




# System wide view of data and information



# Colour Palette

These colours have been used to create clarity through the information.

Organisation	Primary Colour
OUHFT	
OHFT	
OCC	

	Improved performance
	No change
	Reduction in performance

# Community referrals and outcomes for Admission Avoidance

This section seeks to outline the demand on the Oxfordshire system regarding Admission Avoidance. This includes any service/team that is involved in maintaining someone at home.

# Executive Summary - Admission Avoidance

Trajectory and Pathway	Comments
<p>↑ CARE (crisis care) team</p> <p>↑ Increase in the number of people under admission avoidance cared for by Home First/re-ablement pathway</p>	<p>There continues to be an upward trajectory from 55 people picked up in their own home to 140. Outcomes show an similar number of people being admitted to hospital.</p> <p>The rolling average is 33 people per month. IN October 57 people were referred and cared for in their own home on this pathway</p>
<p>↓ Hospital @ home (H@H) Number of people admitted to H@H virtual ward over the last 12 months</p> <p>↑ Increase in acuity</p> <p>↑ Increase in those remaining in their own home</p> <p>↑ Increase in referrals to H@H</p>	<p>They have not returned to the volume experienced during Covid however the Covid numbers have reduced and the demand within this cohort remains reduced.</p> <p>However acuity has increased with a Length of Stay (LOS) moving to 5.9 to 6.9 days with an overall average LOS of 5.8</p> <p>The number of people who have managed to remain in their own home has increase from 106 per month to 332 per month. There has been a gradual increase over the last 12 months 5 to 10 people per months being admitted to secondary care.</p> <p>from UCR, SDEC, Primary care and Out Patient Departments</p>

# Executive Summary – 4hr standard and ambulance handovers

Trajectory and Pathway	Comments
<p>↓ Ambulance handovers 0 of delays over 60 mins</p>	<p>SCAS has seen an increase in arrivals and ambulance handover delays to the JR and HGH ED's. SCAS Continue to have the lowest percentage of people seen treated and conveyed compared to Thames Valley and the overall SCAS footprint.</p> <p>There is an increase in the handover time for &gt;30 &lt;60 min delays. SCAS are working on the data for over 60 min handovers with OUH we have begun a pilot for a generic resus pin to improve accuracy of reporting.</p> <p>There has been a large increase in over 60 min holds, which aligns with the increased arrivals and handover delays</p>
<p>↓ 4hr standard</p>	<p>Compliance with 4hr performance reduced in October. OUHFT are working on the top three actions to improve performance and reviewing the improvement trajectory for the 4hr performance.</p>

	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
23/24: Performance (all types)	70.6%	70.3%	66.9%	68.5%	69.1%	63.7%	61.7%					
Revised trajectory - July (all types)	69.1%	69.1%	69.1%	71.6%	72.3%	72.7%	73.1%	74.8%	74.6%	75.6%	75.9%	76.2%
Revised trajectory - Nov (all types)	69.1%	69.1%	69.1%	70.2%	70.2%	62.0%	62.7%	62.5%	64.9%	66.9%	70.7%	76.3%

# Executive Summary – Length of Stay in bed based care from Discharge Ready date

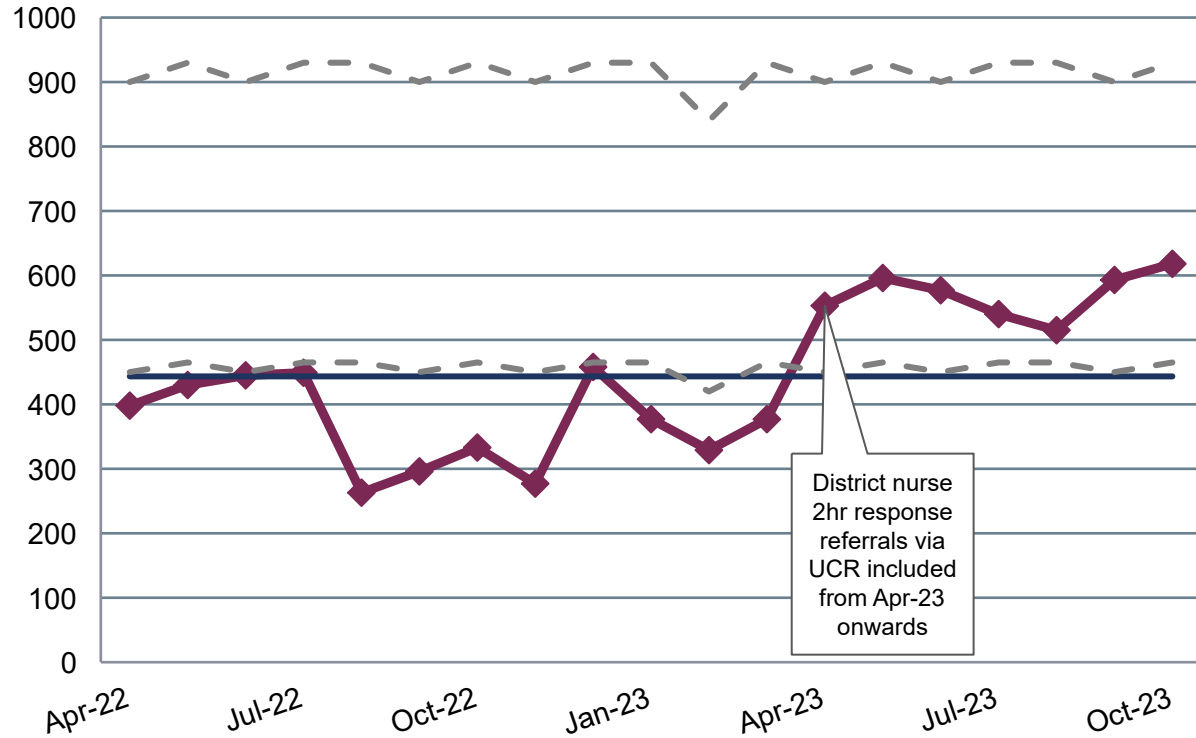
Trajectory and Pathway	Comments
<p>↑ OUHFT: Average number of days away from Home</p> <p>↑ Bed days lost to delays</p> <p>Average number of days delayed from their discharge ready date</p> <p>Discharges before 12:00hrs and 17:00hrs</p> <p>BCT: 93% of discharges return home</p>	<p>The rolling 12 month average is 7.7.days that people are waiting to be discharge from bed based care. In October people in OUHFT had an average of 6.3 days waiting to be discharged.</p> <p>The rolling average is 3160 per months and in October this has reduced to 2690 bed days</p> <p>↑ P0 – no additional support required: Rolling average is 4.9 days – no change in October</p> <p>↑ P1 – Support to return home: Average 8.8 days and in October this reduced to 6.5.</p> <p>↑ P2 – Transfer to rehabilitation or discharge to Assess bed: Average of 7.7 days in October reduced to 4.5 days</p> <p>↓ P3 – Transfer to placement: Average is 12.4 days, and this increased to 19.4 days in October.</p> <p><b>Before 17:00hrs: An average of 8.49% of all discharges, this increased to 12.22 % in October</b>            Before 12:00hrs: An average of 3.01% to an increase to 3.55% in October.</p> <p>October 91.73% of all discharges return home. Need to discharge an additional 4-5 people per day/ 20 per week to their own home to achieve this metric.</p>
<p>10% reduction from baseline for the average number of people discharge ready across secondary care and Community hospitals</p>	<p>OUHFT: Average is 90 people delayed and In October this reduced to an average of 83 people discharge ready. Two off achieving the 10% reduction</p> <p>OHFT: Average of 45 people per month and over the last few months this reduced to an average of 14 per month. Achieved and sustained a 31% reduction.</p> <p><b>Need to consider if a new baseline for improvement can be set for OHFT community hospitals.</b></p>

## Executive Summary – Mental health

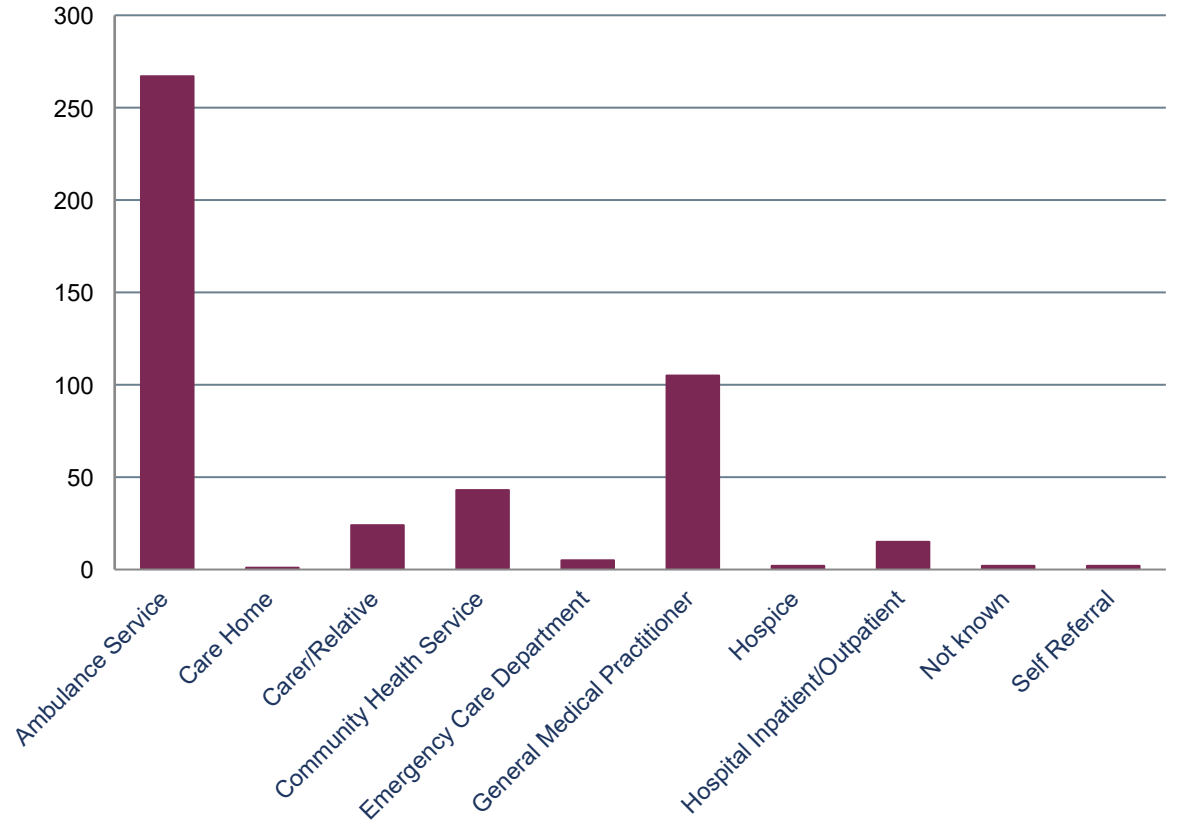
Trajectory and Pathway	Comments
ED attendances with MH disposition	Slight increase from 435 people attending the ED's per month to 473 in October.
Average LOS in MH inpatient beds	Average LOS is 62 days and this has increased to 80.6 days. This increase is predominantly in older adults with a reduction in LOS in adult inpatient beds.
Bed days lost from discharge ready date	A reduction from 165 beds days lost to 121 in October.
Discharge destinations from MH Inpatient beds	Increase in the number going to pathway 2 and 3 beds
Inappropriate Out of Area placements	Increase from 105 people in august 2023 to 157 in October 2023.
Referrals to MH services	The main increase was seen in referrals to CAMH's beds: 594 in August 2023 to 832 in October 2023

# Demand on Urgent Community Response

## Total number of referrals into Urgent Community Response team



## Referral Sources into Urgent Community Response (October 2023)



**Key:** Referrals — Mean — Upper and Lower Limits - - -

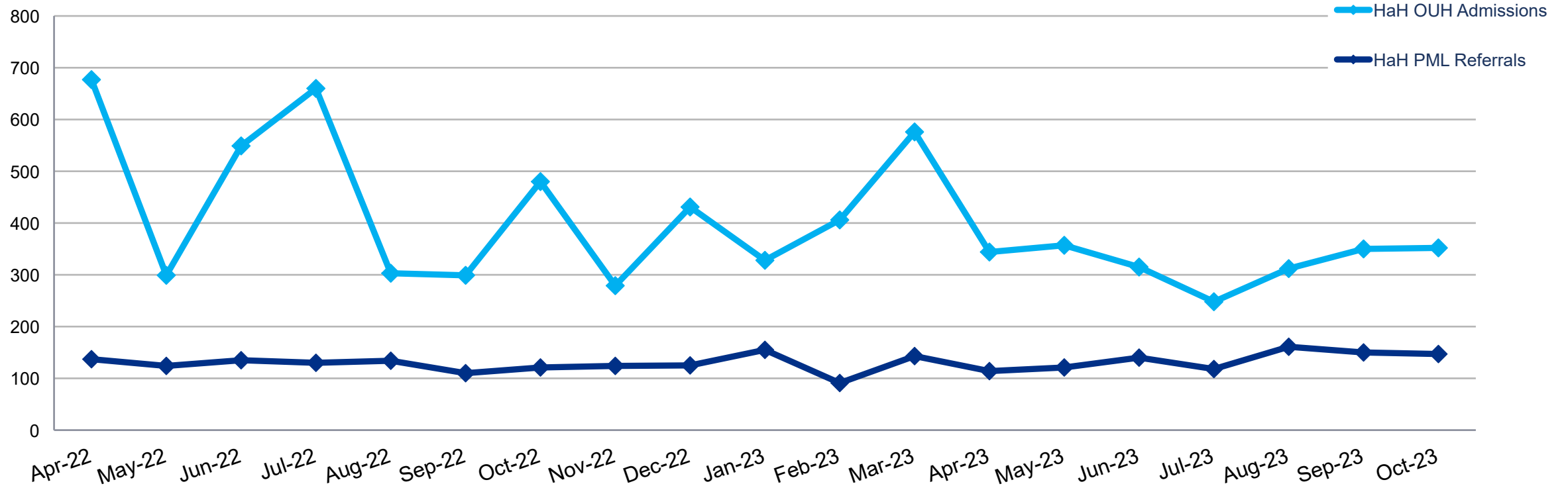
**Context and additional information:** Lower Limit is 15 per day. Upper Limit is 30 per day.

