1,553 | -30.7% | £1,804,626 | £1,153,790 | £-650,836 | -36.1% |
| Non-Elective | 32,048 | 34,333 | 2,285 | 7.1% | £55,296,020 | £57,799,213 | £2,503,193 | 4.5% |
| Elective | 30,185 | 30,607 | 422 | 1.4% | £33,754,223 | £33,074,150 | £-680,073 | -2.0% |
| Excess Bed Days | 9,126 | 10,776 | 1,650 | 18.1% | £2,210,269 | £2,556,424 | £346,155 | 15.7% |
| Critical Care Total | 6,219 | 5,599 | -620 | -10.0% | £5,690,181 | £5,242,892 | £-447,289 | -7.9% |
| Diagnostic Imaging whilst Outpatients | 44,183 | 43,198 | -985 | -2.2% | £4,504,293 | £4,507,093 | £2,800 | 0.1% |
| Direct Access | 2,702,718 | 2,688,686 | -14,032 | -0.5% | £8,467,377 | £8,475,593 | £8,216 | 0.1% |
| Drugs & Devices | 10,868 | 11,313 | 445 | 4.1% | £10,914,816 | £11,265,525 | £350,709 | 3.2% |
| Maternity | 8,588 | 8,516 | -72 | -0.8% | £8,065,663 | £7,843,649 | £-222,014 | -2.8% |
| Outpatient First | 103,800 | 105,058 | 1,258 | 1.2% | £14,781,726 | £15,029,453 | £247,727 | 1.7% |
| Outpatient Follow Up | 165,783 | 177,587 | 11,804 | 7.1% | £14,881,107 | £15,388,957 | £507,850 | 3.4% |
| Outpatient Other | 13,488 | 14,382 | 894 | 6.6% | £600,943 | £630,191 | £29,248 | 4.9% |
| Outpatient Procedure | 45,372 | 43,753 | -1,619 | -3.6% | £8,122,443 | £7,766,059 | £-356,384 | -4.4% |
| Other | 10,780 | 10,160 | -620 | -5.8% | £7,950,915 | £7,645,850 | £-305,065 | -3.8% |
| Activity Total | 3,258,362 | 3,259,857 | 1,495 | 0.0% | £186,041,588 | £187,865,673 | £1,824,086 | 1.0% |

| Month 6 YTD 2016/17 | | | | | |
|---------------------|-------------|---------------------|---------------------|-------------------|-------------|
| Activity Variance | % | Price Plan | Price Actual | Price Variance | % |
| 1,601 | 2.7% | £7,693,684 | £8,086,811 | £392,428 | 5.1% |
| -1,360 | -31.4% | £16,349,082 | £456,286 | £-1578,948 | -37.6% |
| 2,049 | 7.5% | £47,285,849 | £49,475,968 | £2,239,241 | 4.7% |
| 285 | 1.1% | £28,964,773 | £28,379,797 | £-629,648 | -2.2% |
| 1,498 | 19.2% | £1,890,090 | £2,168,252 | £319,607 | 16.9% |
| -451 | -8.5% | £4,068,213 | £3,805,949 | £-295,956 | -6.1% |
| -417 | -1.1% | £3,865,171 | £3,874,079 | £-22,341 | -0.6% |
| -9,868 | -0.4% | £6,007,260 | £6,067,221 | £28,471 | 0.4% |
| 299 | 3.2% | £9,341,085 | £9,602,826 | £211,381 | 2.3% |
| -30 | -0.4% | £6,897,272 | £6,754,327 | £-155,024 | -2.2% |
| 860 | 1.0% | £11,591,539 | £11,573,825 | £215,586 | 1.7% |
| 10,352 | 7.3% | £11,377,167 | £11,708,590 | £480,856 | 3.8% |
| 948 | 8.2% | £515,674 | £555,568 | £36,985 | 7.2% |
| -1,653 | -4.2% | £5,762,544 | £5,553,225 | £-326,834 | -4.7% |
| -623 | -6.7% | £6,917,505 | £6,626,936 | £-315,676 | -4.7% |
| 3,492 | 0.1% | £168,526,908 | £154,689,660 | £1,600,035 | 0.8% |

