

## Oxfordshire Clinical Commissioning Group Board Meeting

Date of Meeting: 28 November 2019

Paper No: 19/69

Title of Paper: Integrated Performance Report

Paper is for:

(please delete tick as appropriate)

Discussion



Decision

Information



Conflicts of Interest (please delete tick as appropriate)

No conflict identified



Conflict noted: conflicted party can participate in discussion and decision

Conflict noted, conflicted party can participate in discussion but not decision

Conflict noted, conflicted party can remain but not participate in discussion

Conflicted party is excluded from discussion

**Purpose and Executive Summary:**

To update the Board 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.

The Integrated Performance Report has been discussed in Executive and Quality Committees and had much more internal time and an action-oriented focus.

**Engagement: clinical, stakeholder and public/patient:**

Not applicable

**Financial Implications of Paper:**

The financial overview is provided on slide 2

**Action Required:**

Board is asked to note the paper and agree if there are other areas of assurance required from Executive Committee and/or Quality Committee arising from IPR.

**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 34 – Non-compliance with business rules or national targets  
Risk 758 – Delayed Transfers of Care (DTC) Reduction  
Risk 798 – Performance in Referral to Treatment (RTT) and Cancer NHS  
Constitution Standards  
Risk 797 – A&E 4 Hour Wait  
Risk 800 – Learning Disability Service in Transition  
802 - CAMHS

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**Date of Paper:** 20 November 2019

# Oxfordshire CCG

# Integrated Performance Report

**Nov 2019**

(Reporting 2019-20 Month 06 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	Variance		Plan Cost	FOT	Variance	
		£,000	£,000	£,000	%	£,000	£,000	£,000	%
M07	Oxford University Hospitals NHS Foundation Trust	213,733	213,733	0	0.0%	366,400	366,400	-	0.0%
M07	Royal Berkshire NHS Foundation Trust (not excluded)	13,250	13,582	332	2.5%	22,714	23,283	569	2.5%
M07	Horton Treatment Centre (Ramsay)	5,009	4,122	- 887	-17.7%	8,587	7,066	- 1,521	-17.7%
M07	Oxford Health Foundation Trust	134,634	135,524	890	0.7%	134,634	134,613	- 21	0.0%
M07	SCAS 999	14,751	15,210	459	3.1%	25,288	25,649	361	1.4%

NB. The table is extracted from the Month 07 Finance report. The data are driven by Month 06 SLAM information which is extrapolated to Month 07

Measure		Total Commissioner				Total Provider		Total Provider	
		Period	Target	OCCG	Rating	OUHFT	Rating	RBFT	Rating
RTT	Incomplete Pathways 18 Week - all patients	M06	92%	81%	Red	80.6%	Red	92.2%	Green
2 Week	6.3 - Cancer Two week waits	M06	93%	93%	Green	94.1%	Green	76.6%	Red
	6.4 - Breast symptoms two week waits	M06	93%	95%	Green	95.3%	Green	97.4%	Green
31 Day	7.4 - 31 Day First Treatment	M06	96%	91%	Red	91.0%	Red	96.0%	Red
	7.11 - 31 Day Subsequent Treatment (Surgery)	M06	94%	95%	Green	95.9%	Green	96.9%	Green
	7.11 - 31 Day Subsequent Treatment (chemotherapy)	M06	98%	100%	Green	100.0%	Green	100.0%	Green
	7.11 - 31 Day Subsequent Treatment (radiotherapy)	M06	94%	98%	Green	100.0%	Green	76.8%	Red
62 Day	8.4 - Cancer Plan 62 Day screening standard (Tumour)	M06	85%	70%	Red	64.4%	Red	88.9%	Green
	9.4 - CRS 62 day screening standard (Tumour)	M06	90%	78%	Red	73.9%	Red	96.2%	Green
4 hour wait	Oxford University Hospitals NHS Foundation Trust	M06	95%	84%	Red				
	Royal Berkshire Hospitals NHS Foundation Trust	M06	95%	84%	Red				
	Oxford Health Foundation Trust	M06	95%	97%	Green				
*Oxford Ambulance Response Time (hour:minutes:seconds)	Cat 1 (C1) Mean	M06	00:07:00	00:07:35	Red				
	Cat 1 (C1) 90th percentile	M06	00:15:00	00:14:42	Green				
	Cat 2 (C2) Mean	M06	00:18:00	00:17:22	Green				
	Cat 2 (C2) 90th percentile	M06	00:40:00	00:33:55	Green				
	Cat 3 (C3) 90th percentile	M06	02:00:00	01:55:07	Green				
	Cat 4 (C4) 90th percentile	M06	03:00:00	02:38:04	Green				

NB Total providers may include non OCCG patients. So total Commissioner and total provider performance is not reflective of the other.

## Quality Overview

Safety Incidents Year To Date (September 2019)		Total OCCG	Limit (YTD)	OUHFT	OHFT	Community	Other Providers	Third Party (MRSA Only)
M6	Never Events	7	0	5	1	0	1	
M6	MRSA Incidents	5	0	3	0	2	0	0
M6	C.Diff Incidents	58	69	24	0	27	6	

Friends and Family Patients likely or extremely likely to recommend (November 2019)	Period	OUHFT	RBFT	OHFT	Independent Providers	National NHS
The care given at this organisation (Staff)	Q1	86%	N/A	78%	N/A	81%
Inpatient (Patient)	M6	96%	99%	N/A	99%	96%
Accident & Emergency (Patient)	M6	88%	98%	N/A	N/A	85%

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

# Quality and Performance Dashboard 1

Oxfordshire Clinical Commissioning Group (unless otherwise stated)			Target	Sep '18	Oct '18	Nov '18	Dec '18	Jan '19	Feb '19	Mar '19	Apr '19	May '19	Jun '19	Jul '19	Aug '19	Sep '19	YTD	
RTT	Incomplete % within 18 weeks		92%	84.3%	83.9%	84.2%	83.1%	83.8%	83.6%	83.4%	83.7%	84.1%	83.3%	82.6%	81.6%	81.4%	82.8%	
	Incomplete 52+ week waits		0	138	90	64	54	33	28	5	7	8	7	6	1	4		
Cancer	Two Week Wait		93%	92.4%	92.8%	92.9%	92.9%	94.3%	96.7%	96.8%	96.6%	96.2%	93.7%	94.5%	95.3%	93.3%	94.9%	
	Two Week Wait - Breast Symptom		93%	94.5%	98.7%	96.3%	94.8%	87.9%	95.1%	94.2%	97.4%	97.0%	92.5%	95.9%	98.0%	94.6%	96.0%	
	31 Day First Treatment (Diagnosis to Treatment)		96%	92.9%	92.9%	95.8%	91.0%	93.3%	94.1%	93.1%	95.3%	97.0%	94.0%	95.1%	94.0%	90.9%	94.4%	
	31 Day Subsequent Treatment (Surgery)		94%	93.5%	95.3%	100.0%	96.7%	92.7%	100.0%	95.2%	95.0%	97.8%	95.2%	100.0%	75.9%	95.3%	94.4%	
	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%	100.0%	100.0%	
	31 Day Subsequent Treatment (Radiotherapy)		94%	98.6%	88.1%	95.5%	93.2%	96.6%	97.0%	99.0%	97.1%	100.0%	100.0%	99.2%	100.0%	98.1%	99.1%	
	62 Day Standard		85%	73.7%	80.1%	82.8%	75.5%	71.6%	69.9%	79.3%	76.1%	69.5%	72.2%	73.3%	76.2%	69.6%	72.7%	
	62 Day Screening		90%	78.3%	61.5%	88.9%	95.0%	58.8%	59.1%	68.8%	74.1%	75.0%	61.9%	44.0%	66.7%	78.3%	66.7%	
	62 Day Upgrade		86%	0.0%	100.0%	66.7%	100.0%			100.0%	100.0%	100.0%		100.0%	50.0%	100.0%	81.8%	
Diagnostics % waiting over 6 weeks			1%	1.6%	1.0%	0.9%	0.9%	1.6%	1.0%	1.0%	1.4%	1.60%	1.4%	1.3%	2.6%	2.2%	1.7%	
Mixed Sex Accommodation			0	24	92	50	36	39	45	29	38	42	35	34	37	43	229	
999 <sup>+</sup>	Calls closed by telephone advice		SCAS	6.5%	6.5%	6.6%	6.5%	7.2%	7.2%	7.9%	8.5%	9.4%	8.8%	8.6%	8.7%	8.6%	8.8%	
	Incidents managed without transport to A&E		SCAS	31.5%	42.6%	41.9%	42.3%	42.4%	42.2%	42.8%	43.6%	42.6%	42.3%	42.0%	42.4%	42.4%	42.3%	42.3%
	Hear & Treat	Trajectory		6.9%	6.9%	6.9%	6.9%	6.9%	6.9%	6.9%	7.7%	7.7%	7.7%	7.8%	7.8%	7.8%	7.8%	
		Actuals		5.8%	5.7%	5.4%	6.1%	5.9%	7.0%	7.1%	7.9%	7.4%	7.3%	7.4%	7.4%	7.7%	7.5%	
	See & Treat	Trajectory		31.7%	31.7%	31.7%	31.7%	31.7%	31.7%	31.7%	31.9%	31.9%	31.9%	32.0%	32.0%	32.0%	32.0%	
		Actuals		33.8%	33.0%	33.3%	33.5%	33.2%	33.2%	33.8%	33.1%	32.9%	32.9%	34.0%	33.7%	33.1%	33.3%	
	See, Treat & Convey to ED	Trajectory		54.9%	54.9%	54.9%	54.9%	54.9%	54.9%	54.9%	53.8%	53.8%	53.8%	53.5%	53.5%	53.5%	53.5%	
		Actuals		54.1%	54.8%	54.5%	54.1%	54.0%	53.2%	52.4%	52.9%	53.4%	53.7%	53.3%	53.4%	53.3%	53.3%	
	See, Treat & Convey to non-ED	Trajectory		6.4%	6.4%	6.4%	6.4%	6.4%	6.4%	6.4%	6.4%	6.6%	6.6%	6.6%	6.7%	6.7%	6.7%	
Actuals			6.3%	6.6%	6.8%	6.3%	7.0%	6.6%	6.7%	6.1%	6.3%	6.0%	5.2%	5.5%	6.0%	5.8%		
Oxfordshire Ambulance Response Time (QTD shown rather than YTD)	Cat 1 (C1) Mean		00:07:00	00:07:43	00:07:16	00:07:22	00:07:15	00:07:11	00:08:31	00:07:42	00:07:35	00:07:09	00:07:31	00:07:31	00:07:35	00:07:35	00:07:30	
	Cat 1 (C1) 90th Centile		00:15:00	00:14:46	00:14:16	00:14:06	00:14:16	00:13:38	00:15:18	00:14:52	00:14:26	00:13:59	00:14:12	00:15:01	00:14:22	00:14:42	00:14:29	
	Cat 2 (C2) Mean		00:18:00	00:16:30	00:15:17	00:18:16	00:17:14	00:15:52	00:18:53	00:17:41	00:17:18	00:16:50	00:17:30	00:17:23	00:15:49	00:17:22	00:17:03	
	Cat 2 (C2) 90th Centile		00:40:00	00:32:02	00:28:55	00:34:19	00:32:04	00:29:43	00:35:46	00:33:46	00:32:51	00:31:30	00:33:41	00:33:01	00:29:18	00:33:55	00:32:28	
	Cat 3 (C3) 90th Centile		02:00:00	01:40:35	01:22:29	02:04:49	02:03:42	01:40:27	02:07:52	01:53:50	01:57:11	01:48:39	01:46:10	01:45:48	01:30:28	01:55:07	01:47:57	
	Cat 4 (C4) 90th Centile		03:00:00	02:17:42	02:14:47	02:39:49	02:43:35	02:46:11	03:19:35	02:35:32	02:52:35	02:55:32	02:24:18	02:07:59	02:22:52	02:38:04	02:38:34	
Ambulance Handover			JR	85%	77.4%	78.9%	80.1%	74.2%	76.0%	71.0%	68.8%	64.4%	64.6%	66.7%	66.5%	60.0%	61.6%	64.1%
			Horton	85%	90.1%	88.9%	85.3%	84.8%	78.2%	69.5%	79.5%	82.7%	80.2%	85.5%	80.4%	82.6%	75.2%	81.0%
			All	85%	79.8%	80.8%	81.1%	76.4%	76.4%	70.6%	71.2%	68.2%	68.1%	70.9%	69.3%	65.2%	65.2%	67.9%
A&E	4 Hour Wait	OUHT (Type 1 & 2)	95%	87.5%	89.2%	86.0%	86.9%	85.5%	80.7%	85.3%	84.2%	86.1%	85.3%	86.5%	83.6%	83.7%	84.9%	
		OUHT (Type 3)	95%	99.6%	99.6%	100.0%	100.0%	100.0%	100.0%	99.6%	99.8%	99.8%	99.6%	100.0%	99.5%	100.0%	99.8%	
		OUHT (Type 1 & 2 & 3)	95%	88.0%	89.6%	86.5%	87.4%	86.0%	81.4%	85.9%	84.7%	86.6%	85.8%	86.8%	84.1%	84.2%	85.4%	
		RBFT (Type 1 & 2)	95%	93.4%	87.0%	87.3%	84.9%	88.4%	88.8%	89.8%	90.6%	92.1%	85.5%	89.6%	86.6%	84.2%	88.1%	
		OHFT Minor Injuries Unit (Type 3)	95%	97.4%	97.1%	97.3%	95.2%	97.0%	95.0%	94.3%	92.8%	94.4%	94.0%	94.0%	96.8%	97.0%	94.8%	
	12 Hours Trolley Wait	OUHT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
		RBFT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