**Data source:** OH – Gareth Cox & Liz Adkins



# Total number of new admissions into H@H Teams supporting Admission Avoidance

## Total number of referrals or new admissions into H@H Teams supporting Admission Avoidance

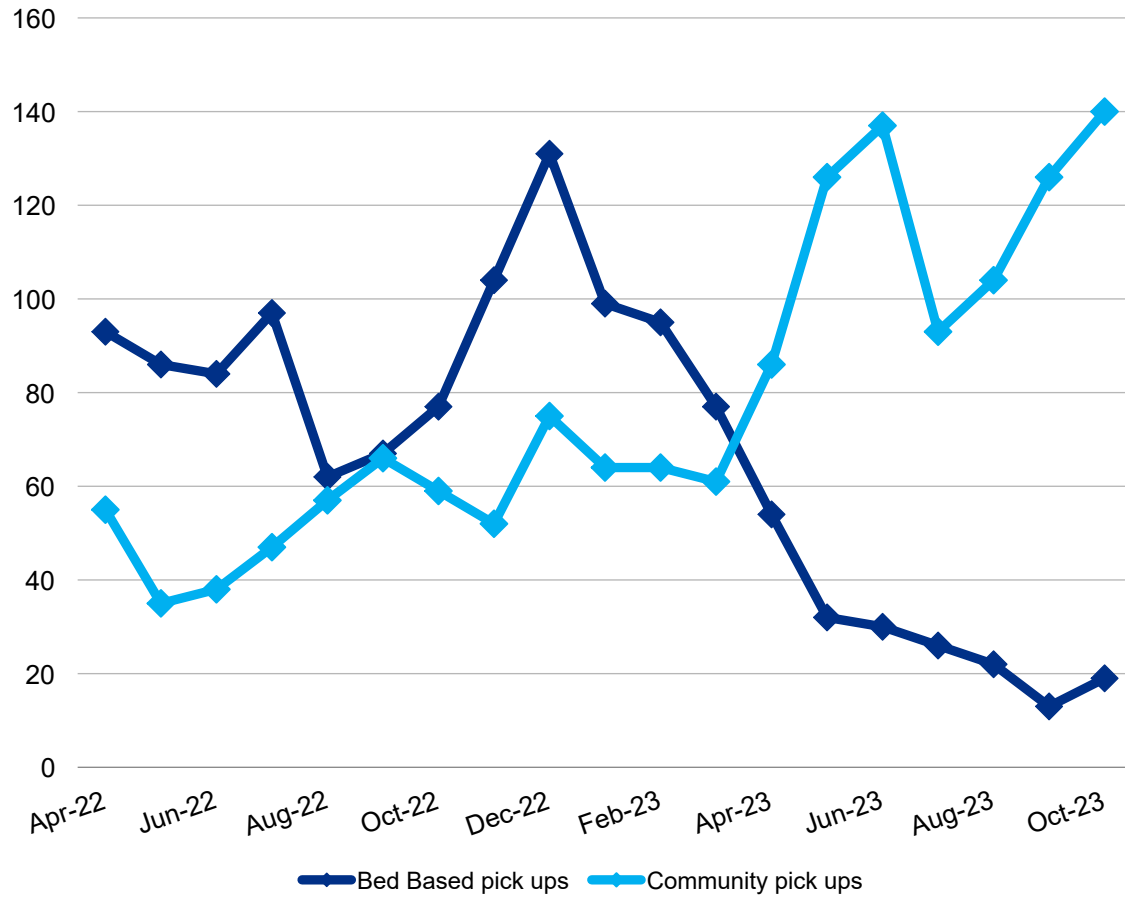


**Context and additional information:**

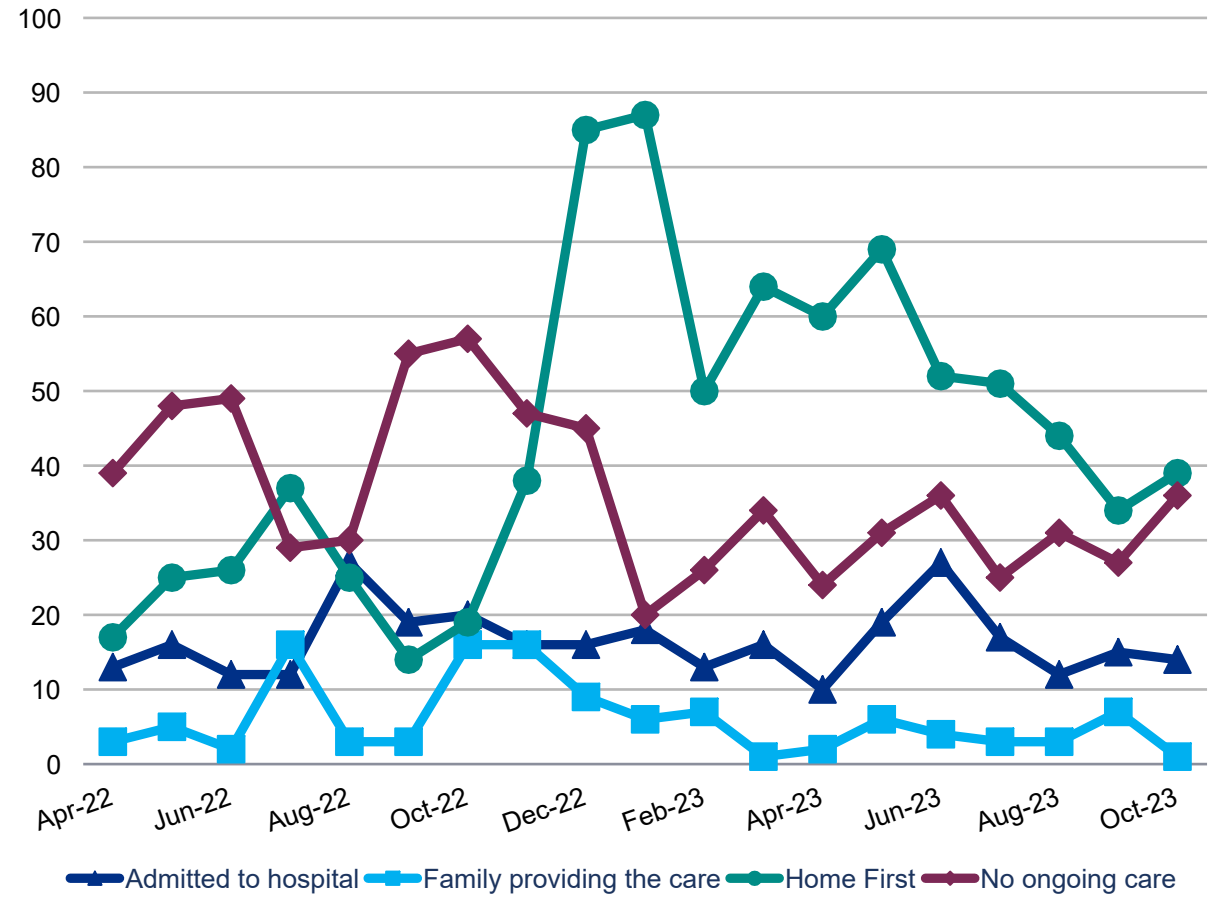
**Data source:** OUH - Alex Clift, PML - Justine Eardley

# CARe Activity and Outcomes

Activity level for CARe, related to Admission Avoidance



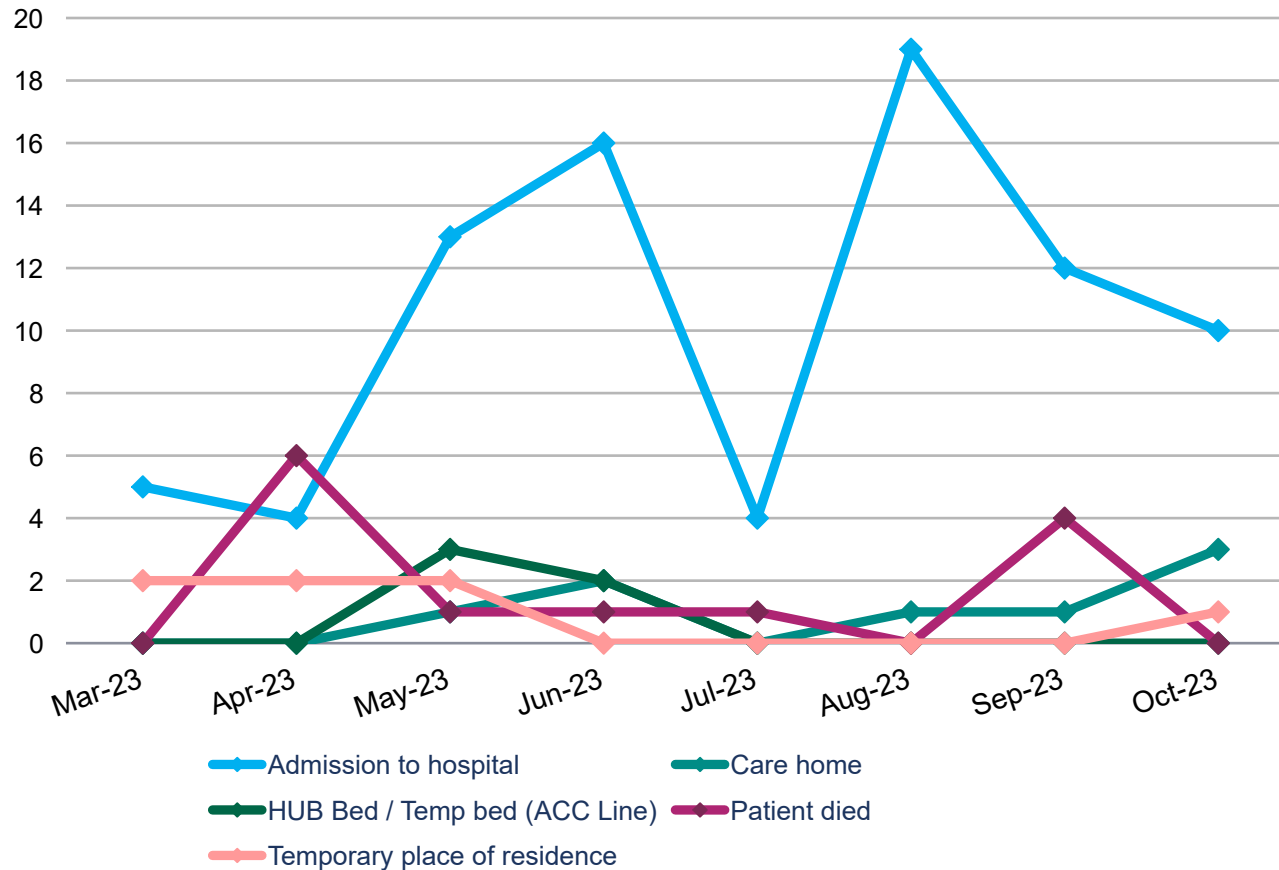
Outcomes for individuals supported through CARe



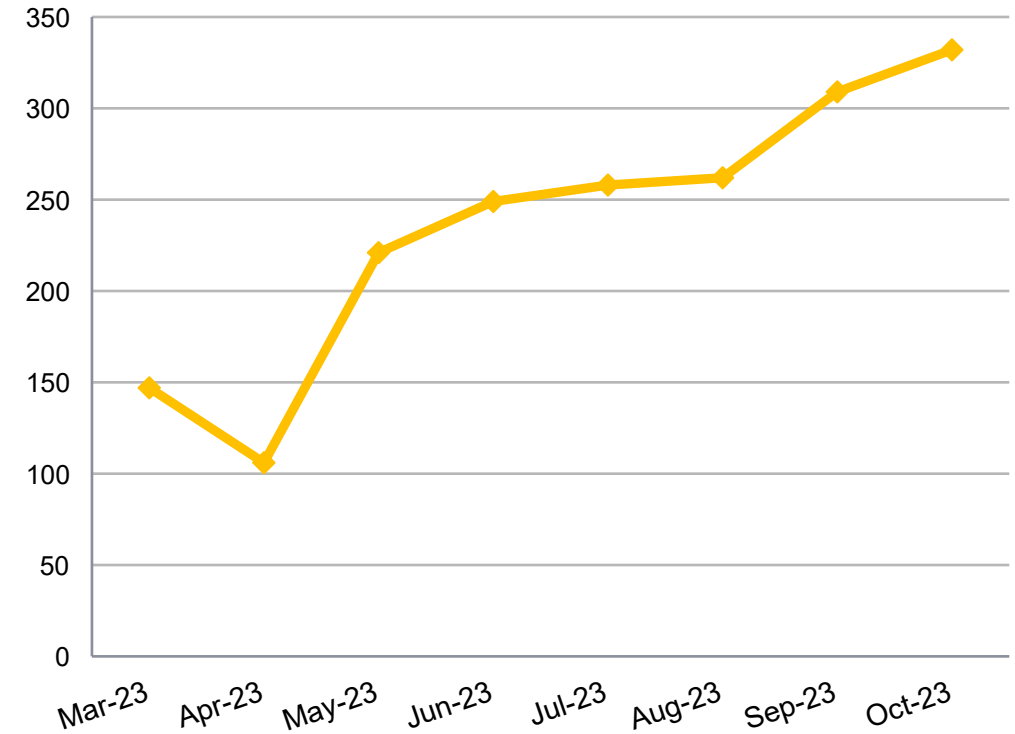
**Context and additional information:**  
**Data source:** CARe OUH – Pedro Lopes & Chloe Hobbs

