Oxfordshire
Clinical Commissioning Group

Oxfordshire Clinical Commissioning Group
Board Meeting

Date of Meeting: 24 May 2018	**Paper No: 18/32**

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.

Please note the data for Oxford Health NHS Foundation Trust Out of Hours Service and South Central Ambulance Service was not available for March 2018 at the time of writing this report due to the earlier than usual date of the Board meeting. Data is due to be released shortly and a verbal update will be given if there is a significant change in performance.

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)	
✓	Operational Delivery
✓	Transforming Health and Care
✓	Devolution and Integration
✓	Empowering Patients
✓	Engaging Communities
✓	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 (DTOC) Reduction
Risk 735 – OUHFT Tests Results
Risk 771 – Inpatient Discharge Summaries
Risk 798 – Performance in Referral to Treatment (RTT) and Cancer NHS Constitution Standards
Risk 770 – Outpatient Communication between Primary and Secondary Care
Risk 797 – A&E 4 Hour Wait
Risk 800 – Learning Disability Service in Transition

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Date of Paper: 16 May 2018

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Oxfordshire CCG
Integrated Performance Report

May 2018

(Reporting 2017-18 Month 12 Activity)

North

North East

Oxford City

South East

South West

West

Executive Dashboard

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Finance Overview

Reporting Period	Provider	Year To Date			
		Plan cost	Actual cost	Variance	
		£,000	£,000	£,000	%
M12	Oxford University Hospitals NHS Foundation Trust	£ 331,315	£ 336,185	£ 4,869	1.47%
M12	Royal Berkshire NHS Foundation Trust (not excluded drugs)	£ 20,097	£ 21,890	£ 1,794	8.92%
M12	Horton Treatment Centre (Ramsay)	£ 8,049	£ 8,849	£ 800	9.93%
M12	Oxford Health Foundation Trust	£ 128,154	£ 129,427	£ 1,273	0.99%
M12	SCAS 999	£ 22,120	£ 23,055	£ 935	4.23%

NB. The tables on page 2 and 19 are extracted from the Month 12 Finance report. They are driven by Month 11 SLAM information extrapolated to Month 12.
NB. Oxford Health Foundation Trust includes spend for new learning disability service from Month 6

Performance Overview

Measure		Period	Target	Total Commissioner OCCG	Rating	Total Provider OUHFT	Rating	Total Provider RBFT	Rating
RTT	Incomplete Pathways 18 Week - All patients	M12	92%	85.5%	Red	85.1%	Red	92.3%	Green
2 week	6.3 - Cancer Two week waits	M12	93%	95.5%	Green	95.7%	Green	96.5%	Green
	6.4 - Breast symptoms Two week waits	M12	93%	97.3%	Green	97.0%	Green	97.8%	Green
31 Day	7.4 - 31 Day First Treatment	M12	96%	95.9%	Red	96.2%	Green	98.2%	Green
	7.11 - 31 Day Subsequent Treatment (Surgery)	M12	94%	100.0%	Green	100.0%	Green	100.0%	Green
	7.11 - 31 Day Subsequent Treatment (chemotherapy)	M12	98%	96.1%	Red	98.0%	Green	100.0%	Green
	7.11 - 31 Day Subsequent Treatment (radiotherapy)	M12	94%	100.0%	Green	97.9%	Green	97.5%	Green
62 Day	8.4 - Cancer Plan 62 day standard (Tumour)	M12	85%	84.9%	Red	81.8%	Red	90.5%	Green
	9.4 - CRS 62 Day screening standard (Tumour)	M12	90%	96.9%	Green	94.3%	Green	82.8%	Red
4 hour wait	Oxford University Hospitals NHS Foundation Trust	M12	95%	79.3%	Red				
	Royal Berkshire NHS Foundation Trust	M12	95%	83.1%	Red				
	Oxford Health Foundation Trust	M12	95%	97.5%	Green				
Ambulance response time	Cat A8 - Red 1								
	Cat A8 - Red 2								
	Cat A19								

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.

Quality Overview

Safety Incidents Year To Date (March 2018)		Period	Total OCCG	OUHFT	OHFT	RBFT	Community	Independent Providers	Third Party (MRSA Only)
Never events		M12	9	8	1	0	0	0	
MRSA incidents	Limit	M12	0	0	0	0	0	0	0
	Actual		6	1	0	1	5	0	1
C Difficile incidents	Limit	M12	145	69	7	27	69	0	
	Actual		160	73	10	16	88	2	

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

Friends and Family Patients likely or extremely likely to recommend (March 2018)	Period	OUHFT	RBFT	OHFT	Independent Providers	National NHS
The care given at this organisation (staff – Q2 17/18)	Q2	86%	85%	77%	N/A	80%
Inpatient (Patient)	M12	95%	100%	N/A	99%	96%
Accident & Emergency (Patient)	M12	86%	98%	N/A	N/A	84%

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

Quality and Performance Dashboard

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Oxfordshire Clinical Commissioning Group (unless otherwise stated)