## Notes:

- Cancer: 62 Day Upgrade: Due to very small activity numbers, performance rate will vary greatly between months.
- Oxfordshire Ambulance Response Time: Data source only contains quarter to date figures rather than year to date figures, so this is what is shown in the YTD column.
- 999 Targets are proposed CQUIN trajectories for TV as follows:
- Calls closed by telephone advice: Q1 6.2%, Q2 6.3%, Q3 6.4%, Q4 6.5%
- Incidents managed without transport to A&E: Q1 31.1%, Q2 31.2%, Q3 31.3%, Q4 31.5%
- Ambulance Handover: No validated data available at time of reporting

# Quality and Performance Dashboard 2

## Oxfordshire Clinical Commissioning Group (unless otherwise stated)

		Target	Sep '18	Oct '18	Nov '18	Dec '18	Jan '19	Feb '19	Mar '19	Apr '19	May '19	Jun '19	Jul '19	Aug '19	Sep '19	YTD		
DTC	Delayed Transfers of Care from hospital per 100,000 pop. per month		578	521	502	487	532	515	549	533	658	582	699	718	596	631		
	OUHT	DTOC	3.5%	6.7%	5.5%	5.0%	5.2%	5.1%	5.1%	5.7%	6.1%	7.52%	7.7%	9.1%	8.1%	7.5%	7.7%	
	RBFT	DTOC	3.5%	4.0%	3.9%	4.4%	6.0%	4.3%	7.7%	5.6%	5.7%	5.61%	6.6%	5.0%	7.1%	7.2%	6.2%	
	OHFT	DTOC	3.5%	10.5%	9.2%	10.0%	9.2%	10.7%	11.3%	10.3%	8.8%	9.74%	8.5%	9.8%	10.5%	8.9%	9.4%	
		Community hospital DTOC	3.5%	34.4%	28.7%	33.2%	30.7%	33.8%	36.9%	33.0%	29.6%	32.38%	28.1%	32.2%	35.4%	28.2%	31.0%	
Mental Health	IAPT	Access	22%	17%	23%	20%	16%	20%	19%	18%	18%	22%	19%	22%	18%		20%	
		Recovery	50%	50%	53%	51%	50%	53%	51%	50%	47%	54%	52%	47%	49%		49%	
		6 weeks	75%	99%	99%	99%	99%	99%	99%	98%	98%	99%	98%	99%	98%		98%	
		18 weeks	95%	100%	100%	100%	100%	100%	99%	100%	99%	100%	99%	99%	99%		99%	
	Care Programme Approach 7 day follow up post discharge		95%	99%			96%			97%			98%					
	Early Intervention in Psychosis Assessed within two weeks. Target 53% prior to Apr '19.		Completed	56%	58%	60%	75%	100%	75%	89%	88%	71%	83%	71%	71%	78%	71%	74%
	Learning Disability Health checks			57%			41%			32%			10%					
	Serious Mental Illness (SMI) Physical Health checks		60%				24%			31%			29%					
	Dementia Diagnosis		66.7%	68.0%	68.4%	68.4%	68.3%	68.1%	68.1%	68.7%	68.2%	68.0%	67.8%	67.6%	67.7%	67.5%	67.8%	
Children & YP	Children waiting 18 weeks or less for a wheelchair**		92%	94%			89%			70%			75%			77%		
	Children and Young People Eating Disorders* (12 months rolling data)	Urgent (1 week)	95%	81%			88%			85%			77%			67%		
		Routine (4 weeks)	95%	64%			61%			68%			67%			66%		

### Notes:

Learning Disability Healthchecks: Reported performance can vary significantly between quarters as practices need to enter their LD register values manually as part of a return and - this is not always done. Since the number of health checks undertaken do not require manual entry the number of checks undertaken by a practice may be counted as part of the numerator, but their total LD register size may not be included in the denominator. This will cause the performance for the CCG to appear artificially higher than it should be

\* Trajectories to achieve 95% standard by 2020.

\*\* All children requiring a wheelchair will receive one within 18 weeks from referral in 92% of cases by Q4 2019/20.

- Children and Young People Eating Disorders: Activity counts are very low which can cause large fluctuations in performance rate.

- IAPT/CAMHS: always one month behind other sources

Serious Mental Illness (SMI) Physical Health checks - Data available from 2018/19 Q3 onwards. Target is for full year and not trajectory-based so in-year performance has not been

- RAG rated

# Acute Provider Summary

Provider	POD Group2	Activity Plan	Activity Actual	Activity Diff ActPlan	Activity Perc Diff ActPlan	Price Plan	Price Actual	Price Diff ActPlan	Price Perc Diff ActPlan
<b>RHW00 - Royal Berkshire NHS Foundation Trust</b>	A&E	3,311	3,536	225	6.8%	£635,995	£651,789	£15,794	2.5%
	BLOCK	60	60	0	0.0%	£76,832	£76,832	£0	0.0%
	CQUIN	0	0	0	0.0%	£133,969	£133,969	£0	0.0%
	CRITICAL CARE	146	145	-1	-0.9%	£219,866	£194,344	£-25,521	-11.6%
	DRUGS AND DEVICES	13	7	-5	-42.1%	£663,449	£659,732	£-3,717	-0.6%
	ELECTIVES	2,001	2,086	85	4.2%	£2,225,427	£2,350,822	£125,394	5.6%
	NON-ELECTIVES	2,673	2,584	-89	-3.3%	£4,360,789	£4,565,379	£204,591	4.7%
	OTHER VARIANCES / ADJUSTMENTS	186,139	179,531	-6,608	-3.6%	£361,887	£336,930	£-24,958	-6.9%
	OUTPATIENTS	22,636	23,214	578	2.6%	£2,649,903	£2,725,298	£75,395	2.8%
<b>RHW00 - Royal Berkshire NHS Foundation Trust Total</b>		<b>216,979</b>	<b>211,163</b>	<b>-5,816</b>	<b>-2.7%</b>	<b>£11,328,118</b>	<b>£11,695,096</b>	<b>£366,978</b>	<b>3.2%</b>
<b>RTH00 - Oxford University Hospitals NHS Trust</b>	A&E	66,279	68,280	2,001	3.0%	£11,137,617	£11,109,248	£-28,369	-0.3%
	BLOCK	0	0	0	0.0%	£4,182,194	£4,182,194	£0	0.0%
	CRITICAL CARE	2,894	2,703	-191	-6.6%	£4,157,743	£3,796,490	£-361,252	-8.7%
	DRUGS AND DEVICES	10,768	5,714	-5,054	-46.9%	£12,890,587	£12,491,858	£-398,729	-3.1%
	ELECTIVES	28,406	28,372	-34	-0.1%	£30,415,648	£31,205,188	£789,540	2.6%
	NON-ELECTIVES	45,951	46,476	525	1.1%	£77,171,708	£78,294,807	£1,123,099	1.5%
	OTHER	3,803	4,592	789	20.8%	£1,973,153	£2,336,655	£363,502	18.4%
	OTHER VARIANCES / ADJUSTMENTS	2,447,388	2,372,067	-75,321	-3.1%	£2,045,861	£1,163,873	£-881,988	-43.1%
	OUTPATIENTS	320,869	324,849	3,980	1.2%	£38,361,395	£37,745,568	£-615,827	-1.6%
	PATHOLOGY	21	19	-2	-8.1%	£25,282	£35,306	£10,024	39.7%
<b>RTH00 - Oxford University Hospitals NHS Trust Total</b>		<b>2,926,379</b>	<b>2,853,072</b>	<b>-73,307</b>	<b>-2.5%</b>	<b>£182,361,188</b>	<b>£182,361,188</b>	<b>£0</b>	<b>0.0%</b>
<b>Independent Sector Acute Providers</b>	CQUIN	0	0	0	0.0%	£85,524	£75,939	£-9,585	-11.2%
	ELECTIVES	1,726	1,687	-39	-2.2%	£5,489,862	£4,936,098	£-553,764	-10.1%
	OUTPATIENTS	13,750	12,263	-1,487	-10.8%	£1,340,012	£1,131,397	£-208,615	-15.6%
	RADIOLOGY	91	60	-31	-34.2%	£12,067	£7,620	£-4,447	-36.9%
<b>Independent Sector Acute Providers</b>		<b>31,134</b>	<b>28,020</b>	<b>-3,114</b>	<b>-10.0%</b>	<b>£6,927,466</b>	<b>£6,151,055</b>	<b>£-776,411</b>	<b>-11.2%</b>
<b>Total</b>		<b>3,174,492</b>	<b>3,092,255</b>	<b>-82,237</b>	<b>-2.6%</b>	<b>£200,616,772</b>	<b>£200,207,338</b>	<b>£-409,433</b>	<b>-0.2%</b>

## OUHFT

Month 6 activity and spend shows a reduction in over performance compared to the previous month. The cost of activity over plan at month 6 is £0.5m (0.3%) compared to £1.4m (0.9%) above plan at month 5. Overall pressure has reduced across most areas apart from A&E which shows a slightly increased activity pressure.

