

Oxfordshire Clinical Commissioning Group Board Meeting

Date of Meeting: 25 May 2017	Paper No: 17/36
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Title of Paper: Integrated Performance Report
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Paper is for: (please delete tick as appropriate)	Discussion		Decision		Information	✓
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<p>Purpose and Executive Summary: To update the Committee on quality and performance issues to date.</p> <p>The Integrated Performance Report is designed to give OCCG Board assurance of the processes and controls around quality and performance. It contains analysis of how OCCG and associated organisations are performing. The report is comprehensive, but seeks to direct members to instances of exception.</p>

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

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

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

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

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Date of Paper: 17 May 2017

Oxfordshire CCG Integrated Performance Report

for Board

v0.4

May 2017

(Reporting 2016-17 Month 12)



North



North East



Oxford City



South East



South West



West

Executive Dashboard

Finance Overview

Reporting Period	Provider	Year To Date				
		Plan cost	Actual cost	Variance		Rating
		£,000	£,000	£,000	%	
M12	Oxford University Hospitals NHS Foundation Trust	£ 31,700	£ 31,700	£ -	0.00%	Green
M12	Royal Berkshire NHS Foundation Trust (not excluded drugs)	£ 20,600	£ 21,221	£ 621	3.01%	Amber
M12	Horton Treatment Centre (Ramsay) - (Inc. Spinal)	£ 7,428	£ 7,692	£ 264	3.55%	Amber
M12	Oxford Health Foundation Trust	£ 122,469	£ 122,834	£ 365	0.30%	Green
M12	SCAS 999	£ 21,194	£ 21,474	£ 280	1.32%	Green

Full Year				
Plan Cost	FOT Cost	Variance		Rating
£,000	£,000	£,000	%	
£ 317,000	£ 317,000	£ -	0.00%	Green
£ 20,600	£ 21,221	£ 621	3.01%	Amber
£ 7,428	£ 7,692	£ 264	3.55%	Amber
£ 122,469	£ 122,834	£ 365	0.30%	Green
£ 21,194	£ 21,474	£ 280	1.32%	Green

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

Measure		Target	Period	OCCG	Rating
RTT	Incomplete Pathways 18 Week - All patients	92%	M12	90.58%	Red
2 week	6.3 - Cancer Two week waits	93%	M12	93.93%	Green
	6.4 - Breast symptoms Two week waits	93%	M12	94.74%	Green
31 Day	7.4 - 31 Day First Treatment	96%	M12	98.78%	Green
	7.11 - 31 Day Subsequent Treatment (Surgery)	94%	M12	96.30%	Green
	7.11 - 31 Day Subsequent Treatment (chemotherapy)	98%	M12	100.00%	Green
	7.11 - 31 Day Subsequent Treatment (radiotherapy)	94%	M12	100.00%	Green
62 Day	8.4 - Cancer Plan 62 day standard (Tumour)	85%	M12	85.11%	Green
	9.4 - CRS 62 Day screening standard (Tumour)	90%	M12	93.10%	Green
Ambulance response time	Cat A8 - Red 1	75%	M12	69.93%	Red
	Cat A8 - Red 2	75%	M12	71.38%	Red
	Cat A19	95%	M12	94.30%	Red
4 hour wait	Oxford University Hospitals NHS Foundation Trust	95%	M12	87.10%	Red
	Royal Berkshire NHS Foundation Trust	95%	M12	94.49%	Red
	Oxford Health Foundation Trust	95%	M12	96.41%	Green

OUHFT	Tracking	RBFT	Tracking
90.37%	Red	93.41%	Green
93.54%	Green	96.46%	Green
98.99%	Green	97.28%	Green
97.50%	Green	96.81%	Green
96.55%	Green	90.91%	Red
100.00%	Green	100.00%	Green
98.04%	Green	96.55%	Green
83.54%	Red	92.54%	Green
92.98%	Green	91.30%	Green

Safety Incidents	OCCG	Community/Primary	OUHFT	RBFT	OHFT	Third Party	Independent Providers
Year To Date (March 2017)							
Never events	4		2	0	0		2
MRSA incidents	Limit	0	0	0	0	0	0
	Actual	8	3	4	1	0	0
C Difficile incidents	Limit	122	59	59	20	6	0
	Actual	123	73	46	15	8	2

Friends and Family	OUHFT	RBFT	OHFT	Independent Providers	National NHS
Patients likely or extremely likely to recommend (February 2017)					
The care given at this organisation (Staff) - Q2 Date 16/17	87%	85%	78%	N/A	80%
Inpatient (Patient)	96%	99%	N/A	N/A	96%
Accident & Emergency (Patient)	88%	93%	N/A	N/A	87%

