



Oxfordshire Clinical Commissioning Group Board Meeting

Date of Meeting: 29 March 2018

Paper No: 18/21

Title of Paper: Integrated Performance Report

Paper is for:

(please delete tick as appropriate)

Discussion

Decision

Information



Purpose and Executive Summary:

To update the Committee on quality and performance issues to date.

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.

Financial Implications of Paper:

None specific to the paper.

Action Required:

The Board is asked to note the report.

OCCG Priorities Supported (please delete tick as appropriate)

<input checked="" type="checkbox"/>	Operational Delivery
<input checked="" type="checkbox"/>	Transforming Health and Care
<input checked="" type="checkbox"/>	Devolution and Integration
<input checked="" type="checkbox"/>	Empowering Patients
<input checked="" type="checkbox"/>	Engaging Communities
<input checked="" type="checkbox"/>	System Leadership

Equality Analysis Outcome:

Not applicable.

Link to Risk:

The Integrated Performance Report links to risks:
Assurance Framework 19 – Demand and Performance Challenges
Assurance Framework 22 – Quality
Risk 758 – Delayed Transfers of Care (DTC) Reduction
Risk 735 – OUHFT Tests Results
Risk 771 – Inpatient Discharge Summaries
Risk 798 – Performance in Referral to Treatment (RTT) and Cancer NHS
Constitution Standards
Risk 770 – Outpatient Communication between Primary and Secondary Care
Risk 797 – A&E 4 Hour Wait
Risk 800 – Learning Disability Service in Transition

Author: Alan Dodge, Performance Manager: alan.dodge@oxfordshireccg.nhs.uk

Clinical / Executive Lead: Diane Hedges, Chief Operating Officer and Deputy
Chief Executive: diane.hedges@oxfordshireccg.nhs.uk

Date of Paper: 22 March 2018

Oxfordshire CCG

Integrated Performance Report

March 2018

(Reporting 2017-18 Month 10 Activity)



North



North East



Oxford City



South East



South West



West

Executive Dashboard

Finance Overview

Reporting Period	Provider	Year To Date				Full Year			
		Plan cost	Actual cost	Variance		Plan Cost	FOT Cost	Variance	
		£,000	£,000	£,000	%	£,000	£,000	£,000	%
M11	Oxford University Hospitals NHS Foundation Trust	£ 303,705	£ 307,201	£ 3,496	1.15%	£ 331,315	£ 335,516	£ 4,201	1.27%
M11	Royal Berkshire NHS Foundation Trust (not excluded drugs)	£ 18,422	£ 19,011	£ 589	3.20%	£ 20,097	£ 20,982	£ 885	4.40%
M11	Horton Treatment Centre (Ramsay)	£ 7,379	£ 7,819	£ 440	5.97%	£ 8,049	£ 8,530	£ 480	5.97%
M11	Oxford Health Foundation Trust	£ 117,521	£ 117,800	£ 279	0.24%	£ 128,071	£ 128,944	£ 873	0.68%
M11	SCAS 999	£ 20,368	£ 20,950	£ 582	2.86%	£ 22,220	£ 22,984	£ 764	3.44%

NB. The tables on page 2 and 23 are extracted from the Month 11 Finance report. They are driven by Month 10 SLAM information extrapolated to Month 11.

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

Performance Overview

Measure	Period	Target	Total Commissioner		Total Provider		Total Provider		
			OCCG	Rating	OUHFT	Rating	RBFT	Rating	
RTT	Incomplete Pathways 18 Week - All patients	M10	92%	86.17%	Red	86.13%	Red	92.26%	Green
2 week	6.3 - Cancer Two week waits	M10	93%	95.70%	Green	95.74%	Green	95.61%	Green
	6.4 - Breast symptoms Two week waits	M10	93%	97.86%	Green	100%	Green	94.30%	Green
31 Day	7.4 - 31 Day First Treatment	M10	96%	95.26%	Red	93.56%	Red	95.45%	Red
	7.11 - 31 Day Subsequent Treatment (Surgery)	M10	94%	95.38%	Green	95.19%	Green	100%	Green
	7.11 - 31 Day Subsequent Treatment (chemotherapy)	M10	98%	100%	Green	100%	Green	98.41%	Green
	7.11 - 31 Day Subsequent Treatment (radiotherapy)	M10	94%	96.52%	Green	97.35%	Green	95.74%	Green
62 Day	8.4 - Cancer Plan 62 day standard (Tumour)	M10	85%	87.26%	Green	81.99%	Red	85.48%	Green
	9.4 - CRS 62 Day screening standard (Tumour)	M10	90%	100%	Green	96.97%	Green	79.07%	Red
4 hour wait	Oxford University Hospitals NHS Foundation Trust	M10	95%	82.83%	Red				
	Royal Berkshire NHS Foundation Trust	M10	95%	84.41%	Red				
	Oxford Health Foundation Trust	M10	98%	96.76%	Amber				
Ambulance response time	Cat A8 - Red 1	Due to the implementation of the Ambulance Response Programme the measurement of ambulance response times is changing from November 2017. To support successful implementation a national request has been made that commissioners do not manage against the new indicators until 2018/19.							
	Cat A8 - Red 2								
	Cat A19								

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

Quality Overview

Safety Incidents	Period	Total OCCG	OUHFT	OHFT	RBFT	Community	Independent Providers	Third Party (MRSA Only)
Year To Date (January 2018)								
Never events	M10	5	4	1	0	0	0	
MRSA incidents	Limit	0	0	0	0	0	0	0
	Actual	4	2	0	1	3	0	1
C Difficile incidents	Limit	124	59	6	23	59	0	
	Actual	132	57	6	15	77	0	

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

Friends and Family	Period	OUHFT	RBFT	OHFT	Independent Providers	National NHS
Patients likely or extremely likely to recommend (January 2018)						
The care given at this organisation (staff – Q2 17/18)*	Q2	86%	85%	77%	N/A	80%
Inpatient (Patient)	M10	97%	100%	N/A	99%	96%
Accident & Emergency (Patient)	M10	88%	99%	N/A	N/A	85%

*Q3 data not produced due to annual NHS staff survey. Q4 data due for release on 24th May 2018