Compared to last year, activity overall is up by 1% and cost has increased by 8%.

## RBH

For Month 6, over-performance of £367k (3.2%) is reported, which is an increase of £78k compared to month 5. Main pressure areas remain within both Planned (Electives) and Urgent Care (Non electives) showing an overspend. Electives pressure is driven by activity increases, whilst non electives is caused by more costly activity than expected

## Independent Providers

As a portfolio, the Independent sector acute providers (excluding BMI Ridgeway) had a spend of £6.1m at M6, with an under-performance of -£776k (-11.2%).

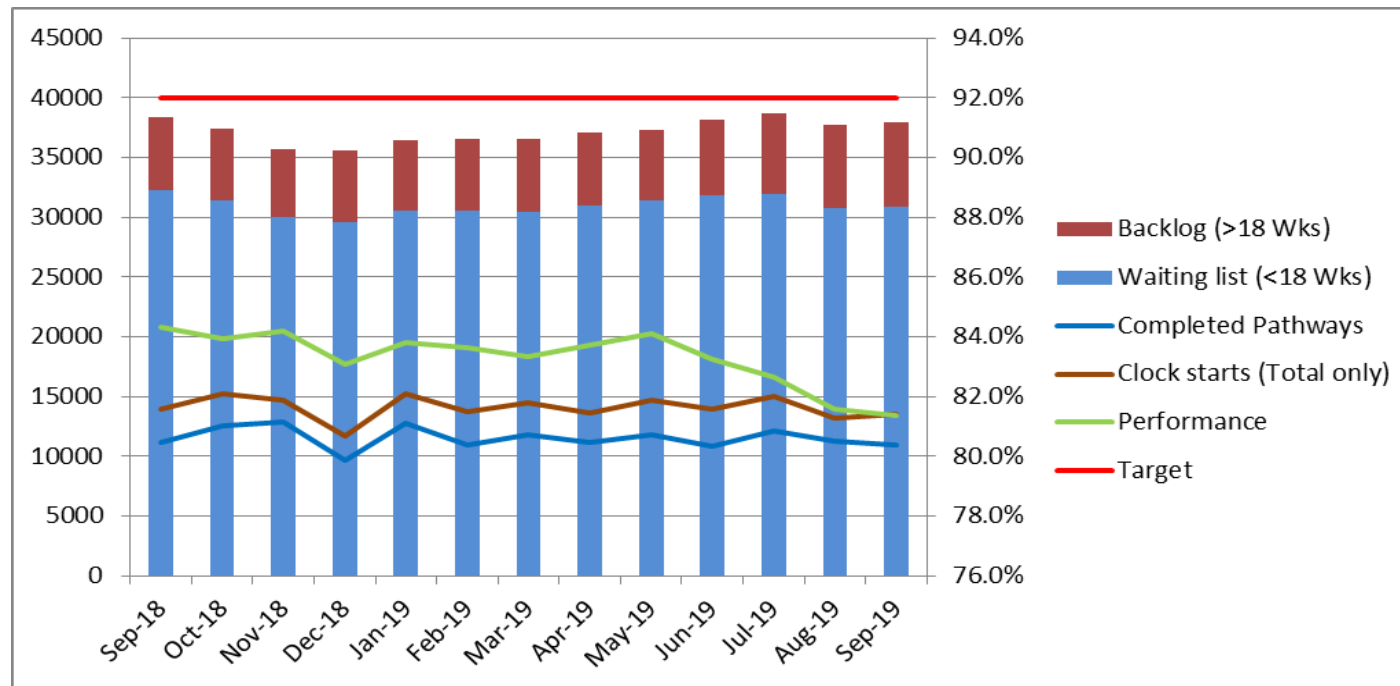
# RTT and cancer performance

Key Issues	Updates
<p><b>Diagnostics</b> CCG performance for August did not meet the 1% 6 week standard at 2.57%. This is the lowest performance since Aug 18. OUH did achieve the target at 1.57%, with the areas not met were MRI (61), echocardiography (20) Audiology (17). InHealth were at 14.62 % (106 breaches, of which 95 were in Echo) RBHFT also did not meet the target at 5.42% (24 breaches).</p>	<p>The revised guidelines for diagnostics were sent to GPs and they will be audited after 6 months alongside junior doctor usage of the same guidelines for elective care. There have been improvements in the time from referral to report for 2WW referrals. Capacity mapping has been completed and slots required to complete the backlog identified for MRI, CT and US. CT capacity will increase from Jan 20 for 10 weeks increasing slots from 108 to 180. Slide 9 describes actions being taken to improve waits for Echo.</p>
<p><b>18 Week Wait Incomplete Referrals to Treatment</b> Performance for September 19 for OCCG was 81.6% a decline from August which was 82.6% . RTT position for OUH (OCCG) was 79.96%, For OUH highest volume specialities 18 week RTT position :  <ul style="list-style-type: none"> <li>• ENT 62.58% (no change)</li> <li>• Ophthalmology 73.61% (decline)</li> <li>• Gynaecology 74.7% (improvement)</li> <li>• Urology 79.92% (improvement)</li> <li>• T&amp;O 81.19% (improvement)</li> <li>• Dermatology 82.53 % (decline)</li> </ul> <b>For Oxfordshire there were a total of 37733 pathways open slight decrease on the previous month (30785, under 18 weeks which is a decrease and the over 18 weeks showed an increase at 6948)</b></p>	<p>Work is underway as part of the outpatient improvement programme. The focus of work is on:</p> <ul style="list-style-type: none"> <li>• Gynaecology –The gynae audit report has been shared and signed off. Pathways will be completed by 22/11. Procurement assurance process completed and results being written up for sign off. Start date of phase 1 pilot agreed; 13<sup>th</sup> Jan 2020 for 5 months..</li> <li>• ENT - improving flow of patients and use of technology (pathways, e-RS for all referrals and potential community based service). OUHFT are aiming to recruit GPs to the team to deliver the community service. A digital clinic as been set up and is being tested aiming to reduce face to face clinics. Aural toilet guidelines have been agreed for implementation. Patient information is being developed for self care for patients. A one stop clinic for Rhinology has been tested with 10 patients and is being refined further. This will reduce follow ups, and ensure delays to the pathway are minimised.</li> <li>• Ophthalmology - development of an Ophthalmology decision unit to triage and ensure right place first time. Mapping has been completed for 3 of the subspecialties; Glaucoma and Medical retina,; Diabetes (vascular) and AMD. Additional capacity is being investigated. Referrals for suspected cancer are being reviewed and training developed for Optoms .</li> <li>• Outpatients at JR and Horton; audits on space usage completed. Reviewing electronic solutions for sharing bookings to enable better use of space by all specialities.</li> <li>• Cardiology - use of an electronic outcomes form following outpatients and recording accurately the RTT code by GPs delivering the community cardiology clinics is going well.</li> <li>• The 26 week initiative where patients are offered a choice of an alternative provider is planned to focus initially on a small range of specialities. Providers and commissioner in Oxfordshire are working with colleagues across Berkshire and Buckinghamshire.</li> </ul>
<p><b>Cancer waiting time targets</b>  <ul style="list-style-type: none"> <li>• OCCG / OUHFT did not meet the following standards:</li> <li>• 31 days treatment (90.91% equal to 25 breaches, 24 of these were OUHFT), this is a worsening position from the previous month</li> <li>• 62 day standard (69.57%) this is worse than the previous month.</li> <li>• 62 screening was also not achieved 78.26% (5 breaches) but is an improvement on August</li> <li>• Positively the 31 day surgery is now meeting target</li> </ul> </p>	<p>The diagnostics programme and cancer improvement plan both have a focus on early diagnosis . The PTL is also being re-formatted to make tracking more effective. At OUHFT Cancer Strategy Board, actions were shared on work being done around some specific areas to restore workforce, which appears to be the largest factor in attainment . OCCG have asked OUHFT for their action plans to improve performance. Work is ongoing to implement suitable solution to disease monitoring and risk stratified follow-up. An interim and long term solution has now been agreed. Any cancer wait of 104 days is subject to a root cause analysis and a harm review. Most 104 day breaches are attributable to complex pathways involving more than one trust and/or patient choice. The CCG is working with the Trust on a project to enable 2ww referrals to be made directly from A&amp;E. This will speed up the pathway for patient.</p>
<p><b>52 Week Wait Incomplete Referrals to Treatment</b> There was one 52 week in gynaecology in OUHFT.</p>	<p>Regular weekly Patient Tracking List (PTL) meetings are taking place in the majority of specialities. Improving outpatient efficiency and reducing numbers in clinics (use of digital clinics) will reduce the numbers waiting for long periods. Keeping numbers of 52 week waits to a minimum is becoming increasingly difficult due to theatre cancellations (staffing; and closures). A plan is being developed for increasing activity through theatres. All patient who wait over 52 weeks are reviewed to establish whether they came to harm, including psychosocial harm, as a result of their long wait. Harm graded as moderate or severe is considered by the serious incident forum. There were no SIs reported for long wait harm in September. The point at which the harm review group considered harm is being brought forward from 52</p>