				Target	Mar '17	Apr '17	May '17	Jun '17	Jul '17	Aug '17	Sep '17	Oct '17	Nov '17	Dec '17	Jan '18	Feb '18	Mar '18	YTD *
RTT	Incomplete % within 18 weeks			92%	90.6%	90.1%	90.0%	89.8%	88.9%	87.8%	86.7%	86.9%	87.3%	86.2%	86.2%	86.2%	85.5%	87.7%
	Incomplete **52+ week waits**			0	8	10	10	23	37	62	49	47	48	62	113	132	144	
Cancer	Two Week Wait			93%	93.9%	92.2%	92.2%	96.8%	95.9%	96.8%	97.5%	97.5%	96.8%	95.8%	95.7%	97.0%	95.5%	95.8%
	Two Week Wait - Breast Symptom			93%	94.7%	98.4%	96.0%	93.9%	96.7%	91.9%	100.0%	99.2%	98.0%	100.0%	97.9%	95.4%	97.3%	97.1%
	31 Day First Treatment (Diagnosis to Treatment)			96%	98.8%	98.3%	96.7%	97.9%	97.7%	96.7%	98.3%	97.3%	96.5%	96.9%	95.3%	97.3%	95.9%	97.1%
	31 Day Subsequent Treatment (Surgery)			94%	96.3%	93.3%	93.1%	100.0%	97.6%	97.9%	95.3%	98.4%	95.1%	100.0%	95.4%	95.1%	100.0%	96.6%
	31 Day Subsequent Treatment (Chemotherapy)			98%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	96.1%	99.7%
	31 Day Subsequent Treatment (Radiotherapy)			94%	100.0%	100.0%	99.2%	97.4%	95.3%	99.1%	100.0%	98.2%	99.1%	100.0%	96.5%	100.0%	100.0%	98.7%
	62 Day Standard			85%	85.1%	86.3%	84.3%	87.8%	89.3%	88.1%	89.2%	86.6%	84.0%	89.5%	87.3%	83.1%	84.9%	86.7%
	62 Day Screening			90%	93.1%	93.8%	100.0%	96.2%	94.1%	100.0%	100.0%	100.0%	95.8%	95.0%	100.0%	90.9%	96.9%	96.9%
	62 Day Upgrade			90%	88.9%	92.9%	94.1%	90.0%	100.0%	100.0%	85.7%	100.0%	100.0%	100.0%	75.0%	83.3%	75.0%	91.3%
Diagnostics % waiting over 6 weeks				1%	0.8%	0.9%	0.8%	0.8%	0.8%	0.9%	1.0%	0.6%	0.4%	0.5%	0.9%	0.7%	2.1%	0.9%
Mixed Sex Accommodation				0	2	2	19	1	3	13	10	12	13	32	8	37	15	165
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%	38.7%			39.4%
Oxfordshire Ambulance Response Time			Cat 1	75%	69.9%	75.7%	74.1%	70.4%	74.4%	70.5%	63.6%	69.4%						71.1%
			Cat 2	75%	71.4%	70.7%	69.9%	68.2%	70.0%	69.1%	66.8%	67.8%						68.9%
			Cat 19	95%	94.3%	94.1%	91.6%	91.0%	93.0%	92.4%	92.0%	92.4%						92.3%
Ambulance Handover			JR	85%	75.2%	74.1%	73.1%	72.4%	72.9%	71.5%	68.8%	68.7%	66.8%	62.9%	65.9%	68.0%	69.7%	69.5%
			Horton	85%	95.5%	97.3%	94.4%	91.9%	90.6%	96.8%	90.9%	76.8%	78.6%	63.8%	69.4%	77.6%		83.9%
			All	85%	78.3%	77.8%	76.3%	75.6%	75.8%	75.8%	72.2%	70.1%	68.6%	63.1%	66.6%	68.2%	69.7%	71.6%
A&E	4 Hour Wait		OUHT (Type 1 & 2)	95%	87.1%	88.8%	86.4%	82.8%	80.8%	84.8%	82.8%	82.1%	82.1%	80.6%	82.5%	80.6%	78.8%	82.7%
			RBFT (Type 1 & 2)	95%	94.5%	93.3%	90.1%	95.8%	95.6%	91.3%	90.5%	92.6%	89.1%	83.4%	84.4%	79.2%	83.1%	89.1%
			OHFT Minor Injuries Unit (Type 3)	95%	96.4%	96.6%	95.4%	97.1%	97.0%	97.6%	98.7%	99.0%	97.2%	97.8%	96.8%	97.8%	97.5%	97.3%
	12 Hours Trolley Wait		OUHT	0	0	0	0	0	2	0	3	2	2	19	55	0	13	96
			RBFT	0	0	0	0	0	0	0	0	0	0	0	0	2	0	2
Delayed Transfers of Care from hospital per 100,000 pop. per month					1048	942	1144	1197	1084	820	741	828	670	606	707	756	694	849
	OUHT		DTOC	3.5%	12.4%	10.8%	14.4%	13.8%	15.0%	10.9%	12.0%	10.2%	8.7%	8.8%	8.8%	9.1%	8.5%	10.8%
	RBFT		DTOC	3.5%	6.0%	5.8%	5.7%	5.6%	4.9%	5.9%	5.6%	5.3%	5.1%	5.1%	5.5%	4.4%	3.7%	5.0%
	OHFT		DTOC	3.5%	11.8%	13.0%	10.8%	11.9%	12.0%	12.3%	11.7%	11.7%	9.4%	9.4%	9.9%	13.6%	12.5%	11.4%
			Community hospital DTOC	3.5%						36.7%	22.7%	38.3%	25.4%	28.7%	29.7%	41.4%	35.4%	32.3%
Mental Health	IAPT		Access	15%	20%	14%	20%	15%	16%	16%	15%	18%	17%	12%	18%	17%		16%
			Recovery	50%	50%	54%	50%	57%	48%	50%	50%	52%	49%	52%	52%	53%		52%
			6 weeks	75%	97%	97%	97%	98%	98%	99%	98%	98%	98%	98%	99%	98%		98%
			18 weeks	95%	99%	99%	99%	99%	99%	100%	100%	100%	99%	100%	100%	100%		100%
Care Programme Approach 7 day follow up post discharge				95%	98%			96%			98%			95%			97%	96%
Early Intervention in Psychosis*			Completed	50%		50%	92%	60%	88%	57%	80%	60%	80%	73%	75%	100%	77%	74%
			Incomplete	50%		53%	36%	31%	17%	42%	28%	11%	41%	27%	65%	41%	35%	33%
Learning Disability		Learning Disability Healthchecks*																
		LD Reliance on Inpatient Care (E.K.1)**																
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%	67.2%
			Actuals		67.7%	67.1%	65.9%	67.4%	68.0%	67.6%	67.8%	68.0%	68.3%	67.6%	67.7%	67.7%	67.2%	67.2%
CYP	Children and Young People Eating Disorders*		Urgent (1 week)	95%				83%			91%			92%			93%	91%
			Routine (4 weeks)	95%				62%			66%			69%			66%	66%

* for IAPT lines the most recent data is shown in the latest month and YTD columns

Executive Summary 1

(Performance Concern or Quality Priority Subjects)

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Key Issues	Updates
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 March 2018 with 85.5% and 85.1% respectively. This is a marginal deterioration from February. 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 3561 overall pathways since April 2017. The over 18 week pathways have increased by 1083 and under 18 weeks reduced by 4464.	Work with the high volume specialities is targeting 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 and consultant to consultant referrals. 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. See further narrative in operational plan item
52 Week Wait Incomplete Referral to Treatment 142 of Oxfordshire CCG's 144 52 week patients in March 2018 were waiting for treatment at OUHFT. Patients were waiting for treatment in Gynaecology (129), Urology (2), general Surgery (1), ENT (1), T&O (2), Ophthalmology (1) and Other (6), with two Oxfordshire CCG patients waiting for Neurology and Orthopaedics at Imperial College in London.	An initiative focussed on the long waiting patients (52 weeks and over) in Gynaecology started in March at the Manor Hospital. The Trust have £200k from the OCCG to deliver a reduction in the number of patients waiting. NHSE have also provided £20k for this initiative. Pressures continue with workforce issues in many specialities impacting on the number of beds open. Gynaecology have 10 beds of 20 closed. Theatres are also theatre issues and workforce shortages at the John Radcliffe, Nuffield Orthopaedic Centre and Churchill. See further narrative in operational plan item.
Cancer –31 day, 31 day chemotherapy and 62 day There were 11 Oxfordshire CCG patients (95.91%) that breached the 31 day cancer target (96%), 2 Oxfordshire CCG patient (96.08%) that breached the 31 day chemotherapy target (98%) and 24 Oxfordshire CCG patients (84.52%) that breached the 62 day target (85%).	The 31 day GP referred and chemotherapy breaches were predominately patients of OUHFT. The provider failed these targets marginally and they are expected to resolve next month. The 62 day performance has improved with delays due to diagnostic availability, staffing, slow post diagnostic pathways, theatre capacity and late referrals. There is a meeting being held between Oxfordshire CCG and OUHFT at the end of May to prioritise specialities and actions. It should be noted that whilst Oxfordshire CCG failed three of the national cancer targets in March 2018, our main cancer providers (OUHFT and RBHFT) only failed one – the 62 day target.
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, In February 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.	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. The case mix change which is subject to an activity query notice continues to drive the financial over-performance, SCAS argue it is the acuity of patients that is driving the higher Cat 1 and 2 activity. The baseline and activity under the new targets will be closely monitored over the coming months
Ambulance Handover February performance for ambulance handovers within 15 minutes at the John Radcliffe site shows an improvement on the previous 3 months. Horton has also been seen this improvement recording it's lowest excess handover time since April 2017.	Engagement continues between the Emergency Department staff and the Ambulance trust to ensure delays are kept to a minimum when handing over patients. 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.