Quality and Performance Dashboard



Oxfordshire
Clinical Commissioning Group

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

		Target	Jan '17	Feb '17	Mar '17	Apr '17	May '17	Jun '17	Jul '17	Aug '17	Sep '17	Oct '17	Nov '17	Dec '17	Jan '18	YTD *	
RTT	Incomplete % within 18 weeks	92%	89.6%	89.5%	90.6%	90.1%	90.0%	89.8%	88.9%	87.8%	86.7%	86.9%	87.3%	86.2%	86.2%	88.1%	
	Incomplete 52+ week waits	0	15	6	8	10	10	23	37	62	49	47	48	62	113		
Cancer	Two Week Wait	93%	89.2%	96.2%	93.9%	92.2%	92.2%	96.8%	95.9%	96.8%	97.5%	97.5%	96.8%	95.8%	95.7%	95.7%	
	Two Week Wait - Breast Symptom	93%	95.2%	96.2%	94.7%	98.4%	96.0%	93.9%	96.7%	91.9%	100.0%	99.2%	98.0%	100.0%	97.9%	97.4%	
	31 Day First Treatment (Diagnosis to Treatment)	96%	95.0%	97.0%	98.8%	98.3%	96.7%	97.9%	97.7%	96.7%	98.3%	97.3%	96.5%	96.9%	95.3%	97.2%	
	31 Day Subsequent Treatment (Surgery)	94%	98.2%	96.5%	96.3%	93.3%	93.1%	100.0%	97.6%	97.9%	95.3%	98.4%	95.1%	100.0%	95.4%	96.3%	
	31 Day Subsequent Treatment (Chemotherapy)	98%	98.5%	98.1%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
	31 Day Subsequent Treatment (Radiotherapy)	94%	98.2%	99.0%	100.0%	100.0%	99.2%	97.4%	95.3%	99.1%	100.0%	98.2%	99.1%	100.0%	96.5%	98.4%	
	62 Day Standard	85%	69.3%	79.8%	85.1%	86.3%	84.3%	87.8%	89.3%	88.1%	89.2%	86.6%	84.0%	89.5%	87.3%	87.2%	
	62 Day Screening	90%	96.0%	100.0%	93.1%	93.8%	100.0%	96.2%	94.1%	100.0%	100.0%	100.0%	95.8%	95.0%	100.0%	97.6%	
	62 Day Upgrade	90%	100.0%	100.0%	88.9%	92.9%	94.1%	90.0%	100.0%	100.0%	85.7%	100.0%	100.0%	100.0%	75.0%	92.9%	
Diagnostics % waiting over 6 weeks		1%	0.9%	0.7%	0.8%	0.9%	0.8%	0.8%	0.8%	0.9%	1.0%	0.6%	0.4%	0.5%	0.9%	0.8%	
Mixed Sex Accommodation		0	18	19	2	2	19	1	3	13	10	12	13	32	8	113	
999	Calls closed by telephone advice	SCAS					11.7%	12.4%	12.9%	12.9%	12.1%	12.8%	12.7%			12.5%	
	Incidents managed without transport to A&E	SCAS					40.1%	39.9%	40.4%	40.8%	39.8%	38.9%	39.1%	37.6%	38.8%	39.5%	
Oxfordshire Ambulance Response Time		Cat 1	75%	71.9%	75.4%	69.9%	75.7%	74.1%	70.4%	74.4%	70.5%	63.6%	69.4%			71.1%	
		Cat 2	75%	70.6%	71.7%	71.4%	70.7%	69.9%	68.2%	70.0%	69.1%	66.8%	67.8%			68.9%	
		Cat 19	95%	93.1%	93.3%	94.3%	94.1%	91.6%	91.0%	93.0%	92.4%	92.0%	92.4%			92.3%	
Ambulance Handover		JR	85%	71.0%	72.7%	75.2%	74.1%	73.1%	72.4%	72.9%	71.5%	68.8%	68.7%	66.8%	62.9%	65.9%	65.9%
		Horton	85%	83.1%	89.2%	95.5%	97.3%	94.4%	91.9%	90.6%	96.8%	90.9%	76.8%	78.6%	63.8%	69.4%	69.4%
		All	85%	73.0%	75.1%	78.3%	77.8%	76.3%	75.6%	75.8%	75.8%	72.2%	70.1%	68.6%	63.1%	66.6%	66.6%
A&E	4 Hour Wait	OUHT (Type 1 & 2)	95%	84.8%	82.2%	87.1%	88.8%	86.4%	82.8%	80.8%	84.8%	82.8%	82.1%	82.1%	80.6%	82.5%	83.3%
		RBFT (Type 1 & 2)	95%	88.3%	91.3%	94.5%	93.3%	90.1%	95.8%	95.6%	91.3%	90.5%	92.6%	89.1%	83.4%	84.4%	90.6%
		OHFT Minor Injuries Unit (Type 3)	95%	98.5%	98.6%	96.4%	96.6%	95.4%	97.1%	97.0%	97.6%	98.7%	99.0%	97.2%	97.8%	96.8%	97.3%
	12 Hours Trolley Wait	OUHT	0	0	0	0	0	0	0	2	0	3	2	2	19	55	83
		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			980	997	1048	942	1144	1197	1084	820	741	828	670	606	707	874	
DTCO	OUHT	DTCO	3.5%	12.4%	13.6%	12.4%	10.8%	14.4%	13.8%	15.0%	10.9%	12.0%	10.2%	8.7%	8.8%	8.8%	8.8%
	RBFT	DTCO	3.5%	5.9%	5.4%	6.0%	5.8%	5.7%	5.6%	4.9%	5.9%	5.6%	5.3%	5.1%	5.1%	5.5%	5.3%
	OHFT	DTCO	3.5%	11.5%	11.6%	11.8%	13.0%	10.8%	11.9%	12.0%	12.3%	11.7%	11.7%	9.4%	9.4%	9.9%	9.7%
		Community hospital DTCO	3.5%								36.7%	22.7%	38.3%	25.4%	28.7%	29.7%	29.2%
Mental Health	Improving Access to Psychological Therapies (IAPT)	Access	15%	15%	17%	20%	14%	20%	15%	16%	16%	15%	18%	17%		17%	
		Recovery	50%	54%	53%	50%	54%	50%	57%	48%	50%	50%	52%	49%		51%	
		6 weeks	75%	95%	98%	97%	97%	97%	98%	98%	99%	98%	98%	98%		98%	
		18 weeks	95%	98%	100%	99%	99%	99%	99%	99%	100%	100%	100%	99%		99%	
	Care Programme Approach 7 day follow up post discharge	95%			98%			96%			98%			95%		96%	
	Early Intervention in Psychosis*	Completed	50%				50%	92%	60%	88%	57%	80%	60%	80%	73%	75%	72%
		Incomplete	50%				53%	36%	31%	17%	42%	28%	11%	41%	27%	65%	32%
Dementia Diagnosis	Target		66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	67.7%	
	Actuals		67.4%	67.3%	67.7%	67.1%	65.9%	67.4%	68.0%	67.6%	67.8%	68.0%	68.3%	67.6%	67.7%	67.7%	
CYP	Children and Young People Eating Disorders*	Urgent (1 week)	95%						83.3%		90.9%			92.3%		90%	
		Routine (4 weeks)	95%						61.8%		65.8%			68.8%		66%	

*Targets for these indicators are for 2020.

Executive Summary 1

(Performance Concern or Quality Priority Subjects)



Key Issues	Updates
<p>18 Week Wait Incomplete Referral to Treatment Oxfordshire CCG (OCCG) and Oxford University Hospitals Foundation Trust (OUHFT) failed to achieve the NHS Constitution 92% Referral to Treatment (RTT) target in January 2018 with 86.17% and 86.13% respectively. This is a marginal deterioration from December. The specialties under greatest pressure for OCCG continue as Trauma & Orthopaedics, Gynaecology, Ear Nose and Throat, Plastic Surgery, Ophthalmology, Urology, Other (includes paediatrics) and Gastroenterology. The incompletes waiting has reduced by 5,010 pathways since April 2017. The over 18 week pathways have increased by 787 and under 18 weeks reduced by 5,797.</p>	<p>The Planned care team are working with specialities in the 'top ten' areas – identified as those most under pressure (Orthopaedics, ENT, Ophthalmology, Gynaecology, Dermatology, Neurology, Cardiology, Urology, Gastroenterology and Maxillofacial). Each speciality has monthly meetings to discuss progress on plans and actions being taken, with focus on attainment of the RTT and Cancer standards.</p> <p>Work targets pathways for common conditions in 'top ten' areas, one stop shops and other redesign initiatives where appropriate to improve patient flow. A wider programme of work is focussed on demand management including standardised referral forms, reduction of follow ups, providing advice and guidance.</p> <p>Successes to date are GP led Headache clinic (started 19th January 18), GP led community Cardiology clinics, and the new MSK pathway which will all provide an alternative to secondary care, reducing follow ups and procedures to support the balancing run rate and the streamlining of pathways.</p>
<p>52 Week Wait Incomplete Referral to Treatment 112 of Oxfordshire CCG's 113 52 week patients in January 2017 were awaiting treatment at OUHFT. Patients were waiting for treatment in Gynaecology (101), Urology (2), and Other (9), with one Oxfordshire CCG patient awaiting ENT treatment at Imperial College in London.</p>	<p>Long waiting patients are being telephoned by their consultant to review their condition and discuss their treatment plan. The main reason for delays in surgery are patient choice, reasons attributable to the Trust include cancellation and changing of appointments, and patients not attending. Many of these patients are awaiting Urogynaecology surgery. The CCG have provided additional funding of £200,000 for Gynaecology focusing efforts on long waiting patients.</p> <p>Theatre capacity is an issue for Gynaecology but there are plans to increase this with an additional theatre being proposed through the business case process, and possible additional work being scoped for the Horton Ramsay and at the Horton Hospital.</p>
<p>Ambulance Services South Central Ambulance Service (SCAS) continue to report performance in line with the Ambulance Response Programme (ARP), whilst Oxfordshire CCG is not currently using this performance monitoring mechanism during the 6 months of implementation, the data shows that of the four categories, South Central Ambulance (SCAS) are achieving the 90th percentile on category 1 calls, and the targeted mean and 90th percentile for category 2 calls; however category 3 & 4 calls were also both over the targeted time.</p>	<p>SCAS continue to report in line with ARP targets. National reporting and contractual performance management has ceased until the end of the financial year to support the provider in implementing and embedding the ARP findings, which shall be monitored in A&E Delivery Board. At present there is an activity and spend over performance on the 999 contract, this is currently being investigated through the contract to establish what the root cause of the increase.</p>
<p>Ambulance Handover January performance for ambulance handovers within 15 minutes at the John Radcliffe site continued to decline. This continues to be driven by a number of problems which are being investigated. The volumes of ambulances being delayed has increased while the number of ambulances arriving has remained the same. Horton has also been seen this, however experienced handover performance increase from October into November.</p>	<p>Engagement continues between the Emergency Department staff and the Ambulance trust to ensure delays are kept to a minimum when handing over patients. Due to the acuity of SCAS patients and the rise in demand on the service, ambulances are arriving more frequently. Both SCAS and OUHFT have reviewed their handover processes to improve the efficiency of handovers, in an attempt to reduce patients waiting in ambulances and release ambulance capacity for patients requiring ambulances in the community.</p>