Quality and Performance Dashboard



Oxfordshire

Clinical Commissioning Group

			Target	Mar '16	Apr '16	May '16	Jun '16	Jul '16	Aug '16	Sep '16	Oct '16	Nov '16	Dec '16	Jan '17	Feb '17	Mar '17	YTD *
RTT	Incomplete % within 18 weeks		92%	92.7%	92.7%	92.7%	92.3%	91.2%	90.7%	90.4%	90.1%	90.1%	89.1%	89.6%	89.5%	90.6%	90.7%
	Incomplete 52+ week waits		0	1	3	8	9	6	0	7	4	3	7	15	6	8	
Diagnostics % waiting over 6 weeks			1%	0.8%	0.9%	0.7%	0.6%	0.5%	0.7%	0.7%	0.7%	0.8%	1.3%	0.9%	0.7%	0.8%	0.8%
Cancer	Two Week Wait		93%	91.5%	88.7%	92.8%	94.7%	95.4%	95.3%	94.1%	92.5%	94.7%	91.9%	89.2%	96.2%	93.9%	93.3%
	Two Week Wait - Breast Symptom		93%	97.9%	93.2%	90.6%	94.5%	94.9%	86.9%	97.9%	91.8%	88.5%	84.1%	95.2%	96.2%	94.7%	92.2%
	31 Day First Treatment (Diagnosis to Treatment)		96%	96.3%	96.6%	94.8%	96.0%	94.4%	94.7%	92.8%	93.9%	94.9%	97.4%	95.0%	97.0%	98.8%	95.6%
	31 Day Subsequent Treatment (Surgery)		94%	94.6%	93.2%	95.5%	100.0%	97.5%	91.9%	95.1%	94.1%	97.4%	97.6%	98.2%	96.5%	96.3%	96.2%
	31 Day Subsequent Treatment (Chemotherapy)		98%	99%	100%	99%	100%	100.0%	100.0%	100.0%	98.6%	100.0%	100.0%	98.5%	98.1%	100.0%	99.5%
	31 Day Subsequent Treatment (Radiotherapy)		94%	91.9%	78.0%	94.7%	96.2%	97.4%	98.2%	93.9%	98.8%	97.0%	98.9%	98.2%	99.0%	100.0%	95.9%
	62 Day Standard		85%	86.1%	79.1%	84.9%	75.3%	76.3%	79.1%	75.2%	71.0%	77.5%	82.9%	69.3%	79.8%	85.1%	78.1%
	62 Day Screening		90%	100.0%	100.0%	95.8%	84.6%	100.0%	95.7%	100.0%	100.0%	100.0%	88.9%	96.0%	100.0%	93.1%	95.3%
A&E	4 Hour Wait	OUHT	95%	78.9%	87.6%	87.0%	88.2%	87.6%	86.6%	82.8%	73.9%	94.2%	91.1%	84.8%	82.2%	87.1%	86.1%
		RBFT	95%	88.9%	91.1%	93.2%	95.3%	91.0%	94.3%	90.2%	93.1%	93.3%	91.8%	88.3%	91.3%	94.5%	92.3%
		OHFT	95%	96.2%	94.5%	95.5%	97.5%	95.0%	95.9%	97.6%	97.17%	96.7%	97.1%	98.5%	98.6%	96.4%	96.6%
	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			881	717	712	622	506	743	785	897	760	826	980	997	1048	798	
Ambulance Handover		JR	85%	65.2%	73.3%	72.4%	70.6%	70.4%	72.1%	73.5%	65.0%	70.2%	72.2%	71.0%	72.7%	75.2%	71.6%
		Horton	85%	83.2%	86.0%	90.0%	90.2%	88.3%	92.0%	92.0%	80.9%	94.7%	91.8%	83.1%	89.2%	95.5%	89.5%
Dementia Diagnosis		Target		67.0%	65.1%	65.3%	65.4%	65.5%	65.6%	65.8%	66.0%	66.2%	66.4%	66.6%	66.8%	67.0%	67.7%
		Actuals		66.7%	65.8%	65.7%	66.3%	67.0%	67.1%	67.8%	67.2%	68.1%	67.4%	67.4%	67.3%	67.7%	67.7%
HCAI	Incidence of C-Diff - YTD			157	14	34	49	67	80	91	97	105	114	123	128	137	137
	Incidence of C-Diff - YTD Ceiling			145	11	23	35	48	61	73	85	98	111	124	135	145	145
	MRSA		0	0	0	1	2	0	1	0	1	0	0	2	1	0	8
A&E (MIU-Type 3)		4 hour wait	95%	96.2%	94.5%	95.5%	97.5%	95.0%	95.9%	97.6%	97.2%	96.7%	97.1%	98.5%	98.6%	96.4%	96.6%
Mixed Sex Accommodation			0	4	1	7	0	2	1	3	7	3	2	18	19	2	65
Mental Health	IAPT	Access	15%	17%	16%	15%	17%	15%	15%	14%	17%	18%	13%	15%			15%
		Recovery	50%	51%	51%	50%	53%	52%	52%	49%	49%	54%	48%	54%			51%
	People waiting from referral to entering a course of IAPT treatment as % of people who finish a course of treatment	6 weeks	75%	70%	75%	83%	82%	86%	91%	93%	93%	94%	94%	95%			88%
		18 weeks	95%	96%	95%	96%	97%	98%	98%	98%	98%	99%	99%	98%			98%
Oxfordshire Ambulance Response Time		Cat 1	75%	58.0%	73.8%	74.5%	72.4%	65.6%	69.1%	63.2%	67.9%	70.7%	71.4%	71.9%	75.4%	69.9%	70.4%
		Cat 2	75%	65.9%	74.5%	71.9%	73.4%	70.3%	72.7%	69.8%	71.2%	72.3%	70.5%	70.6%	71.7%	71.4%	71.7%
		Cat 19	95%	92.5%	95.5%	93.8%	92.2%	92.2%	93.8%	91.8%	92.3%	92.0%	91.2%	93.1%	93.3%	94.3%	92.9%
SCAS Ambulance Response Time		Cat 1	75%	69.1%	75.0%	73.6%	74.1%	68.4%	73.2%	69.8%	71.3%	73.0%	74.5%	74.7%	76.7%	75.0%	73.3%
		Cat 2	75%	68.1%	75.1%	72.1%	74.1%	71.5%	73.8%	73.4%	72.2%	72.9%	72.1%	71.4%	75.5%	73.3%	73.1%
		Cat 19	95%	93.2%	96.1%	95.0%	94.6%	93.8%	95.0%	94.5%	94.0%	94.8%	94.4%	94.0%	95.7%	95.1%	94.7%

Key Issues and mitigation

18 Week Wait Incompletes

The 92% incomplete standard has improved marginally at Oxford University Hospitals (OUHFT) (90.37% in March from 89.19% in February). Royal Berkshire Hospitals (RBHFT) achieved this standard and saw a slight improvement on last month (93.41% in March against 93.35% in February). The main specialities: Gynaecology, ENT, Plastic Surgery, and Trauma and Orthopaedics. Planned care are currently working with secondary care to scope and implement a number of demand management services however there is no agreed performance plan for 2017/18, this is identified as a key risk.