Executive Summary 2

(Performance Concern or Quality Priority Subjects)

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Key Issues	Updates
Accident and Emergency – Four hour waits OUHFT Accident and emergency (A&E) 4 hour performance (all types) failed to attain the 95% target again with 79.3%. This is the lowest recorded attainment this financial year. Performance was 78.8% for type 1 and 2 attendances and 97.9% for type 3.	Year to date performance at the end of March was 82.7% down from 83.16% at the end of February. There have been no further OPEL 4 system escalations since 16th March 2018. The pressures in the system resulted in 13 12 hour trolley waits. GP streaming activity is increasing but remains below planned levels – 333 patient contacts in March 2018. Care packages remain a constraint to flow and in particular the reablement pathway. The reablement approach is under review. Refer to operational plan paper elsewhere on agenda for further future actions
12 Hour Trolley Waits OUHFT had 13 12 hour trolley wait breaches in March.	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.
Delayed Transfers of Care The daily average bed days lost to Delayed Transfers of Care (DToC) increased during February to 133 but then improved to 111 in March. These are ***validated*** figures. 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. Oxfordshire did not achieve this target. However in OUHFT bed days lost (as opposed to head count) there has been a halving since July 2017. 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.	A review of HART has taken place exploring a number of options to improve performance: sub-contracting by the provider OUHFT to achieve scheduling and pic k-up efficiencies by focussing services on specific postcodes; a prioritization approach in line with stranded patient work that ensures that the impact of long-waiters in in community hospitals is reduced; and support for potential self-funders where indicated. Trajectories for the impact of this work are due to be reported to the AEDB in May. These will form part of the 18/19 Better Care Fund trajectory. The stranded patient approach is now embedded in OUH and is being rolled out in community hospitals and other step down beds as part of a weekly review and escalation to CEO. This work is continuing to support Multi Disciplinary Team advance planning and problem-solving approaches to more complex patients which has been evidenced from reductions in housing, equipment and out of county delays especially in RBHT.
Methicillin Resistant Staphylococcus Aureus (MRSA) 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 for 2018/19 to date. OCCG reported four cases of MRSA bacteraemia cases for 2017/18, of which three were assigned to OCCG, the fourth assigned to a third party. 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 bacteraemia cases in 2017/18 (April & May), both for non-OCCG patients. Both post-infection reviews have indicated that the cases were unavoidable.

Executive Summary 3

(Performance Concern or Quality Priority Subjects)

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Key Issues	Updates
Clostridium difficile *Clostridium difficile (C.diff*) 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 antibiotics are at greater risk of acquiring *Clostridium difficile* infection. At the end of the financial year 2017/18, 162 cases of *C.difficile* had been identified against a limit of 145. Although the majority of these were deemed to be unavoidable by a multidisciplinary team meeting.	*C. difficile* rates are currently within the set limits for 2018/19. There have been 10 cases for the month of April 2018/19 compared to a monthly limit of 12. These include, 4 GP cases(1 identified by Royal Berkshire NHS Trust), 3 attributed to community identified pre 72 hours at OUHFT, and 3 post 72 hour inpatients at OUHFT. Root cause analysis work continues and antimicrobial prescribing is carefully assessed for both community and hospital prescribing. The monthly Oxfordshire health economy meeting reviews and scrutinizes each case and those avoidable cases are feed back to the hospital and community practitioners.
Outpatient Clinical Communication Trusts should communicate with GPs within 10 days of an outpatient appointment. This target will be 7 days from 1 April 2018. This is to ensure the patient's ongoing management is clearly understood by the GP and any changes in medication are continued.	The Trust's performance has plateaued at around 80%. Timely communication with GPs is in the national standard contract and is included Service Development Improvement Plan (SDIP). 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. There is a meeting planned with the Trust on 19 June to receive further analytics and agree a revised approach to this target.
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.	Performance against this target continues to edge up. The Trust achieved 85.7% 24 hour discharge summaries in March 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). There is a meeting planned with the Trust on 19 June to receive further analytics and agree a revised approach to this target.
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.	Performance for March 2018 was 78.5 %. Despite considerable work in this area by the Trust, performance remains well below the 90% target. The CCG continue to be of the view that the non-endorsement of test results constitutes a clinical risk. There is a meeting planned with the Trust on 19 June to receive further analytics and agree a revised approach to this target.

Quality Premium – 17/18 Tracker

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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
RTT Incomplete (92%)	Sharon Barrington	-33.3%	87.7% (OCCG)
A&E waits < 4 hrs. (95%)	Sara Wilds	-33.3%	82.8% (OUHFT)
Cancer waits – 62 days (85%)	Sharon Barrington	-33.3%	86.7%(OCCG)
Category A Red 1 ambulance calls (75%)	Sara Wilds	0%	N/A

Gateway	Owner	August YTD Position
Quality Gateway	Helen Ward	Fail
Finance Gateway	Jenny Simpson	Pass

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	37.9% increase	CYP Referrals with Second Contact – MHSDS (Provisional March)
Continuing Healthcare	Ian Bottomley	17%	Continuing Healthcare Decision 28 Days (80%)	64.61%	No. referrals complete within 28 days (Stand. NHS CHC) Q1 – Q4
			Continuing Healthcare Assessments in Hospital (>15%)	27.47%	No. Decision Support Tools complete in Acute setting Q1 – Q4
Bloodstream Infections	Sara Wilds	17%	10% reduction in E.coli (463)	496 (+19.5%) Threshold 415	Financial Year Total
			Collection of Primary Care Dataset for E.coli (Y/N)	Not Collecting	
			10% reduction in Trimethoprim: Nitrofurantoin prescribing ratio (≤1.040)	0.653	Published up to February 2018
			10% reduction in Trimethoprim prescriptions in over 70's (17,103)	13,988	Published up to February 2018
			Items per STAR-PU ≤1.161	0.849	Published up to February 2018
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

NHS
Oxfordshire
Clinical Commissioning Group

FY17/18 Schemes							
Prog.	Scheme Type	Scheme Name	Scheme Description	Target FYE £'000	Delivery RAG	Project Stage	Comments
Planned Care	Project	Cancer - SCAN (Suspected Cancer) - low risk cancer pathway	OCCG will implement an early diagnostic multi-disciplinary care pathway providing referring medical staff with an option for patients who are experiencing low risk but not without risk symptoms of cancer.		Green	Mobilisation	The Privacy Impact Assessment (PIA) has been agreed by OCCG and has now been sent for signature to the practices. This will allow for extraction of data through EMIS enterprise to provide comparator data for evaluation. The specification for data extraction has been built, signed off and tested in CSU ready for when the GP data is released.
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	140	Green	Mobilisation	Patient feedback on the service has been positive and the pilot has been agreed to move forward as a commissioned service. Performance continues to be monitored so as to aid in the full county wide rollout by September 2018.
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.	2,200	Green	Mobilisation	The contract management of the MATT service has now been handed over to SCWCSU and MSK taskforce meetings have been put in place to discuss and monitor the progress of the project. A review of the data submission process has been scheduled to test for robustness and to identify areas for improvement.
Planned Care	Project	GP-led Headaches Community Clinic	Implementing a community GP Specialist led headache clinic for patients with a primary headache.	50	Green	Mobilisation	Service leads have approved the revised contract variation and IAP, which SWC CSU will take forward for signature. The initial draft activity reports indicate that outcomes are slightly better than forecast with positive patient feedback.
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.	255	Green	Mobilisation	The MECS contract has been awarded with a mobilisation meeting scheduled to discuss any changes to IT and the eye referral refinement line. The new contract is set to commence in September.
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.	378	Amber	Business Case	Joint providers will be reporting back their proposal on integrated diabetes service to OCCG in the first week of June. Diabetes Transformation Funding for 2018/19 has been confirmed by NHSE but with a 3.6% cut across all work streams. Diabetes Dashboard now has data from all Oxfordshire practices and all practices can view and use the data. Very positive results in terms of care processes and treatment targets achieved by North East Locality.
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.		Green	Mobilisation	Contract review meetings are in place with all federations achieving an overall utilisation rate of 80%. Progress is expected to increase the website advertisement presence over May. An initial procurement timeline has been drafted with meetings in place to agree the approach.
				3,023			

Oxford University Hospitals NHS Trust (OUHFT) – Urgent Care

Accident and Emergency (A&E) Attendances

A&E has shown slight under-performance against plan at March by 800 attendances (-0.6%) and -£22.4k, (-0.1%), this is the third consecutive month to show an under-performance.