Executive Summary 2

(Performance Concern or Quality Priority Subjects)

Key Issues	Updates
<p>Accident and Emergency – Four hour waits</p> <p>Accident and Emergency (A&E) 4 hour performance failed to attain the 95% constitutional target again in January 2018 with 82.83%, compared to 84.84% in the same month last year, this is partially resulting from an increase in attendances of 2.48% compared to the previous year. Oxfordshire Accident and Emergency Delivery Board (AEDB), chaired by the Chief Executive Officer of Oxford University Hospitals FT (OUHFT), continues to identify performance improvement opportunity.</p>	<p>A and E remained under significant pressure throughout January and February 2018 with year to date performance at end Feb of 83.16%. As a result the Oxfordshire system did escalate to system-wide OPEL 4 for a total of 3 days at the beginning of January and again in March. The pressures resulted in some 12 hour trolley waits and some cancelling of non urgent operations. AEDB has a revised improvement programme including NHSI supported demand & capacity modelling for the system. Other key initiatives are a multidisciplinary team working in the short stay ward at John Radcliffe to support active rapid return home including Age UK using a 'home first' approach. Care packages remain the constraint and in particular the reablement pathway. By necessity we have been prioritising the smaller packages to support discharge. The reablement approach is under review. Over winter we have temporarily increased the number of community hospitals and care home beds purchased.</p>
<p>12 Hour Trolley Waits</p> <p>OUHFT sustained 55, 12 hour trolley wait breaches in January. 10 at the Horton, 45 at the John Radcliffe. This brings the year to date total to 83 across the trust. (56 at the John Radcliffe, 27 at the Horton)</p>	<p>Root cause analysis (RCA) are undertaken on all breaches to establish lessons learned with improvement proposals being actioned. Communications to the key staff members and escalation protocols have been implemented. NHS Improvement have noted the RCA quality could be improved, OUHFT are working to address this.</p>
<p>Delayed Transfers of Care</p> <p>The daily average bed days lost to Delayed Transfers of Care (DToc) increased during January to 122. This validated figure represents an increase from December's figure of 105. The Oxfordshire DToc target as agreed with NHS England as part of the Better Care Fund was 97 for January to reduce to 83 by 31st March 2018. It is unlikely that we will achieve this trajectory based on local data for February.</p> <p>The highest proportion of delays remain attributable to the Home Assessment Reablement Team (HART) service. The other main variance to target is access to community hospitals but this is mainly driven by HART delays at the backdoor of the community hospitals.</p>	<p>All agreed HART mitigation actions remain fully in place. A review of HART is under way to re-examine the opportunities to make the service work more effectively within the system. This is being led by CEOs.</p> <p>Performance has remained strong in relation to G code and other complex cases. This has reduced G code delays and those related to housing. Complex cases are escalated to the weekly DToc group for MDT review.</p> <p>Dr Ian Sturgess has conducted a review of stranded patients across Oxford University Hospital s FT and Oxford Health FT's bed base and his findings are being incorporated into a number of initiatives that focus on improving flow. These should have an impact on identifying patients who are potential delays and increase the opportunity for mitigation. A stranded patient protocol is in development and performance is being reviewed by CEO weekly.</p>
<p>Methicillin Resistant Staphylococcus Aureus (MRSA)</p> <p>Methicillin Resistant Staphylococcus Aureus (MRSA) is a type of bacteria that is resistant to a number of widely used antibiotics. This means MRSA infections can be more difficult to treat than other bacterial infections. There have been no new MRSA cases to date therefore OCCG remains on four cases of MRSA bacteraemia in this financial year, three of which have been assigned to OCCG, the fourth has been assigned as third party.</p>	<p>There have been no new cases of MRSA in January 2018. OCCG has had a total of four cases to date. Post infection reviews (PIR) have been undertaken for all cases. No lapses in care were identified and the cases were deemed as unavoidable. OUHFT has two MRSA cases this year (April & May), both for non-OCCG patients. Both post-infection reviews have indicated that the cases were unavoidable.</p>

Executive Summary 3

(Performance Concern or Quality Priority Subjects)

Key Issues	Updates
<p><i>Clostridium difficile</i> <i>Clostridium difficile</i> (<i>C.diff</i>) infection can affect people who have recently been treated with antibiotics. The older population and those who have recently been treated with certain types of antibiotic are at greater risk of acquiring <i>Clostridium difficile</i> infection. At the end of January 2018, 131 cases of <i>C.difficile</i> had been identified against a limit of 124</p>	<p><i>C. difficile</i> rates continue to exceed the set limits by 7 cases. There were 17 cases identified in January 2018, 6 community, 10 in OUHFT and 1 community hospital. Root cause analysis work continues and antimicrobial prescribing is carefully assessed for both community and hospital prescribing. There is a continuing theme of recent hospital admission and exposure to antibiotics. The monthly Oxfordshire health economy meeting reviews and scrutinizes each case and those avoidable cases are feed back to the hospital and community practitioners.</p>
<p>Outpatient Clinical Communication Trusts should communicate with GPs within 10 days of an outpatient appointment. This will reduce further to 7 days from 1st April 2018. This is to ensure the patient's ongoing management is clearly understood by the GP and any changes in medication are continued by the GP.</p>	<p>The Trust's performance has plateaued at around 80%. The most up to date data available is for December 2017 when they achieved 78.43%. The Trust believe that the roll out of voice recognition is very likely to resolve this issue. . The roll out has begun and it is anticipated that 80% of departments will be using it within a year. Timely communication with GPs is in the national standard contract and is included Service Development Improvement Plan (SDIP). The CCG has not yet received the requested revised improvement trajectory. This has been escalated.</p>
<p>Inpatient Clinical Communication Discharge summaries should be sent to the patient's GP within 24 hours of a patient leaving hospital following inpatient care. Patients often need significant support from their GP so it is imperative GPs receive prompt communication from the hospital in order to manage the care of their patients.</p>	<p>Performance against this target continues to edge up. The Trust achieved 85.2% 24 hour discharge summaries in January 2017 against a target of 90%. Timely communication with GPs is in the national standard contract and is included in the Service Development Improvement Plan (SDIP). The CCG has requested a revised trajectory from the Trust. This has now been escalated.</p>
<p>Management of Test Results OUHFT undertakes over 110,000 investigations each week. OUHFT has reported a small number of serious incidents (SIs) relating to the management of test results. OCCG regularly receives GP feedback where clinicians have failed to follow up results or inform the patient's GP of the result where clinically appropriate. OUHFT has acknowledged that this represents a potential patient safety risk and has chosen the endorsement of test results as the quality marker with which to measure improvement.</p>	<p>Performance against the 90% target has plateaued. Performance for January was 77.4% This target has been given new leadership to take forward the cultural and behavioural change required. The CCG has requested a revised trajectory for improvement following a meeting on 5th December 2017. This has yet to be received and has now been escalated.</p>

Quality Premium – 17/18 Tracker



Oxfordshire
Clinical Commissioning Group

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

Constitutional Standard	Owner	Penalty	Current YTD position	Gateway	Owner	August YTD Position
RTT Incomplete (92%)	Sharon Barrington	-25%	88.05% (OCCG)	Quality Gateway	Helen Ward	Fail
A&E waits < 4 hrs. (95%)	Sara Wilds	-25%	83.36% (OUHFT)			
Cancer waits – 62 days (85%)	Sharon Barrington	-25%	87.24% (OCCG)	Finance Gateway	Jenny Simpson	Pass
Category A Red 1 ambulance calls (75%)	Sara Wilds	-25%	N/A			

Quality Premium Standard	Owner	Weighting	Measure	Projected YTD position	Comments
Early Cancer Diagnosis	Sharon Barrington	17%	Cancer Stage 1 & 2 Diagnosis		No proxy measure identified
GP Appointment Satisfaction	Julie Dandridge	17%	Overall satisfaction with making an appointment		No proxy measure identified
Mental Health	Sarah Breton	17%	14% increase/32% overall Children’s Mental Health treatment	18% decrease	
Continuing Healthcare	Ian Bottomley	17%	Continuing Healthcare Decision 28 Days (80%)	64.4%	No. referrals complete within 28 days (Stand. NHS CHC) Q1 – Q3
			Continuing Healthcare Assessments in Hospital (>15%)	26.9%	No. Decision Support Tools complete in Acute setting Q1 – Q3
Bloodstream Infections	Sara Wilds	17%	10% reduction in E.coli (463)	467 (+21%) Threshold 386	YTD – January 2018
			Collection of Primary Care Dataset for E.coli (Y/N)	Not Collecting	
			10% reduction in Trimethoprim: Nitrofurantoin prescribing ratio (≤ 1.040)	0.746	Published up to December 2017
			10% reduction in Trimethoprim prescriptions in over 70’s (17,103)	14,916	Published up to December 2017
			Items per STAR-PU ≤ 1.161	0.847	Published up to December 2017
Stroke – Early Supported Discharge	Sara Wilds	15%	Stroke patients treated by ESD Team	17.4%	SSNAP data Apr-Nov 17

*Data for a number of indicators are validated and published on an annual basis. Local proxies, which reflect the indicator have been established to provide an in year predicted position. These are subject to change due to validation and publication.