# Outcomes for individuals supported through AOT

## AOT Discharge Destinations



## Discharge Destination: Usual place of residence

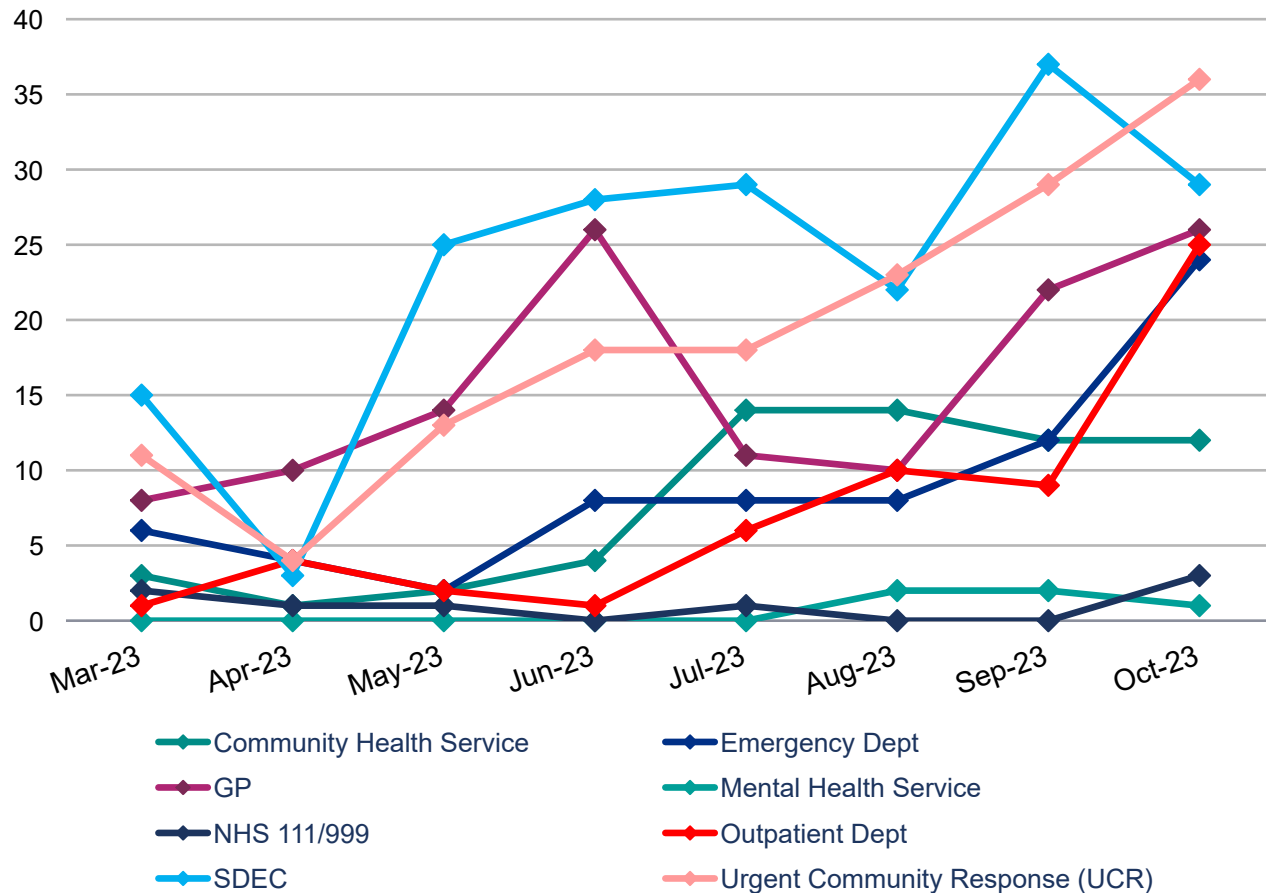


**Context and additional information:** AOT data only available from March 2023 onwards

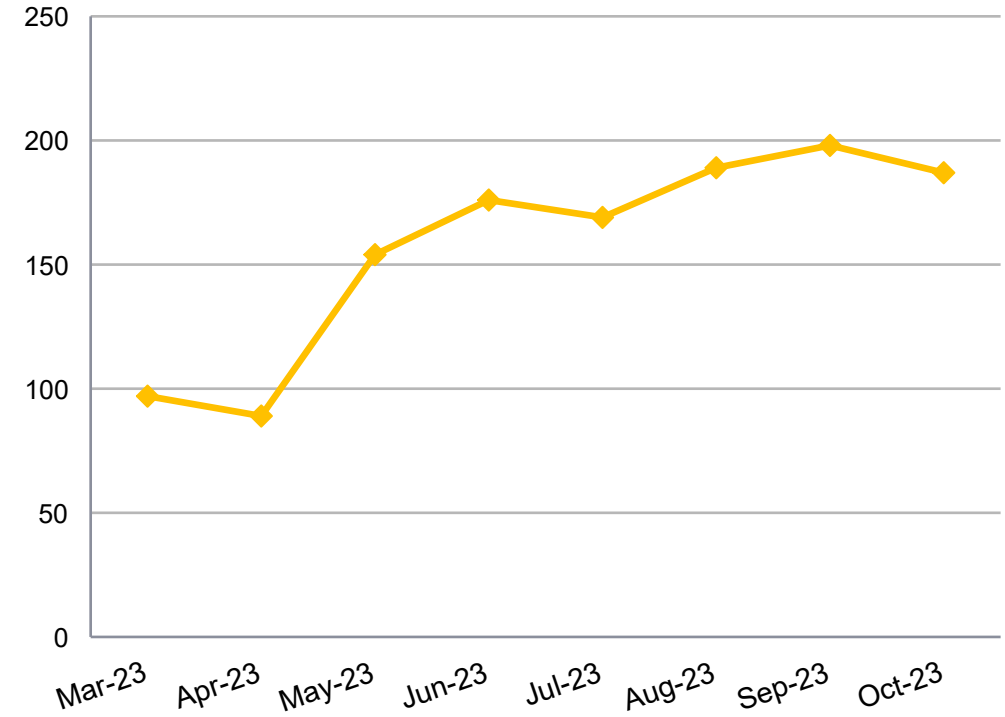
**Data source:** AOT OUH – Pedro Lopes (collated by Alex Clift)

# Referral sources for individuals supported through AOT

## AOT Referral Sources



## Referral Source: Acute Hospital Inpatient Department

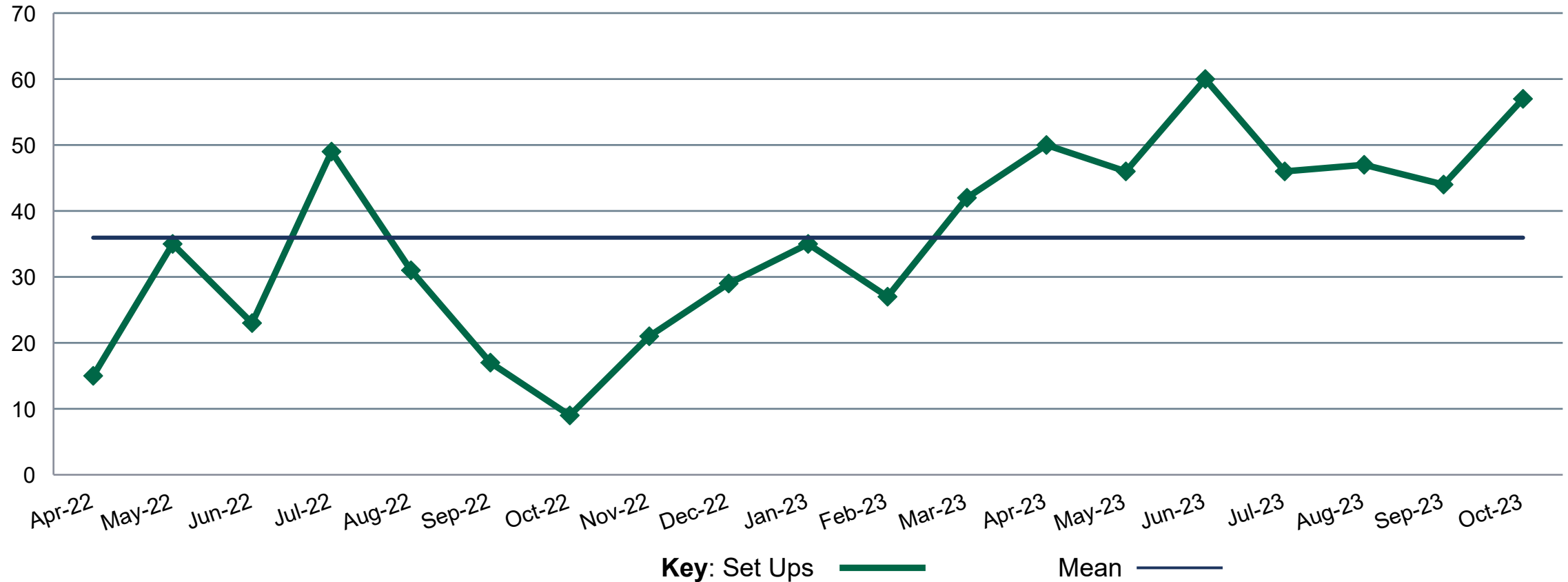


**Context and additional information:** AOT data only available from March 2023 onwards

**Data source:** AOT OUH – Pedro Lopes (collated by Alex Clift)

# Activity level for community Reablement, related to Admission Avoidance

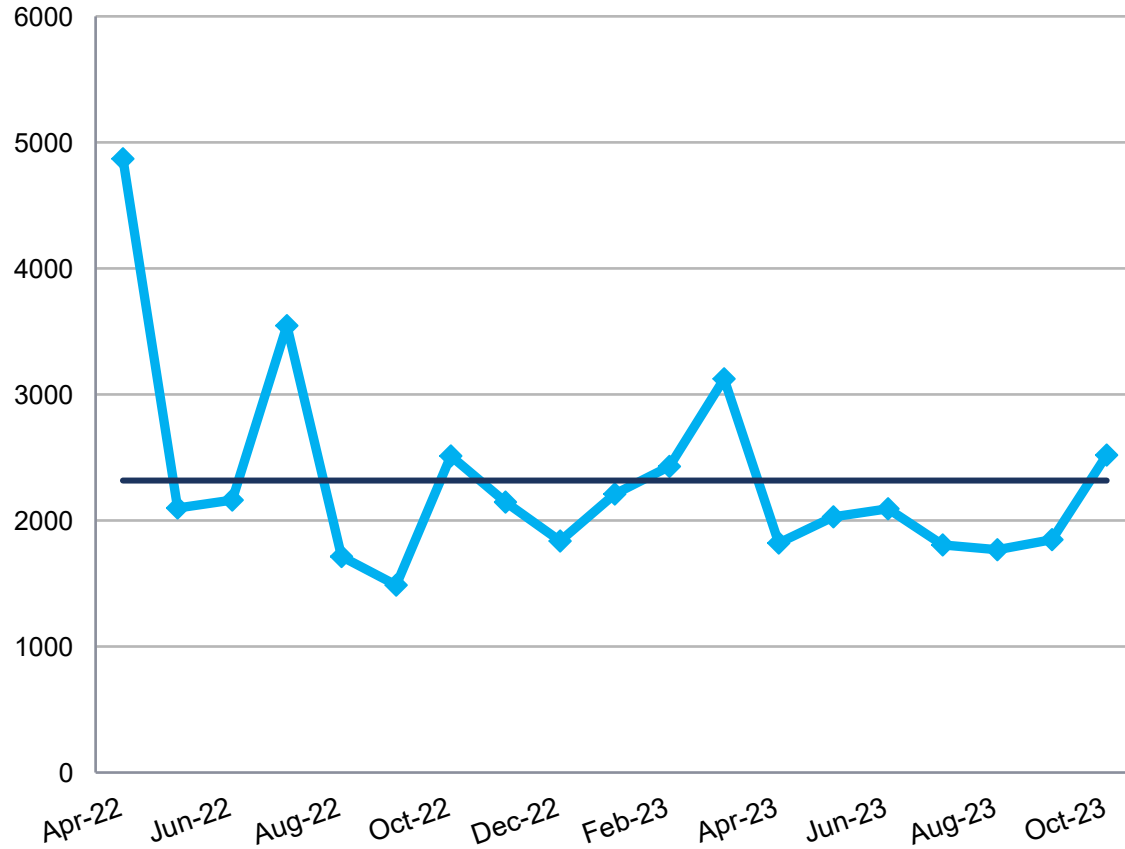
## Total number of set ups for Reablement from community referrals by Home First



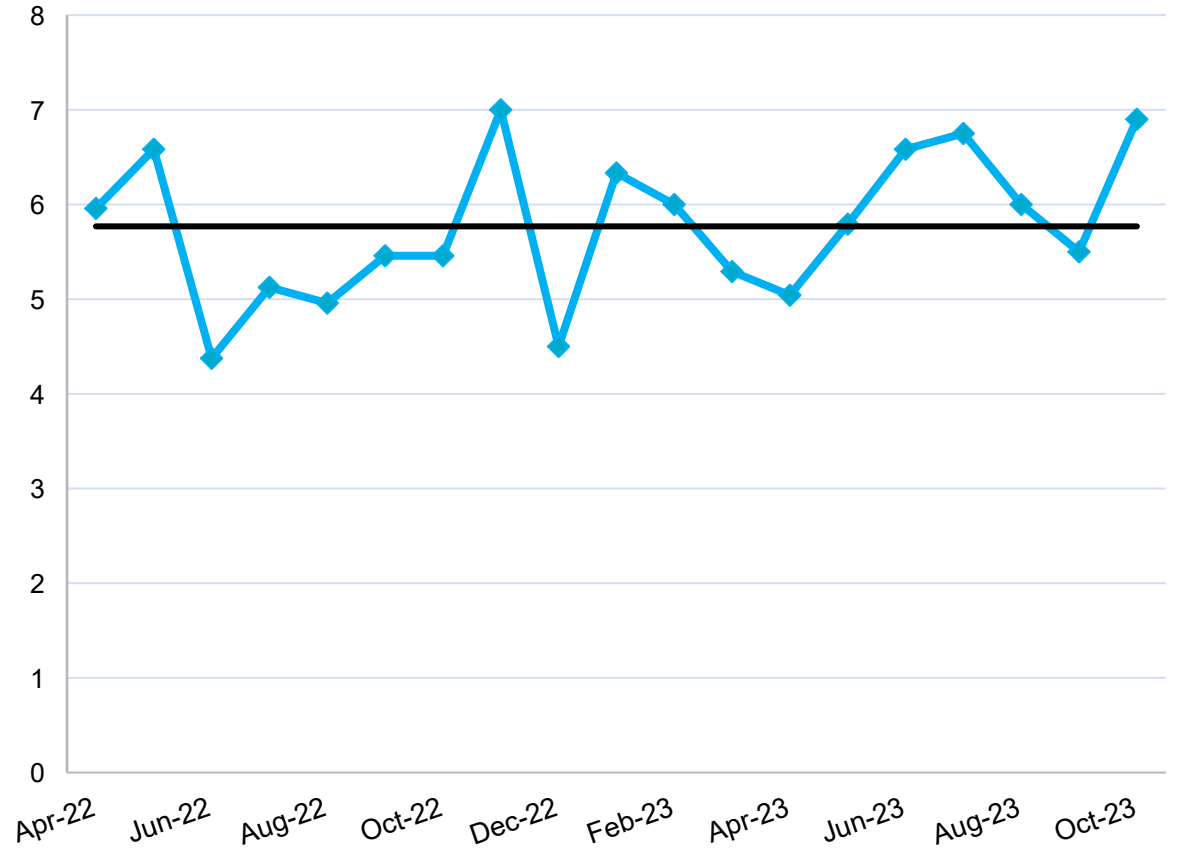
**Context and additional information:**  
**Data source:** OCC – Sally Steele & Andrew Collodel

# Hospital at Home Activity and Length of Stay

OUH AH@H: Bed days consumed (cumulative)



OUH AH@H: Average Length of Stay



**Key:** OUH —◆— Mean —

**Context and additional information:** OH & PML data is not yet available  
**Data source:** OUH - Alex Clift

# 4 Hr standard and ambulance handovers

# Oct 2023 JRH position

Buckinghamshire, Oxfordshire  
and Berkshire West

Integrated Care Board

SCAS has seen an increase in arrivals this month. We have seen another increase in the handover time for >30 <60 min delays. We are working on the data for over 60 min handovers with OUH we have begun a pilot for a generic resus pin to improve accuracy of reporting. There has been a large increase in over 60 min holds, which aligns with the increased arrivals and handover delays.