Ambulatory Care Pathways

- Ambulatory activity recorded and charged at a locally agreed price. Activity has been running over plan for several months, resulting in an overspend of £207k, 10%.
  Within this value:
  - AAU is over Plan by £508k (114.6%),
  - Surgical Ambulatory (SAU) is under by £77k (9.7%)
  - and DDU under plan by £223k (26.9%)

Non-Elective

Total Non-Elective (NEL) is now recording a slight over-performance of 1.1% (717 Spells). Expenditure recorded under NEL continues to significantly exceed planned levels, with a variance of £8m (7.4%) compared to £6.3m, 6.5% at month 11.

Non elective and Non elective same day are over plan by £12.5m, whilst non elective short stay and Non elective non emergency are under plan by £4.5m
HRG's with the highest over-spends are the same as previous months, with stroke overspend now higher then sepsis:
WJ – Infectious Diseases and Immune System Disorders £3.2m (161%)
o Within this, WJ06A to J Sepsis with and without interventions £3m over (228.7%)
• AA – Nervous system Procedures and Disorders £3.4m (68.2%) but activity is only 1.4% over plan
o Within this AA35A to C Stroke with CC score 10 and above £3.2m over but
o

Month on Month Variance

	Month 12 2017/18								Month 11 2017/18			
Grouped POD	Activity Plan	Activity Actual	Activity Variance	%	Price Plan	Price Actual	Price Variance	%	Activity Variance	%	Price Variance	%
A&E	125,151	124,351	-800	-0.6%	£18,115,363	£18,092,971	-£22,392	-0.1%	-698	-0.6%	£48,559	-0.3%
Ambulatory Emergency Care	6,673	7,122	449	6.7%	£2,073,346	£2,280,506	£207,160	10.0%	287	4.7%	£142,970	7.5%
Non-Elective	62,412	63,129	717	1.1%	£107,424,824	£115,401,520	£7,976,696	7.4%	366	0.6%	£6,376,289	6.5%
Elective	9,455	7,989	-1,466	-15.5%	£26,490,766	£24,073,605	-£2,417,161	-9.1%	-1,275	-14.7%	-£1,984,143	-8.2%
Day Case	47,985	49,370	1,385	2.9%	£36,112,774	£37,321,737	£1,208,963	3.3%	1,427	3.2%	£1,207,132	3.7%
Excess Bed Days	15,221	10,453	-4,768	-31.3%	£3,815,144	£2,667,894	-£1,147,250	-30.1%	-4,190	-30.1%	-£1,002,195	-28.7%
Critical Care Total	7,860	6,916	-944	-12.0%	£9,571,239	£8,041,421	-£1,529,818	-16.0%	-943	-13.1%	-£1,669,189	-19.1%
Diagnostic Imaging whilst Outpatients	92,931	89,049	-3,882	-4.2%	£9,264,819	£8,840,075	-£424,744	-4.6%	-3,798	-4.5%	-£410,049	-4.8%
Direct Access	5,021,398	4,563,494	-457,904	-9.1%	£14,163,500	£14,301,840	£138,340	1.0%	-455,420	-9.9%	£67,089	0.5%
Drugs & Devices	18,876	21,038	2,162	11.5%	£20,177,132	£24,095,764	£3,918,632	19.4%	2,161	12.5%	£2,857,386	15.5%
Maternity	14,511	13,954	-557	-3.8%	£12,829,513	£13,426,849	£597,336	4.7%	-536	-4.0%	£530,964	4.5%
Outpatient First	163,257	160,573	-2,684	-1.6%	£25,837,756	£25,118,219	-£719,537	-2.8%	-1,980	-1.3%	-£644,053	-2.7%
Outpatient Follow Up	275,294	277,879	2,585	0.9%	£22,613,363	£22,119,485	-£493,878	-2.2%	3,510	1.4%	-£362,179	-1.7%
Outpatient Other	21,779	27,498	5,719	26.3%	£1,071,271	£1,182,671	£111,400	10.4%	4,753	23.8%	£97,502	9.9%
Outpatient Procedure	81,212	73,144	-8,068	-9.9%	£12,654,701	£11,782,805	-£871,896	-6.9%	-7,289	-9.8%	-£805,566	-7.0%
Other	12,150	12,387	237	2.0%	£12,536,014	£12,940,716	£404,702	3.2%	134	1.2%	£350,136	3.0%
Activity Driven Total	5,976,166	5,508,346	-467,819	-7.8%	£334,751,527	£341,688,077	£6,936,550	2.1%	-463,491	-8.5%	£4,703,535	1.5%
Key - for OUHFT Summary			>10%	Over/under plan		3-10%	Over/under plan		<3.0%	Over/under plan		

Oxford University Hospitals NHS Trust (OUHFT) – Planned Care

Planned Care Month 12 Position

Elective Inpatients and Day case over and underspends Month12

- Elective inpatients and daycases continue to show a net underspend, but at an increased value of £1.2m under plan (M11 £777k under plan).
- Daycase activity is slightly lower than last month, over plan by 2.9% and £1.2m (Month 11 3.2%),
- Elective Inpatients are under plan by 15.5%, with an increased underspend of £2.4m (Month 11, £2m).

Cardiology remains the highest overperforming specialty, with some significant casemix pressures with activity 5.6% over plan and cost £708k, 26% overspent