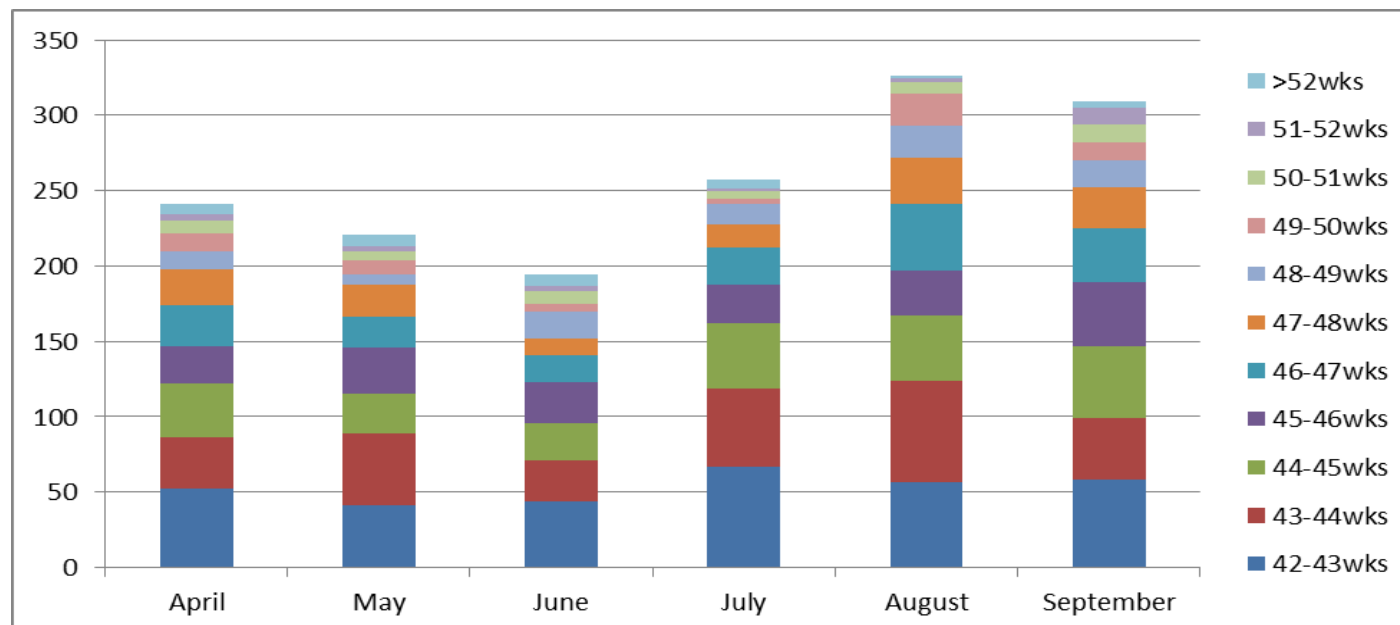


# OCCG Referral to treatment pathways September 18 to September 19

	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
Waiting list (<18 Wks)	32316	31440	30009	29600	30501	30578	30481	31026	31392	31785	31979	30785	30898
Backlog (>18 Wks)	6003	6013	5631	6038	5897	5989	6088	6042	5934	6389	6718	6948	7074
Total Patients Waiting	38319	37453	35640	35638	36398	36567	36569	37068	37326	38174	38697	37733	37972
Performance	84.3%	83.9%	84.2%	83.1%	83.8%	83.6%	83.4%	83.7%	84.1%	83.3%	82.6%	81.6%	81.4%
Completed Pathways	11206	12599	12829	9690	12754	10974	11802	11200	11839	10868	12157	11299	10909
Target	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%
Clock starts (Total only)	13963	15228	14724	11651	15231	13755	14479	13611	14734	13968	15062	13147	13522

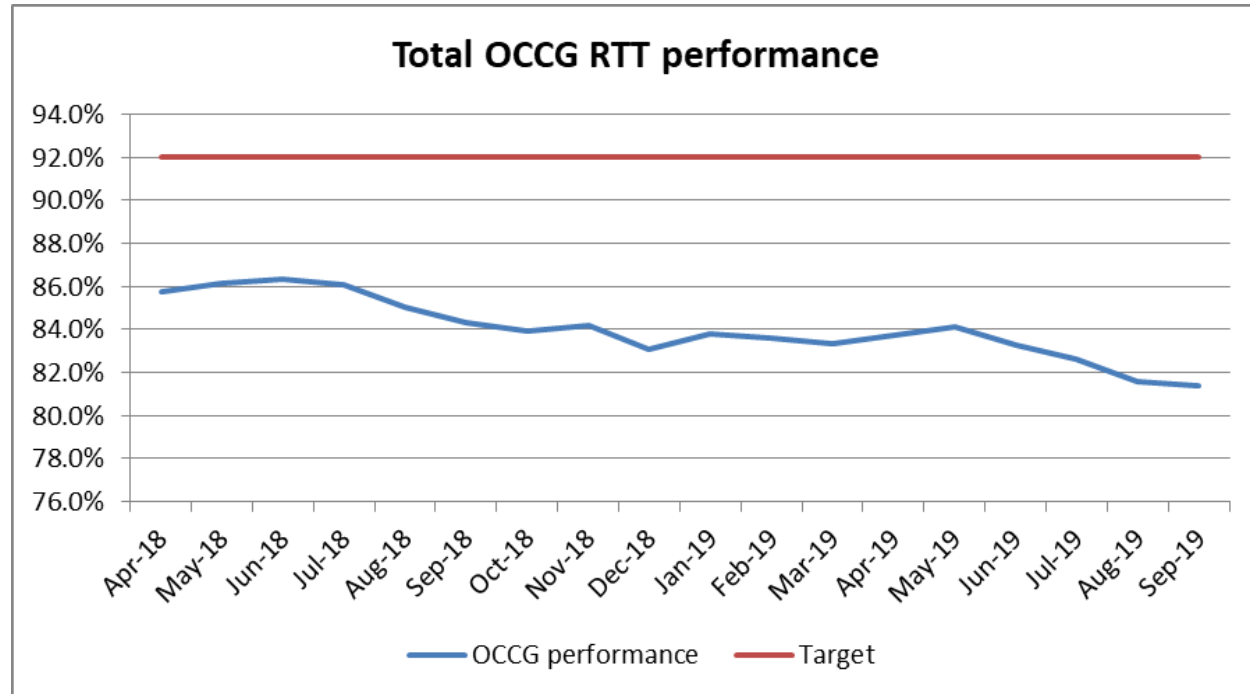


**Referral to treatment time**  
 The overall waiting list of OCCG increased slightly in September. Update on actions are reported on the previous slide.



**42 week waits**  
 The graph shows the number over 42 week waits. From April to date the overall number decreased August to September. In September, the greatest increase in patients were those waiting 45-46 and 51 – 52 weeks.

# OCCG Referral to treatment pathways Aug 19



Total OCCG performance			
	Mar-18	Sep-19	Comparison Mar 18 to Sept 19
<b>Waits &gt;18</b>	28843	30898	2055
<b>Waits &lt;18</b>	4902	7074	2172
<b>Total waiting list</b>	33745	37972	4227
<b>RTT Performance</b>	85.5%	81.4%	-4.1%

The table shows the total OCCG waiting list comparing March 18 to Sept 19. The graphs show OCCG's RTT performance (April 18 to Sept 19).

OCCG Main Providers	Total waiting list			Waiting list comparison March 18 to Sept 19	RTT performance at Sept 19
	Mar-18	Sep-19	% of Sept 19 OCCG		
Oxford University Hospital	28237	31616	83.8%	3379	79.73%
Royal Berkshire Hospital	2578	2483	6.6%	-95	90.78%
Great Western	510	794	2.1%	284	79.85%
Circle Reading Hospital	343	238	0.6%	-105	93.70%
Horton NHS Treatment Centre	331	471	1.2%	140	99.79%
Buckinghamshire Healthcare	263	218	0.6%	-45	88.53%
South Warwickshire	253	348	0.9%	95	91.38%

This table shows OCCG main providers, accounting for 95.9% of the total waiting list, in Sept 19. For four of the providers there was an increase the OCCG waiting list. The most recent RTT for the CCG/Trust performance is also shown.

# Other Services

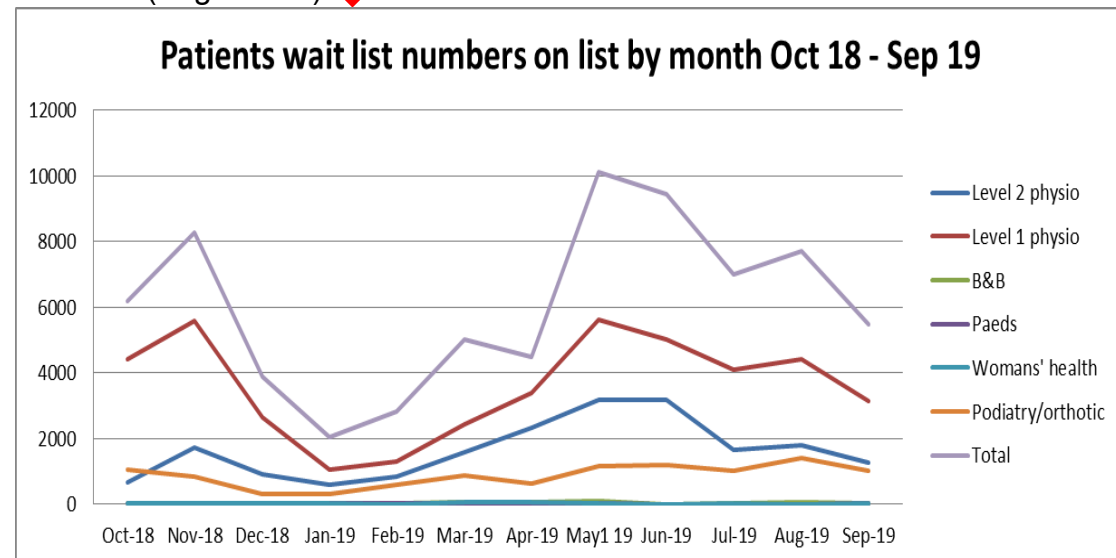
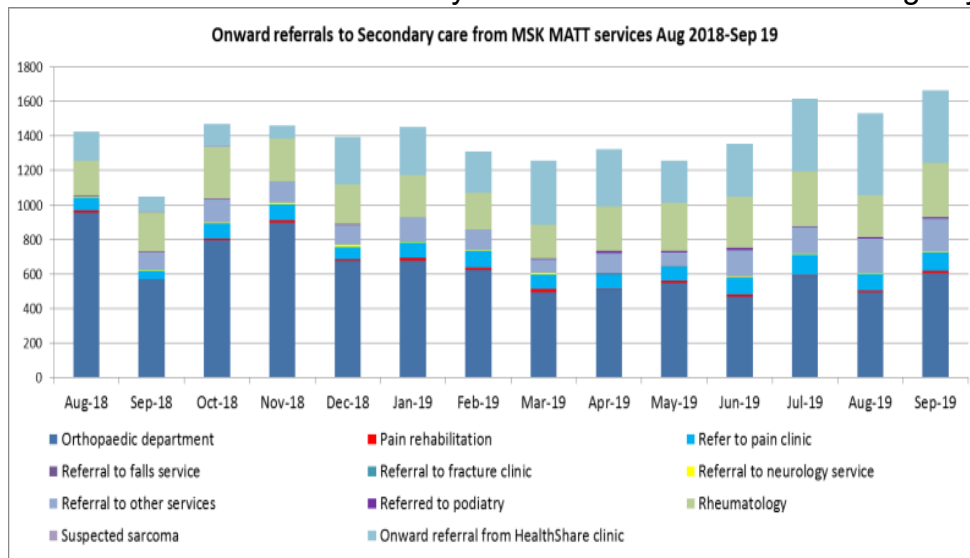
## Healthshare MSK

OCCG continues to focus on the waiting list. 5,487 patients were on the waiting list in September 2019, with 235 patients waiting over 18 weeks, 70 more than August. Trend shows a steady rise in over 18week waits from June(21). Of the 235 waiting over 18 weeks 26 were children which is an increase from August when there were 20 children. There are no patients waiting over 30 weeks.