N.B. Further information on Quality Premium indicators and definitions can be found: <https://www.england.nhs.uk/publication/technical-guidance-annex-b-information-on-quality-premium/>

Project Update

FY17/18 Schemes				YTD			Delivery RAG	Project Stage	Comments
Prog.	Scheme Type	Scheme Name	Scheme Description	Target FYE £'000	Plan £'000	Actual £'000			
Planned Care	Project	Cancer - SCAN (Suspected Cancer) - low risk cancer pathway	OCCG will implement an early diagnostic multi-disciplinary care pathway providing referring medical staff with an option for patients who are experiencing low risk but not without risk symptoms of cancer.		TBC	TBC	Green	Mobilisation	The current spend is in line with the awarded grant money and funding for FY18/19 has been confirmed however the exact amount is yet to be specified. A full evaluation of cost savings and quality improvements is underway.
Planned Care	Project	GP-led Cardiac Community Clinics	Implementing a community clinic led by specialist cardiology GPs (GP-Cs) for patients with symptoms appropriate for care in the community	154	(7)	(10)	Amber	Mobilisation	A service review has been completed and agreed that the ICS pilot will cease from March 2018. The service will continue on as part of the main OUH contract from April 2018, with a view to increasing the clinics from September 2018 to include the rest of Oxfordshire's GPs. This is to ensure an equitable service for all patients.
Planned Care	Project	Musculoskeletal (MSK) Assessment, Treatment and Triage Service (MATT)	Commissioning a new Musculoskeletal (MSK) Assessment, Treatment and Triage Service (MATT). All referrals relating to MSK will be triaged and treated on one of the MATT pathways or, when specialist treatment is required, will be triaged and referred onto secondary care.	875	(65)	926	Green	Mobilisation	The service is showing an overall reduction in outpatient waits both at the OUH and in the independent sector. The detailed QIPP report first draft has been completed and is awaiting review by the OCCG project team. A thorough evaluation of the YTD benefits will be conducted following ratification of the report.
Planned Care	Project	GP-led Headaches Community Clinic	Implementing a community GP Specialist led headache clinic for patients with a primary headache.	57	(2)	(2)	Amber	Mobilisation	Service commenced January 2018 (slipped from September 2017) and is not expected to yield cash releasing savings in year but is expected to manage demand and treat patients at a lower cost in the community. QIPP monitoring of savings is currently in development and once the pilot is completed (October 2018) savings are expected if headache pathway service is commissioned.
Planned Care	Project	Urgent Eye Conditions Pathway	Implementing a Minor Eye Conditions Service (MECS); a community service that uses Optometrists based in Opticians to assess and treat recent onset eye conditions and vision problems.	175	69	50	Amber	Business Case	All changes to 111, pathways etc. are in place and embedded. Eye Casualty discussions have commenced and further actions are planned to arrive at a consensus, including an Optom audit of all attenders for 4 weeks. Eye Casualty are giving patients MECS leaflets at reception to recommend seeking treatment there instead of Eye Casualty for future appointments (but still seeing the patient) as an interim measure. Eye Casualty have changed their website and phone system to encourage fewer attendances.
Planned Care	Project	Diabetes	OCCG received NHS England funding to improve diabetes education and treatment targets as well as the multi-disciplinary diabetic foot care team (MDFT) across Oxfordshire.	571	(36)	(36)	Amber	Business Case	North East Locality pilot underway - using Diabetes Dashboard with rollout of Skype consultations going live. Proposal on delivery model to come to Oxfordshire CCG from providers in March 2018.
Planned Care	Project	Semen Analysis New Provider	Re-procurement of Semen Analysis contract to include infertility and complex Vasectomy undertaken in secondary care	5	10	10	Green	Mobilisation	Contract is up and running and being monitored through normal contract management process
Primary Care	Project	General Practice Access Fund (GPAF) Neighbourhood Hub Services	As part of GP Forward View, the extended access hubs provide extended access to appointments in evenings, weekends and in hours.		TBC	TBC	Green	Mobilisation	To make best use of all appointments available, OCCG is working with federations and local GP practices to increase awareness through media campaigns, in practice publicity and staff awareness. OCCG is also working with federations to enable bookings direct from 111. All practices are now advertising the appointments on their websites and all contract extensions for 18/19 have been signed.
				1,837	(31)	938			

Oxford University Hospitals NHS Trust (OUHFT) – Urgent Care

Accident and Emergency (A&E) Attendances

A&E has shown slight under-performance against plan at January by 331 attendances (-0.3%) and -£12k, (-0.1%), this represents a change in direction from December to show an under-performance.

Ambulatory Care Pathways

Ambulatory activity recorded and charged at a locally agreed price is over plan by £108k (6.3%). Within this value:

- Ambulatory Assessment Unit is over Plan by £391k (105%),
- Surgical Ambulatory (SAU) is under by £66k (9.9%)
- Daily Diagnostic Unit under plan by £217k (31%)

Non-Elective

Total Non-Elective (NEL) is now recording a slight over-performance of 0.5% (240 Spells) as at December. Expenditure recorded under NEL continues to significantly exceed planned levels, with a variance of £3.9m (5.9%) compared to plan. Non-elective and Non-elective same day are over plan by £9.1m, whilst non elective short stay and Non elective non emergency are under plan by £3.8m

WJ – Infectious Diseases and Immune System Disorders £2.5m (151%) , Within this, Sepsis with and without interventions is £2.4m over (223.5%)

AA – Nervous system Procedures and Disorders £2.8m (66.7%) but activity only 1.9% over plan, Within this Stroke with CC score 10 and above £2.6m over but, Stroke with CC score 0 to 9 £573k under plan

Month on Month Variance

Grouped POD	Month 10 2017/18								Month 09 2017/18			
	Activity Plan	Activity Actual	Activity Variance	%	Price Plan	Price Actual	Price Variance	%	Activity Variance	%	Price Variance	%
A&E	104,921	104,329	-592	-0.6%	£15,187,127	£15,132,051	£-55,076	-0.4%	64	0.1%	£14,098	0.1%
Ambulatory Emergency Care	5,578	5,800	222	4.0%	£1,733,288	£1,841,769	£108,481	6.3%	217	4.3%	£102,285	6.6%
Non-Elective	52,324	52,564	240	0.5%	£90,060,264	£95,366,424	£5,306,160	5.9%	83	0.2%	£3,895,624	4.8%
Elective	7,898	6,794	-1,104	-14.0%	£22,128,832	£20,535,528	£-1,593,304	-7.2%	-757	-10.7%	£-473,840	-2.4%
Day Case	40,083	41,436	1,353	3.4%	£30,166,494	£31,322,159	£1,155,665	3.8%	1,172	3.3%	£919,703	3.4%
Excess Bed Days	12,761	8,869	-3,892	-30.5%	£3,198,450	£2,266,088	£-932,362	-29.2%	-3,302	-28.8%	£-794,779	-27.7%
Critical Care Total	6,589	5,607	-982	-14.9%	£8,024,108	£6,289,484	£-1,734,624	-21.6%	-966	-16.3%	£-1,652,385	-22.9%
Diagnostic Imaging whilst Outpatients	77,629	74,016	-3,613	-4.7%	£7,739,287	£7,367,891	£-371,396	-4.8%	-3,360	-4.8%	£-318,010	-4.6%
Direct Access	4,193,724	3,759,695	-434,029	-10.3%	£11,858,044	£11,875,808	£17,764	0.1%	-398,324	-10.6%	£59,862	0.6%
Drugs & Devices	15,926	17,853	1,927	12.1%	£16,921,473	£19,511,293	£2,589,820	15.3%	1,734	12.1%	£1,892,643	12.5%
Maternity	12,165	11,617	-548	-4.5%	£10,755,701	£11,163,881	£408,180	3.8%	-550	-5.0%	£271,126	2.8%
Outpatient First	141,115	135,204	-5,911	-4.2%	£21,785,496	£21,080,681	£-704,815	-3.2%	-5,195	-4.1%	£-661,158	-3.4%
Outpatient Follow Up	240,717	233,901	-6,816	-2.8%	£19,192,402	£18,589,109	£-603,293	-3.1%	-5,847	-2.7%	£-597,789	-3.5%
Outpatient Other	18,193	22,436	4,243	23.3%	£894,877	£990,967	£96,090	10.7%	3,862	23.7%	£94,355	11.8%
Outpatient Procedure	67,840	60,981	-6,859	-10.1%	£10,570,995	£9,799,066	£-771,929	-7.3%	-6,117	-10.1%	£-690,654	-7.3%
Other	10,170	10,301	131	1.3%	£10,551,780	£10,857,262	£305,482	2.9%	114	1.2%	£242,972	2.5%
Activity Driven Total	5,007,633	4,551,403	-456,230	-9.1%	£280,768,618	£283,989,461	£3,220,843	1.1%	-417,171	-9.3%	£2,304,054	0.9%