- Daycases account for £683k of the total cardiology overspend

OUHFT Elective Main Under and Overspends Month 12

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	2,572	2,716	144	5.6%	£2,724,008	£3,431,636	£707,633	26.0%
101 - UROLOGY	3,005	3,876	871	29.0%	£2,910,372	£3,126,827	£216,456	7.4%
301 - GASTROENTEROLOGY	11,391	12,162	771	6.8%	£5,224,579	£5,431,792	£207,212	4.0%
106 - UPPER GASTROINTESTINAL SU	180	192	12	6.7%	£583,685	£742,552	£158,867	27.2%
108 - SPINAL SURGERY SERVICE	489	461	-28	-5.7%	£1,425,184	£1,594,346	£169,161	9.8%
370 - MEDICAL ONCOLOGY	555	846	291	52.4%	£429,518	£566,077	£136,559	31.8%
361 - NEPHROLOGY	400	653	253	63.1%	£219,256	£357,429	£138,192	63.0%
103 - BREAST SURGERY	744	723	-21	-2.8%	£1,893,801	£1,803,600	£109,798	-5.5%
107 - VASCULAR SURGERY	120	220	100	83.3%	£92,609	£200,003	£107,394	116.0%
410 - RHEUMATOLOGY	1,263	1,267	4	0.3%	£837,327	£727,777	£90,450	14.2%
350 - INFECTIOUS DISEASES	117	20	-97	-82.9%	£103,565	£21,229	-£82,336	-79.5%
120 - ENT	1,062	1,024	-38	-3.6%	£1,488,055	£1,405,314	-£82,740	-5.6%
300 - HEPATOLOGY	675	808	133	19.7%	£460,328	£376,954	-£83,373	-18.1%
102 - TRANSPLANTATION SURGERY	171	120	-51	-29.8%	£247,665	£163,804	-£83,861	-33.9%
219 - PAEDIATRIC PLASTIC SURGERY	993	908	-85	-21.6%	£486,755	£396,111	-£90,644	-18.6%
215 - PAEDIATRIC EAR NOSE AND T	720	600	-120	-16.7%	£764,009	£651,819	-£112,186	-14.7%
160 - PLASTIC SURGERY	2,346	2,129	-217	-9.2%	£3,001,836	£2,867,670	-£134,166	-4.5%
150 - NEUROSURGERY	108	27	-81	-75.0%	£294,100	£148,885	-£145,215	-49.4%
130 - OPHTHALMOLOGY	4,085	4,675	-320	-6.4%	£3,812,668	£3,658,208	-£154,458	-4.1%
502 - GYNAECOLOGY	2,379	2,381	2	0.1%	£2,961,002	£2,785,004	-£175,998	-5.9%
180 - DERMATOLOGY	2,916	2,855	-61	-2.1%	£2,334,487	£1,918,288	-£186,198	-8.8%
341 - SLEEP STUDIES	1,836	1,314	-522	-28.4%	£778,818	£560,301	-£218,517	-28.0%
100 - GENERAL SURGERY	6,252	6,183	-68	-1.1%	£4,801,346	£4,566,935	-£233,411	-4.8%
400 - GENERAL MEDICINE	687	73	-614	-89.4%	£376,876	£37,223	-£339,653	-90.1%
104 - COLORECTAL SURGERY	1,206	994	-212	-17.6%	£3,412,397	£2,903,791	-£508,606	-14.9%
110 - TRAUMA & ORTHOPAEDICS	4,134	4,064	-70	-1.7%	£15,642,771	£14,882,240	-£760,531	-4.9%
Grand Total	**57,441**	**57,359**	**-82**	**-0.1%**	**£62,605,540**	**£61,399,341**	**-£1,206,198**	**-1.9%**

OUHFT Outpatient Main Under and Overspends Month 12

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
108 - SPINAL SURGERY SERVICE	1,368	2,176	808	59.1%	£297,881	£468,006	£170,125	57.2%
101 - UROLOGY	4,804	6,022	1,218	25.3%	£676,337	£809,500	£133,163	19.7%
315 - PALLIATIVE MEDICINE	1,611	1,928	317	19.7%	£486,928	£617,721	£130,793	26.9%
400 - NEUROLOGY	6,275	5,818	-457	-10.7%	£924,534	£848,629	-£75,905	-8.2%
100 - GENERAL SURGERY	6,953	6,356	-597	-8.6%	£1,302,675	£1,215,018	-£87,657	-6.7%
344 - COMPLEX SPECIALISED REHABI	633	327	-306	-48.3%	£269,036	£172,093	-£96,943	-36.0%
300 - GENERAL MEDICINE	1,890	1,340	-550	-29.1%	£763,050	£563,564	-£199,487	-26.1%
110 - TRAUMA & ORTHOPAEDICS	18,003	14,816	-3,187	-17.7%	£2,960,826	£2,447,303	-£513,523	-17.3%
650 - PHYSIOTHERAPY	16,742	15,147	-1,595	-9.5%	£1,314,823	£747,272	-£567,551	-43.2%
Grand Total	**169,260**	**166,174**	**-3,086**	**-1.8%**	**£27,725,262**	**£26,846,062**	**-£879,201**	**-3.2%**

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
130 - OPHTHALMOLOGY	21,909	27,724	5,815	26.5%	£1,279,015	£1,617,670	£338,655	26.5%
653 - PODIATRY	1,791	3,043	1,252	69.9%	£128,406	£218,168	£89,762	69.9%
400 - NEUROLOGY	6,198	5,311	-887	-14.3%	£826,977	£708,863	-£118,114	-14.3%
340 - RESPIRATORY MEDICINE	7,695	6,708	-987	-12.8%	£847,361	£705,214	-£142,147	-16.8%
300 - GENERAL MEDICINE	1,419	769	-650	-45.8%	£278,650	£106,057	-£172,593	-61.9%
110 - TRAUMA & ORTHOPAEDICS	26,340	23,187	-3,153	-12.0%	£1,762,602	£1,523,469	-£239,133	-13.6%
650 - PHYSIOTHERAPY	44,263	45,531	1,268	2.9%	£2,160,526	£1,730,242	-£430,283	-19.9%
Grand Total	**275,969**	**277,595**	**1,626**	**0.6%**	**£22,814,440**	**£22,168,935**	**-£645,505**	**-2.8%**

SCAS Provider Summary

NHS
Oxfordshire
Clinical Commissioning Group

South Central Ambulance Service

Summary of performance on 999

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

Feb-18	Target	TV	OCCG
CAT 1 Mean	< 7 min	00:07:19	00:07:07
CAT 1 90th percentile	< 15 min	00:13:37	00:13:48
CAT 2 Mean	< 18 min	00:16:10	00:15:55
CAT 2 90th percentile	< 40 min	00:31:36	00:29:47
CAT 3 90th percentile	< 120 min	02:17:40	01:51:53
CAT 4 90th percentile	< 180	03:27:43	02:57:24

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 in February (83.98%) but this was an improvement on the January performance (81.85%). There was a reduction in the numbers of calls abandoned, from 2.58% (January) to 1.55% against a target of less than 3.5%.

Of all calls that were answered by the SCAS IUC 111 service in February 37.58% were transferred (either “warm” or call-back) to a clinician. This is an increase on the January position.

111 patients referred on to a 999 service are now sitting above the national <10% guideline target with February seeing 10.83% (1698); however this is an improvement on January’s reported figure of 11.25%.

Calls ending in a disposition recommending attendance of Emergency Department for February were 6.58% of total, this is not achieving the national guideline of <5%.

Please note that the data for March 2018 was not available at the time of writing.

OHFT Provider Summary 1

NHS
Oxfordshire
Clinical Commissioning Group

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%, with 98,233 contacts in 2017/18 against activity of 96,479 in 2016/17. February's activity was below the same time the previous year by 2.57%

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

NQR7B6 – OOHFT % of unfilled shifts (</= 2%): 4%

2. NQR10B08 – OOHFT OOH urgent triage (walk in) - time to triage (</=95% within 20 minutes): 81%
3. NQR 12 B10 Base visit appointments within 2 hours of triage (≥95% within 2 hours of triage) 72% (1039/1435)
4. NQR10B09 – OOHFT OOH non-urgent triage (walk in) - time to triage (</=95% within 60 minutes): 91% (262/287)
5. NQR12B12 – OOHFT urgent face to face home visit (</=95% within 2 hours): 89% (374/420)

The Oxford Health Foundation Trust Executive Board has commissioned an independent review of the OOH service which commenced in June. This review has been completed and a final summary report was presented at OH CRM. The summary report was presented at the Executive Board meeting on Tuesday 24th April and the actions and recommendations are being considered.

A copy of the full report was requested at the CRM.

1.