Key - for OUHFT Summary

>10%

Over/under plan

3-10%

Over/under plan

<3.0%

Over/under plan

OUHFT Provider Summary 2

| SLAM Specialty | Activity Plan | Activity Actual | Activity Diff ActPlan | Activity Perc Diff ActPlan | Price Plan | Price Actual | Price Diff ActPlan | Price Perc Diff ActPlan |
|------------------------------------|---------------|-----------------|-----------------------|----------------------------|-------------|--------------|--------------------|-------------------------|
| 410N - RHEUMATOLOGY (NOC) | 961 | 1659 | 698 | 72.6% | £ 337,020 | £ 489,518 | £ 152,498 | 45.2% |
| 110 - TRAUMA & ORTHOPAEDICS | 6479 | 7510 | 1031 | 15.9% | £ 919,633 | £ 1,065,551 | £ 145,918 | 15.9% |
| 650N - PHYSIOTHERAPY (NOC) | 1787 | 2868 | 1081 | 60.5% | £ 168,331 | £ 310,108 | £ 141,777 | 84.2% |
| 651 - OCCUPATIONAL THERAPY | 378 | 963 | 585 | 154.7% | £ 120,622 | £ 254,704 | £ 134,082 | 111.2% |
| 130 - OPHTHALMOLOGY | 4471 | 5094 | 623 | 13.9% | £ 490,812 | £ 611,214 | £ 120,402 | 24.5% |
| 108 - SPINAL SURGERY SERVICE | 79 | 726 | 647 | 819.3% | £ 13,997 | £ 121,687 | £ 107,690 | 769.4% |
| 100 - GENERAL SURGERY | 3688 | 3071 | -617 | -16.7% | £ 725,868 | £ 618,831 | -£ 107,037 | -14.7% |
| 110N - TRAUMA & ORTHOPAEDICS (NOC) | 6229 | 4972 | -1257 | -20.2% | £ 796,130 | £ 675,585 | -£ 120,545 | -15.1% |
| 502 - GYNAECOLOGY | 7708 | 7113 | -595 | -7.7% | £ 1,248,517 | £ 1,106,912 | -£ 141,605 | -11.3% |
| 300 - GENERAL MEDICINE | 1414 | 976 | -438 | -31.0% | £ 592,324 | £ 419,225 | -£ 173,098 | -29.2% |
| 320 - CARDIOLOGY | 7987 | 7610 | -377 | -4.7% | £ 1,357,275 | £ 1,035,359 | -£ 321,916 | -23.7% |

Outpatient First Appointments¹

- First outpatients year to month seven is over plan by 1.7% £247k, (1.7% at month six) and 1.2% in activity (1.0% at month six)
- Single professional consultant led continues to lead this over spend with an over performance of 3.2% £377k; however, this is a marginal recovery on month six's 3.4% overspend.

Outpatient Follow Ups

- At month seven, outpatient follow ups are showing an over-performance of 3.4% £508k (3.8% at month six), and 7.1% in activity (7.3% at month six).
- Physiotherapy overspend is largely due to activity previously being incorrectly coded to specialist commissioning.
- Trauma is broadly on plan when all local outpatient follow up sub-specialties considered.

| SLAM Specialty | Activity Plan | Activity Actual | Activity Diff ActPlan | Activity Perc Diff ActPlan | Price Plan | Price Actual | Price Diff ActPlan | Price Perc Diff ActPlan |
|------------------------------------|---------------|-----------------|-----------------------|----------------------------|-------------|--------------|--------------------|-------------------------|
| 650N - PHYSIOTHERAPY (NOC) | 4324 | 9875 | 5551 | 128.4% | £ 152,695 | £ 593,863 | £ 441,168 | 288.9% |
| 341 - SLEEP STUDIES | 537 | 988 | 451 | 84.2% | £ 55,114 | £ 147,848 | £ 92,734 | 168.3% |
| 108 - SPINAL SURGERY SERVICE | 102 | 829 | 727 | 714.3% | £ 11,028 | £ 90,213 | £ 79,185 | 718.0% |
| 410N - RHEUMATOLOGY (NOC) | 3184 | 3780 | 596 | 18.7% | £ 332,691 | £ 411,699 | £ 79,008 | 23.7% |
| 301 - GASTROENTEROLOGY | 4291 | 4795 | 504 | 11.7% | £ 495,064 | £ 556,107 | £ 61,043 | 12.3% |
| 324 - ANTICOAGULANT | 1574 | 1543 | -31 | -2.0% | £ 146,374 | £ 109,275 | -£ 37,099 | -25.3% |
| 800 - CLINICAL ONCOLOGY | 5167 | 4720 | -447 | -8.7% | £ 524,332 | £ 482,981 | -£ 41,351 | -7.9% |
| 300 - GENERAL MEDICINE | 967 | 669 | -298 | -30.8% | £ 220,876 | £ 145,175 | -£ 75,702 | -34.3% |
| 651 - OCCUPATIONAL THERAPY | 1167 | 1001 | -166 | -14.2% | £ 440,842 | £ 284,864 | -£ 155,978 | -35.4% |
| 110N - TRAUMA & ORTHOPAEDICS (NOC) | 15978 | 11808 | -4170 | -26.1% | £ 1,451,501 | £ 1,041,808 | -£ 409,693 | -28.2% |