Longest wait in the census period, was 26 weeks. This patient was on the wait list 4 weeks ago

Total waiting list growth 2% ( Aug 2% , Sept 4%). The service received 5,210 referrals in. Performance for September 2019:

- 92.4% of referrals were triaged within 48 hours of receipt (target is 95%) ↑
- 85% of urgent referrals were seen within 7 operational days (target 95%) ↑
- 56.2% of routine referrals were seen within 30 working days (target 95% - new trajectory requested) ↑
- 85.5% of referrals to secondary care were sent within 5 working days of decision to refer (target 95%) ↓



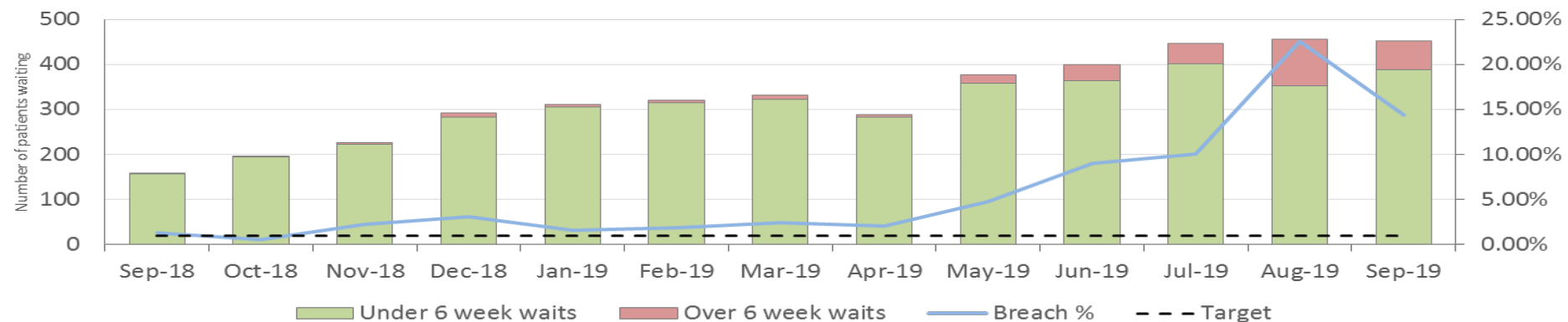
## InHealth Endoscopy

In September 2019 InHealth Endoscopy received 595 new referrals of which 43% were 2ww. For routine referrals 95% of patients were seen within 6 weeks, below the target of 99%. 94% of 2ww referrals seen in the target 10 days, achieving the target of 93% compliance

## InHealth Echotech

InHealth Echotech saw a small improvement in performance in September. InHealth remain committed to increasing staff levels for Oxfordshire. The waiting list size remained over 400 patients, however the number of patients waiting over 6 weeks while still high, decreased from 103 in August to 65 in September.

**InHealth Echotech Waitlist Count and Performance Sep 18 - Sep 19**



# Urgent Care (Performance concern or quality priority subjects)

Key Issues	Updates
<p><b>Ambulance Services</b>            Activity is over the baseline by 3.5% (257 incidents) for the month at CCG level and 1.42% across the contract. Over performance continues in Cat 2 'see and treat' and Cat 2 'see treat and convey'. This is being driven by NHS Pathways (triage tool) changes that took place in November 2017 and relates to respiratory and cardiac conditions.            SCAS failed to achieve the ambulance targets at CCG level for Cat 1 by 12 seconds at contract level, SCAS achieved Cat 1 (90<sup>th</sup> Percentile) and Cat 2 (90<sup>th</sup> Percentile) and Cat 4 (90<sup>th</sup> Percentile). The national contract requirement is quarterly achievement.            Month 6 is over the financial plan by £106K across Oxfordshire.</p>	<p>Some changes to the Pathways tool are expected to be reverted at the end of November when Pathways version 18 is introduced. The National Ambulance Commissioners has met with NHS Pathways developers who accept they have not done enough to engage Commissioners in the changes they are making and sharing the impact of this. They have agreed to work more closely with Commissioners going forward.            A non-conveyance plan is in place with SCAS to support a reduction in conveyance of 1.1% across the contract. Enablers include MiDOS (a local directory of service) which will be live from 11th Nov with roll out across SCAS due to be complete Feb 2020. The CCG has also confirmed with SCAS details of MH and community services that can be accessed directly by paramedics. SCAS are also committing to increases in hear and treat and see and treat which they are on track to deliver.</p>
<p><b>Ambulance Handover</b>            The JR achieved 60.0% for ambulance handovers within 15 minutes in September failing to meet the 85% target. The 85% target was also missed at the Horton General Hospital who achieved 74% for ambulance handovers within 15 minutes.             On the JR site the total time of delays in September 2019 was 136:38:40. This is compared to September's 2018 performance of 93:48:48. At the Horton the total time delayed on site was 27:35:27 against 4:56:45 for the same period last year.</p>	<p>High handover delays continue. Ambulance handovers delays can be a reflection of system flow. A number of initiatives within OUH are expected to improve this, thus improving patient experience, including: dedicated theatres for ED; internal review in partnership with SCAS of access to and use of PTS; review of GP streaming; improvements to radiology and diagnostic s. The recent high handover rates have also triggered a remedial OUH action plan to drive the delays down. The Urgent Care Delivery Group have been asked to take responsibility for the monitoring of the plan.</p>
<p><b>Accident and Emergency – Four hour waits</b>            September 2019 saw OUHFT Accident and Emergency (A&amp;E) fail to reach the 95% national and 90% NHSI agreed performance trajectory targets, achieving 84.24%. This shows a slight improvement from August's performance of 84.09%.            OUH A&amp;E is under financial plan although the underspend has reduced back this month to almost breakeven, and sits at just £28k under plan. Activity has increased by 5% compared to the same period last year, year to date activity remains 6% higher than last year.            The Trust have recently flagged that some activity is still not being captured correctly within ECDS, as a result of investigations not being captured. A solution is being tested and we may start to see the impact of an increases in complexity in the more minor HRG's.</p>	<p>Initiatives to improve performance against the 4 hour target include:</p> <ol style="list-style-type: none"> <li>1. An internal OUH urgent and emergency improvement programme with 8 priority projects aimed to improve flow throughout the organisation.</li> <li>2. Increasing the number of services accepting direct conveyance from SCAS – Oxfordshire currently has the highest % of non-ED conveyance in the SCAS footprint.</li> <li>3. Ongoing expansion work to ED.</li> <li>4. The North work stream of Urgent Care Delivery Group focussing on the particular issues at the HGH to improve patient experience: A Mental Health practitioner is now working within primary care across Banbury PCN. Approximately 480 appointments are now available for direct referral into primary care by ED staff. Discussions are underway to develop a Virtual Ward to support admission avoidance.</li> </ol> <p>System partners are finalising OPEL escalation triggers and actions in line with the 2019 NHSE/I Framework to manage day-to-day variation in demand and support local sytems to enable the maintenace of quality and patient safety.</p>
<p><b>Delayed Transfers of Care</b>            National published data DTOC for August, OUHFT was 7.5% and OHFT 8.9%. Both not achieving the 3.5% target. The main causes of delay are: HART (46%), awaiting community hospitals (19%) and patient choice (11%). These account for 76% of the delays.</p>	<p>Update on progress with system HomeFirst programme:            Discharge 2 Assess: 348 patients via D2A since implementation. 48.99% saving on care hours (prescribed vs actual) for discharged cases            Stranded: Weekly system review ongoing but patient numbers remain high. Enhancing operational huddles and health and social care deep dive focus on specific pathways as part of stranded approach            Short-Term Beds: Mobilisation phase; multi agency meetings taking place with providers to ensure contract initiation. This remains on target for all beds to be live on Dec 1<sup>st</sup>.            Trusted Assessor: Senior Trusted assess in post, 2 further posts to be filled. Initiation phase to set up project and further engage with providers.            3rd Sector: Funding agreed, on target to deliver service for Winter. Mobilisation phase in November.            HART Plan: Trajectories agreed but not yet being delivered – some recent progress but clearly a key risk for winter.</p>

# SCAS Provider Summary

## South Central Ambulance Service

### Summary of performance: 999

SCAS failed to meet the Cat 1 7 minutes mean target by 35 seconds (0:07:35 vs 0:07:00).in Oxfordshire but achieved all other mean and 90<sup>th</sup> percentile targets at CCG level. At TV and SCAS level targets were not met for Cat 1 and 2 mean and Cat 3 90<sup>th</sup> percentile.

Category	Cat 1	Cat 1	Cat 2	Cat 2	Cat 3	Cat 4
Target	7 minutes	15 minutes	18 minutes	40 minutes	2 hours	3 hours
Month to Date: September 2019	Mean	90th Percentile	Mean	90th Percentile	90th Percentile	90th Percentile
Oxfordshire CCG	0:07:35	0:14:42	0:17:22	0:33:55	1:55:07	2:38:04
TV Total	0:07:12	0:13:09	0:19:07	0:39:23	2:22:07	2:47:07
SCAS Total	0:07:15	0:13:06	0:18:40	0:38:30	2:13:42	2:46:18

The total incidents amounted to 7,572 compared to a planned 7,315. Activity is therefore over the baseline by 3.5% (257 incidents) for the month at CCG level and 1.42% across the contract. The case mix continues to change in Month 6.