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) – Planned Care

Planned Care Month 10 Position

Elective Inpatients and Day case

- Elective inpatients and daycases now show a net underspend for the first time this year of £438k under plan.
- In line with last month, daycases are over plan by 3.4% and £1.2m (3.8%),
- Elective Inpatients are under plan by 14%, and £1.6m (7.2%).
- As expected due to NHSE cancellation advice in January, inpatients show a further increase in underspend this month.

Cardiology remains the highest over performing specialty, with some significant casemix pressures with activity 6.7% over plan and cost £619k, 27% overspent
Daycases account for £565k of the total overspend

OUHFT Elective Main Under and Overspends Month 9

SLAM Specialty	Activity Plan	Activity Actual	Activity Diff ActPlan	Activity Perc Diff ActPlan	Price Plan	Price Actual	Price Diff ActPlan	Price Perc Diff ActPlan
320 - CARDIOLOGY	1,148	2,292	1145	6.7%	£2,275,477	£2,894,095	£618,617	27.2%
301 - UROLOGY	2,510	3,253	743	29.6%	£2,431,154	£2,641,051	£209,897	8.6%
301 - GASTROENTEROLOGY	9,515	10,221	706	7.4%	£4,364,307	£4,569,347	£204,940	4.7%
370 - MEDICAL ONCOLOGY	464	737	273	59.0%	£358,794	£486,490	£127,696	35.6%
303 - BREAST SURGERY	621	607	-14	-2.3%	£1,414,902	£1,532,241	£117,339	8.3%
361 - NEPHROLOGY	334	549	215	64.1%	£183,137	£291,696	£108,559	59.3%
308 - SPINAL SURGERY SERVICE	363	374	11	2.5%	£1,190,515	£1,293,309	£102,794	8.6%
306 - UPPER GASTROINTESTINAL SL	150	155	5	3.3%	£487,576	£577,874	£90,298	18.5%
410 - RHEUMATOLOGY	1,055	1,074	19	1.8%	£532,386	£514,098	£18,288	3.3%
303 - CLINICAL HAEMATOLOGY	930	972	42	4.5%	£566,376	£604,187	£37,811	6.7%
307 - VASCULAR SURGERY	300	171	-129	-43.0%	£77,360	£152,704	£75,344	97.4%
371 - PAEDIATRIC SURGERY	301	218	-83	-27.3%	£321,995	£245,203	£76,792	23.8%
306 - HEPATOLOGY	564	670	106	18.8%	£184,531	£302,898	£118,367	64.2%
330 - OPHTHALMOLOGY	4,172	3,966	-206	-4.9%	£5,184,879	£3,087,653	£2,097,226	40.3%
330 - NEUROSURGERY	90	26	-64	-71.1%	£245,674	£143,993	£101,681	41.4%
330 - DERMATOLOGY	2,436	2,399	-37	-1.5%	£1,757,965	£1,614,861	£143,104	8.1%
300 - GENERAL SURGERY	5,222	5,143	-79	-1.5%	£4,093,461	£3,911,747	£181,714	4.4%
341 - SLEEP STUDIES	1,234	1,058	-176	-14.3%	£650,412	£454,340	£196,072	30.1%
300 - GENERAL MEDICINE	374	55	-319	-85.3%	£314,820	£26,118	£288,702	91.7%
304 - COLONRECTAL SURGERY	1,007	861	-146	-14.5%	£2,850,517	£2,472,989	£377,528	13.2%
310 - TRAUMA & ORTHOPAEDICS	3,421	3,434	13	0.4%	£15,087,054	£17,661,003	£2,573,949	17.1%
Grand Total	47,981	48,280	299	0.6%	£52,295,426	£51,857,687	£437,739	-0.8%

OUHFT Outpatient Main Under and Overspends December

a) First Attendances Variance > +/- £75k

SLAM Specialty	Activity Plan	Activity Actual	Activity Diff ActPlan	Activity Perc Diff ActPlan	Price Plan	Price Actual	Price Diff ActPlan	Price Perc Diff ActPlan
308 - SPINAL SURGERY SERVICE	1,343	1,946	603	44.9%	£248,465	£418,034	£169,569	68.3%
301 - UROLOGY	4,013	5,034	1,021	25.4%	£564,972	£676,778	£111,806	19.8%
315 - PALLIATIVE MEDICINE	1,346	1,399	53	3.9%	£406,751	£514,209	£107,458	26.4%
300 - GENERAL MEDICINE	1,579	1,103	-476	-30.1%	£637,407	£456,950	£180,457	28.3%
310 - TRAUMA & ORTHOPAEDICS	15,039	12,791	-2,248	-14.9%	£2,473,300	£2,113,479	£359,821	14.5%
650 - PHYSIOTHERAPY	18,725	13,400	-5,325	-28.4%	£1,306,474	£688,601	£617,873	47.3%
Grand Total	34,025	33,855	-170	-0.5%	£23,362,307	£22,510,543	£851,764	-3.6%

b) Follow Up Attendance variance > +/- £75k

SLAM Specialty	Activity Plan	Activity Actual	Activity Diff ActPlan	Activity Perc Diff ActPlan	Price Plan	Price Actual	Price Diff ActPlan	Price Perc Diff ActPlan
330 - OPHTHALMOLOGY	18,301	23,278	4,977	27.2%	£1,068,414	£1,357,958	£289,544	27.1%
653 - PODIATRY	1,496	2,628	1,132	75.7%	£107,263	£188,315	£81,052	75.7%
400 - NEUROLOGY	5,177	4,436	-741	-14.3%	£690,808	£592,692	£98,116	14.2%
340 - RESPIRATORY MEDICINE	6,428	5,696	-732	-11.4%	£707,836	£598,618	£109,218	15.4%
300 - GENERAL MEDICINE	1,185	646	-539	-45.5%	£232,768	£89,719	£143,049	61.5%
310 - TRAUMA & ORTHOPAEDICS	22,003	19,382	-2,621	-11.9%	£1,472,574	£1,272,981	£199,593	13.5%
650 - PHYSIOTHERAPY	47,729	39,700	-8,029	-16.8%	£2,107,451	£1,525,891	£581,560	27.6%
Grand Total	241,282	234,041	-7,241	-3.0%	£10,360,520	£8,630,814	£1,729,706	-16.7%

South Central Ambulance Service

Summary of performance on 999

In January the South Central Ambulance Service (SCAS) 999 service are continuing to report against the Ambulance Response Programme (ARP) targets of category 1 (mean and 90th percentile), category 2 (mean and 90th percentile), category 3 (90th percentile) and category 4 (90th percentile). SCAS have implemented the recommendations and in beginning to monitor performance against the targets. National reporting and contractual performance management has ceased until the end of the financial year to support the provider in implementing and embedding the ARP findings, which shall be monitored in AEDB.