Suspected Cancer Pathway (SCAN): This project aims to achieve earlier diagnosis for patients with low risk but not no-risk symptoms of cancer, this is largely funded by Cancer Research UK (CRUK) and NHS England. The project is currently in the implementation phase; after overcoming barriers surrounding IG, baseline data collection for the project cohort is due to start in January 2017 and the go-live is scheduled for March 2017.

Headache: Implementing a community headache clinic, this project aims to improve service quality and accessibility for headache patients. The service specification is now being developed and go-live is scheduled for April 2017 depending on successful consultant recruitment.

ENT: A business case for ENT pathway review is currently being developed and is due to be submitted for approval in February 2017.

Ophthalmology: The service went live in August 16, Activity is currently higher than expected and so is being closely monitored, feedback from patients and GPs have been positive. A pilot evaluation is to take place in January 2017 including a review of tariff. Further work on cataracts, glaucoma, and age-related macular degeneration are planned for 2017.

Cardiology: A full business case has been approved by PMB. The service specification has been developed, terms are to be agreed and planned go live is scheduled for April 2017.

Bladder and Bowel Service: Information on current activity and staffing requirements has been requested from current provider to inform continued negotiations with incoming provider.

Musculo-Skeletal: Procurement process for the service is now underway with pre-qualifying questionnaires to be submitted by 31st January. Go-live is scheduled for 02nd October 2017

SCAS Provider Summary

South Central Ambulance Service

Summary of performance on 999

- The 999 service has under performed at month 8 of 2016/17 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 | M06 | 75% | 70.70% | 72.50% | 73.00% | 69.50% | 72.20% | 72.30% |
| RED 2 Incidents within 8 Minute Target | M06 | 75% | 72.30% | 72.70% | 72.80% | 72.00% | 73.80% | 73.10% |
| RED 19 Incidents within 19 Minute Target | M06 | 95% | 92.00% | 94.20% | 94.80% | 92.90% | 94.50% | 94.70% |

- Month 8 activity sees SCAS continue to fall behind trajectory for red performance recovery. This is due to higher activity and difficulties in resourcing. SCAS have reported that they have reported particular issues with being able to achieve target 'time on scene'. Actions are underway to reduce times but as yet are not having the anticipated impacts, broader factors are currently being explored. SCAS have advised that while recovery of red performance was planned for February and March, it is unlikely that performance will be recovered in February.
- SCAS are slightly ahead of trajectory for recovery of Green 30 performance in Month 8
- SCAS have reported that Hear and Treat is down below plan for the first time in the contractual year. Clinical calls are driving the dip (not call takers). There are a number of reasons as to why this is occurring; potential issues with acuity or capacity while calls are "stacking" in the Clinical Support Desk (CSD). SCAS are working to understand this unusual pattern and will report back to commissioners by the end of the February.
- Recruitment within SCAS is slightly behind target however attrition is lower than would be expected at this time in the year (or that has been planned for).
- SCAS have also advised that unfortunately, that while they had hoped to agree the new 'meal break' policy with the unions for roll out in Q4, due to negotiations with staff side not progressing as positively as hoped, this policy is unlikely to be agreed prior to year end.