Arrivals, Handovers & Turnarounds			
	Aug-23	Sep-23	Oct-23
Number of Arrivals	3,736	3,685	3,794
Number of Handovers	2,969	3,015	3,151
Average Handover Time	0:19:05	0:20:29	0:21:25
Average Turnaround Time	0:34:45	0:35:34	0:36:45

Handover Breakdown			
	Aug-23	Sep-23	Oct-23
Handovers >30 <60 Mins	346	431	462
Handovers >60 Mins	32	40	80
% Handovers >30 <60 Mins	11.65%	14.30%	14.66%
% Handovers >60 Mins	1.08%	1.33%	2.54%



# Oct 2023 Horton position



Buckinghamshire, Oxfordshire  
and Berkshire West  
Integrated Care Board

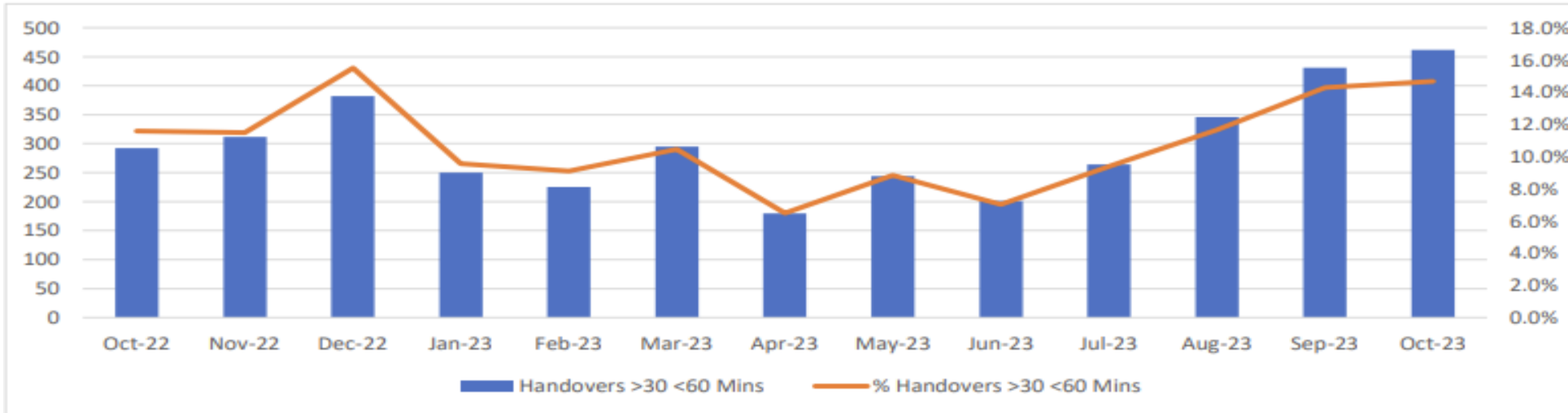
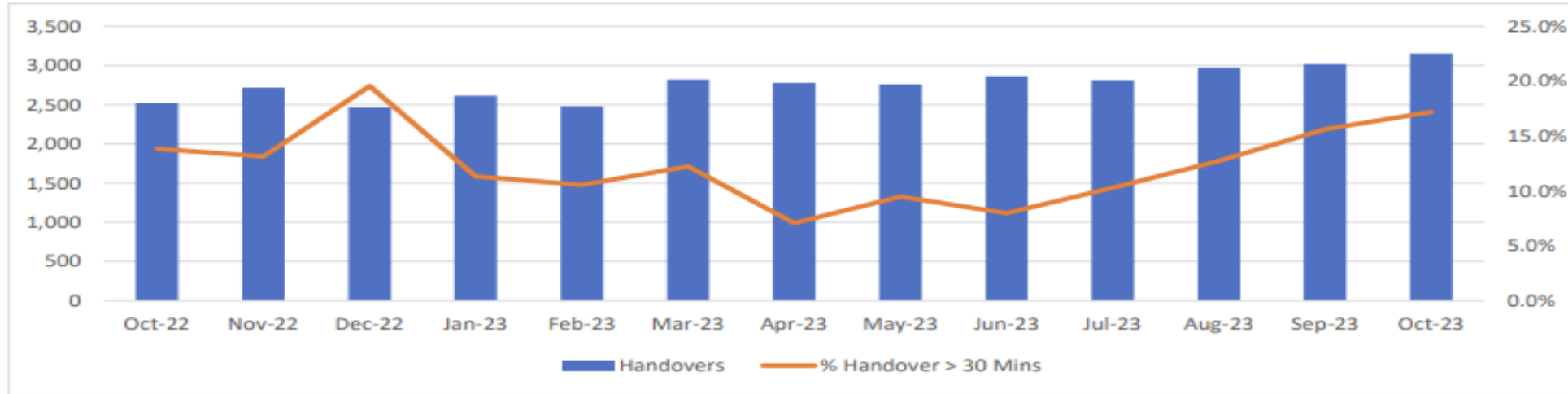
SCAS have including the Horton position this month as there has been an unusual change in arrivals and handover delays of note. While this is a to expected as we enter Winter, it is a pattern which is identifiable and should be considered by the system, to prevent further impact as we move into Winter proper.

Arrivals, Handovers & Turnarounds			
	Aug-23	Sep-23	Oct-23
Number of Arrivals	601	686	708
Number of Handovers	482	582	599
Average Handover Time	0:16:25	0:16:06	0:18:52
Average Turnaround Time	0:31:56	0:30:27	0:32:53

Handover Breakdown			
	Aug-23	Sep-23	Oct-23
Handovers >30 <60 Mins	28	19	39
Handovers >60 Mins	4	0	13
% Handovers >30 <60 Mins	5.81%	3.26%	6.51%
% Handovers >60 Mins	0.83%	0.00%	2.17%

# Handovers and Excess Handovers at JRH Oct 23

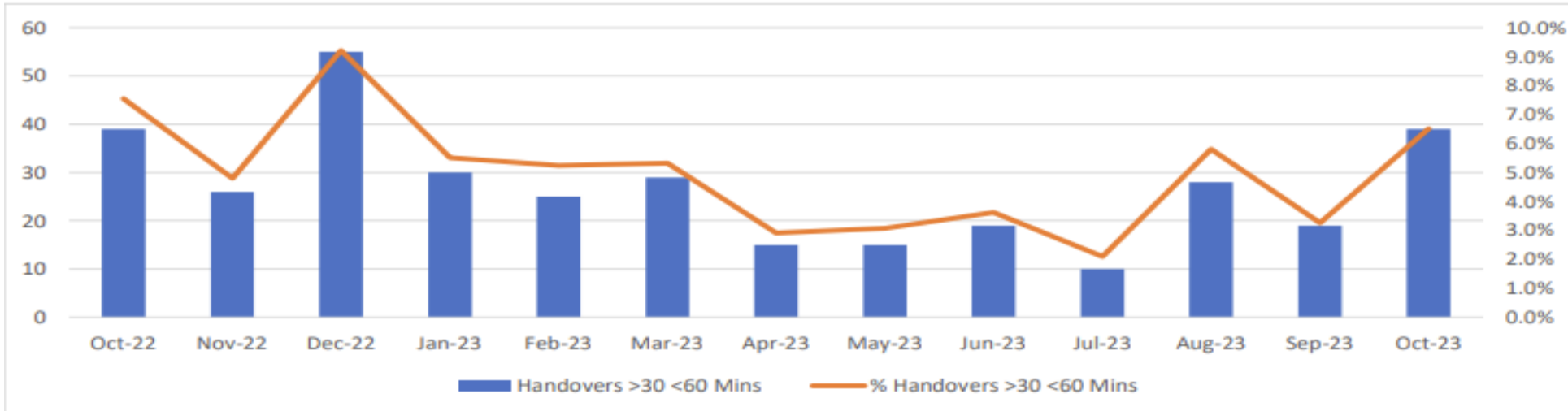
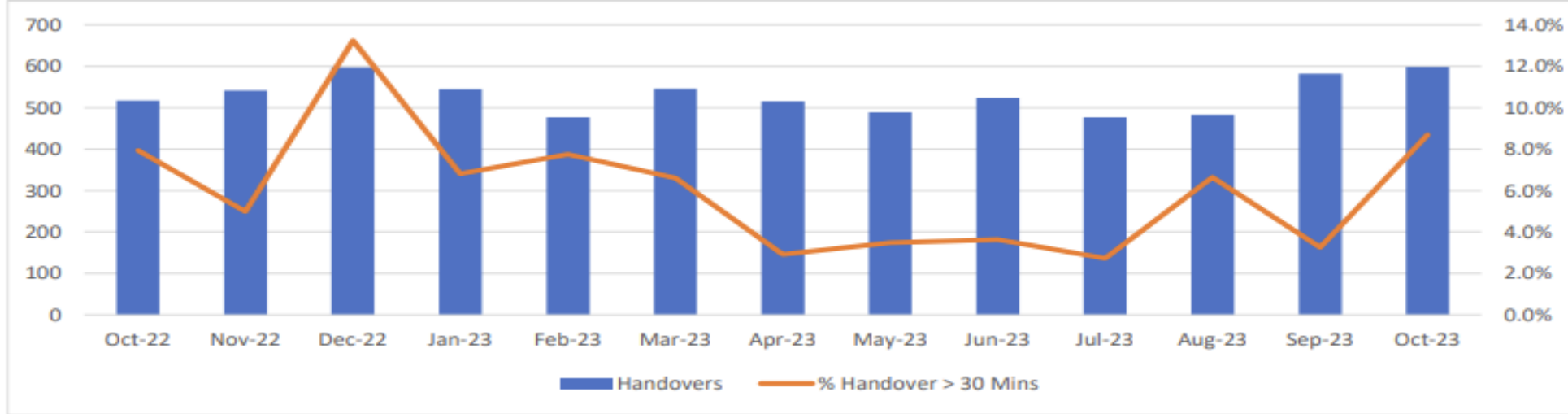
Buckinghamshire, Oxfordshire and Berkshire West  
Integrated Care Board



# Handovers and Excess Handovers at Horton Oct 23

Buckinghamshire, Oxfordshire and Berkshire West

Integrated Care Board



# Conveyances to Non-ED Locations Oct '23

Buckinghamshire, Oxfordshire  
and Berkshire West  
Integrated Care Board

Oxfordshire

Outcomes			
	Aug-23	Sep-23	Oct-23
Hear & Treat	10.28%	10.88%	11.60%
See & Treat	35.93%	36.12%	35.75%
See, Treat & Convey (ED)	41.69%	41.30%	40.96%
See, Treat & Convey (Non-ED)	12.10%	11.70%	11.69%

Thames Valley

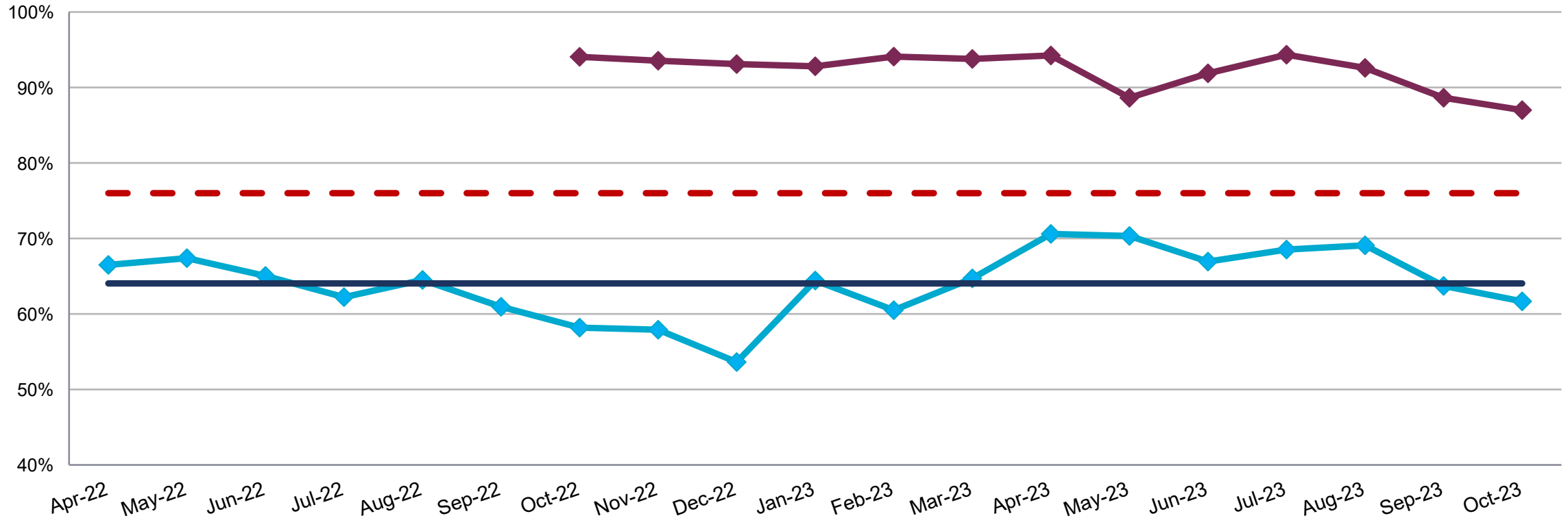
Outcomes			
	Aug-23	Sep-23	Oct-23
Hear & Treat	11.39%	12.07%	12.64%
See & Treat	33.54%	33.80%	32.83%
See, Treat & Convey (ED)	50.03%	49.09%	49.66%
See, Treat & Convey (Non-ED)	5.04%	5.03%	4.87%

SCAS

Outcomes			
	Aug-23	Sep-23	Oct-23
Hear & Treat	10.86%	11.44%	11.94%
See & Treat	33.85%	34.16%	33.17%
See, Treat & Convey (ED)	51.00%	50.05%	50.48%
See, Treat & Convey (Non-ED)	4.28%	4.35%	4.41%

# 4hr ED and MIU Performance

## 4hr ED and MIU Performance

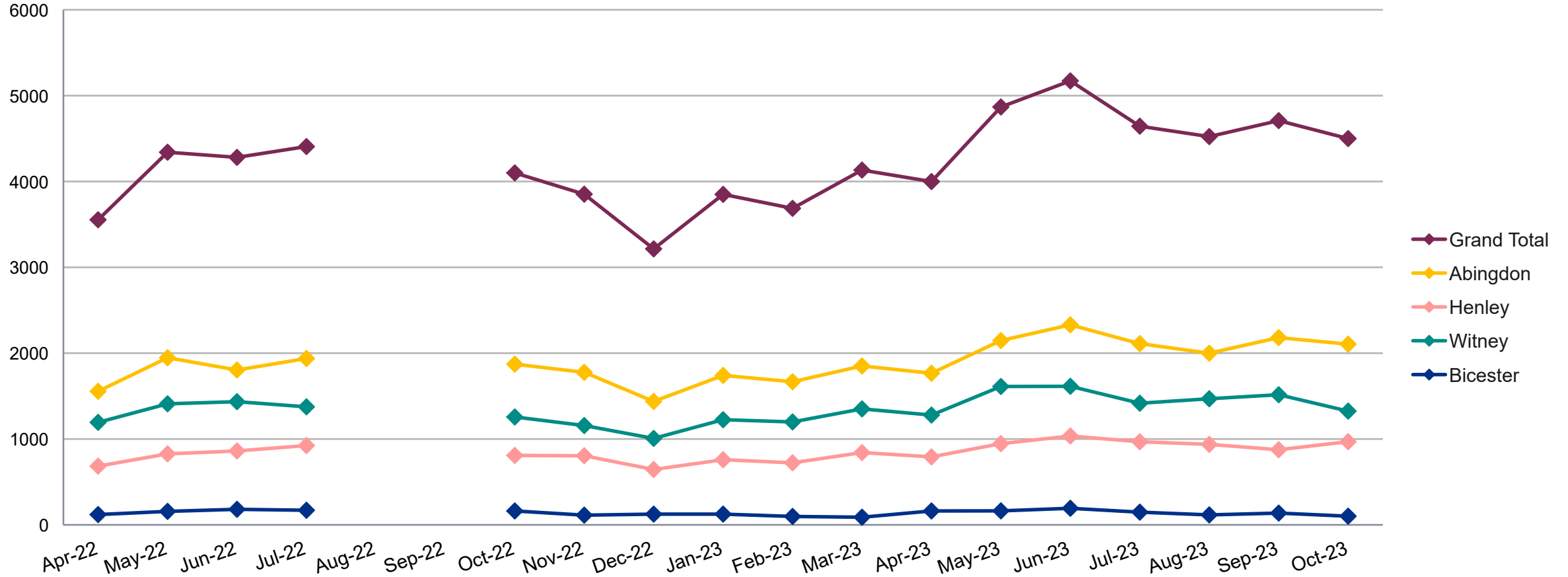


**Key:** OUH 4hr Performance % —◆— MIU 4hr Performance % —◆— OUH Mean — National ED Target - - -

**Context and additional information:** National ED target of 76%  
**Data source:** OUH - Alex Clift, OH – Gareth Cox & Dee Pelakauskaite