Month 6 is over the financial plan by £106,000 across Oxfordshire.

### Challenges and Mitigating Actions

Activity over plan continues in Cat 2 see and treat and Cat 2 see treat and convey. This is being driven by NHS Pathways (Triage tool) changes that took place back in November 2017 and relates to respiratory and cardiac conditions. Some changes to the Pathways tool are expected to be reverted at the end of November when Pathways version 18 is introduced. The National Ambulance Commissioners has met with NHS Pathways developers who accept they have not done enough to engage Commissioners in the changes they are making and sharing the impact of this. They have agreed to work more closely with Commissioners going forward. A non-conveyance plan is in place with SCAS to support a reduction in conveyance of 1.1% across the contract and increases in hear and treat and see and treat and SCAS are on track to deliver against this.

### Summary of Performance: Integrated Urgent Care (IUC) Contract

The 95% target for calls answered in 60 seconds was not reached with performance for Oxfordshire at 94.22%. This is an improvement from 93.90% for August and July's performance of 88.85% showing a return to the steadily improving performance seen since April 2019 (M1 April was 88.31%; M2 May was 91.55%; M3 June was 93.39%). The Integrated Urgent Care service in Oxfordshire answered 16,971 calls in September; this is 13.22% over the baseline for Oxfordshire. At Contract level Activity was under plan at -2.46%. This is a contract with a marginal rate for over performance. Year 2 of the contract has closed with no over-activity payments due.

Name	Threshold	Sep-19	
		Oxfordshire	Thames Valley
Abandoned calls (NQR8)	<3.5%	0.54%	0.47%
Calls Answered in 60 Seconds	>95%	94.40%	94.22%
Transfer to 999 (LQR3)	< 10%	12.31%	12.65%

### Quality Standards

A remedial action plan is in place to improve performance against calls answered in 60 seconds; this is updated and reviewed monthly. It was anticipated that performance would recover in September however, at contract level the target was missed at 94.22%.

Plans are in place to improve staffing and SCAS has executed a number of recruitment initiatives over the past few months. The recruitment of full-time staff has been largely successful and the focus is currently on recruiting to part-time positions. Sickness levels continued to decrease in September.

# Infection Control

Key Issues	
<p><b>E.Coli Bloodstream Infections (BSI) (Ambition update)</b> Tackling antimicrobial resistance 2019–2024 The UK’s five-year national action plan is to continue work to halve healthcare associated Gram negative BSIs, adopting a systematic approach to preventing infection, delivering a 25% reduction by 2021-2022 with the full 50% by 2023-2024. Reduce the incidence of a specified set of drug resistant infections by 10% by 2024. Add Carbapenem resistant Gram negative infections to the list of notifiable diseases in existing laboratory reporting systems.</p>	<p>The E.coli BSI count for 2019-20 up to end of September is 272, compared to 248 in the period in 2018-19. This increase will be analysed and discussed at Infection Prevention and Control provider meetings.</p> <p>The Klebsiella count up to September for 2019-20 increased to 62, compared to 58 for the same period in 2018/19 and Pseudomonas increased from 32 to 40.</p> <p>There is a regional BOB steering group which has recently participated in a South East event led by NHSE/I looking at ways to reduce gram negative blood stream infections in line with the national ambition.</p>
<p><b>Clostridium difficile (C.difficile)</b> NHS Improvement issued ‘C.difficile infection objectives for NHS organisations in 2019/20, which recognised that ‘the focus will be on a system-wide approach. The period of time since admission of the PHE categorisation of Hospital onset healthcare associated cases has been reduced from three to two days from admission. This will increase the number of hospital onset cases in 2019/20 and this has been taken into account when placing limits on the number of cases in the future.</p>	<p>The number of cases of C.difficile for 2019-20 up to the end of September was 62, compared to the same period in 2018-19 of 75. The limit for avoidable C.difficile counts, attributed to OCCG in 2019-20 is 136, the limit for OUHFT is 89. All cases of C.difficile are discussed at monthly Health Economy meeting with providers to determine if they were avoidable. Two have been found to be avoidable for 2019-20.</p>
<p><b>Methicillin Resistant Staphylococcus Aureus (MRSA)</b> 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 remains a zero tolerance for MRSAB.</p>	<p>There has been one post 48 hour MRSAB for Q1, 2019-20, in June 2019 attributed to OUHFT.</p> <p>There has been two pre-48 hour and two post 48 hour MRSAB in up to the end of Q2. Both post 48 hour case were found to be avoidable. Action plans are in place but the CCG has requested they extend their scope so that actions are audited.</p>
<p><b>Anti-microbial prescribing</b> Broad spectrum antibiotics have a higher risk of causing a healthcare associated infection (e.g. C.diff) and therefore should be used appropriately when a narrower spectrum antibiotic is not suitable. The target is presented as broad spectrum antibiotics prescribed as % of total antibiotics prescribed across Oxfordshire. It should also be noted that we have a very low rate of prescribing for antibiotics in total and therefore this will mean that meeting the 10% target for broad spectrum prescribing will be more challenging.</p> <p>19/20 CCG targets for national outcomes framework remain the same for antimicrobials (no QP for 19/20).</p>	<p>The CCG Improvement and Assessment Framework target of 10% or less is not being achieved but has plateaued over the last few months with a small decrease in July 19 data and this has been maintained in August (August 19 position was 10.8%). This may reflect the impact of practice prescribing meetings carried out during the summer months. 19/20 CCG targets for national outcomes framework remain the same for antimicrobials (no QP for 19/20). Total antibiotic prescribing in Oxfordshire has reduced further again (lowest in the region) which impacts on % achieved. Oxfordshire total antibiotic use is lowest CG in Thames Valley and Wessex area and sits well below the national average. Discussions have been had at regional antimicrobial pharmacist meeting to query targets with NHS England and suggest a sliding scale of % achievement if low total prescribers.</p> <p>Updated UTI prescribing guidance in line with NICE and PHE agreed and published this month. Updated paediatric guidance has also been included. Guidance produced regionally will also be available via the app microguide in the new year.</p>

Key Issues	Updates
<p><b>Clinical Communication</b> Trusts should communicate with GPs. Discharge summaries should be sent to GPs within 24 hours and outpatient consultations should be sent within seven working days.</p>	<p>The Trust has not met the revised target, due to be achieved by September, of 90% discharge summaries to be received in primary care within 24 hours. In September the Trust achieved 84.5% It is not possible to report on the achievement of the outpatient clinical communication as the Trust has been unable to measure achievement since the introduction of voice recognition software. Anecdotally the use of this technology has made a significant impact and has been welcomed by clinicians but we are not able to support this with data. The CCG continues to work closely with the Trust to address this issue. There is a new Chief Information Officer starting at the Trust in November who will be leading on these targets in future.</p>
<p><b>Management of Test Results</b> 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>In September the Trust achieved 77.4% tests endorsed within 7 days. This is the highest performance recorded to date. There is good engagement with the Trust and a commitment to working towards a solution which will include both technical and behavioural components. One of the quality improvements which has been identified as a part of this work is the switch off of paper requesting of some pathology tests. The CCG has received assurance from the Trust that they are improving processes to identify the most high risk results – particularly in histopathology and radiology.</p>
<p><b>Mixed Sex Accommodation</b> The increase in Mixed Sex Accommodation (MSA) breaches relates to changes in reporting practices following clarification from NHS England.</p>	<p>OUHFT reported 56 breaches of MSA in September at OUHFT. Breaches remain concentrated around Critical Care. All local providers are preparing to implement the new MSA guidance and reporting to the CCG.</p>

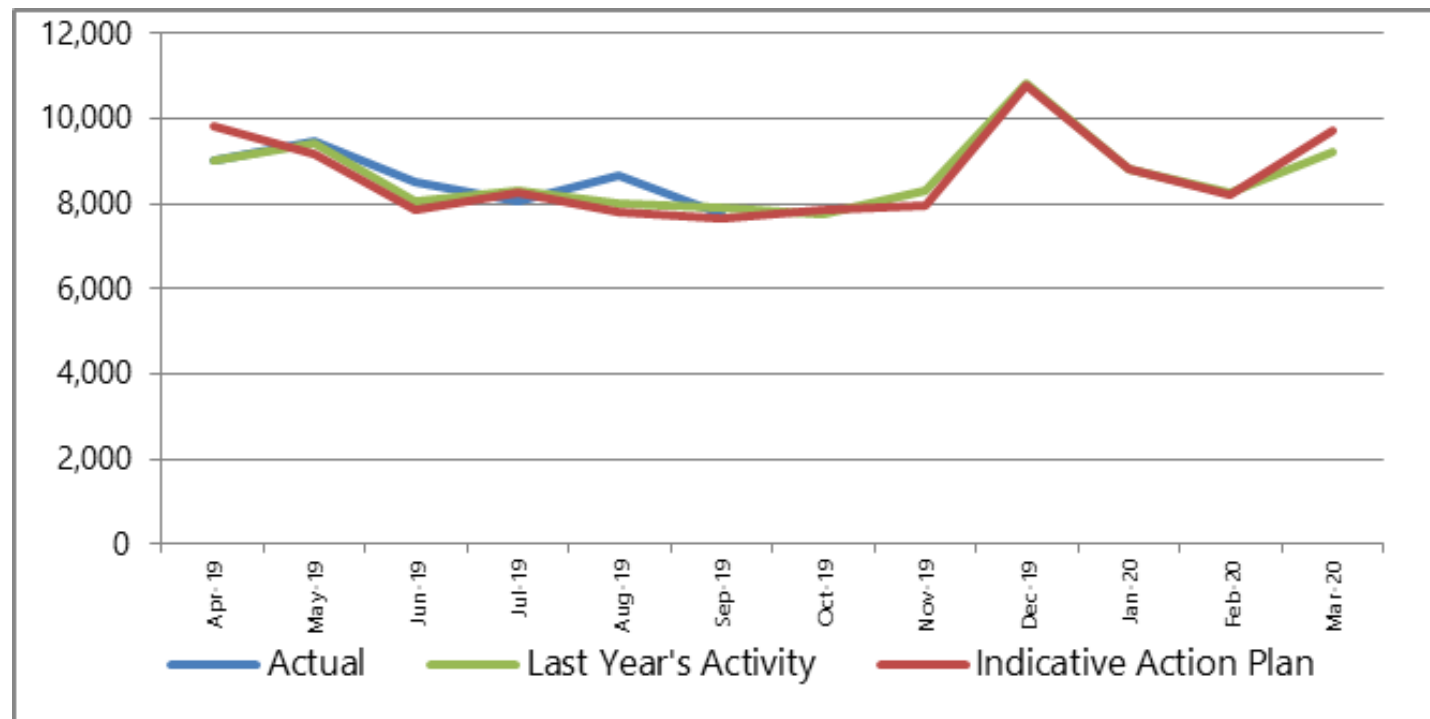
# OHFT Provider Summary – Out of Hours

## Oxford Health Foundation Trust (OHFT)

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

September's budget profile is below plan for the planned vs actual spend at -£33,612 (-6.06%). This is compared to above budget figures in April (+£12k, 2.03%) and May (+£34k, 5.75%), and below budget figures in June (-£39k, -6.60%), July (-£12k, -2.19%) and August (£20k, -3.41%). This now takes the year to date position for Out of Hours to - 2.27% (-£78,242) below the planned phased budget.