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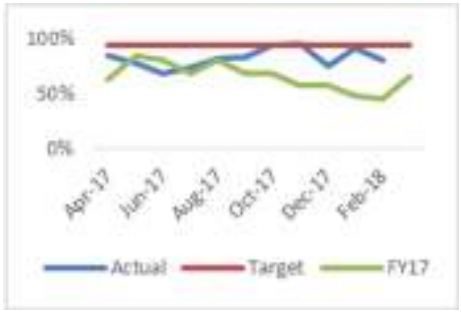

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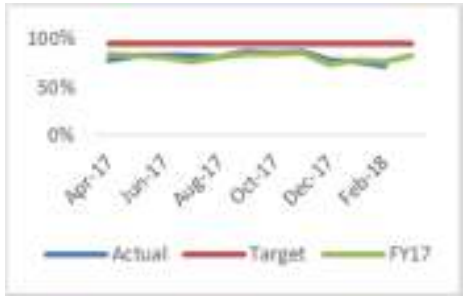

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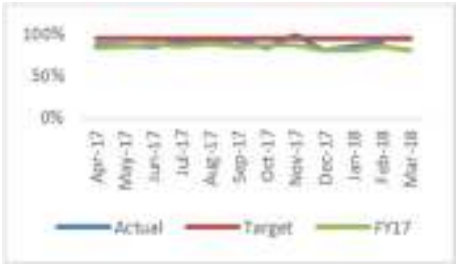

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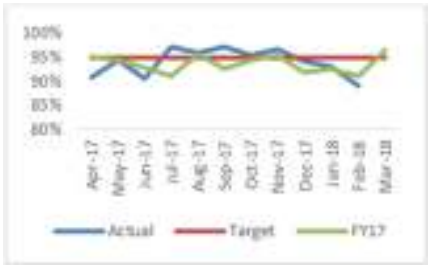


Please note, data for March 2018 is not currently available.

OHFT Provider Summary 2

NHS
Oxfordshire
Clinical Commissioning Group

Oxford Health Foundation Trust (OHFT)

Adult Mental Health Services

Period	Indicator	Performance	Target
March	Referred to the Emergency Department Psychiatric Service (EDPS) at JR seen within 1 hour	98% (179/183	95%
March	Referred to the Emergency Department Psychiatric Service (EDPS) at HGH seen within 1.5 hour	96% (43/45)	95%
March	Referrals categorised as crisis /emergency were assessed by the community team within 4 hours	63% (5/8)	95%
March	Referrals categorised as non-urgent were assessed by the community team within 28 calendar days	86% (136/158)	90%
March	Outpatient letters were sent back to GPs (uploaded to CareNotes) within 10 calendar days	81%	95%
March	Service users in paid employment, undertaking a structured education or training programme or undertaking structured voluntary activity	63%	60%
March	Service users to be in paid employment	18%	18%
March	Service users living in stable accommodation	95%	80%
March	Service Users on Care Programme Approach (CPA) were followed up within 7 days of discharge from psychiatric in-patient care	100%	95%
March	Discharge letters were sent back to GPs within 24 hours of discharge from inpatient care	98%	95%
March	Service users who were discharged from psychiatric in-patient care and were not readmitted to hospital at 28 days after discharge	88%	93%
March	Service users who were discharged from psychiatric in-patient care and were not readmitted to psychiatric inpatient care at 90 days after discharge	85%	88%
March	Early Intervention Psychosis treated with a NICE approved care package within two weeks of referral (local report) – Completed	77%	50%

Commentary:

- OCCG Improving Access to Psychological Therapies (IAPT) performance has been variable during the winter months shown in more recent local data, however based on the current figures shown in this report it is on track to meet the annual target.
- 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 local current data indicates challenges continue, therefore the data collection process and quality plans to address continue to be closely monitored by OCCG.
- The 4 hours access breaches, were one case being 1 hour over target, 1 = data error, 1 = 13 hours over target due to location and team availability.
- The GP letters sent within 10 days breach was mainly due to city team capacity and OH are working with the team to address the issue.
- Oxford Health is reporting increased demand which is creating pressure on assessment teams, in particular the city team. OCCG and OH are meeting regularly to understand the problem more fully in order to assure service delivery. The non-urgent access target for adult mental health community teams was breached, however if cancellations, DNA's and patient choice were excluded the breach would be less significant.

OHFT Provider Summary 3

Oxfordshire Clinical Commissioning Group

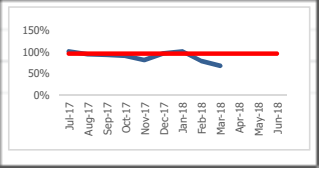
Oxford Health Foundation Trust (OHFT)

Specialist Learning Disability Health Services

67% of routine referrals to the service were seen within six weeks (target 95%). A review has been undertaken by the service which has identified that four cases were not seen within contract time (a further three cases were discarded from the count for data quality reasons). Work to ensure all cases are seen within contract times, including the use of virtual assessment clinics, is being initiated.
One urgent referral was received and met the 48 hour wait target.

100% of Service Users recorded as receiving an accessible discharge summary within 10 days of discharge (target 95%).
81% of GP discharge templates issued within 10 days of patient discharge as recorded via CareNotes (target 95%). Performance issues are linked to a workforce issue within one community team and mitigating actions are being put in place to improve performance in this area.

Six patients are currently in out of area spot purchased Assessment and Treatment beds. Two discharges are estimated for April 2018.
15 patients are currently open to the Intensive Support Team.

Standard	Threshold	This month	Month Variance	YTD Position/ Average*	YTD Variance	Trend Target
Referrals: % of routine referrals to Specialist Learning Disability Health Services meeting 6 week wait	95%	67%	-30%	88%	-7%	

Caseload	Jan-17	Feb-18	Mar-18
Total	588	607	618
North	215	224	223
City	208	222	230
South	165	161	165

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

Oxfordshire Clinical Commissioning Group

Oxford Health Foundation Trust (OHFT)

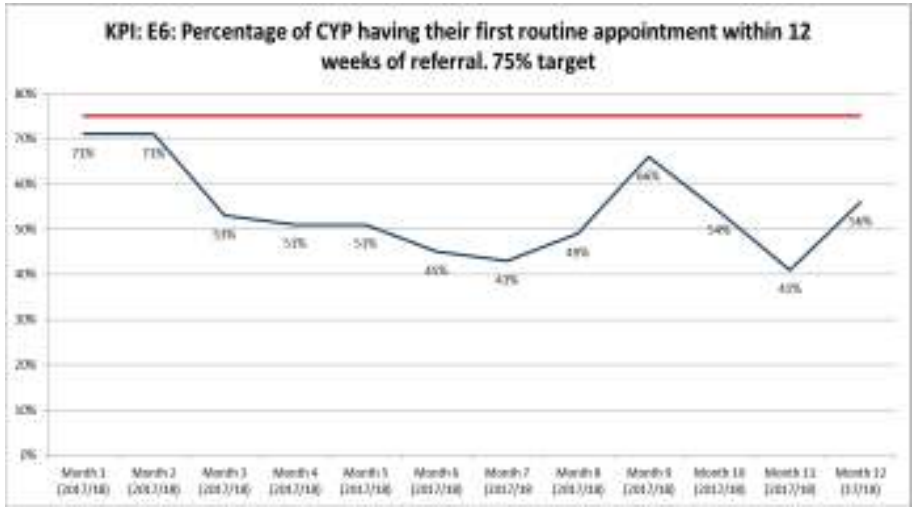
Children and Adolescent Mental Health Services (CAMHS)