# MIU & FAU Referrals

## MIU & FAU Referrals

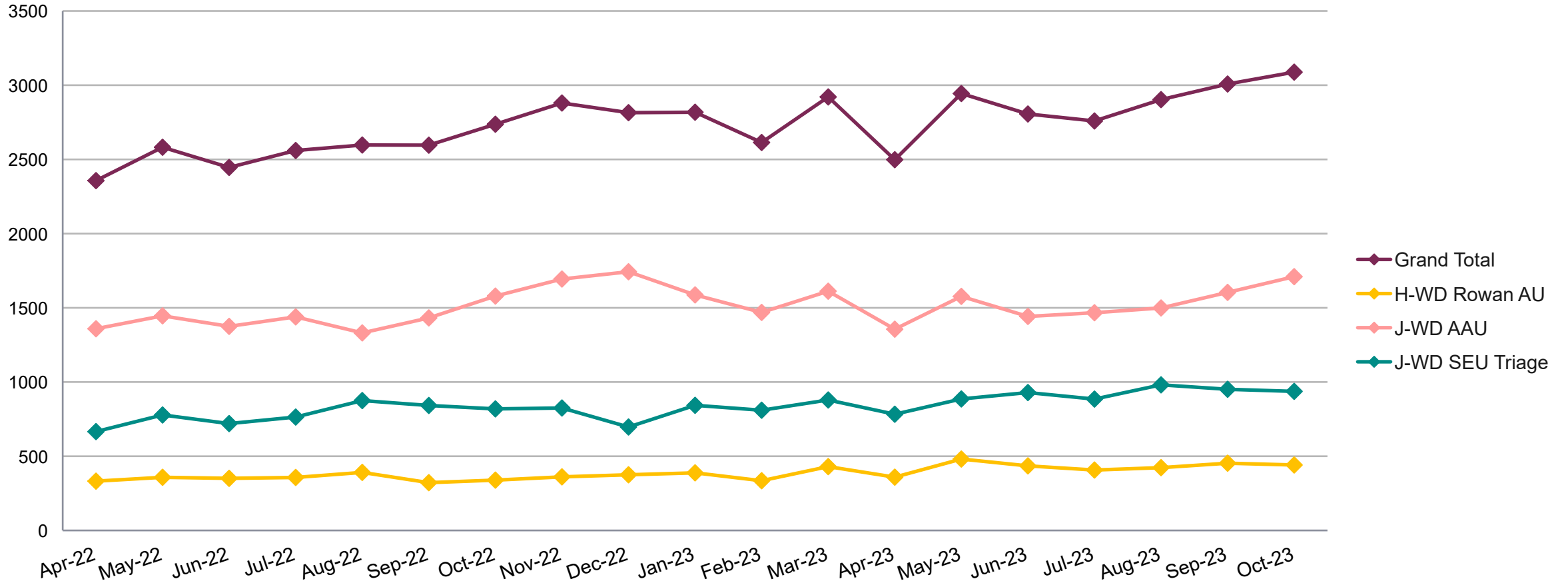


**Context and additional information:** Aug-22 and Sep-22 MIU numbers not available due to Adastra outage between 4<sup>th</sup> Aug & 15<sup>th</sup> Sep 2022

**Data source:** OH – Gareth Cox & Dee Pelakauskaite

# AAU & SEU Attendances

## AAU and SEU Attendances

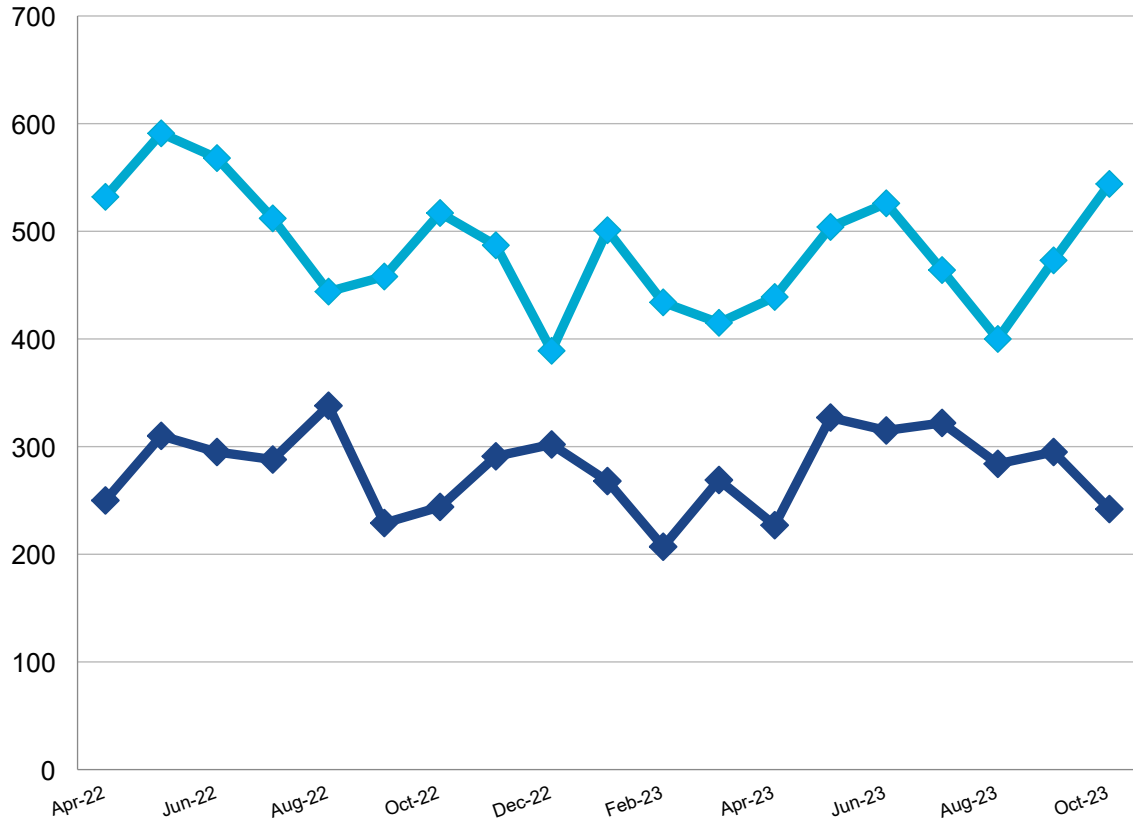


**Context and additional information:** OH Abingdon, Witney, Henley SDEC data to be added in future months

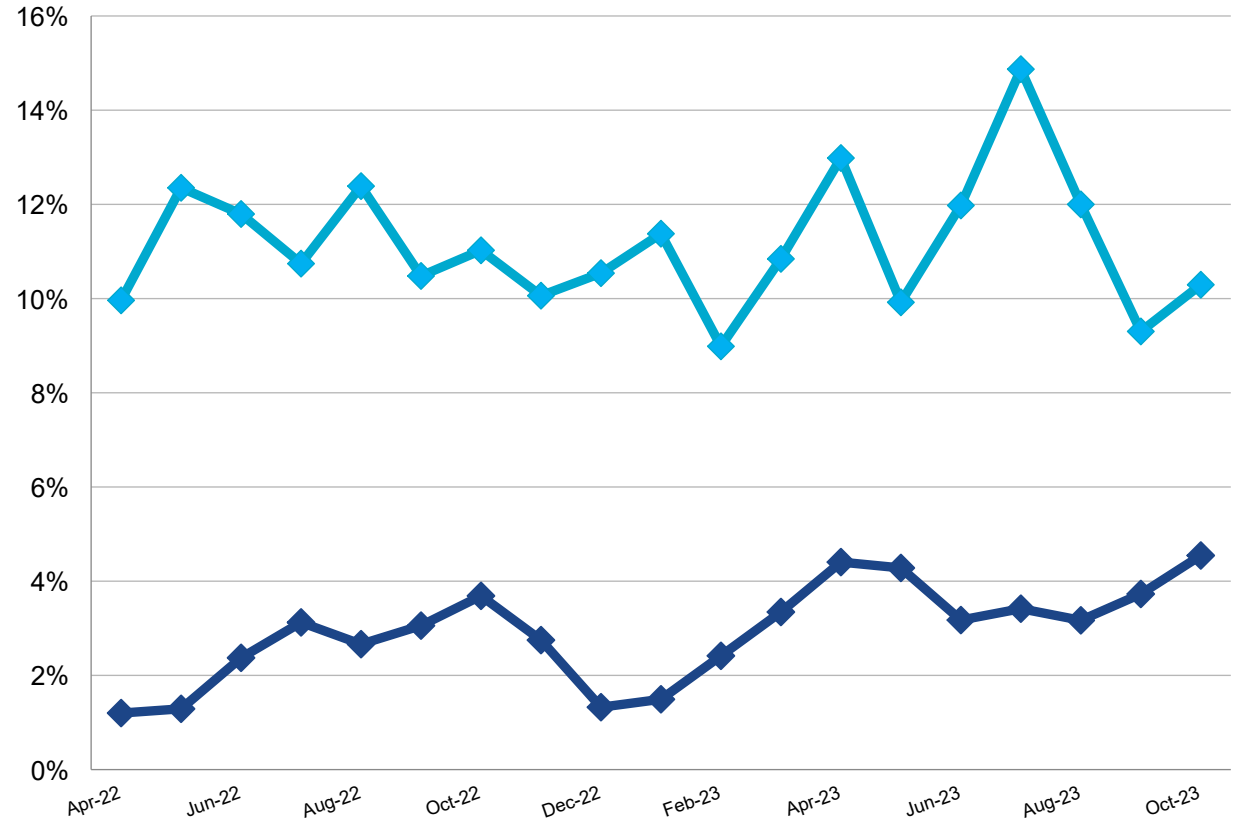
**Data source:** OUH – Alex Clift

# Fallers who attended OUH ED departments: Aged 18-64

Number of fallers who attended OUH ED departments



Fallers who attended OUH ED departments: % Who were admitted



**Key:** John Radcliffe —◆— Horton —◆—

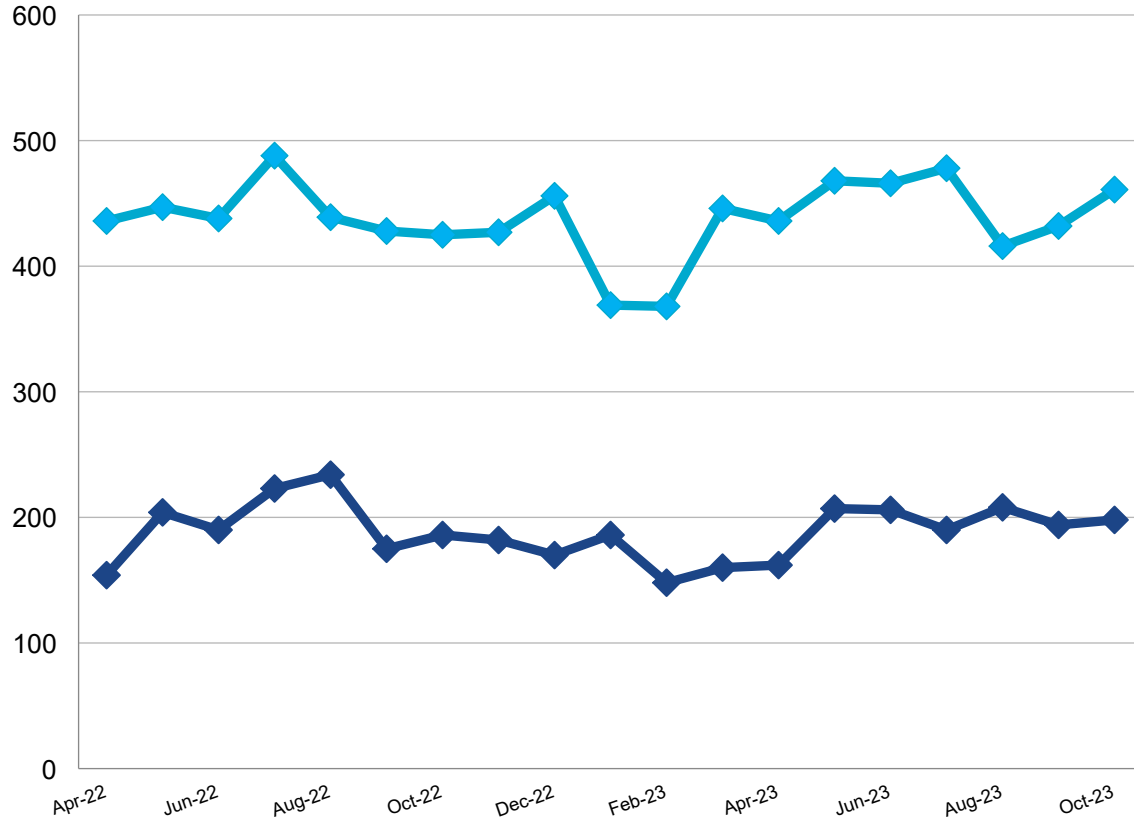
**Context and additional information:** Excluding major trauma/fall from a height (matching BCF metric criteria)