52 Week Wait Incompletes

In March eight Oxfordshire patients were waiting over 52 weeks for treatment. These were in OUHFT Gynecology (six) and Maxillofacial (one), and one in Trauma and Orthopedics patient at Kings College London (Kings, MaxFax, and a Gynaecology patient have since been scheduled for treatment in April).

Cancer

In March 2017, OUHFT as a Trust continued to meet 7 of the 8 cancer standards. Although 62 day upgrade was not met, an improvement was made to 83.3% (Trust wide) from 78.5% in month 11, against 85% standard. There is an agreed OUHFT action plan in place to ensure recovery of constitutional cancer targets with all standards expected to be met from April 17 (reported June 17).

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

A&E 4 hour performance continued to not meet the 95% target with performance of 87.1% in month twelve improving from 82.2% in month 11. OCCG experienced high A&E activity through the year with growth of 5% on the previous year. Emergency Department staffing, Home Assessment and Reablement Team, and Home care have been identified as key priorities for improvement.

Ambulance Services

Although OCCG did not achieve response targets, SCAS overall met the red 1 and 19 response time targets. The target for red 2 was missed with performance of 73.1% in month 12, a deterioration from month 11. SCAS have submitted a 17/18 Thames Valley remedial action plan (RAP) for consideration. OCCG is challenging this RAP as it predicts considerable deterioration in performance from month 12 16/17 to month 1 17/18. However if the proposed 17/18 trajectory is met there would be improvement in performance from 16/17.

Improving Access to Psychological Treatment (IAPT)

Work underway to improve demand & capacity planning, alleviating variation in 2017/18 onwards. Data quality issues were identified in subcontractor processes. These have been reviewed, and further training has been given to prevent reoccurrence.

Quality Premium – 16/17 Tracker

The Quality Premium is a Clinical Commissioning Group 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. However, payment is depend on NHS England's validated position, this will be finalised in Autumn 2017.

Constitution standard	Owner	Penalty	Mar-17 YTD position	Actions and mitigation
RTT Incomplete (92%)	Sharon Barrington	-25%	90.72%	OCCG undertook a backlog clearance initiative in Q4 of 2016/17. This saw additional capacity purchased in low performing areas; Gynaecology, Trauma & Orthopaedics, Urology , ENT and Ophthalmology. The impact of this supported improvement in the RTT 92% Incomplete position; however, OCCG did not achieve the performance target. OCCG are working with the trust to agree further improvement trajectory and reduction of the waitlist.
A&E waits (95% within 4 hrs.)	Sara Wilds	-25%	86.1%	A&E delivery board continues to identify and monitor actions to improve performance. OCCG have an A&E trajectory to achieve 90% in every month and 95% in March 2018. Mitigation triggers against this trajectory are currently being negotiated.
Cancer waits – 62 days (85%)	Laura Carter	-25%	85.1%	OUHFT and OCCG agreed Cancer Action plans and trajectories are in place. With focus on reducing median wait on 2ww pathways from 11-7 days, reducing diagnostics tests and reporting time, increasing straight to test processes for Lung, Lower GI and Prostate, and implementing a joint primary care communication plan. OUHFT are enhancing cancer pathway management, oversight, and escalation. 62 day performance expected to achieve target in April 2017 and maintained thereafter.
Category A Red 1 ambulance calls (75%)	Sara Wilds	-25%	70.4%	OCCG saw a deterioration in the performance of SCAS in March 2017. Thames Valley CCGs have issued a contract notice, and are managing a comprehensive remedial action plan in that context. OCCG has reflect some concerns with this. The Trust performance is one of the highest in the country.

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. Data unavailable
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. No new data will be available until July 2017.
National (20%) – >80% of GP referrals made as e-referrals against previous year	80% performance continues to be met with the 2 week wait referrals via e-RS roll out plan on track to complete by end of June 2017.
National (10%) – 5% reduction in antibiotics prescribed by primary care, and a 5% reduction in the proportion of a subset that are broad spectrum	Achieved Current data suggests we are on track to achieve antimicrobial prescribing. Data which confirms final the position will be available mid June
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 shows 52.8% of registered pregnant women took up a flu vaccine. It is expected that we have achieved the target, but this needs final confirmation from PHE, available at the end of May.
Local (10%) – Increase the proportion of those with anxiety/depression accessing IAPT to 15.3% by end of 2016	Achieved. NHS Digital reports show that the target was met with 15.4%, (9,349 people), entering treatment at calendar month 12 which is 15.8% against an annual target of 9,289.
Local (10%) – 35.6% of Oxfordshire residents will have had an NHS Health Check by 31st Dec 16	Achieved