Summary of performance on 111

- The 111 service has performed in the most part at month 8 of 2016/17, with the Total Calls Answered within 60 seconds (Target: 95%) being 96.43%. Additionally call abandonment rates are continuing to sit well below 5% with month 8 at 0.42%.
- There are still concerns regarding the % of calls transferred directly to the clinician which in month 8 was 33.90% against a target of 85%. SCAS have procured an IT solution called Call Vision that will correct the data capture issue, however after the go live test in October Call Vision crashed iCAD. Call Vision underwent further testing and finally has gone live in December.
- There continues to be an upward trajectory of 111 dispositions to ED than nationally expected (<5%) target, with month 6 being at 7.45%. Work is constantly ongoing on the Directory of Services to ensure that all dispositions to ED are absolutely justified.
- 111 to 999 incidents are, following continued over performance, now below the nationally expected (<10%) target, with month 6 being 9.59%.
- SCAS reported at the January CRM that Month 9 (December) performance is likely to have dipped to under 95% due to totally unprecedented demand over the Christmas period%
- SCAS are in the process of finalising a business case to come to Commissioners that focuses on increased clinical input in to 111 to support the nationally mandated action to increase calls receiving clinical advice to 30%

Oxford Health Foundation Trust (OHFT)

- OHFT is meeting the national targets in relation to mental health performance and is making good progress in respect of the new waiting targets for early intervention in psychosis and access to psychological therapy from April 2016. Further national standards are expected in relation to Crisis intervention and we are working with OH to anticipate the reporting requirements.
- The OHFT Emergency Department Psychiatric Service has experienced some challenges owing to staff absence and recruitment in meeting access targets of 1 hour in the John Radcliffe hospital and 1.5 Hours in the Horton General hospital. This has shown some improvement but continues to be monitored through the contract review meeting
- The OHFT-SCAS ambulance triage project is reporting a high number of callers to 999/111 that are known to MH services (>60%) and that the pilot has managed to avoid ambulance dispatch in more than 40% of cases. A review of the way in which we commission MH urgent care is under way under the scope of the local Crisis Concordat.
- The process of reviewing all OH service specification is on-going. OCCG and CSU are meeting on a weekly basis to discuss outstanding areas and meetings between OH and OCCG are being set up to conclude each specification before the longstop date.
- 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. Achievement against indicators were due to be baselined in the first year of the contract. Issues regarding the delivery of baselines were identified, a remedial action agreed with the provider, with final baselines to be agreed in March 2017.

Key Performance Indicators (KPIs) and Audit:

- In month seven, the Oxford Health Older People's Directorate was required to report against 17 local KPIs reports were received on 16 of which 10 were achieved = 63% compliance. The 6 missed KPIs related to the following; compliance with training (targeting remaining individuals), cancellations by provider services (performance reflects a change in the reporting parameters and the move to Carenotes), DTOC in Community Hospitals (the service continues to implement the initiatives associated with the improvement trajectory).
- There are 15 KPIs reportable in month seven for the Community Services of which 11 were achieved = 73% compliance. The 4 missed KPIs relate to the following: clinically significant difference for the incremental Shuttle Walk Test (due to increase in reported chest infections in patients) early indication shows that performance against this improved through November and December, patients being seen within 12 week for MSK Physiotherapy, patients being seen within 12 weeks for Nutrition and Dietetics (patient choice) and patients receiving 45 minutes per therapy (stroke – high dependency of patient) this is a new indicator in early stages of collection. On going discussions are taking place with the trust to improve waits and increase service capacity.

Oxford Health Foundation Trust (OHFT)

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

Month seven activity is broadly in line with plan (1% underspend on activity).

5 of the 10 reportable monthly national quality requirements (NQRs) were achieved in October (50% compliance). The following NQRs were not achieved;

OOH % of unfilled shifts ($\leq 2\%$): 14% (YTD 15%);

OOH urgent triage (walk in) - time to triage ($\leq 95\%$ within 20 minutes): 69% (YTD 74%);

OOH non-urgent triage (walk in) - time to triage ($\leq 95\%$ within 60 minutes): 88% (YTD 87%);

OOH urgent face to face base visit ($\leq 95\%$ within 2 hours): 85% (YTD 82%);

OOH urgent face to face home visit ($\geq 95\%$ within 2 hours of triage): 95% (YTD 94%)

To improve the compliance urgent and non-urgent (walk in) time to triage and in addition to increasing clinical staffing the OOHS has piloted the use of Health Care Assistants (HCA) to support the receptionists, being trained in basic observations, and using a track and trigger tool to provide the definitive clinical assessment for walk in patients, thus ensuring the patient receives timely care. The service is currently recruiting staff to support this process, the aim is to cover this during weekends initially starting from January. To improve compliance with urgent face to face base and home visits the OOHS are developing a tool to more accurately measure shift productivity over a range of case types. This needs to be tested further and when endorsed as a working tool this will be extended to the clinical workforce and will provide accurate reporting moving forward with individuals regarding their productivity. This will be available in the New Year.