	Target	Jan-18	YTD
CAT 1 - Mean	<7 min	00:07:26	00:07:56
CAT 1 - 90th Percentile	<15 min	00:14:15	00:15:39
CAT 2 - Mean	<18 min	00:16:21	00:16:30
CAT 2 - 90th Percentile	<40 min	00:31:33	00:31:24
CAT 3 - 90th Percentile	<120 min	02:02:53	02:01:42
CAT 4 - 90th Percentile	<180 min	03:04:14	03:19:00

Summary of performance on 111

- The new Thames Valley Integrated Urgent Care 111 service will support patients to access a wide range of clinical care through a single call, including dental, pharmacy and mental health services, ensuring patients get the right care, first time.
- The 111 service did not achieve the 95% target for answering the calls in 60 seconds: January 81.85%. There was a reduction in the numbers of calls abandoned, 2.58% against a target of less than 3.5%.
- Of all calls that were answered by the SCAS IUC 111 service in January 32.13% (6,107/ 22,540) were transferred (either “warm” or call-back) to a clinician.
- 111 patients referred on to a 999 service are now sitting above the national <10% guideline target, with January seeing 11.25%.
- Calls ending in a disposition recommending attendance of Emergency Department for November were 6.53% of total, this is not achieving the national guideline of <5%.

N.B. due to the contract review meeting being postponed the figures included are from the daily situation report. The figures have therefore not undertaken final validation and are subject to change.

OHFT Provider Summary 1

Oxford Health Foundation Trust (OHFT)

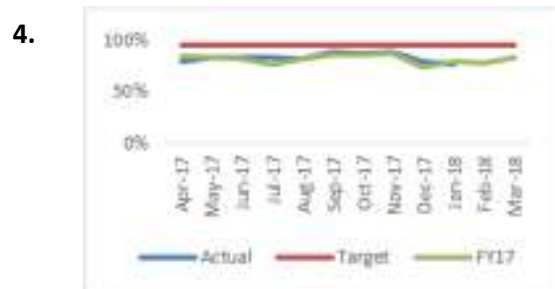
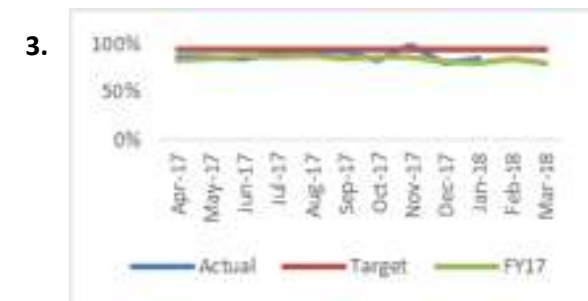
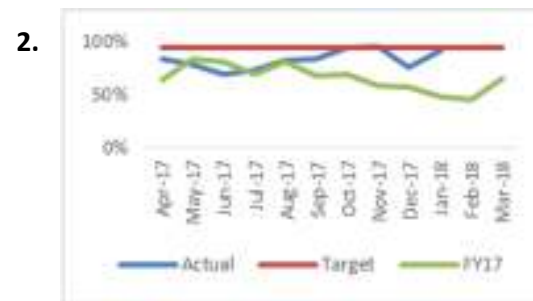
Out of Hours (OOH) (Cost and Volume Service)

Year to date 2017/18 activity continues to exceed 2016/17 actual – the activity is up 2.26%, with 89,866 in 2017/18 contacts against activity of 87,708 in 2016/17. in line with the year to date position being under of the previous year, January activity was below the previous year by 5.61%

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

1. NQR7B6 – OOHFT % of unfilled shifts ($\leq 2\%$): 7% (YTD 8%);
2. NQR10B08 – OOHFT OOH urgent triage (walk in) - time to triage ($\leq 95\%$ within 20 minutes): 92% (YTD 82%);
3. NQR10B09 – OOHFT OOH non-urgent triage (walk in) - time to triage ($\leq 95\%$ within 60 minutes): 86% (YTD 89%);
4. NQR10B10 – OOHFT urgent face to face base visit ($\leq 95\%$ within 2 hours): 76% (YTD 82%);
5. NQR12B12 – OOHFT urgent face to face Home visit ($\leq 95\%$ within 2 hours): 93% (YTD 95%);

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



OHFT Provider Summary 2

Oxford Health Foundation Trust (OHFT)

Adult Mental Health Services

Period	Indicator	Performance	Target
January	Referred to the Emergency Department Psychiatric Service (EDPS) at JR seen within 1 hour	98% (200/205)	95%
January	Referred to the Emergency Department Psychiatric Service (EDPS) at HGH seen within 1.5 hour	98% (43/44)	95%
January	Referrals categorised as crisis /emergency were assessed by the community team within 4 hours	100% (10/10)	95%
January	Referrals categorised as non-urgent were assessed by the community team within 28 calendar days	78% (159/204)	90%
January	Outpatient letters were sent back to GPs (uploaded to CareNotes) within 10 calendar days	90%	95%
January	Service users in paid employment, undertaking a structured education or training programme or undertaking structured voluntary activity	64%	60%
January	Service users to be in paid employment	17%	18%
January	Service users living in stable accommodation	95%	80%
January	Service Users on Care Programme Approach (CPA) were followed up within 7 days of discharge from psychiatric in-patient care	94%	95%
January	Discharge letters were sent back to GPs within 24 hours of discharge from inpatient care	98%	95%
January	Service users who were discharged from psychiatric in-patient care and were not readmitted to hospital at 28 days after discharge	94%	93%
January	Service users who were discharged from psychiatric in-patient care and were not readmitted to psychiatric inpatient care at 90 days after discharge	89%	88%
January	Early Intervention Psychosis treated with a NICE approved care package within two weeks of referral – Completed	75%	50%
January	Early Intervention Psychosis treated with a NICE approved care package within two weeks of referral - Incomplete	65%	50%

Commentary:

- OCCG Improving Access to Psychological Therapies (IAPT) performance continues to be on track year to date to meet annual targets.
- The Early Intervention Psychosis (EIP) incomplete measure, those that have not started a treatment within the agreed 2 week standard, has been met in January however data quality continues to be closely monitored.
- Incentivised outcome targets in employment and accommodation have been increased in January for Year 3 of the outcomes based contract, and apply across all of the Oxfordshire Mental Health Partnership.
- The non-urgent access target for adult mental health community teams was breached, however if cancellations, DNA's and patient choice were excluded the target would have been met. OH are reporting increased referral rates.

OHFT Provider Summary 3

Oxford Health Foundation Trust (OHFT)

Specialist Learning Disability Health Services

100% of routine referrals to the service were seen within six weeks (target 95%).
No urgent or emergency referrals were received.

100% of Service Users recorded as receiving an accessible discharge summary within 10 days of discharge (target 95%).
83% of GP discharge templates issued within 10 days of patient discharge as recorded via CareNotes.

OHFT have started reporting on a number of additional indicators as agreed in the contract schedules:

52% of service users on CPA have a crisis contingency plan (target 95%)

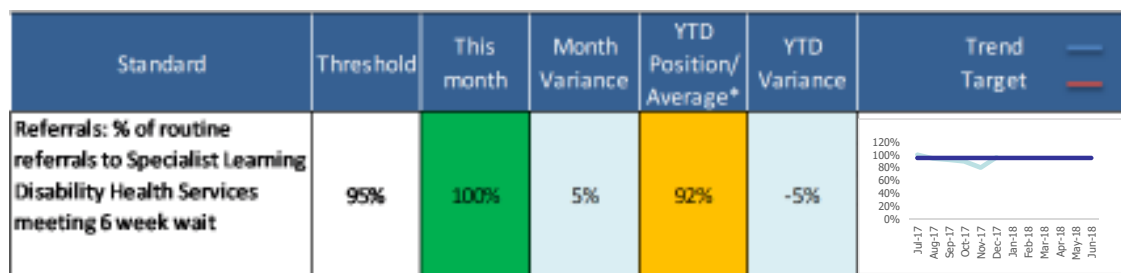
67% of service users have an up to date risk assessment (target 95%)

Data quality is under review as the reported position is not believed to be an accurate reflection of performance. An updated position will be made available for month 11.

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

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

18 patients are currently open to the Intensive Support Team.