Executive Summary 1

Key Issues	Actions
<p>Delayed Transfers of care (DToC)</p> <p>Performance for the DToC head count showed a positive trend from the start of 2015/16 which continued until July 2016. The Oxfordshire system has since shown significant pressure and difficulties resulting in a drastic increase in delayed days over the period from December '16 to March '17. The head count at 30 March was 187 and 10 week average has increased from 105 to 175.</p> <ul style="list-style-type: none"> • The Home Assessment and Reablement Team (HART) service has continued to have difficulties recruiting and retaining staff, which has resulted in an inability to develop a full work force and maintain complex and intensive packages. • Home Care provider failure and diminished capacity which has lead to limited facilitation of discharges and difficulties access long term care. There was a major home care failure with no notice which resulted in significant pressures on capacity through February and March as 127 people needed new packages • HART delays have been disproportionately high in Community Hospitals with a potential knock on impact on access to these beds for patients in acute settings • Our discharge to assess model for continuing healthcare has not been delivering the discharge flow that was anticipated 	<p>The national <i>Helping People Home</i> team organised by NHSE and NHSI attended Oxfordshire on 9 May, OCCG have received a draft report with recommendations.</p> <ul style="list-style-type: none"> • HART continues to recruit to vacancies with a plan to achieve planned capacity by 31/8/17 and then further extension to meet projected levels of demand • NHSE has reviewed the HART pathway: final recommendations for action will be agreed at AEDB 18 May. • We are undertaking short-term mitigation actions: <ul style="list-style-type: none"> • The "Reablement Outreach Team" continue to review care packages to assure that people are not being overprescribed care and using up resources • Extra beds have been commissioned by OCC and paid for by the CCG through until 31 May. The plan was for 30 but at 12 May there are 23 with a further 1 due in w/c 15 May. • An escalation process has been adopted from Mar 17 to divert cases to alternative forms of provision where indicated • The CHC D2A pathway has been reviewed. The pathway will be retained for a further period without changes but kept under review. The system came under severe pressure during March 17 owing to an unusually high number of referrals • OCCG is reviewing and challenging long waiter and hub bed delays
<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 is currently monitoring performance which remains around 80% of letters were sent to GPs within 10 working days. The Trust has an agreed trajectory to reach 90% by June 2017.</p>
<p>Inpatient clinical communication</p> <p>Discharge summaries should be sent to the GP within 24 hours of a patient leaving hospital. Patients often need significant support from their GP so it is imperative they receive prompt communication from the hospital in order to manage the care of their patients.</p>	<p>During March there was a small improvement in performance up to 80.7%. The CCG will continue to monitor the trust's performance. GPs continue to highlight the potential clinical risk resulting from poor clinical communication. The Trust has agreed a new revised trajectory to achieve 95% by June 2017.</p>

Executive Summary 2

Key Issues	Actions
<p>Management of test results</p> <p>OUHFT undertakes over 110,000 investigations each week with the vast majority being managed efficiently and effectively; however, the CCG has concerns about the administration of this process. OUHFT has reported a small number of SIRIs and OCCG regularly receives GP feedback where clinicians have failed to follow up results or inform the patient's GP of the result where clinically appropriate. OUHFT has acknowledged that this represents a potential patient safety risk.</p>	<p>In March 78.4% of test results were endorsed (electronically signed off by a clinician) within 7 days this is a slight improvement in performance but is a drop from January when the trust achieved 81.6%. The Trust has agreed a trajectory to achieve 90% by June 2017.</p>
<p>C. difficile</p> <p><i>Clostridium difficile</i>, is a bacterium that can infect the bowel and cause diarrhoea. The elderly, people with multiple co-morbidities and those who have received multiple courses of antibiotics are most commonly affected by the organism. <i>C. difficile</i> infections are unpleasant and can sometimes cause serious bowel problems, but they can usually be treated with another course of antibiotics. The period to end of March saw a total of 138 cases of <i>C.difficile</i> isolated in Oxfordshire patients. This is against a limit of 145 for the year, therefore under trajectory.</p>	<p>Each case up to the end of March has been discussed at the Health Economy meeting, consisting of Public Health England (PHE), OUHFT, OHFT and OCCG. The meeting establishes if there were any lapses in care leading to the acquisition of <i>C.difficile</i> and therefore if the case was avoidable or unavoidable. Of the 138 cases reviewed, 19 cases have been deemed avoidable, 7 of which were tests on already known positive patients.</p>
<p>MRSA</p> <p>MRSA is a type of bacteria that is resistant to a number of widely used antibiotics. This means MRSA infections can be more difficult to treat than other bacterial infections. There have been 6 cases of MRSA bacteraemia attributed to OUHFT between April 2016 and the end of March 2017, and 3 pre 48 hour cases. All three of the pre 48 hour cases have been subject to PHE arbitration processes and have been assigned as third party rather than to OCCG.</p>	<p>Post infection reviews have been completed for all OUHFT cases and lapses in care have been identified, 5 of the 6 cases have been deemed avoidable, 2 of which were contaminants. 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. All three community cases had no interaction with health care services in the three weeks preceding the bacteremia.</p>

Oxford University Hospitals NHS Trust (OUHFT)

Month 12 Position

Urgent Care

A&E Attendances

A&E continues to over-spend by £659k (4.3%) but at an increased level compared to last month(4.1%), associated with slightly increased activity at 2.0% over plan, compared to 1.8% last month.

Ambulatory Care Pathways

The activity recorded and charged within the ambulatory units is still under Plan, by 30% in activity terms and 32.8% (£1,010k) under against the financial plan. The pathway has been jointly mapped out for DDU and AAU, and it has been established that AAU activity was broadly running as planned but that the apparent under-performance is due to the fact that patients first visit to AAU is recorded as an admission and charged under NEL PODs, rather than an AAU attendance. A review and re-costing of ambulatory activity has been agreed as part of the system wide agreement for 2017/19.

Non Elective

NEL over-performing by £5.5m (5.8%) and in activity terms by 9.4% higher than Plan and also 9% higher than 2015/16 activity. This represents an increase in overspend of £563k compared to last month. The over-spend is partially offset by underperformance in ambulatory care and financial adjustments, although this still represents a significant overspend.

The main overspend still sits within Geriatric Medicine (£3.9m), and colorectal surgery (£819k). However the Colorectal overspend relates to the period to September 2016, with only an additional 20 procedures recorded under this specialty in the last 6 months. Paediatrics is the next highest overspend at £803k.