**Data source:** OUH - Alex Clift

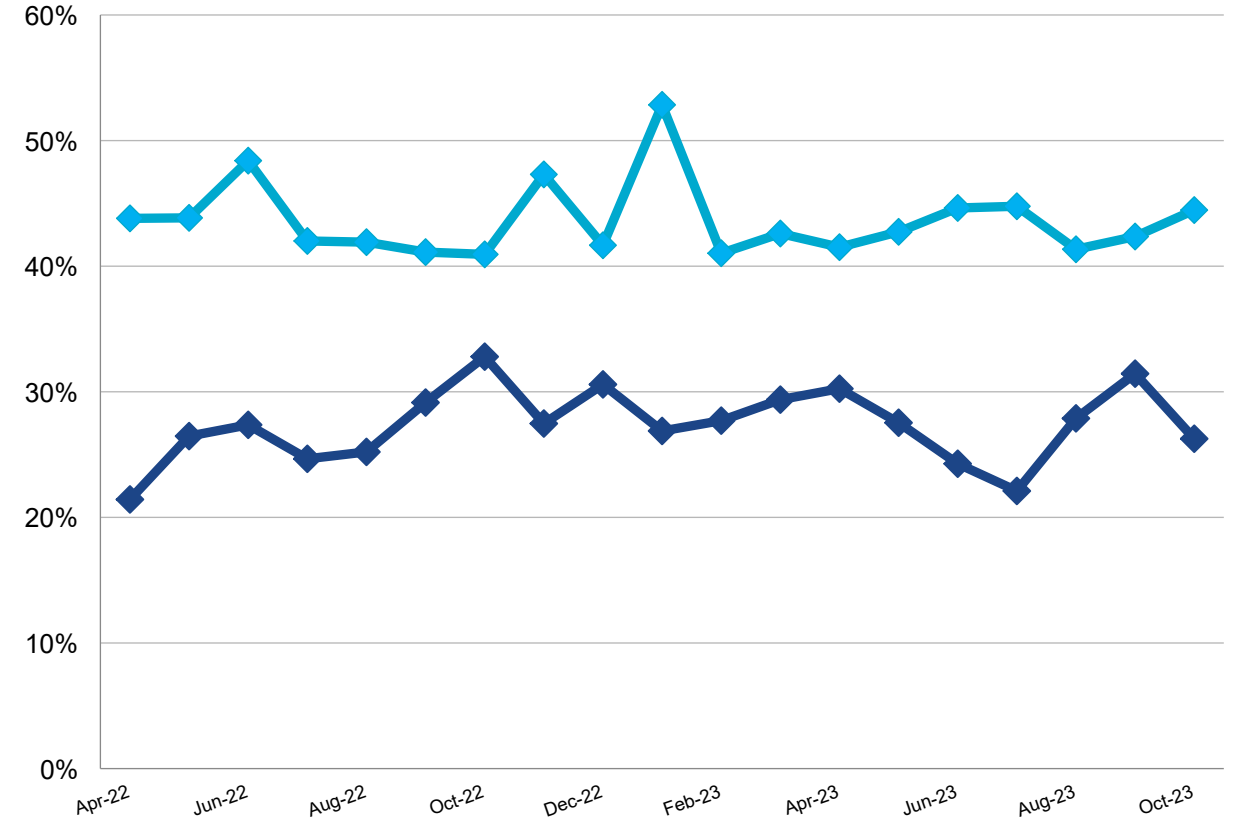


# Fallers who attended OUH ED departments: Aged 65+

Number of fallers who attended OUH ED departments



Fallers who attended OUH ED departments: % Who were admitted



**Key:** John Radcliffe —◆— Horton —◆—

**Context and additional information:** Excluding major trauma/fall from a height (matching BCF metric criteria)

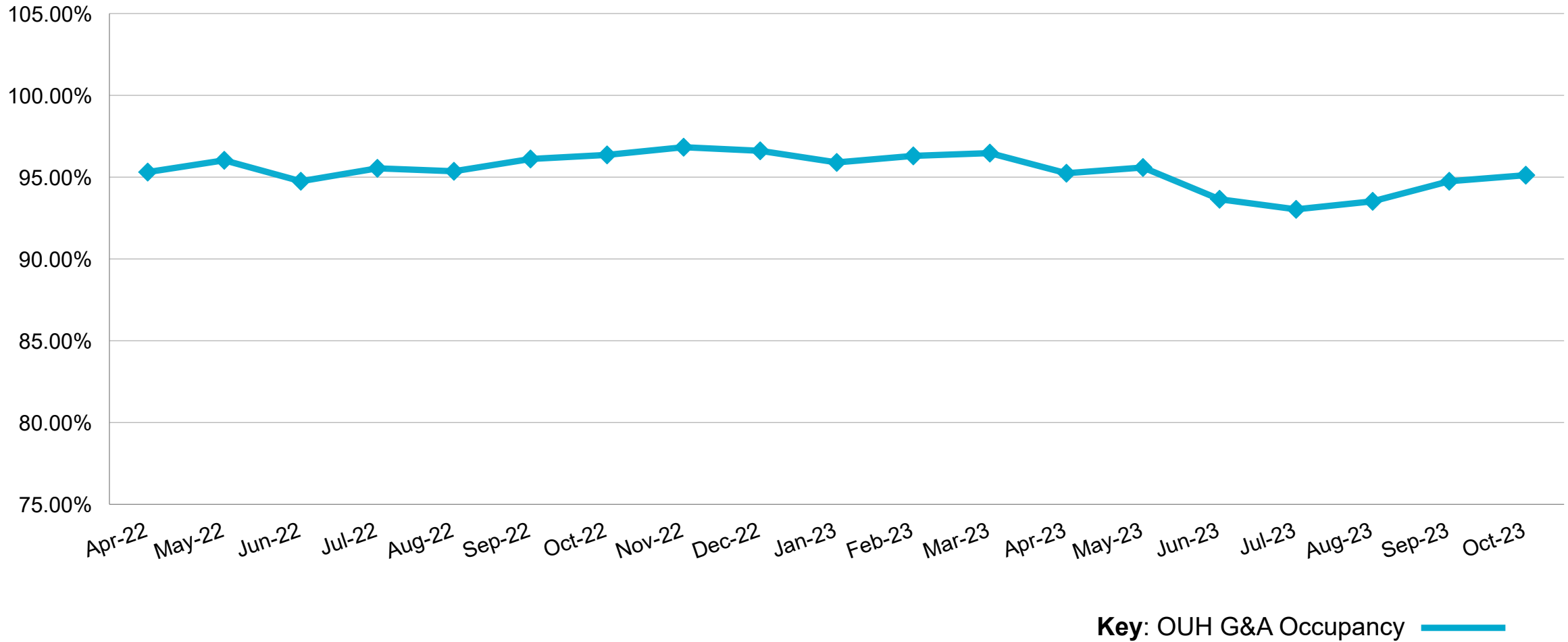
**Data source:** OUH - Alex Clift

# Inpatient occupancy and demand for Discharge

This section seeks to demonstrate the occupancy level of inpatient settings and the delays for discharge, with the demand on onwards services.

# Inpatient Bed Occupancy

## Inpatient Bed Occupancy (%)

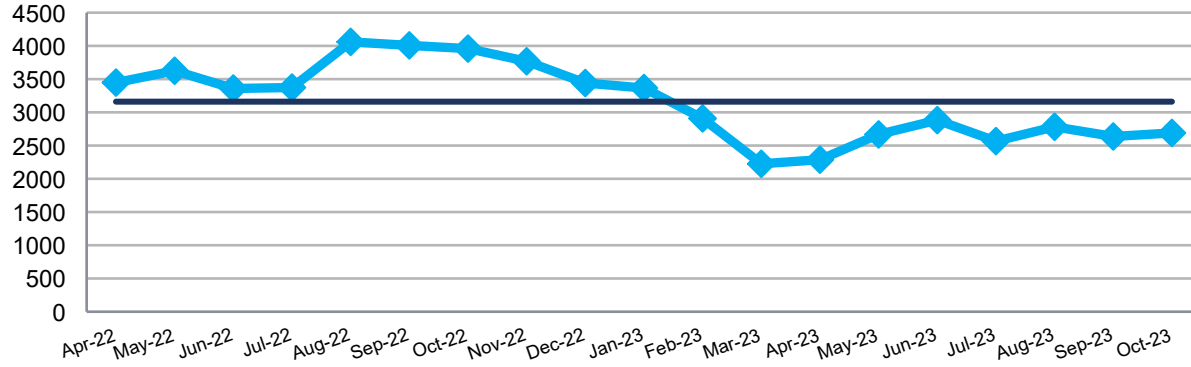


**Context and additional information:** Data quality issues with CH bed occupancy. Gareth Cox working on getting this out of EMIS.

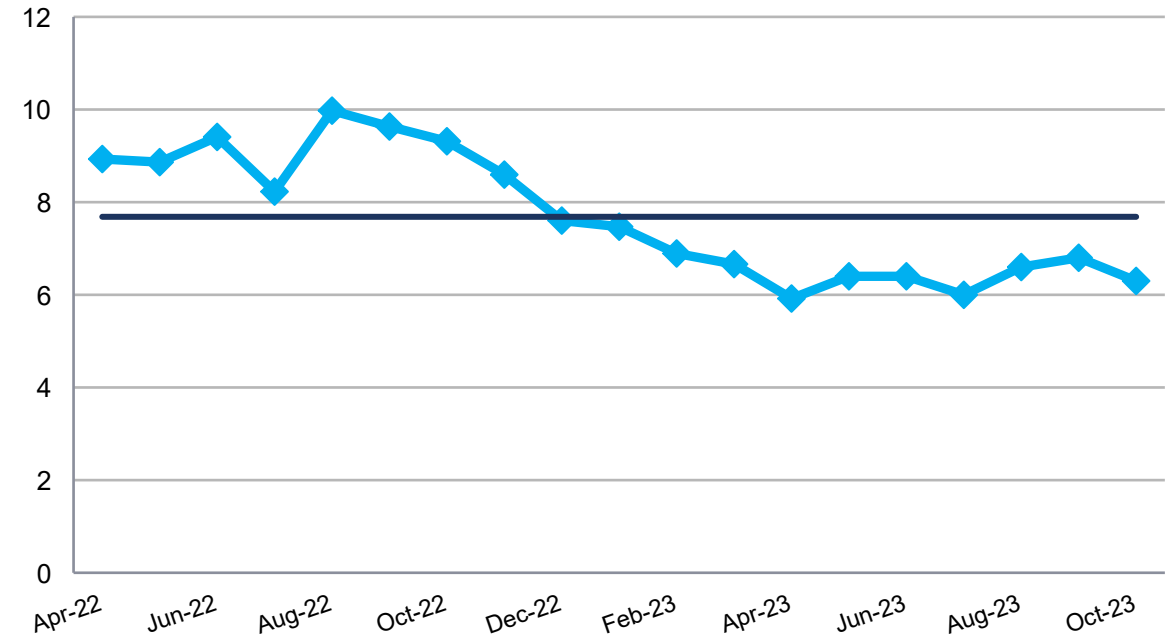
**Data source:** CH – Gareth Cox & Liz Adkins, OUH - Alex Clift

# Total number of bed days lost for delayed discharges (OUHFT)

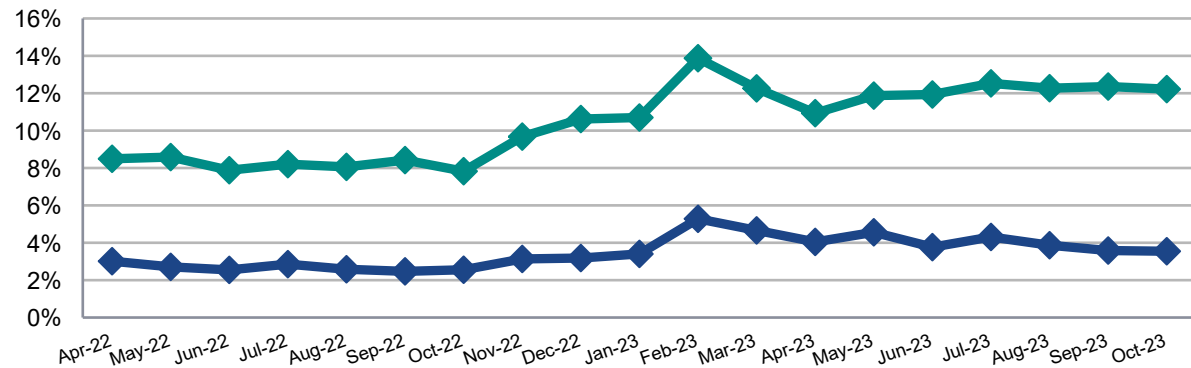
The total number of Acute bed days lost to patients who were medically optimised for discharge but whose discharge was delayed



Average days away from home for MOFD patients in acute inpatient wards



Proportion of MOFD patients who were discharged before midday & 17:00



Key: Days lost (blue line), Mean (dark blue line)

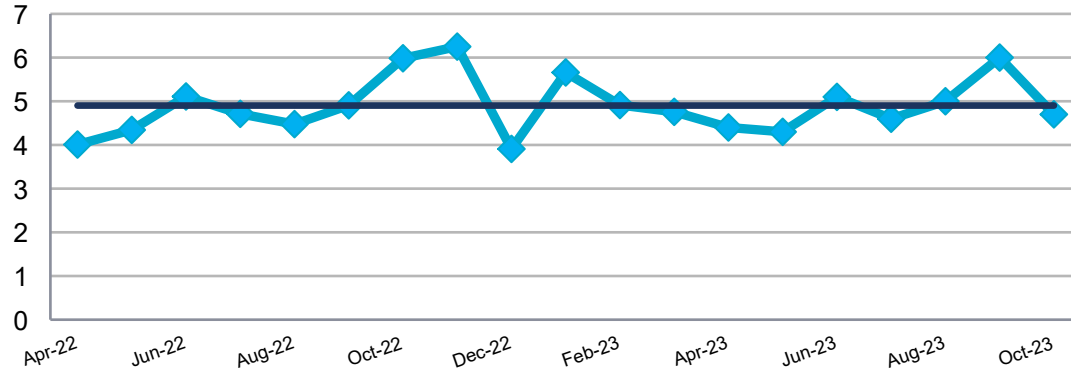
Key: % discharged before 17:00 (green line), % discharged before midday (dark blue line)