Community services

Deep-dives

A series of deep dives into specific areas including Physiotherapy, Podiatry, Care Home Support, End of Life Matrons, and Physical Disability Physiotherapy. A full report for each will be available in early Q4. All issues are being managed through respective Commissioning Managers directly or via the CRM (Physiotherapy). Future deep dives have been identified for the following services; Diabetes, COPD and Heart Failure. Meetings are in the process of being set up to take place in Q4.

Activity

Introduction of a new IT system during 2015/16 led to concerns in the accuracy in activity reporting. Recorded activity levels dropped post implementation and did not recover to seasonal trend levels until December 2015 (Mental Health) and April 2016 (Community). This is being monitored and resolution driven by a joint CCG and provider forum, Technical Information Group (TIG), which continues to work through a programme of data developments for robust and fit for purpose data. Root causes have been identified for nutrition and dietetics, minor injuries units, chronic fatigue, and community hospital services with TIG currently developing solutions.

Wait Times

Wait time target of 95% was achieved in month seven by adult speech and language therapy (100%), community therapy (96%), and Podiatry (97.9%), with nutrition and dietetics missing narrowly (94%) and Musculoskeletal at 87%.

OHFT Provider Summary 3

Oxford Health Foundation Trust (OHFT)

Children and Adolescent Mental Health Services (CAMHS)¹

- 100% of Emergency (24 hour) and Urgent (7 days) referrals were seen within target.
- 772 patients are currently on the Oxfordshire CAMHS services' wait list. This is a 2% decrease on month six.
 - 240 (31%) patients are waiting over four months for an assessment.
 - 78 (10%) patients are waiting over six months for an assessment.
- 124 (16%) of waiters are awaiting an autism spectrum disorder (ASD) assessment.
 - The outsourcing of the 30 longest waiting ASD assessments to private clinic has supported performance improvement.
 - Additional funding has been agreed by NHS England to outsource a further 90 ASD assessments starting with 30 in December.
 - The CCG and trust are working to develop and implement an ASD specialist pathway.
- The average current wait for CAMHS Tier 3 Assessment is 12 weeks
- The average current wait for PCAMHS Assessment is 8 weeks
- Average rate patients referred per a month sits at 475 year to date, with year to date referrals not requiring treatment remaining at 12%.

| Service | | PCAMHS (all except ASD) | | | | CAMHS (all except ASD) | | | | CAMHS ASD | | | | CAMHS All | | | |
|------------------------------|-----|-------------------------|-------|-------|-----|------------------------|-------|-------|-----|-----------|-------|-------|-----|-----------|-------|-------|-----|
| Waiting List (Weeks) | | 0-12 | 12-26 | 26-52 | 52+ | 0-12 | 12-26 | 26-52 | 52+ | 0-12 | 12-26 | 26-52 | 52+ | 0-12 | 12-26 | 26-52 | 52+ |
| April's report not submitted | | | | | | | | | | | | | | | | | |
| Month | May | 62% | 36% | 1% | 0% | 51% | 38% | 11% | 0% | 11% | 77% | 12% | 1% | 54% | 35% | 10% | 0% |
| | Jun | 59% | 41% | 0% | 0% | 54% | 38% | 8% | 0% | 10% | 74% | 15% | 1% | 51% | 38% | 10% | 1% |
| | Jul | 61% | 38% | 0% | 0% | 51% | 42% | 7% | 0% | 10% | 77% | 12% | 1% | 52% | 39% | 9% | 1% |
| | Aug | 62% | 37% | 0% | 0% | 52% | 38% | 10% | 0% | 6% | 82% | 11% | 0% | 51% | 39% | 9% | 0% |
| | Sep | 52% | 47% | 1% | 0% | 46% | 41% | 12% | 0% | 4% | 84% | 11% | 0% | 44% | 45% | 11% | 0% |
| | Oct | 75% | 23% | 1% | 0% | 53% | 37% | 9% | 0% | 8% | 79% | 13% | 0% | 57% | 33% | 10% | 0% |

- Nov and Dec unvalidated performance notes considerable improvement with Dec expected to marginally miss the 75% target for all CAMHS excluding ASD.