Month 12 YTD 2016/17									Month 11 YTD 2016/17					
POD	Activity Plan	Activity Actual	Activity Variance	%	Price Plan	Price Actual	Price Variance	%	Activity Variance	%	Price Plan	Price Actual	Price Variance	%
A&E	119,645	122,009	2,364	2.0%	£15,345,327	£16,004,653	£659,326	4.3%	1,994	1.8%	£14,042,025	£14,621,301	£579,276	4.1%
Ambulatory Emergency Care	8,635	6,042	-2,593	-30.0%	£3,082,658	£2,072,742	£-1,009,916	-32.8%	-2,514	-32.0%	£2,808,442	£1,795,423	£-1,013,019	-36.1%
Non-Elective	54,662	59,795	5,133	9.4%	£94,313,305	£99,790,645	£5,477,340	5.8%	4,512	9.0%	£86,303,133	£91,217,416	£4,914,283	5.7%
Elective	51,600	52,537	937	1.8%	£57,701,476	£56,569,125	£-1,132,351	-2.0%	847	1.8%	£52,455,887	£51,463,563	£-992,324	-1.9%
Excess Bed Days	15,566	18,563	2,997	19.3%	£3,769,851	£4,393,914	£624,063	16.6%	2,100	14.7%	£3,449,672	£3,861,908	£412,236	12.0%
Critical Care Total	10,607	9,964	-643	-6.1%	£9,705,215	£9,282,851	£-422,364	-4.4%	-773	-8.0%	£8,880,846	£8,310,334	£-570,512	-6.4%
Diagnostic Imaging whilst Outpatients	75,530	73,011	-2,519	-3.3%	£7,699,907	£7,844,214	£144,308	1.9%	-2,327	-3.4%	£6,999,915	£7,104,375	£104,460	1.5%
Direct Access	4,621,013	4,649,100	28,087	0.6%	£14,474,637	£14,536,319	£61,682	0.4%	-8,037	-0.2%	£13,158,761	£13,140,285	£-18,476	-0.1%
Drugs & Devices	18,563	19,724	1,161	6.3%	£18,625,980	£19,503,004	£877,024	4.7%	946	5.6%	£17,018,612	£17,914,316	£895,704	5.3%
Maternity	14,647	14,546	-101	-0.7%	£13,756,855	£13,696,207	£-60,648	-0.4%	-111	-0.8%	£12,588,465	£12,471,775	£-116,690	-0.9%
Outpatient First	177,442	180,919	3,477	2.0%	£25,268,761	£25,782,565	£513,803	2.0%	3,122	1.9%	£22,971,602	£23,436,482	£464,880	2.0%
Outpatient Follow Up	283,400	304,010	20,610	7.3%	£25,438,650	£26,411,744	£973,094	3.8%	18,690	7.3%	£23,126,134	£23,947,369	£821,235	3.6%
Outpatient Other	23,057	26,991	3,934	17.1%	£1,027,287	£1,151,422	£124,135	12.1%	2,964	14.1%	£933,898	£1,042,065	£108,167	11.6%
Outpatient Procedure	77,562	77,382	-180	-0.2%	£13,884,988	£13,720,207	£-164,780	-1.2%	-653	-0.9%	£12,622,716	£12,396,312	£-226,404	-1.8%
Other	13,321	12,517	-174	-1.3%	£13,309,162	£13,287,263	£-21,899	-0.2%	97	0.6%	£12,031,547	£12,025,454	£-6,093	-0.1%
Activity Driven Total	5,565,249	5,627,110	62,838	1.1%	£317,404,057	£324,046,875	£6,642,818	2.1%	20,857	0.4%	£289,391,655	£294,748,378	£5,356,723	1.9%

Key - for OUHFT Summary	>10%	Over/under plan	3-10%	Over/under plan	<3.0%	Over/under plan
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Oxford University Hospitals NHS Trust (OUHFT)

Month 12 Position

Planned Care

Outpatient Activity

- First outpatients is over plan by 0.7% £184k, (0.7% £166k at month eleven) and 2.0% in activity (1.8% at month eleven)
- Follow up appointments are over plan by 3.4% £870k, (3.1% £728k at month eleven) and 7.6% in activity (7.5% at month eleven)
- Outpatient procedures is under plan by 1.2% £77k, (-1.8% -£226k at month eleven) and 0.2% in activity (-0.9% at month eleven)

Elective Procedures

- Day case procedures are over plan by 2.1% £670k, (1.7% £519k at month eleven) and 3.1% in activity (3.0% at month eleven)
- Admitted elective procedures is under plan by 7.2% £1,803k, (-6.6% -£1,511k, at month eleven) and 4.6% in activity (4.1% at month eleven)

Change Projects

Headache: Service Specification, KPIs and finances agreed, pending contract variation. Go-live is scheduled for Q2 2017 in City locality and will go ahead with interim consultant cover until permanent headache consultant is in place.

Cardiology: The service specification drafted, finances agreed, and planned Go-live for clinics is scheduled for Q2 of FY 17-18 in three localities – City, North East and West.

ENT: OUHFT has started to recruit a consultant to replace the one who left in 8/16 to improve capacity/ run-rate. A business case for ENT pathway review is still being developed with increased focus on aural care clinics (specifically for wax removal) and access to audiology services.

Ophthalmology: A contract extension has been negotiated with a reduced price for activity (£70 to £59). The Directory of Services for 111 is being update to better channel people to Minor Eye Condition Service (MECS) opticians. A new advice and guidance email line has been set up for fundus anomalies from Optoms, and is undergoing a 3 month trial. Cataract follow ups will be stopped as routine from 1st June. CCG is reviewing further options to restrict eye casualty access to support more effective use of the community service. An Occular Hypertension pathway is being drafted.