The forecast outturn variance moved to a favourable position last month as a result of restating April actuals per the Trust. The original data file included an element of non-chargeable activity (invoicing was correct). Year to date activity is 1.4% higher than the same period last year. Year on year reduction in base visit activity is offsetting the increase in telephone consultations which are priced lower than the base visits.



In Month 6, three of the four active KPIs were met with the exception of:

- Integrated urgent care (IUC): The target is: '95% of patients to receive a face to face consultation in an IUC treatment centre within 2 hours' – M6 performance is 93% (amber status). This is an improvement on M5 performance at 89%.



# OHFT Provider Summary Adult Mental Health

## Oxford Health Foundation Trust (OHFT)

### Adult Mental Health Services

Contract	Indicator	Target	M06	Change in performance	Performance (last 3 months)
OH Comm	1a.Referred to the Emergency Department Psychiatric Service (EDPS) at JR seen within 1 hour	95%	80%	↓	
OH Comm	1b.Referred to the Emergency Department Psychiatric Service (EDPS) at HGH seen within 1.5 hour	95%	82%	↓	
OH MH S4	2. Referrals categorised as crisis /emergency were assessed by the community team within 4 hours	95%	100%	↑	
OH MH S4	3. Referrals categorised as non-urgent were assessed by the community team within 28 calendar days	90%	49%	↓	
OH MH S4	4. Outpatient letters were sent back to GPs (uploaded to CareNotes) within 7 calendar days	95%	74%	↑	
OH OBC	5. Service users in paid employment, undertaking a structured education or training programme or undertaking structured voluntary activity	60%	63%	↓	
OH OBC	6. Service users to be in paid employment	18%	23%	↑	
OH OBC	7. Service users living in stable accommodation	80%	96%	→	
OH MH S4	8. Service Users on Care Programme Approach (CPA) were followed up within 7 days of discharge from psychiatric in-patient care	95%	94%	↓	
OH MH S4	9. Discharge letters were sent back to GPs within 24 hours of discharge from inpatient care	95%	91%	↑	
OH OBC	10.Service users who were discharged from psychiatric in-patient care and were not readmitted to hospital at 28 days after discharge	93%	95%	↓	
OH OBC	11.Service users who were discharged from psychiatric in-patient care and were not readmitted to psychiatric inpatient care at 90 days after discharge	88%	95%	↑	

#### Current system focus:

Oxford Health continues to report demand pressures on assessment teams, in particular the City team. They have been working to an 8 week routine access target for the past year which has resulted in the 28 day routine access breach. The 8 week (56 day) access will continue into December. All underperformance relating to the OH continues to be monitored through Quality Review Meeting and a quality impact assessment report which describes mitigating actions was received. An executive level meeting between OCCG and OHFT MH is now in place every two weeks which is working to assure priority areas of performance and resolve the future financial position. The trust is working on establishing a harm review process to assess the impact of long waits.

The Centre for Mental Health review of Oxford mental health partnership and OBC contract has been completed and was presented to the CG Executive in October. The OHFT MH Outcome Based Contract 2 year extension was approved, and contract was also extended for a further 6 months to align with financial year end to March 2023 was approved subject to OCC agreement.

#### Performance issues and remedial action – numbers listed referenced from above table:

1a and b: EDPS performance continues to be challenged. It is recognised by commissioner and provider that resource is needed to address the issue of reduced overnight cover in order to achieve the current KPI. A plan is in place to prioritise activities when the current system focus around Adult Mental Health Team pressure is more stable. Investment has been secured for setting up a Crisis Resolution & Home Treatment Team (initially in the City), an additional Safe Haven in Banbury, and a High Intensity User Service based in OUH ED which will increase community provision and is expected to divert activity away from ED.









3. Routine 28 day access: as detailed in current system focus section above. There have been no serious incidents reported as a result of the extended waiting times and the Trust is developing a harm review process in which the CCG will participate.

4. OHFT are working to improve efficiency and productivity and report monthly actions to CRM. All letters were sent back within 12 working days.

8&9. These breaches only marginally missed the target and will be followed up at the next CRM.

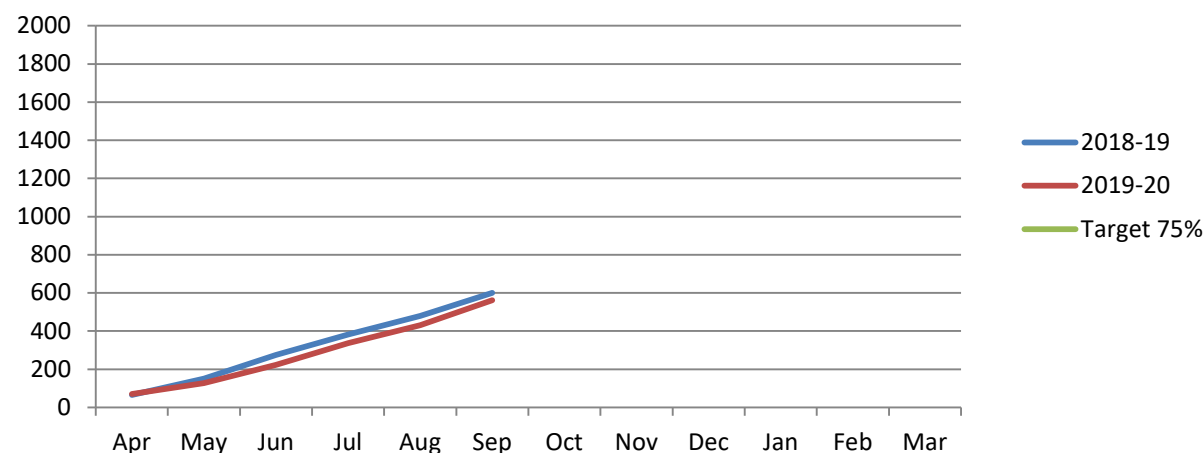
# OHFT Provider Summary 3

## Oxford Health Foundation Trust (OHFT) Specialist LD Health Services

Indicator	Target	Performance (Sep 2019)	Up/Down	Sparkline
Referrals: % of routine referrals to Specialist Learning Disability Health Services meeting 6 week wait	95%	85%	↑	
Referrals: % of urgent referrals to Specialist Learning Disability Health Services 48 hour wait	95%	100%	No change	
Care Planning: % Service Users with individualised assessment of need informing up to date care plan	95%	99%	↑	
CPA: % service users on CPA for at least 12 months who had a CPA review within the last 12 months	95%	91%	↓	
CPA Crisis Contingency Plan: % of service users on CPA who have a crisis contingency plan	95%	97%	↓	
Risk Assessment: % service users with an up to date risk assessment (reviewed within last 12 months)	95%	97%	↑	
Discharges: % of GP discharge templates issued within 10 days of patient discharge	95%	89%	↑	
Discharges: % of Service Users receiving accessible discharge summary within 10 days of discharge	95%	88%	↑	

**Commentary:**  
Performance on routine referrals has improved, with seven patients not meeting the 6 week wait in September due to patient choice or DNA. Service managers are supporting LD teams to ensure the CPA process (including reviews) is accurately recorded on Carenotes. Three discharge letters were not sent in the required timeframe – teams will be reminded of KPI and performance expectations.

### Learning Disability Annual Healthchecks (Primary Care DES)



**Commentary:**  
By end September practices delivered 561 checks compared to 601 for the same period in 2018. OCCG is analysing performance at practice level and will be contacting underperforming practices to offer information, advice and support during quarter 3.

### Transforming Care Programme Performance

	Target	Sep-19
CCG commissioned adult inpatients	9	8
Specialised Commissioning inpatients*	13	12
<b>Overall</b>	<b>22</b>	<b>20</b>

\*includes CYP and adult secure inpatients with LD and / or ASC

**Commentary:**  
Active discharge planning is in place for all CCG patients. There have been no admissions to specialist Assessment & Treatment Units (ATUs) since November 2018. Three inpatients have a diagnosis of LD and are in out of area ATU beds. Five inpatients have a diagnosis of autism with no LD.  
  
The number of adult forensic patients is 8, with one forecast discharge in 2019-20. Four Oxfordshire children and young people are currently in inpatient settings.

# OHFT Provider Summary: CAMHS

## Oxford Health Foundation Trust (OHFT)

### Children and Adolescent Mental Health Services (CAMHS)

	CAMHS indicator	Target	September	Change in performance	Sparkline
a	Percentage of children/young person having their first routine appointment within 12 weeks of referral	75%	26%	↓	
b	Percentage of children that receive a diagnosis or treatment within 12 weeks of routine referral into NCD (Neurodevelopment)	75%	11%	↑	
c	Emergency referrals are seen within 4 hours	95%	100%	↑	
d	Urgent referrals are seen within one week	95%	100%	↑	
e	% of children that are seen within 4 weeks for routine eating disorders	75%	67%	↑	
f	% of children that are seen within 1 weeks for urgent eating disorders	95%	N/A		
g	referrals into the Single Point of Access		435		
h	Consultations ( one-off advice, not going on to be a referral)		No Data		

The Diagnostic Review by NHSE Improvement Team is currently in draft form and highlights some areas for improvement, as well as many examples of good practice, that will be used to inform national practice in due course.

The service continues to focus on reducing longest waiters while prioritising new referrals appropriately. OCCG is assured that children on the waiting list are clinically reviewed at 16 weeks and families are able to contact the single point of access direct if further support is required.

**a)** Healios (online service) was commissioned as part of the 4WW Pilot to reduce the Getting Help pathway waiting list. Healios will have by the end of December assessed and treated approximately 600 children that are on the waiting list. 92 assessment were undertaken for those waiting the longest this month. While the KPI performance is disappointing the Trust provides information to show that the average wait for CAMHS is reducing month on month.

**b)** Increasing numbers of children are being assessed in the service but the focus is on longest waiters. In addition open cases are currently being transferred from Getting More Help pathway into the NDC service. Parent workshops being set up to support parents during waits. Recent capacity planning indicates that the service now has the right capacity for new referrals once the backlog is addressed. 106 children on the waiting list are being assessed by Healios using funding from NHSE, which was awarded last financial year. The most recent award in October will enable OH to further reduce the waiting times for this pathway and the CCG is waiting for the release of the funding from NHSE.