Issues

- Oxfordshire CAMHS currently has rolling recruitment for 9.4 whole time equivalents (WTE) vacancies, although a number of roles have been recruited too individuals are not yet in post. Impact has been mitigated through use of agency staff to provide capacity. This combined with increased demand for CAMHS workforce nationally is places increased pressure on the service. The provider is reviewing current posts and where appropriate adapting the workforce skill mix requirements to increase opportunity, this has included the creation of two senior nurse posts.

Data snapshot of 8th November used for October performance analysis.

Acute Provider Summary

Royal Berkshire Foundation Trust (RBFT)

Summary

Month seven performance against plan – activity is 3,080 below plan which equates to -1% variance. Financial underperformance against year to date plan is -£380k, including adjustments, and high cost drugs and devices, which equals to -3.3% variance. There are 48 uncoded episodes of care with estimated value of £54k.

Areas of particular overperformance are:

- Non-elective Inpatients – YTD against activity is 2.8% over plan, however financial spend is 3.5% under. This suggests a lower acuity of patient attending.
- Outpatient Procedures – 20.0% (388) over performance in activity YTD and 22.2% (£90,504). Increase in performance is being challenged as counting and coding change as a result of RBFT introducing new data warehouse.
- Other Outpatient activity – 37.7% (1,252) activity and 23.9% (£69,641) over performance to month seven is attributed to an excess in stroke rehabilitation bed days, 245 rehabilitation beddays were recorded against a plan of 44 in month seven.

Independent Acute Providers

Summary

- At month seven, total activity within the Independent Acute Providers is performing broadly in line with plan (£64k) with underperformance in The Nuffield Manor Hospital being offset by over performance in Foscote, Spires Dunedin and Circle Reading contracts.
- Results of audit work is ongoing – Foscote and Ramsay have now agreed and credited OCCG with £30k and £75k respectively. Manor negotiations have been escalated to Director level conversations for conclusion and a meeting is being held on the 27th January 2017.
- The Manor's under performance is driven by a £200k underspend in the major knee procedures year to date.
- Circle over performance has reduced slightly on month six's 20.3%. This is attributed to a reduced run rate in elective and day case procedures as well as a slight reduction in first appointments. Circle are investing in new equipment to continue to increase OPPROC activity, mitigating increase in the more expensive day-case procedures.

| Month period | Provider | Year To Date | | | | | Full Year | | | | |
|--------------|---------------------------------------|--------------|---------|----------|---------|--------|-----------|----------|----------|---------|--------|
| | | Plan cost | Actual | Variance | | Rating | Plan cost | FOT Cost | Variance | | Rating |
| | | £,000 | £,000 | £,000 | % | | £,000 | £,000 | £,000 | % | |
| M07 | Horton Treatment Centre (Ramsay) | £ 4,331 | £ 4,360 | £ 28 | 0.65% | Green | £ 7,428 | £ 7,474 | £ 46 | 0.61% | Green |
| M07 | Nuffield Hospital Oxford (The Manor) | £ 1,092 | £ 853 | -£ 240 | -21.94% | Red | £ 1,872 | £ 1,462 | -£ 410 | -21.91% | Red |
| M07 | Circle Reading | £ 771 | £ 902 | £ 131 | 17.02% | Red | £ 1,322 | £ 1,547 | £ 225 | 17.02% | Red |
| M07 | Foscote Court (Banbury) Trust Ltd | £ 440 | £ 501 | £ 61 | 13.81% | Red | £ 754 | £ 859 | £ 105 | 13.90% | Red |
| M07 | Ramsay Berkshire Independent Hospital | £ 344 | £ 359 | £ 15 | 4.33% | Amber | £ 589 | £ 615 | £ 26 | 4.48% | Amber |
| M07 | Spire Dunedin Hospital | £ 246 | £ 315 | £ 69 | 28.04% | Red | £ 421 | £ 540 | £ 119 | 28.23% | Red |
| M07 | Total Lead Contract ISP Spend | £ 7,225 | £ 7,290 | £ 64 | 0.89% | Green | £ 12,386 | £ 12,496 | £ 110 | 0.89% | Green |

| | | | | | | |
|----------------------------|------|-----------------|-------|-----------------|-------|-----------------|
| Key - for Finance overview | >10% | Over/under plan | 3-10% | Over/under plan | <3.0% | Over/under plan |
|----------------------------|------|-----------------|-------|-----------------|-------|-----------------|