Suspected Cancer Pathway (SCAN): This project went live in the North Locality on 13th March, 7 referrals have been received with 1 cancer being diagnosed. Other localities will come on board over the coming months, with all being live by September 17.

Bladder and Bowel Service: To date it has been agreed that the triage and initial assessment of all referrals will take place within the new MSK MATT service which is currently being procured. Other aspects of the service are currently being negotiated

Musculo-Skeletal: Procurement bids were received by two bidders and these have been reviewed and evaluated a winning bidder has been identified and a report is currently being written for approval by the exec. Bidders will then be notified and an standstill period will commence before contract negotiations commence. Go-live is scheduled for 02nd October 2017

SCAS Provider Summary

South Central Ambulance Service

Summary of performance on 999

- The 999 service exceeded the Red 1 and Red 19 target but underperformed for Red 2 at month 12 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	M12	75%	69.90%	77.00%	75.00%	70.40%	73.20%	73.30%
RED 2 Incidents within 8 Minute Target	M12	75%	71.40%	74.90%	73.30%	71.70%	73.70%	73.00%
RED 19 Incidents within 19 Minute Target	M12	95%	94.30%	95.40%	95.10%	92.90%	94.50%	94.70%

- Month 12 activity sees SCAS exceed trajectory for Red 1 and meet the trajectory for Red 19. The trajectory for Red 2 and Green 30 where not met in month 12.
- Performance for the entirety of the year 16/17 did not see the trajectory for any of the targets met.
- A revised 2017/18 RAP has been submitted to the 999 CRM for consideration. Oxfordshire CCG is challenging this RAP as it predicts considerable deterioration in performance from month 12 16/17 to month 1 17/18. However it should be noted that if the 17/18 trajectory is met then there would be an improvement in performance from 16/17

Summary of performance on 111

- The 111 service has struggled to perform to contractual KPIs in month 12 of 2016/17, with the Total Calls Answered within 60 seconds (Target: 95%) being 88.63%. However call abandonment continues to sit well below the 5% threshold at 1.83%.
- There are still concerns regarding the % achievement of the Warm Transfer KPI. Once a patient has been deemed to require a clinical triage (following triage with a non clinical call handler) 85% of these patients should be directly or "warm" transferred to a clinician. In Month 12, only 28.74% of these calls were Warm Transferred, the remaining 71.62% were placed in a queue for call back. While this performance indicator is not marginally close to the national standard, the Clinical Governance Lead for NHS 111 in Oxfordshire has advised commissioners that given the close proximity to the launch of the Integrated Urgent Care Clinical Hub, OCCG should seek to work with SCAS collaboratively to improve performance where possible, and not through contractual leavers. Nationally there has been change to the guidance around counting of Warm Transfers and SCAs have advised that this is likely to result in an increase in the number from month 1 of 2017/18.
- There has been a slight increase in the number of 111 dispositions to ED in Month 12, with the performance being 8.06% (3.06% above the national <5% guideline target) 111 to 999 incidents are, continuing to sit underneath the national <10% guideline target, with Month 12 seeing 9.58%

Oxford Health Foundation Trust (OHFT)

Mental Health Services

- 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 YTD improved access to psychological therapy. Further national standards are expected in relation to Crisis intervention and work is ongoing with OH to anticipate the reporting requirements.
- OCCG and OHFT were successful in a NHSE FYFV parity of esteem bid to extend access to IAPT services to provide better integrated LTC and IAPT services. The service has started accepting referrals and establishing good relationships within the community and primary care teams working with people with LTC. The service will be run as a pilot through 2017/18 being closely monitored by NHSE and the CCG with an initial quality and economic evaluation due in the autumn to review ongoing sustainability.
- The OHFT Emergency Department Psychiatric Service 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, are showing month on month improvement, with access at the JR meeting the target in M12, and close to the target for GHG. Performance continues to be monitored through the monthly 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.
- Within the Outcomes Based Contract in respect of mental health services for adults with severe mental illness indicators have been agreed and performance reports are being provided. Baselines have been agreed up to the end of the year (30/09/17) after which they will be reviewed and agree for the rest of the contract term.
- OHFT have been successful in working to reduce Oxfordshire mental health adults out of area admissions (OATs) and bed days, from December to March there was only 1 ECR admission equating to 2 bed days.

OHFT Provider Summary 2

Oxford Health Foundation Trust (OHFT)

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

Month 12 activity is broadly in line with plan (1% underspend on activity).

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

NQR7B6 - OOH % of unfilled shifts ($\leq 2\%$): 9% (YTD 13%);

NQR10B8 - OOH urgent triage (walk in) - time to triage ($\leq 95\%$ within 20 minutes): 66% (YTD 67%);

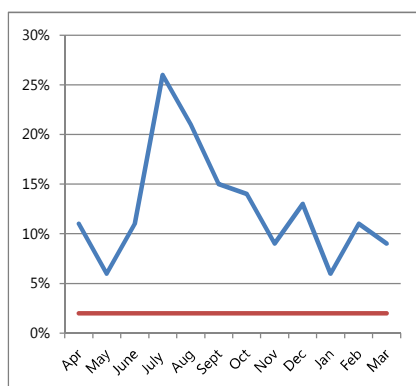
NQR10B9 - OOH non-urgent triage (walk in) - time to triage ($\leq 95\%$ within 60 minutes): 81% (YTD 86%);

NQR12B10 - OOH urgent face to face base visit ($\leq 95\%$ within 2 hours): 83% (YTD 81%);

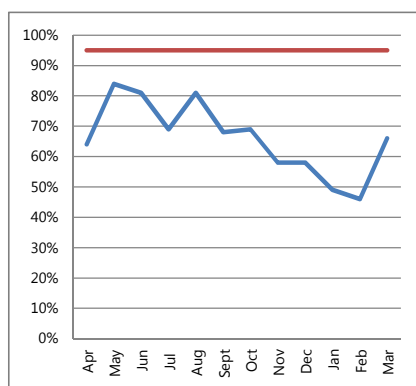
The service continues to recruit additional staff to support early triage of walk in patients. Positive recruitment of GPs and Advanced Nurse Practitioners has also been reported by the service which will support with improvement in the % of unfilled shifts. Work is also underway with 111 to improve availability of appointments to increase the opportunity for patients to be seen within the agreed time.