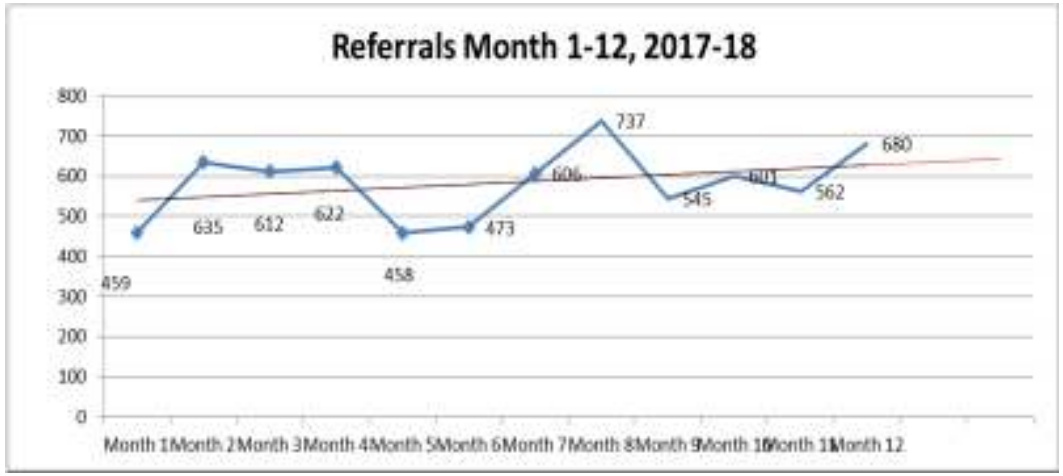
- 0% of Emergency (24 hour) were seen within target time (one Emergency referral for M12)
- 97% of Urgent (7 days) referrals were seen within target (36 out of 37 referred).Target is 95%

- The OCCG has been informed that OHFT are experiencing data issues and the following data is not fully validated but are estimates. The problem has arisen due to the transfer of patient records on Carenotes to reflect the new care model. Work is underway to fully understand the scope of the problem and actions necessary to rectify them. OHFT has confirmed that this is not an operational or service issue and there are no risks to patients. Reporting for M12 is therefore less detailed compared to previous reporting.

OHFT have reported that Month 12 data suggests that they have stabilised the position from January i.e. same number of children waiting and the waiting list is not growing:

- Overall 964 patients are waiting (0-52 weeks)
- The Oxfordshire CAMHS Performance Manager continues to review each case waiting over 4 months .
- Year to date average for referrals not requiring treatment is currently 13%. 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. Mobilisation of the contract continues and progress against milestones is monitored monthly in the Mobilisation Meeting. 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 draft trajectory for recovery of the KPI is in place. OHFT has informed that a final trajectory will be in place by the end of May. New PAF reporting will be in place from June for May figures.

Recruitment continues to be of significant focus and is a priority for the Trust.

OHFT Provider Summary 5

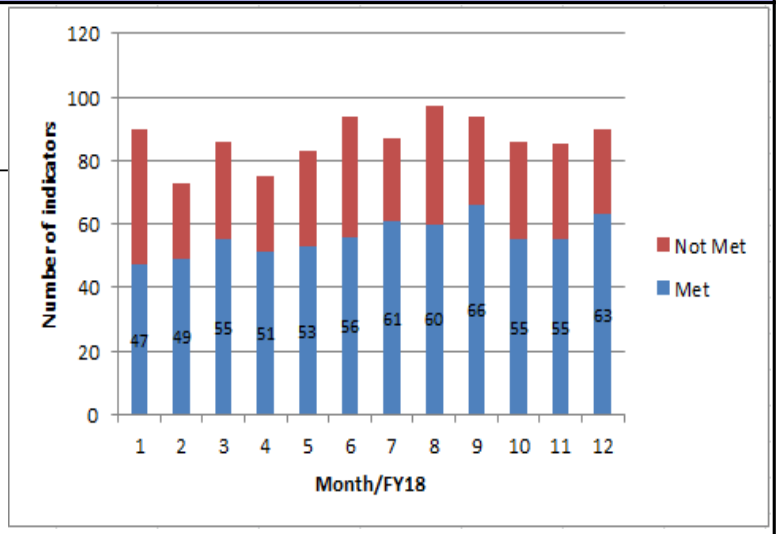
Oxfordshire Clinical Commissioning Group

Oxford Health Foundation Trust (OHFT)

Community Services

Performance Indicators - Quality

OHFT was required to report against **90** indicators in M12 (including: Older People, Children's and Mental Health services). 63 were achieved (70%). 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 28 days January (target 21).

- 69% of patients have discharge plan with expected discharge date within 24 hours of admission to a
- community hospital (target 90%) . Target under review.

- Physical disability physiotherapy patients waiting less than 12 weeks to first appointment **57**% January +18% on M11 (target 95%)
- % of stroke patients with improved FIM score of 11 or more by MDT fit date. Target 75% - M12 50%. Previous performance has been on target.

- Continuing Healthcare (CHC) – Eligibility decisions are made within 28 days of accepting a referral M12 66% (- 9% on M11) (target 95%). Individuals eligible for CHC will receive case review and care plan review 3 months after eligibility decision 69% (+ 35% M11). If eligible package of care for Fast Track individuals will be in place within 2 working days M12 32% . OH have requested KPI removed as the provision of services not within OH control. (target 95%). Review of contract with Marie Curie under way to increase capacity.
- Individuals eligible for CHC will receive a case review which will include a care plan review every 12 months 65% (+ 15% M11)

- 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 48% M12 (target 65%), median % of days SALT is required 38% (target 45%). Oxfordshire CCG undertook a stroke service review, in line with best practice, (end of 2016) resulting in the stroke services being delivered on a single site.

OHFT Provider Summary 6

NHS
Oxfordshire
Clinical Commissioning Group

Oxford Health Foundation Trust (OHFT)

Community Services

The following services are more than 10% under plan Year To Date (YTD) at Month 12 and are reported by exception only:

Service Line	YTD Activity v Plan	Key Issues	Updates
Hospital at Home	**-10%** (-748 contacts)	• Underreporting of Non face- to- face activity –attended contacts reported only. This has driven current underperformance.	• Continued improvement in performance with 5 months sustained on plan position. • Year to date aggregate is still underperforming. • Non-face-to-face classifications agreed across service lines with OH • OH asked to demonstrate what actions have been taken to improve performance and reporting.
Chronic Fatigue Syndrome	**-15%** (-65 contacts)	• Staffing –service has operated with a cost pressure and OH unable to sustain this.	• Slight deterioration seen in M12. • Review of service model has been undertaken to increase clinical capacity – this has been discussed and approved by the CCG. • Recruitment process is underway with new model in place by the end of June 18.
Tissue Viability	**-32%** (-1,520 contacts)	• Underreporting of Non face to face activity –attended contacts reported only. • Activity has not been reported consistently • OH submitted an analysis of activity and have proposed a change in activity currencies to reflect service provision.	• Significant improvements seen in M12. • Non face to face classifications now in place using nationally mandated definitions. • OCCG and OH to discuss the activity analysis paper and reporting at the next OCCG/OH TIG meeting 24.05.18.
Phlebotomy (City)	**-19%** (-1,976 contacts)	• Analysis of data complete. • 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).	• Reassurance provided that activity is being recorded accurately. • Activity from additional services does not form part of the block (agreed with OH and is for information only). • OH asked to confirm what is driving underperformance if not activity. • Meeting between OCCG and OH due 22.05.18.
Phlebotomy (Non City)	**-23%** (-2,635 contacts)	• Analysis of data complete. • Not all activity being coded is being reported - there are additional services undertaking phlebotomy which has not been accounted for (4,669 additional).	• Activity from additional services does not form part of cost and volume activity (agreed with OH and activity is for information only) • OH asked to confirm what is driving underperformance if not activity. • Meeting between OCCG and OH due 22.05.18.