**c) and d)** all children were seen within target times.

**e)** A deep dive report has been produced for this service regarding performance. Key issues identified were staffing problems (only at 50% capacity) and known data problems around recording of start/stop clock reflecting patient choice and internal referrals within CAMHS, and the capture of patients aged over 18 years in the dataset who are waiting for treatment in the adult Eating disorder Service which is not subject to the 4 week standard. We continue to work with NHSE and report on known issues with data capture, which reflect a national picture.

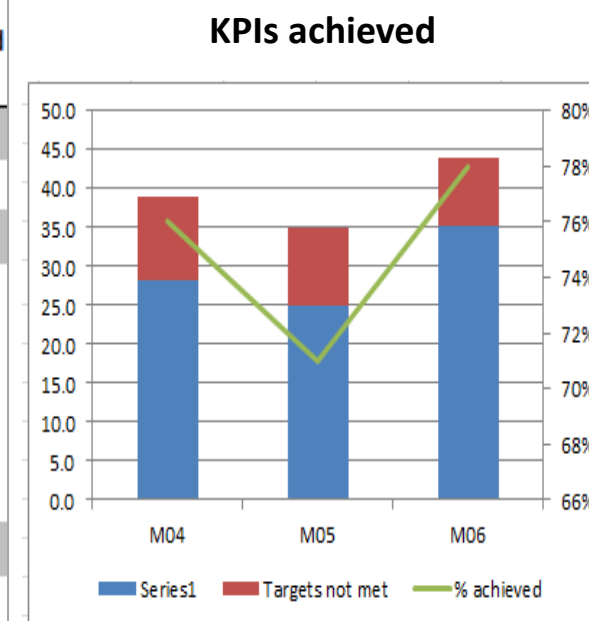
# OHFT Provider – Community Services

## Oxford Health Foundation Trust (OHFT)

### Community Services

The following key performance indicators are reported by exception as all are 10% or more below target. The Community Services Directorate reported against 45 indicators in M06.

Key Performance indicators	Target	M06	Performance compared to previous month
<b>Community Hospital &amp; Older adults</b>			
Physical disability physiotherapy patients waited less than 12 weeks to first appointment	95%	58%	↓
<b>Continuing Healthcare (CHC):</b>			
Continuing Healthcare (CHC): Eligibility decisions are made within 28 days of referral with all assessments completed.	95%	30%	↓
Patients who are eligible for Fast Track assessment will have a package of care in place within 2 working days.	95%	30%	↓
Individuals eligible for CHC will receive a case review which will include care plan review 12 months after eligibility decision	95%	60%	↑
Individuals eligible for CHC will receive a case review which will include care plan review 3 months after eligibility decision	95%	61%	↓
Appeals will be processed and responded to within 6 months	95%	50%	↓
<b>Looked After Children</b>			
Every LAC child under 5 years will receive a review health assessment every 6 months (Oxfordshire)	90%	80%	↓
Every LAC child under 5 years will receive a review health assessment every 6 months(out of county placement)	90%	71%	↓



- The number of reportable indicators varies each month. In month 6, 45 local indicators were reportable of which 35 were achieved (78%). Overall performance in M6 increased by 7% from M5 (71%).
- A CHC cross organisational group has been convened to address performance, increased demand and data management. The 1<sup>st</sup> meeting has taken place. The maturity review of the end to end processes has started. It will report back by Jan 20 with any identified inefficiencies in the service and recommendations for improvements.
- LAC performance - This was considerably reduced in M5. The new Designated Nurse has been contacting her counterpart in the areas where LAC are awaiting their review. M6 performance for out of county CYP over 5 years has improved. However, in county LAC performance has declined ( this equates to 2 children both of which the circumstances are understood) .

# Continuing Health Care

## Oxford Health Foundation Trust

Continuing Healthcare assessment and placement Services are provided by OHFT; demand for these services is increasing in line with Oxfordshire's demography. Placements are in a range of provisions in care homes and people's own homes.

CONTINUING HEALTHCARE (not including Interims)	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
Nursing Home (OP)	220	218	230	230	233	235	236
Nursing Home (PD)	37	35	35	39	40	39	37
Nursing Home/Care Home (LD)	8	4	5	5	6	8	9
At Home (OP)	42	40	46	42	41	44	46
At Home (PD)	42	39	42	42	42	40	43
At Home/Not Known (LD)	26	28	28	28	29	29	29
<b>Continuing Care Caseload Total</b>	<b>375</b>	<b>364</b>	<b>386</b>	<b>386</b>	<b>391</b>	<b>395</b>	<b>400</b>
Average Price per Week for New Clients	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
Nursing Home	1583.79	1482.20	1709.41	1225.52	1443.02	1241.56	1768.09
At Home	1450.00	2154.06	1545.02	1489.00	2515.80	895.46	1328.08
<b>Referrals Received for CHC Funding Total</b>	<b>150</b>	<b>135</b>	<b>140</b>	<b>141</b>	<b>172</b>	<b>131</b>	<b>157</b>
Number Checklisted for Full Assessment	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
70	57	38	51	67	52	57	
<b>Fast Track Referrals Total</b>	<b>63</b>	<b>63</b>	<b>74</b>	<b>67</b>	<b>76</b>	<b>63</b>	<b>66</b>
Fast Track Average Price per Package per Week	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
Nursing Home (OP)	1214.53	1222.75	1234.33	1248.19	1239.13	1256.56	1297.84
Nursing Home (PD)	0.00	1350.00	1380.56	1420.84	1539.00	1463.33	1466.67
At Home/Other (OP)	785.96	1062.28	902.66	923.02	922.25	1044.04	1015.08
At Home/Other (PD)	778.35	961.16	1084.64	827.85	633.00	583.00	364.00

### Key Performance Issues and Other relevant points-

1. Full CHC assessments completed within 28 days- In the first Q this was 45%, In Q2 this figure is 50%. There has been an increase in the number of referrals this year which has increased the number of **DST** (CHC Assessments) to be completed. The conversion rate to **poc** is not in line with the level of increase. A maturity audit has been commissioned to look at end to end processes. This will also look at the level of activity to staff ratio and the screening and assessment process.

2. The 3 monthly reviews have improved significantly-Q1 36%, Q2 50%. CHC has allocated one staff member to conduct 3 monthly reviews which has had a positive impact. We are likely to meet the 80% target by Q3.

3. The 12 monthly reviews have remained the same in Q2-Q1 46%, Q2 45%. CHC team has prioritised this work which is likely to see significant improvement in Q3.

4. A Stake holders group has been set up to review CHC activity and to look at factors impacting on the performance. The group is open to OH, CCG, OCC and acute colleagues.

## HART: Health and Wellbeing Board Measures and Indicators

Measure	Responsible Board	Baseline	Target 2019/20	Update	Oct-19		Notes
					No.	RAG	
3.1 Increase the number of people supported to leave hospital via reablement in the year	Joint Management Groups	1036 (Apr-Dec 18)	2000	Nov-19	114	R	On average this year 98 people started reablement from hospital with HART; 16 from Oxford health. It would equate to 1361 for the year
3.2 Increase the number of hours from the hospital discharge and reablement services per month	Joint Management Groups	8596 (Dec 2018)	8920	Aug-19	8408	A	On average 8408 hours per month, 6% below contract levels. Increase in October to 8827 (highest month since April and only 1% below contract levels)
3.3 Increase the number of hours of reablement provided per month	Joint Management Groups	4350 (Dec 2018)	5750	Aug-19	5396	A	On average 5396 hours per month, 6% below contract levels. Increase in October to 6025 5% above contract levels. First month in year above contract levels
3.13 Increase the Proportion of older people (65+) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Joint Management Groups	77% (Oct - Dec 2017)	85% or more	Oct - Dec 2018	73.7	R	This measure is a national measure of people leaving hospital with reablement between October and December and whether they are at home 91 days later. A lower figure could imply that cases picked up are more complicated.
3.14 Increase the Proportion of older people (65+) who are discharged from hospital who receive reablement / rehabilitation services	Joint Management Groups	1.4% (Oct - Dec 2017)	3.3% or more	Oct - Dec 2018	1.7	A	This measure is a national measure of the proportion of older people who leave hospital with reablement between October and December. A higher figure suggests greater use of reablement. The latest national figure (2017) is 2.9%The measure is used to monitor the CQC action plan

**Note:**

Data for 3.1, 3.2, 3.3 is Oct YTD.

Indicators : 3.13, 3.14 are national indicators collected annually Oct – Dec

# Delayed Transfers of Care: HART

## Estimated opportunity cost of HART – April to Sept 2019

Providers and category of delay	APC Event - DTOC Total Days	AVG cost per day include excess beddays where they apply	ESTIMATED costs of delayed days
<b>OXFORD HEALTH NHS FOUNDATION TRUST</b>	3,743	<b>£392</b>	<b>£1,467,256</b>
Support at home	259	£392	£101,528
HART	3,484	£392	£1,365,728
<b>OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST</b>	3,723	<b>£283</b>	<b>£1,053,063</b>
waiting for a community Hospital bed	1,188	£355	£421,209
waiting for an intermediate care bed	210	£289	£60,637
support at home	300	£187	£56,164
HART	2,025	£247	£499,522
<b>ROYAL BERKSHIRE HOSPITAL</b>	525	<b>£188</b>	<b>£98,811</b>
Awaiting further non-acute (including community and mental health) NHS care (including intermediate care, rehabilitation services etc)	270	£211	£56,897
support at home	255	£166	£42,437
<b>Grand Total</b>	<b>7,991</b>	<b>£313</b>	<b>£2,619,130</b>
		<b>Total Hart Estimated Cost</b>	<b>£1,865,250</b>

**APC** = admitted patient care

The estimated costs are calculated as follows:

For Community Hospital: the estimated bed day cost is produced from the re-basing exercise

For acute hospital: the total spell costs divided by the total number of bed days produces an estimated daily cost. This is then applied to the number of Delayed days for the same spell.

Please note that the ESTIMATED costs will include a mix of excess bedday costs and non-excess bed day cost. As a result, a reduction in length of delay will not necessarily release the total £. Delays that are already within the trim point will not release £. They only release capacity.

Please note that those waiting for a community hospital bed may not have to wait if community beds were not occupied by patients waiting for HART. This is why they are included in the above table.

Please also notes that the above calculations are based on patients with a single delay reason. They represent about 75% of delays but not all. Performing a patient level calculation of bed consumption for individual delay reasons that are part of a string of multiple delay reasons is not straightforward. This is the reason why they are currently excluded.