Caseload	Nov-17	Dec-17	Jan-18
Total	698	709	685
North	237	239	255
City	234	243	242
South	227	227	188

Learning Disability Annual Healthchecks

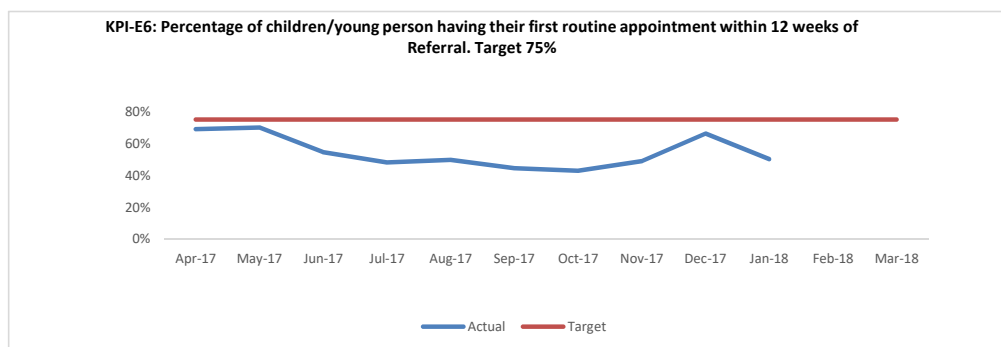
Period	2016-17				2017-18		
	Q1	Q2	Q3	Q4	Q1	Q2	Q3
Patients aged 14 years or over with a learning disabilities who received an annual health check in this quarter	194	270	408	622	202	279	491
The number of patients aged 14 years or over on the learning disabilities register (Locally reported)	2109	2109	2109	2109	2109	2109	2109
Percentage of patients on the Learning Disability Register who received an annual Health Check delivered by a GP (%) (20/21 Target 75%)					71.2%	71.6%	75.6%

OHFT Provider Summary 4

Oxford Health Foundation Trust (OHFT)

Children and Adolescent Mental Health Services (CAMHS)

- 100% of Emergency (24 hour) and Urgent (7 days) referrals were seen within target.
- There are 1116 patients waiting across the Oxfordshire CAMHS services (0-52 weeks)
- 249 (26%) patients (non-ASD) are waiting over four months for an assessment this is a decrease on last report (29%) showing less waiting over four months
- 109 (11%) patients (non-ASD) are waiting over six months for an assessment, this is an increase from 93 (9.4%) in last reporting period.
- The Oxfordshire CAMHS Performance Manager continues to review each case waiting over 4 months.
- 158 patients are awaiting an autism spectrum disorder (ASD) assessment (0-52 weeks) which is an increase of 9
- 44 of the 158 (28%) patients are waiting over four months for an assessment. This is 5 less than last month.
- Year to date average for referrals not requiring treatment is currently 12%. These will be signposted to other services.



Issues and actions

The performance still remains a concern to OCCG. There is a clear new contract mobilisation plan in place in order to transform the services in line with the newly awarded contract for CAMHS. The new contract plans for additional activity in line with the national trajectory for improving access. However, there is concern that until the current increase in waiting times is addressed, it is not clear how the Trust will manage additional activity.

Oxford Health NHS FT is currently working with NHS Elect on capacity and demand modelling and putting in place new and more efficient processes to increase productivity. A report is being prepared outlining how OHFT will recover their position and be able to meet the contractual KPI. This will be presented to the monthly contracts meeting on the 5th April.

Since last reporting period the Single point of Access is now in place. Other aspects of the new model such as Getting Help, Getting More Help and the Neurodevelopmental Pathway are expected to become operational at the end of April/beginning of May. The new partnership with the Third Sector continues to develop and will be a focus for mobilisation in the coming months as part of the capacity and demand management. Recruitment continues to be of significant focus and is a priority for the Trust.

OHFT Provider Summary 5

Oxford Health Foundation Trust (OHFT)

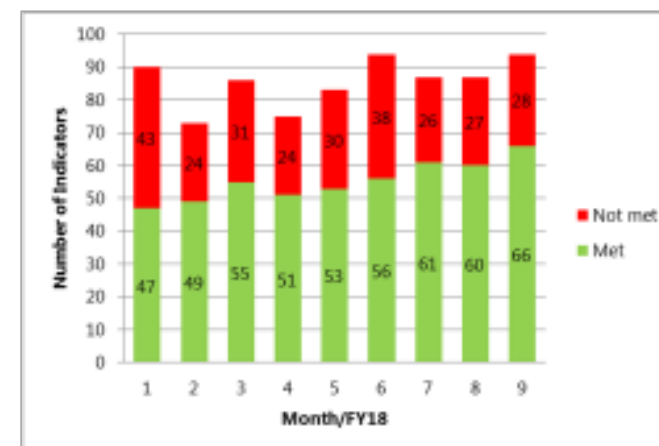
Community Services

Performance Indicators - Quality

OHFT was required to report against 86 indicators in M10 (including: Older People, Children's and Mental Health services). 55 were achieved (64%). The number of reportable indicators achieving each month continues to vary – December remains the highest % level of compliance in the reporting year (70.8%)

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

- Average length of stay excluding DTOC in Community Hospitals 27 days January (target 21).
- 39% of patients have discharge plan with expected discharge date within 24 hours of admission to a community hospital (target 90%)
- Physical disability physiotherapy patients waiting less than 12 weeks to first appointment **39%** January (target 95%)
- 77% of routine Falls referrals had an appointment within 8 weeks (target = 90%) a decline again following steady overall improvement over reporting year.
- Continuing Healthcare (CHC) – Eligibility decisions are made within 28 days of accepting a referral December 75% (target 95%). Individuals eligible for CHC will receive case review and care plan review 3 months after eligibility decision 34% (down from 95% in December). If eligible package of care for Fast Track individuals will be in place within 2 working days December 63% (target 95%). Review of contract with Marie Curie under way to increase capacity. 55% received a 12 month case review in January (a significant decrease on previous month which was 96%).
- Stroke. OHFT now report against the national SENTINEL compliance framework which measures the actual % of patients requiring Occupational Therapy (OT), physio and SALT; The median number of days as inpatient who received OT,SALT and physio, and the median number of minutes per day of SALT, physio and OT received. These are measured against national averages. All thresholds are above national averages with the exception of the median % days as inpatient for whom OT is required which is 34% January (target 65%), median % of days physio is required 42% (target 65%), median % of days SALT required 29% (target 45%). Oxfordshire CCG have undertaken a stroke service review resulting in the commissioning of OHFT stroke services being delivered on a single site. This targets improvement of the above performance and the delivery of appropriate timely stroke therapy.



OHFT Provider Summary 6

Oxford Health Foundation Trust (OHFT)

Community Services

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

Service Line	YTD Activity v Plan	Key Issues	Updates
Hospital at Home	-10% (-655 contacts)	<ul style="list-style-type: none"> Underreporting of Non face to face activity –attended contacts reported only. This has driven current underperformance. 	<ul style="list-style-type: none"> Continued improvement in performance across November, December and January (activity on plan for those months) Non-face-to-face classifications agreed across service lines with OH Subgroup of TIG to ensure all activity is being recorded – meeting in March 2018. Non face to face activity to be included in performance report when agreed.
Chronic Fatigue Syndrome	-18% (-66 contacts)	<ul style="list-style-type: none"> Staffing –service has operated with a cost pressure but OH unable to sustain this. 	<ul style="list-style-type: none"> Improvement against M09. Review of service model has been undertaken to increase clinical capacity – this has been discussed and approved by the CCG.
Tissue Viability	-38% (-1,477contacts)	<ul style="list-style-type: none"> Underreporting of Non face to face activity –attended contacts reported only. This may be driving current underperformance. Staffing – Band 5 currently on sick leave. 	<ul style="list-style-type: none"> Slight improvement against M09. Non dace to face classifications in place using nationally mandated definitions. Subgroup of TIG to ensure all activity is being recorded – meeting in March 2018. Non face to face activity to be included in performance report when agreed.
Phlebotomy (City)	-10% (-790 contacts)	<ul style="list-style-type: none"> Underreporting of activity – analysis report received from OH. All activity undertaken by the Adult Phlebotomy team for Oxford City is accurate. Additional services have undertaken phlebotomy activity which has not been captured (668 additional). 	<ul style="list-style-type: none"> Significant improvement against M09 with additional activity added to performance information.
Phlebotomy (Non City)	-22% (-2,099 contacts)	<ul style="list-style-type: none"> Underreporting of activity – analysis report received from OH. Not all activity being coded is being reported and there are additional services undertaking phlebotomy which has not been accounted for (4,669 additional). 	<ul style="list-style-type: none"> No change in performance from M09. Non city activity is cost and volume therefore additional activity presents a cost pressure to OCCG. OCCG to respond to the recommendations outlined within the report.
Nutrition and Dietetics	-21% (-561 contacts)	<ul style="list-style-type: none"> Underreporting of activity – analysis report received from OH. Change in 'pick list' options for recording non face to face activity against nationally mandated definitions has reduced non face to face activity. Face to face activity remains consistent. 	<ul style="list-style-type: none"> Indicative IAP is based against face to face activity only. This will enable more accurate comparison against last year's activity. OH to provide a refreshed YTD position for the service line for both face to face and non-face to face.