Acute Provider Summary

NHS
Oxfordshire
Clinical Commissioning Group

Royal Berkshire Foundation Trust (RBFT)

Month 12 Position

Discussions continue regarding the financial gap and identification rules with relevant parties. For sepsis a placeholder query exists and the provider has been advised that cost neutrality is expected in 17/18, further guidance from NHSI has been received and CSU have shared the financial impact based on this. A further review is expected in May 18.

Whilst the contract is financially overperforming, activity is underperforming by 90,061 (19.5%) which is largely explainable by Direct Access Pathology. In M10 the Trust corrected the YTD General Pathology data which had been underreported all year with a general placeholder being submitted within SLAM each month, the Trust are investigating the underperformance that remains in Direct Access Pathology as it appears that the data in relation to one practice is not being captured.

The placeholder pertaining to Phlebotomy remains in place and the Trust and the Remedial Action Plan is under discussion. CCG have formally raised concerns about quality and data issues pertaining to Berkshire Surrey Pathology Services and are currently awaiting a response from the Trust Executive. This is now escalated to Exec Level CRM.

Uncoded activity at M11 stands at 103 spells with an estimated price of £60k, the expectation is that these will coded by M11 freeze.

Areas of particular over performance are:
- Outpatient Procedures
- Non Elective
- Non Elective Non-Emergency
- Critical Care Bed Days
- Accident & Emergency

Planned/proposed actions to mitigate:
- Investigate and challenge reasons contributing to overperformance
- Investigate and challenge overperforming HRGs
- Investigate and challenge data discrepancies

Acute Provider Summary

NHS
Oxfordshire
Clinical Commissioning Group

Independent Acute Providers

At current Month 12 flex position, the Independent Acutes have a collective spend of £14,389,112, which is £1.26m above planned spend or 9.6% above planned activity.

The Nuffield Manor is reporting a final under-performance of £72,188k which is -4.68% less than the contract plan. Key contributors to under-performance is knee procedures which has underspent by £97k over the year. The provider has seen a marked impact following the introduction of Healthshare. First outpatients have reduced by 127 between M7-M12. The Nuffield's contract has been extended until March 2019 with a full IAP. This is being validated by CSU and a Local Variation for 18-19 is being drafted.

The Horton Ramsay 17-18 contract value is £8,049,414 (including CQUIN). The final spend at M12 YTD is £8,848,697which is an over-performance of £799,283, which is 9.93% more than contract plan. There has been an increase in MSK activity; with Major or Very Major Knee, Foot and Shoulder procedures in particular are causing the highest level of over-spend. There has also been additional spinal activity undertaken that wasn`t built into the 17/18 IAP and the CCG has commissioned additional diagnostics from the provider which both contribute to the overspend. However, referrals and first attendances are down by 142 in M12 which due to the impact of Healthshare.

The Foscote annual agreed contract value is £902,867(including CQUIN). The final spend at M12 is £924,411 which is an over-performance of £21,544k which is 2.39% more than plan. This is predominantly due to T&O Elective Inpatients and knee and hip procedures over performing.

Circle's position at Month 12 for Oxfordshire CCG is £365,839k over plan or 23.43% with a final M12 spend of £1,927,022. This is being predominantly driven at speciality level by T&O with key contributor's being foot (£120k) , shoulder (£53k) and hip procedures (£102k). Other areas of over performance include ENT (£35k), Gynae (£25k) and Pain Management (£33k).

Spire Dunedin's position at Month 12 for Oxfordshire CCG is £164,638k, which is 33.17% over plan. The main over-performing speciality is T&O; hips (£51k) and shoulders (£37k). The provider has submitted an action plan to mitigate over-performance. Interestingly, the number of follow ups has declined over 17-18 and have significantly reduced.

At M12, Ramsay BIH final spend was £18k underspent against general surgery, ophthalmology, Gastroenterology and Gynaecology. The underperformance against Gastroenterology of £23k has been analysed by the CSU and found that this activity looks like it is now being carried out by Circle.

Month period	Provider	Year To Date			
		Plan cost	Actual cost	Variance	
		£	£	£	%
M12	Horton Treatment Centre (Ramsay)	£ 8,049,414	£ 8,848,697	£ 799,283	9.93%
M12	Nuffield Hospital Oxford (The Manor)	£ 1,543,710	£ 1,471,522	-£ 72,188	-4.68%
M12	Circle Reading	£ 1,561,183	£ 1,927,022	£ 365,839	23.43%
M12	Foscote Court (Banbury) Trust Ltd	£ 902,867	£ 924,411	£ 21,544	2.39%
M12	Ramsay Berkshire Independent Hospital	£ 575,516	£ 556,519	-£ 18,997	-3.30%
M12	Spire Dunedin Hospital	£ 496,303	£ 660,941	£ 164,638	33.17%
M12	Total Lead Contract ISP Spend	£13,128,993	£14,389,112	£ 1,260,119	9.60%

NB. The tables on page 2 and 19 are extracted from the Month 12 Finance report. They are driven by Month 11 SLAM information extrapolated to Month 12.

Data Quality and Concerns

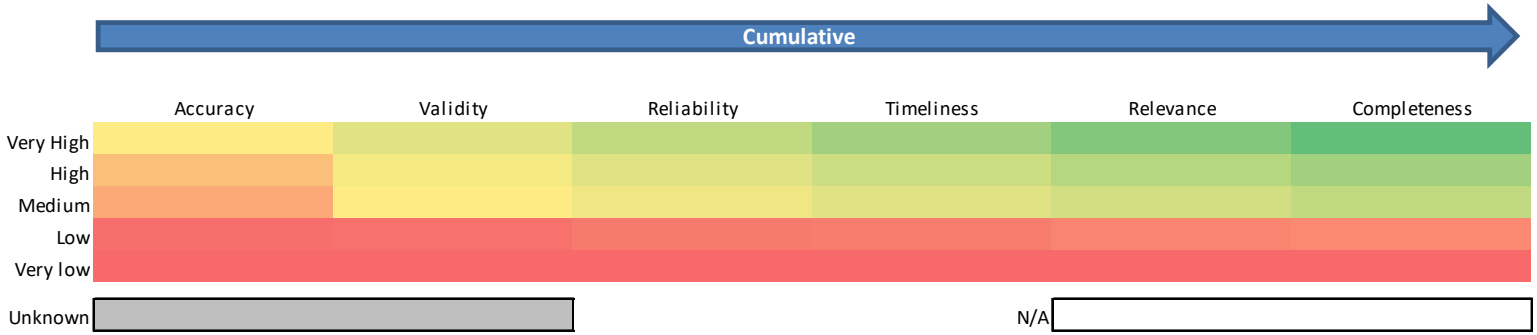
Oxfordshire Clinical Commissioning Group

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							
Royal Berkshire FT							
Independent Sector Acute Providers							
Ambulance Service							
Community Services							
Adult Mental Health							
Learning Disabilities							
Children and Adolescent Mental Health							