**Context and additional information:**

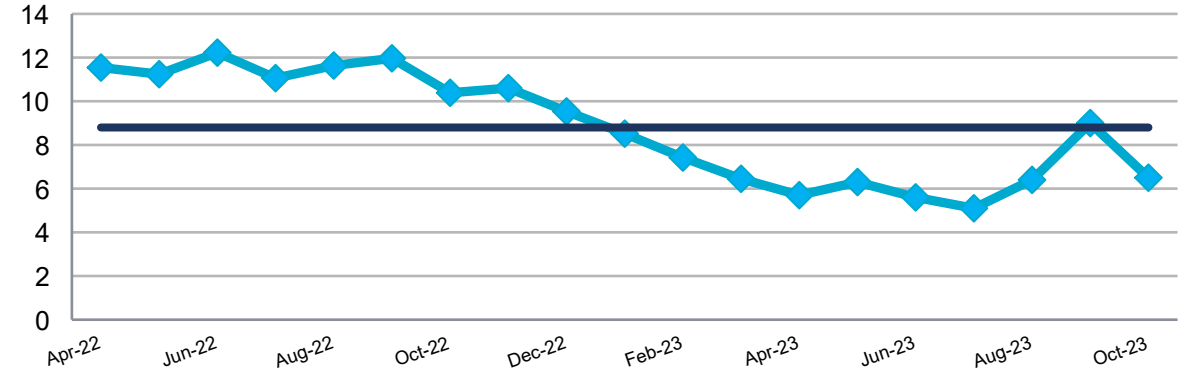
Data source: OUH - Alex Clift

# Days away from home for delayed discharges for OUHFT inpatients

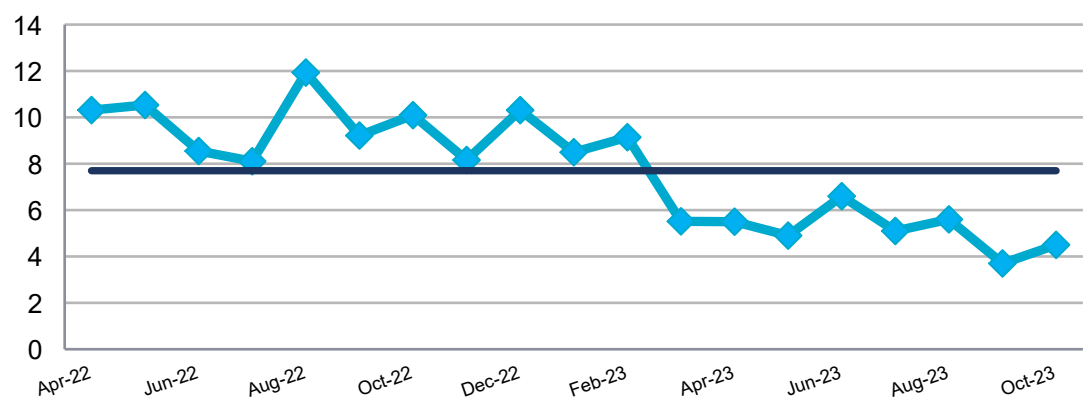
Average number of days MOFD - Pathway 0



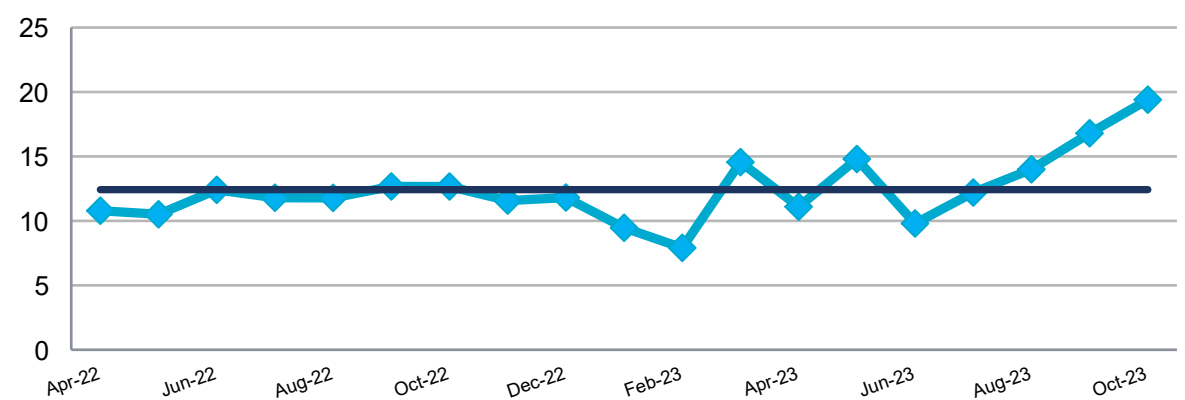
Average number of days MOFD - Pathway 1



Average number of days MOFD - Pathway 2



Average number of days MOFD - Pathway 3



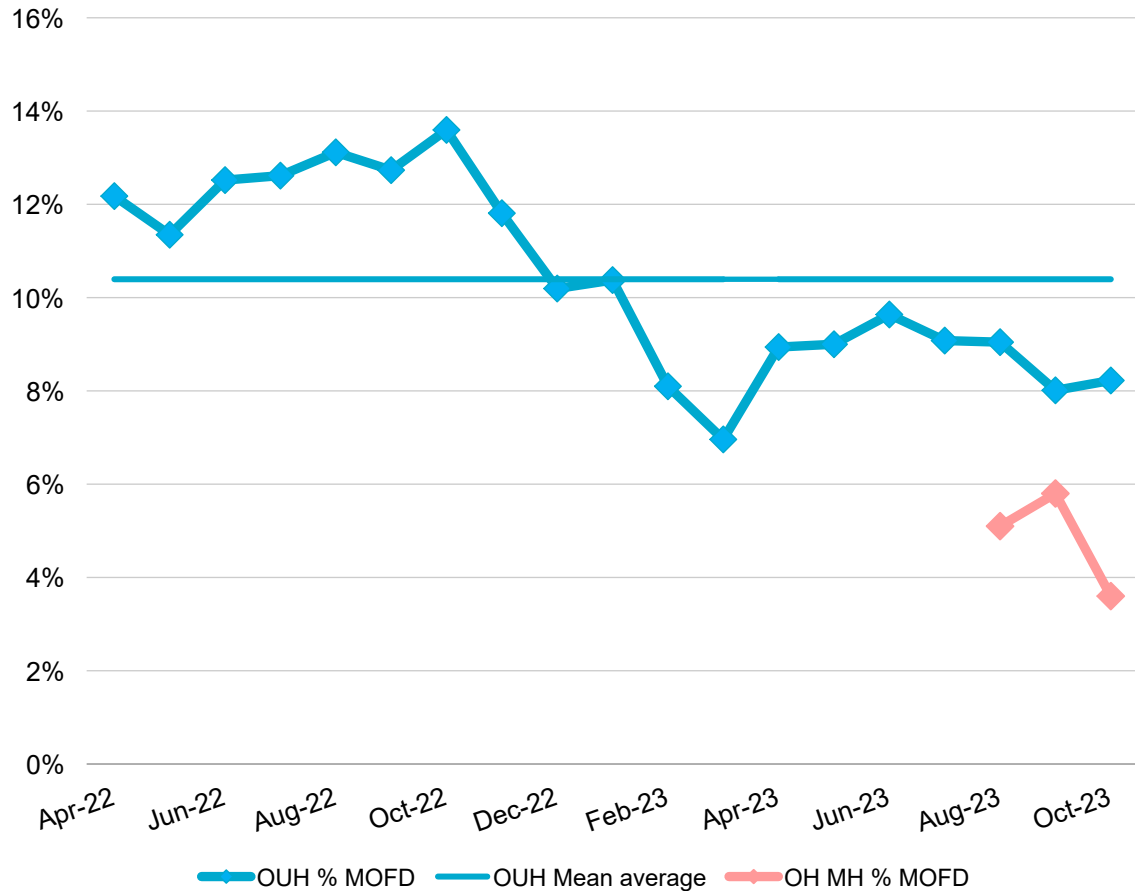
Key: No. of days Mean

**Context and additional information:** On 01/03/2023 the accuracy of OUH pathway's reporting improved after a mandatory drop-down was added on EPR.

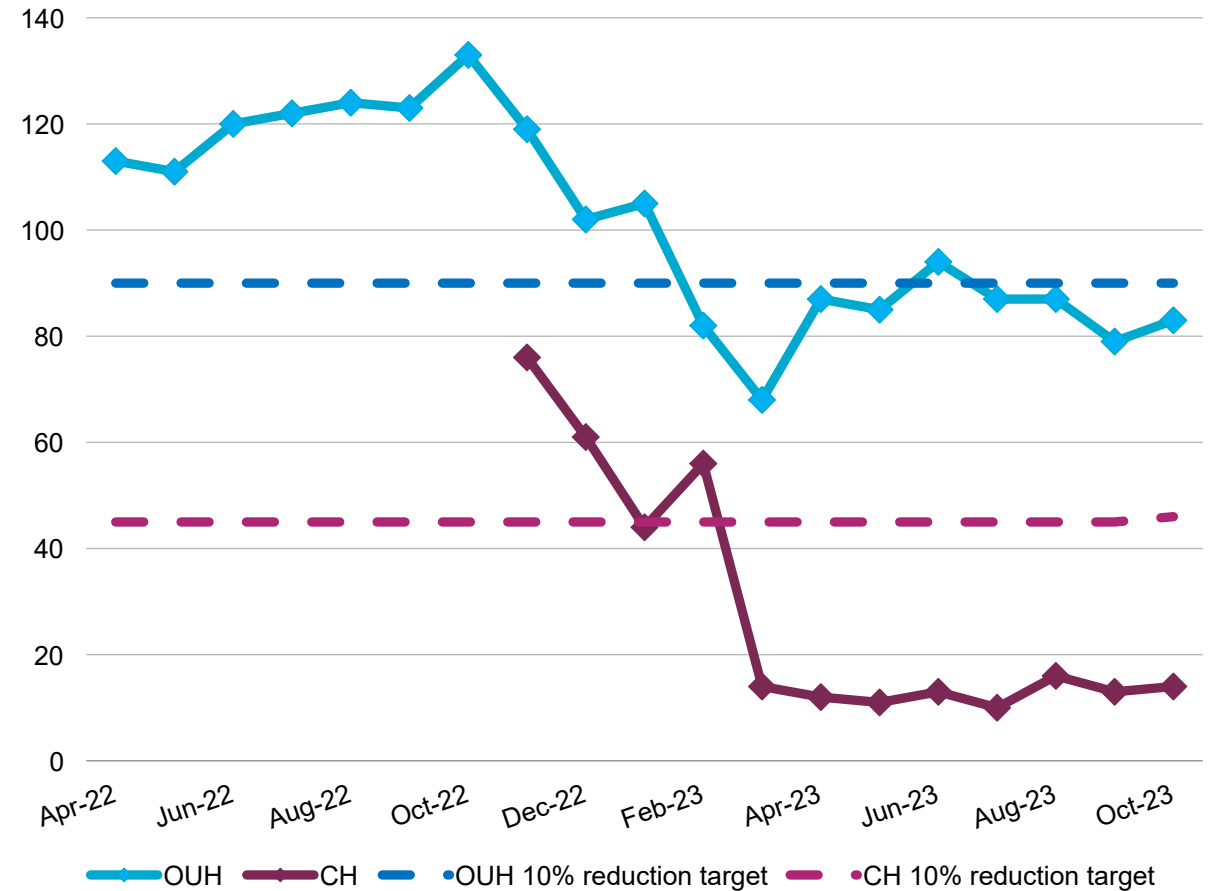
**Data source:** OUH - Alex Clift

# Proportion of patients who were MOFD and average number of MOFD per day

## Proportion of patients who were MOFD



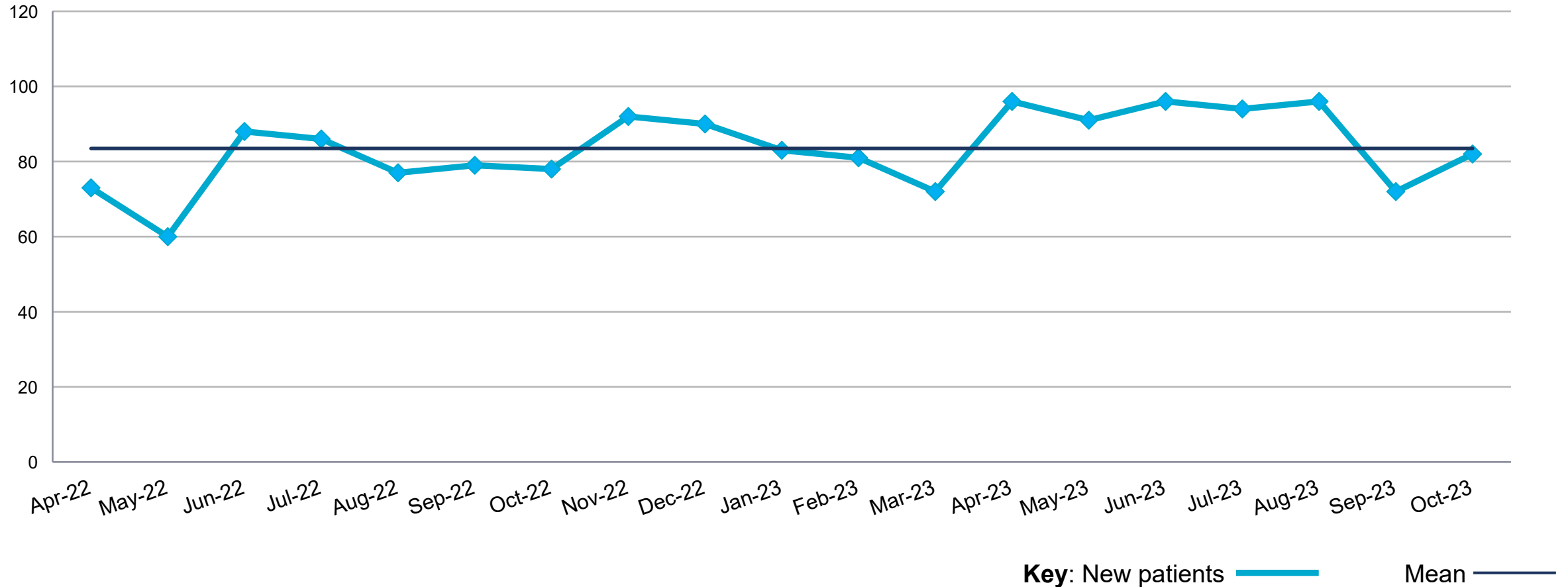
## Average number of MOFD patients per day



**Context and additional information:** Left chart: Data quality issues with Community Hospital data so has been removed - expected mean 10%. No OH mental health data available before Aug-23. Right chart: CH data unreliable pre Nov-22. OUH target of 90 patients per day. CH target of 45 patients per day  
**Data source:** OUH - Alex Clift, CH – Gareth Cox & Liz Adkins, OH MH - Dee Pelakauskaite