National Quality Requirement

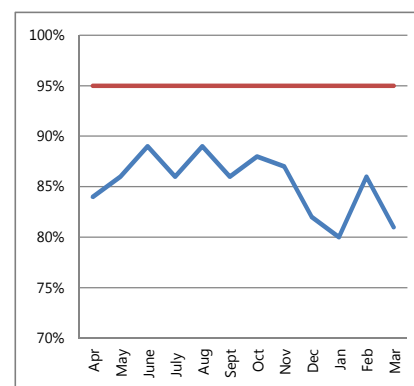
NQR7B6 - Unfilled Shifts



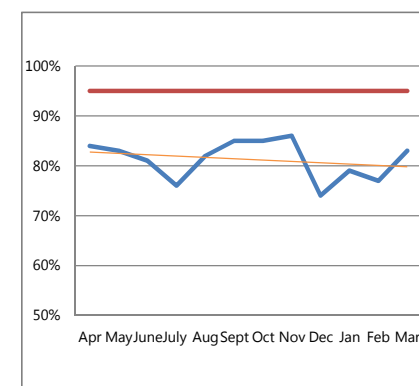
NQR10B8 - Urgent Triage



NQR10B9 - Non-Urgent Triage



NQR12B10 - Urgent Face to Face



OHFT Provider Summary 2

Oxford Health Foundation Trust (OHFT)

Community Services

Performance Indicators

The Trust was required to report against **87 indicators** in M12 (including: Older People, Children's and MH services). 55 of the Trust indicators were achieved; **63% attainment** which is an increase on M11. Red indicators are as follows (excluding: Out of Hours (OOH) and Mental Health addressed elsewhere):

- 7% of cancellations by provider services (target $\leq 4\%$). The number of provider cancelled appointments increased at the point that Carenotes was implemented indicating a reporting and/or recording issue. This is being investigated by the Business Intelligence (BI) team and directorates and initial findings have indicated issues with the pick lists, the ability to record conflicting data and front end recording practices. This is included in the 17/18 OCCG contract Data Quality Improvement Plan (DQIP).
- 59 DTOC (target =15). Of the 59 reported delayed patients at the last snapshot 49% (29) were awaiting HART intervention and 20% awaiting social care intervention. 9 of the 15 delays attributed to health were patient choice and the remaining 6 are waiting for Elderly Mental Illness (EMI)/Nursing Homes (NH) placement, equipment, housing or continuing healthcare assessment. The average DTOC over the past 8 weeks is 57 against the target of 15.
- 72% of MSK Physio waited longer than 12 weeks to first appointment offered (target = 95%). The service is managing over activity by way of a reduced new patient to follow up ratio. OH have stated that referral patterns for more complex referrals (i.e. trauma) have increased which is further exacerbating the capacity issue.
- 11% prevent training compliance (target = 90%). OPD is targeting non-compliant individuals and supporting staff with time to complete training.

Activity

The following services are more than 10% over plan at M12:

- **Adult Speech and Language (SLT):** (+1557 attended contacts/17% over plan) - adjusted service model to ensure high risk patients are seen within 2 days. Impact on waits for routine referrals.
- **Bladder and Bowel** (+720 attended contacts/27% over plan) – discussions ongoing with OCCG regarding the provision of this service.
- **Heart Failure:** (+1720 attended contacts/29% over plan) - This increase in demand is being managed by way of increased non face to face contacts.
- **Minor Injuries Unit (MIU):** (+5390 attended contacts/16% over plan) - This increase has not affected the 4 hour KPI, and the service to meet demand within target times.
- **PDPS** (+519 attended contacts/20% over plan) - Discussions required to ensure the service is able to meet the increasing level of demand going forward.
- **Tissue Viability:** (+1299 attended contacts/ 39% over plan) – Direct support to clinicians previously not being captured. This is now included and has led to an increase in activity.

The following services are less than 10% under plan at M12:

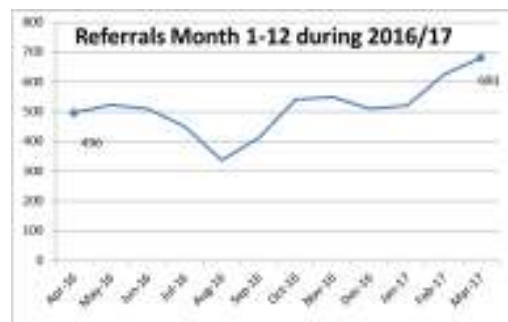
- **Community Hospitals:** (-271/-13% under plan) - The service increased its bed stock and worked to a reduced length of stay to enable delivery of the activity plan. A significant increase in delayed transfers of care, however, has impacted on patient flow.
- **Pulmonary Rehab:** (-94/17% under plan) - The service experienced a decline in uptake for courses in September and November which has impacted on the overall number of people commencing the course. There is confidence going in to the new financial year that uptake will be at the targeted level.