Royal Berkshire Foundation Trust (RBFT)

Month 09 Position

Discussions continue regarding the financial gap and identification rules with relevant parties. A placeholder query for sepsis has been submitted to the provider in line with advice from NHSE; further guidance is expected from NHSI. Whilst the contract is financially over performing, activity is underperforming by 103,519 (27.4%) which is largely explainable by underreporting in direct access Pathology as advised by the provider. An estimated placeholder value to correct the price in M5 to M9 has been entered; the Trust have advised that the under reporting will be correctly reported from M10, this excludes Phlebotomy which is still being addressed.

Uncoded activity at M9 stands at 79 activities with an estimated price of £90k, the expectation is that this will coded by M9 freeze.

Areas of particular over performance are:

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

Planned/proposed actions to mitigate:

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

Acute Provider Summary

Independent Acute Providers

The January position, extrapolated to Month 11, total activity within the Independent Acute Providers is showing an over performance of £962,112 year-to-date, and £1,024,879 forecast outturn (FOT), with continued under performance at Ramsay Berkshire Independent Hospitals.

The Nuffield Manor is reporting an improved position from December of 0.40% under plan leading to an end of year FOT of £6,113 under plan. The provider has reported a significant reduction in referrals since the start of the new Musculoskeletal Assessment Treatment and Triage service (MATT).

Ramsay Horton Treatment Centre (HTC) is reporting an improved position from December of 5.97% over plan leading to an end of year FOT of £480,214 above plan if activity continues at current levels. This improved position is attributed to the slowdown in referrals since the new Musculoskeletal Referral Management provider contract commenced and also due to the festive period. Month 10 first attendances were down by 114 appointments. However, over performance can be attributed to additional spinal activity that was not incorporated into the 17/18 plan (£118k over YTD), additional diagnostics being undertaken as part of the MATT service (£13k YTD) as well as an increase in the number of very major procedures being undertaken. Activity is being reviewed to identify procedures that should be managed by the MATT. In addition, an element of over performance was due to the incorrect coding of ultrasound guided injections. This has led to a successful challenge and credit of £15k.

The Foscoote is showing an over performance in January of 9.31 % which is a deteriorated position from December . The main driver for this is over performance in T&O, particularly in elective inpatients (very major knees, hips and hernia procedures). Activity is being reviewed to identify procedures that should be managed by the MATT.

Circle Reading is 22.17% over plan leading to an expected FOT of £346,152 above planned activity. This is being driven by T&O (very major foot, spinal, shoulder and hips procedures) and predominantly day cases. Activity is being reviewed to identify procedures that should be managed by the MATT. In addition, an element of over performance was due to specialist spinal activity being attributed to Oxfordshire CCG. This has been successfully challenged and final confirmation of the credit value is expected. All first to follow up targets and day case to OPPROC targets have been reviewed and are being met across most specialties.

Spire Dunedin continues to over perform by 30.41% over contracted levels which is an improved position from December. This has been driven by T&O activity (very major hips and shoulders.) Activity is being reviewed to identify procedures that should be managed by the MATT.

Month period	Provider	Year To Date				Full Year			
		Plan cost	Actual cost	Variance		Plan cost	FOT Cost	Variance	
		£	£	£	%	£	£	£	%
M11	Horton Treatment Centre (Ramsay)	£ 7,378,625	£ 7,818,825	£ 440,200	5.97%	£ 8,049,414	£ 8,529,628	£ 480,214	5.97%
M11	Nuffield Hospital Oxford (The Manor)	£ 1,415,062	£ 1,409,464	-£ 5,598	-0.40%	£ 1,543,710	£ 1,537,597	-£ 6,113	-0.40%
M11	Circle Reading	£ 1,431,078	£ 1,748,391	£ 317,313	22.17%	£ 1,561,183	£ 1,907,335	£ 346,152	22.17%
M11	Foscote Court (Banbury) Trust Ltd	£ 827,619	£ 904,630	£ 77,011	9.31%	£ 902,867	£ 962,214	£ 59,347	6.57%
M11	Ramsay Berkshire Independent Hospital	£ 527,549	£ 522,384	-£ 5,165	-0.98%	£ 575,516	£ 569,874	-£ 5,642	-0.98%
M11	Spire Dunedin Hospital	£ 454,938	£ 593,289	£ 138,351	30.41%	£ 496,303	£ 647,224	£ 150,921	30.41%
M11	Total Lead Contract ISP Spend	£ 12,034,871	£ 12,996,983	£ 962,112	7.99%	£ 13,128,993	£ 14,153,872	£ 1,024,879	7.81%

NB. The tables on page 2 and 23 are extracted from the Month 11 Finance report. They are driven by Month 10 SLAM information extrapolated to Month 11.

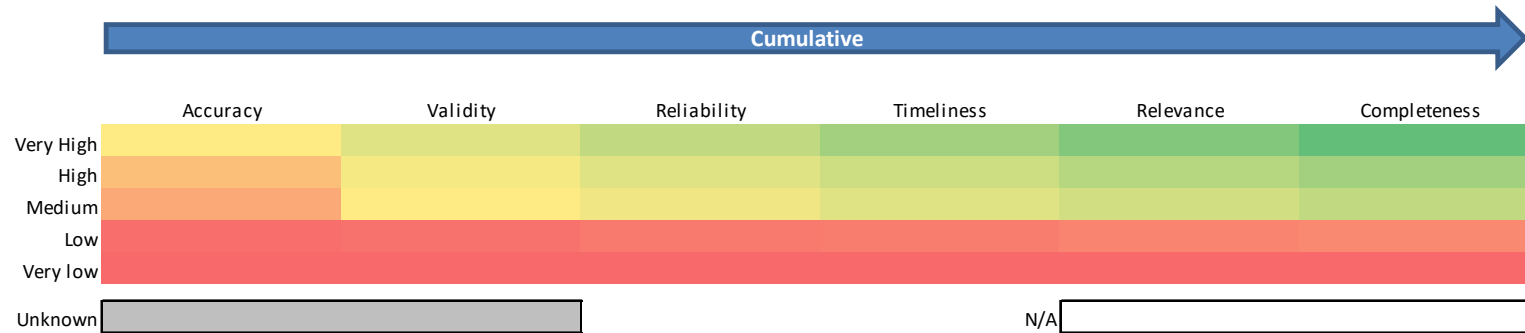
Data Quality and Concerns

Data Quality and Concerns

Data quality is evaluated across Accuracy, Validity, Reliability, timeliness, Relevance and Completeness. (Source: Audit Commission)
All dimensions are equally important

Accuracy	Data should be sufficiently accurate for its intended purpose. It should be captured only once (COUNT - Collect Once and Use Numerous Times) and accuracy is most likely achieved if it is captured as close to the point of activity as possible. Automated capture as part of routine clinical care is usually more accurate and always more consistent than manually capturing and
Validity	Data should only be used in compliance with relevant requirements including the correct application of rules or definitions
Reliability	Data should reflect stable and consistent data collection processes over time
Timeliness	Data should be captured as quickly as possible after the event and should be made available to support information needs and influence service or management decisions
Relevance	Data capture should be relevant to the purpose for which they are used
Completeness	Data should be clearly specified based on the information needs of the users. All specified data items should be populated with accurate, valid, reliable, timely and relevant data.

Data quality tends to be highest where scrutiny has been intense and the dataset is nationally mandated and long established.
Providers traditionally working within costs and volume contracts tend to have higher data quality



	1. UNIFY 2	2. Service Level Agreement Monitoring (SLAM)	3. Secondary User Service (SUS)	Other Nationally Mandated		Other Local Sources	
				4. Activity Sources	5. Performance Indicators	6. Activity	7. Performance Indicators
Oxford University Hospitals FT	Green	Green	Green	Green	Grey	Green	Green
Royal Berkshire FT	Green	Green	Green	Grey	Grey	White	Grey
Independent Sector Acute Providers	Light Green	Green	Green	White	Grey	White	White
Ambulance Service	Green	Green	White	White	Green	Green	Green
Community Services	Light Green	White	Green	Yellow	Yellow	Green	Green
Adult Mental Health	Yellow	White	White	Light Green	Light Green	Light Green	Light Green
Learning Disabilities	White	White	White	Light Green	Light Green	Yellow	Yellow
Children and Adolescent Mental Health	Light Green	White	White	Light Green	Light Green	Light Green	Light Green