OHFT Provider Summary 3

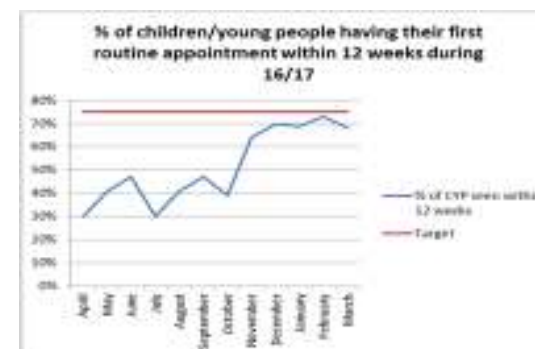
Oxford Health Foundation Trust (OHFT)

Children and Adolescent Mental Health Services (CAMHS)¹

- 100% of Emergency (24 hour) and Urgent (7 days) referrals were seen within target.
- 976 patients are currently on the Oxfordshire CAMHS services' wait list. (0-52 weeks)
 - 176 (17%) patients (non ASD) are waiting over four months for an assessment (slight reduction on last month despite an increase in referrals)
 - 33 of the 176 are waiting over 6 months; this is 3% of total waiters. The Oxon CAMHS Performance Manager reviews each case waiting over 4 months.
- 118 of waiters are awaiting an autism spectrum disorder (ASD) assessment (0-52 weeks) compared to 157 from last report. 59 (25%) are waiting over four months
 - The outsourcing of the longest waiting ASD assessments to private clinic has supported performance improvement.
 - The CCG, the Trust and OUHFT Paediatric Service are working together to develop and implement an ASD specialist pathway. This will be in place
- The average current wait for CAMHS Tier 3 Assessment is 12 weeks (remained stable from last report)
- The average current wait for PCAMHS Assessment is 7 weeks (remained stable from last report)
- Average rate patients referred per a month has increased to 513 from 500 last month with year to date referrals not requiring treatment remaining at 13%. 16//17 referrals are up 3% from previous year.



KPI-E6: Percentage of children/young person having their first routine appointment within 12 weeks of Referral. Target 75%	
Locality	Month 12
NORTH EAST OXFORDSHIRE LOCALITY	80%
NORTH OXFORDSHIRE LOCALITY	68%
OXFORD CITY LOCALITY	80%
SOUTH EAST OXFORDSHIRE LOCALITY	50%
SOUTH WEST OXFORDSHIRE LOCALITY	54%
WEST OXFORDSHIRE LOCALITY	84%
Grand Total	68%



Issues

- Oxfordshire CAMHS currently has rolling recruitment for 9.5 whole time equivalents (WTE) vacancies (same as last month). Although a number of roles have been recruited to individuals are not yet in post. Impact has been partly mitigated through use of agency staff to provide capacity. South Oxon is particularly affected and this is impacting waiting times. The provider is reviewing current posts and where appropriate adapting the workforce skill mix and working with the Third sector.

Data snapshot of Month 12 reporting used for performance analysis.

Acute Provider Summary

Royal Berkshire Foundation Trust (RBFT)

Summary

Month twelve performance against plan – activity is 9,562 under-plan which equals to -2.1% variance. Financial underperformance against plan is £218,487 including adjustments, and high cost drugs and devices, which equals to -1.2% variance.

Areas of particular over-performance are:

- Accident & Emergency – £67k overspent which is a 8.4% variance to plan
- Elective inpatients - £65k overspent which is a 4.0% variance to plan
- Outpatient Other Items (non-face to face, unbundled diagnostics) - £124k overspent which is 27.2% variance to plan
- Outpatients procedures - £138k overspent which is 21.7% variance to plan
- Outpatient first appointment multi-professional consultant led - £25k which is 1.5% variance to plan

Independent Acute Providers

Summary

- At month twelve, total activity within the Independent Acute Providers is performing above plan (£805k) with underperformance in The Nuffield Manor Hospital but over-performance in all other contracts.
- Activity at Ramsay Horton has increased from 1.23% in month 11 to 3.63% over performance in month 12 – high levels of pre-op assessments are being reported and HTC have also introduced initiatives to increase throughput. OCCG has requested an in depth analysis into the high activity levels and narrative around the new initiatives.
- The Manor's under performance is driven by a £280k underspend on major knee procedures year to date.
- Circle over performance has increased to 29.04% against last reported position of 25.8%. This is attributed to increased activity in Gastroenterology, Gynaecology, Pain Management, and Trauma & Orthopedics.

Month period	Provider	Year To Date				
		Plan cost	Actual	Variance		Rating
		£,000	£,000	£,000	%	
M12	Horton Treatment Centre (Ramsay)	£ 7,425	£ 7,695	£ 269	3.63%	Amber
M12	Nuffield Hospital Oxford (The Manor)	£ 1,873	£ 1,629	-£ 243	-12.99%	Red
M12	Circle Reading	£ 1,290	£ 1,664	£ 375	29.04%	Red
M12	Foscote Court (Banbury) Trust Ltd	£ 755	£ 977	£ 223	29.49%	Red
M12	Ramsay Berkshire Independent Hospital	£ 590	£ 616	£ 26	4.41%	Amber
M12	Spire Dunedin Hospital	£ 422	£ 577	£ 156	36.89%	Red
M12	Total Lead Contract ISP Spend	£ 12,354	£ 13,159	£ 805	6.52%	Amber

Full Year				
Plan cost	FOT Cost	Variance		Rating
£,000	£,000	£,000	%	
£ 7,425	£ 7,695	£ 269	3.63%	Amber
£ 1,873	£ 1,629	-£ 243	-12.99%	Red
£ 1,290	£ 1,664	£ 375	29.04%	Red
£ 755	£ 977	£ 223	29.49%	Red
£ 590	£ 616	£ 26	4.41%	Amber
£ 422	£ 577	£ 156	36.89%	Red
£ 12,354	£ 13,159	£ 805	6.52%	Amber

Key - for Finance overview

>10%

Over/under plan

3-10%

Over/under plan

<3.0%

Over/under plan