# New admissions to short stay hub beds

The number of patients who were moved into short stay hub beds

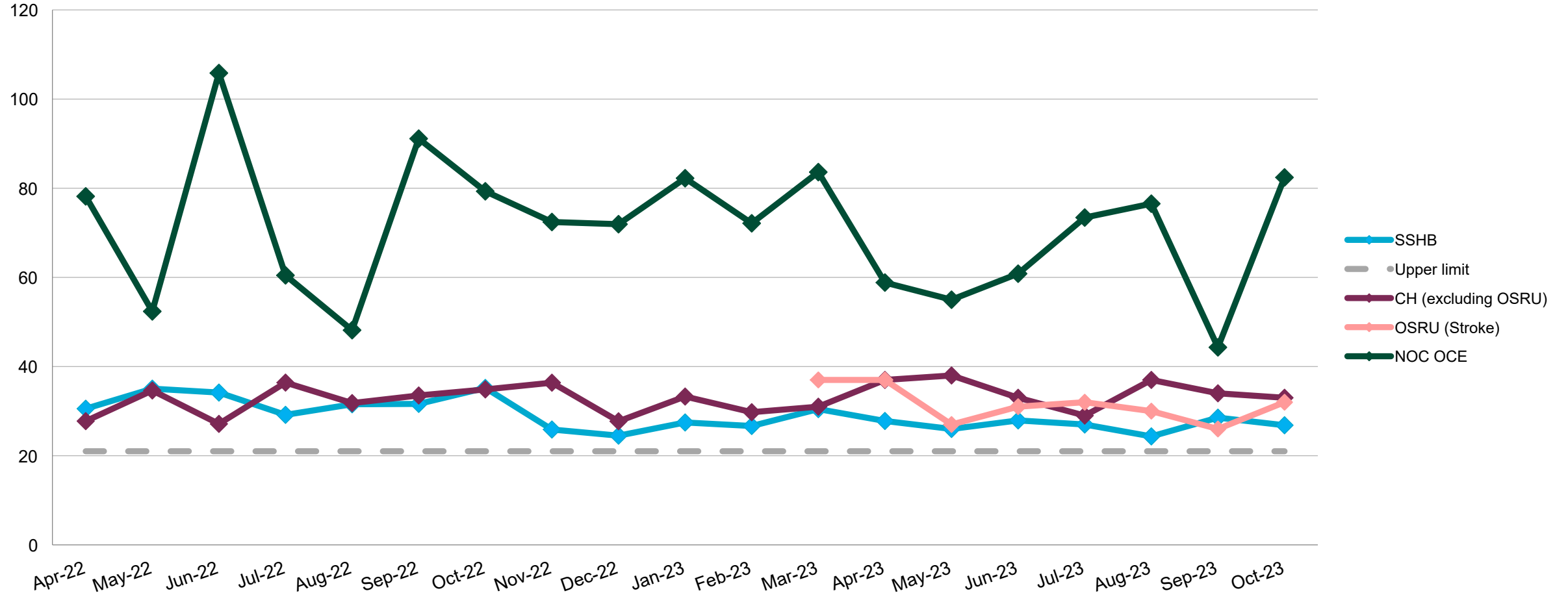


Context and additional information:

Data source: OUH - Alex Clift

# Length of stay in pathway 2

## Average Length of Stay



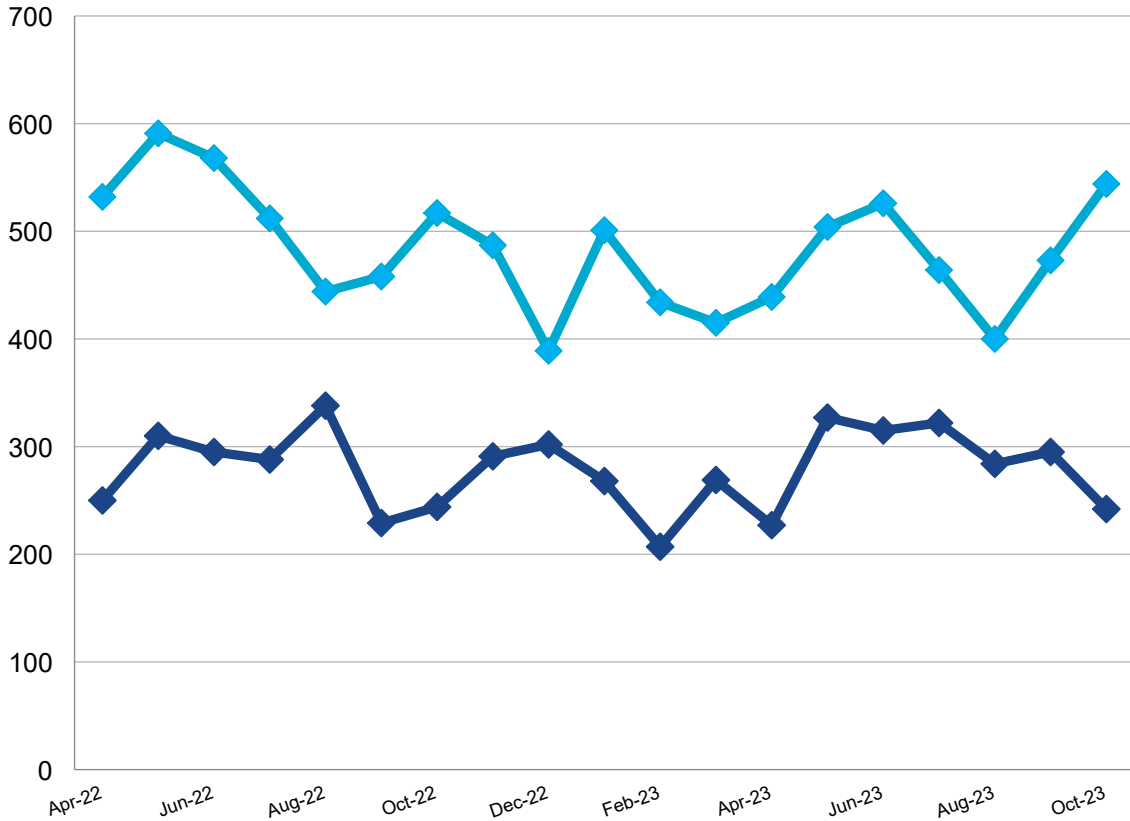
**Context and additional information:** Upper limit of 21 days.

**Data source:** OUH - Alex Clift, CH – Gareth Cox & Liz Adkins

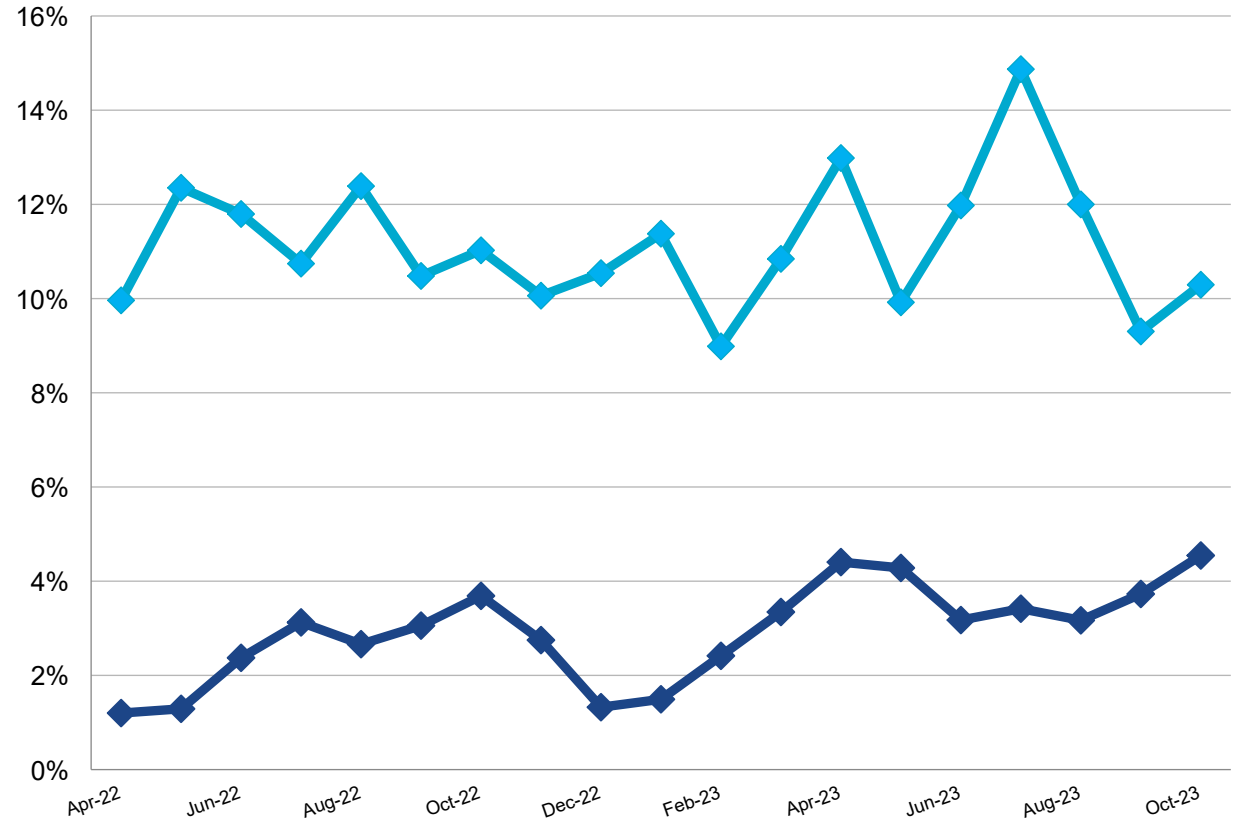


# Fallers who attended OUH ED departments: Aged 18-64

Number of fallers who attended OUH ED departments



Fallers who attended OUH ED departments: % Who were admitted



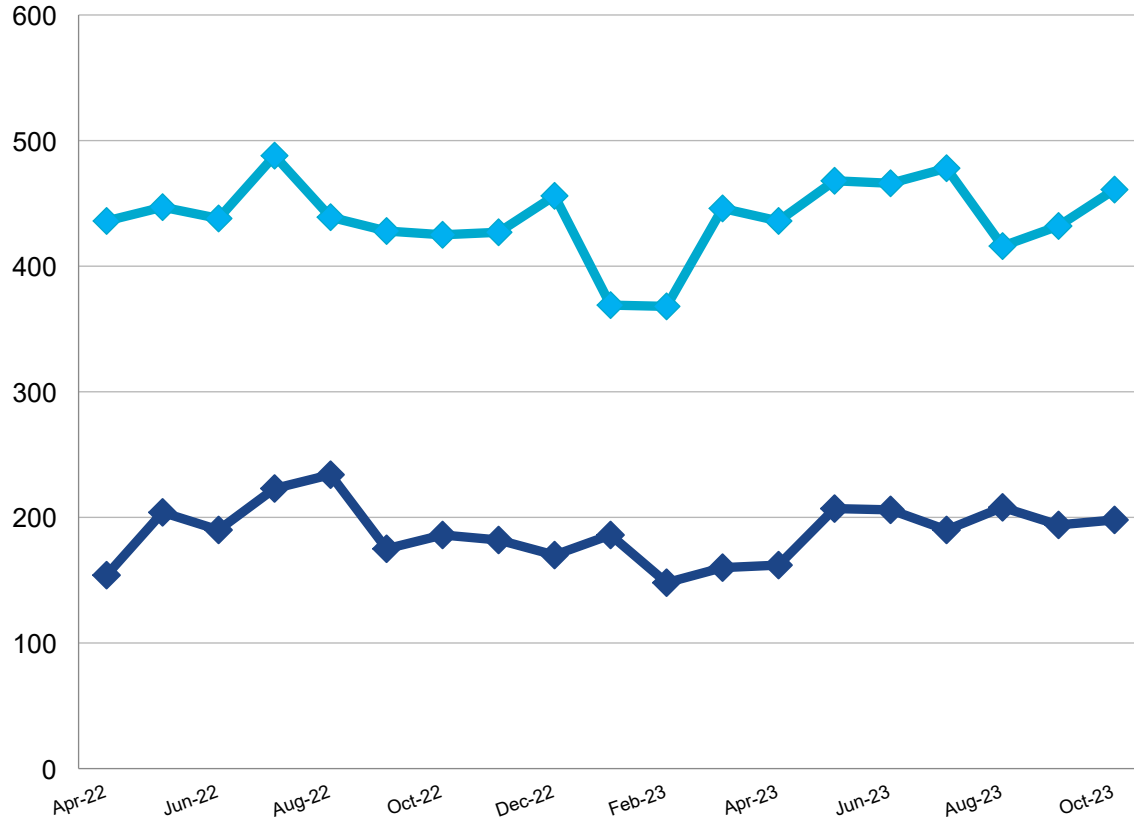
**Key:** John Radcliffe —◆— Horton —◆—

**Context and additional information:** Excluding major trauma/fall from a height (matching BCF metric criteria)

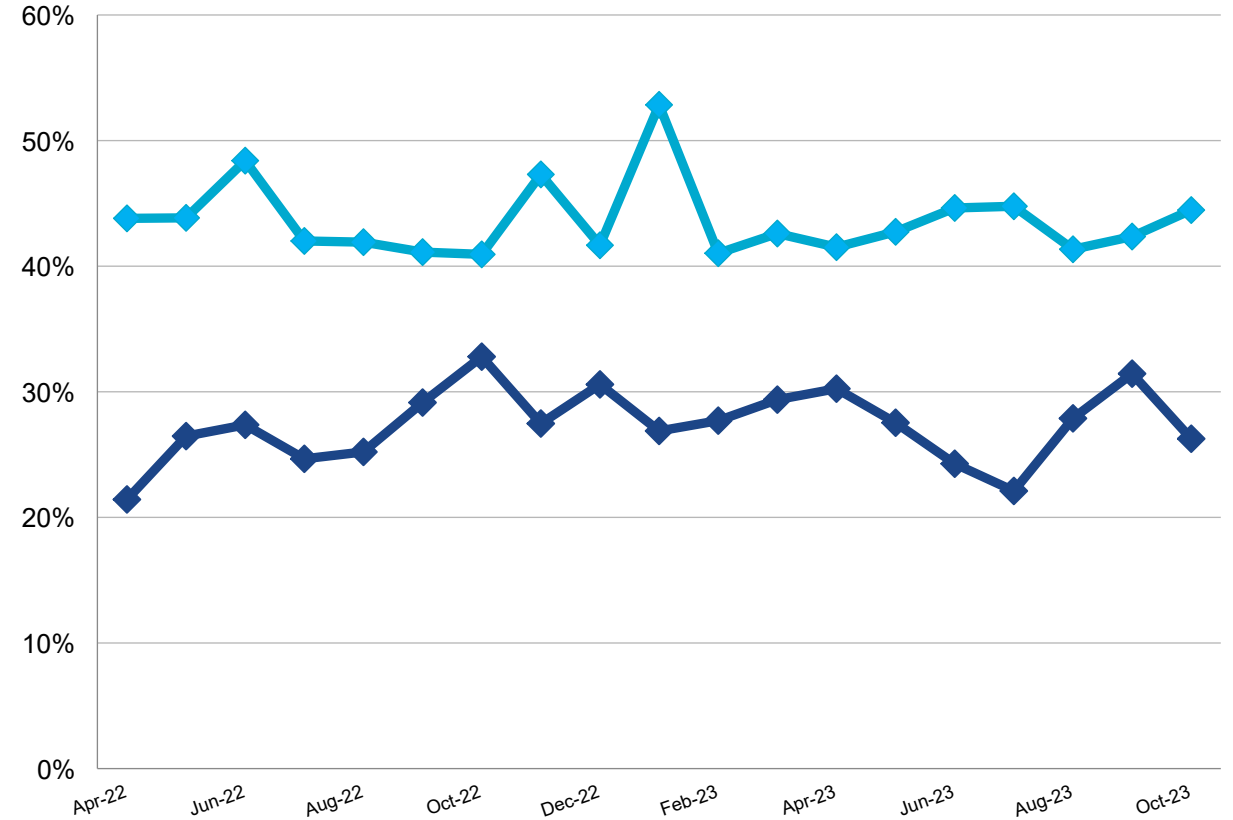
**Data source:** OUH - Alex Clift

# Fallers who attended OUH ED departments: Aged 65+

Number of fallers who attended OUH ED departments



Fallers who attended OUH ED departments: % Who were admitted



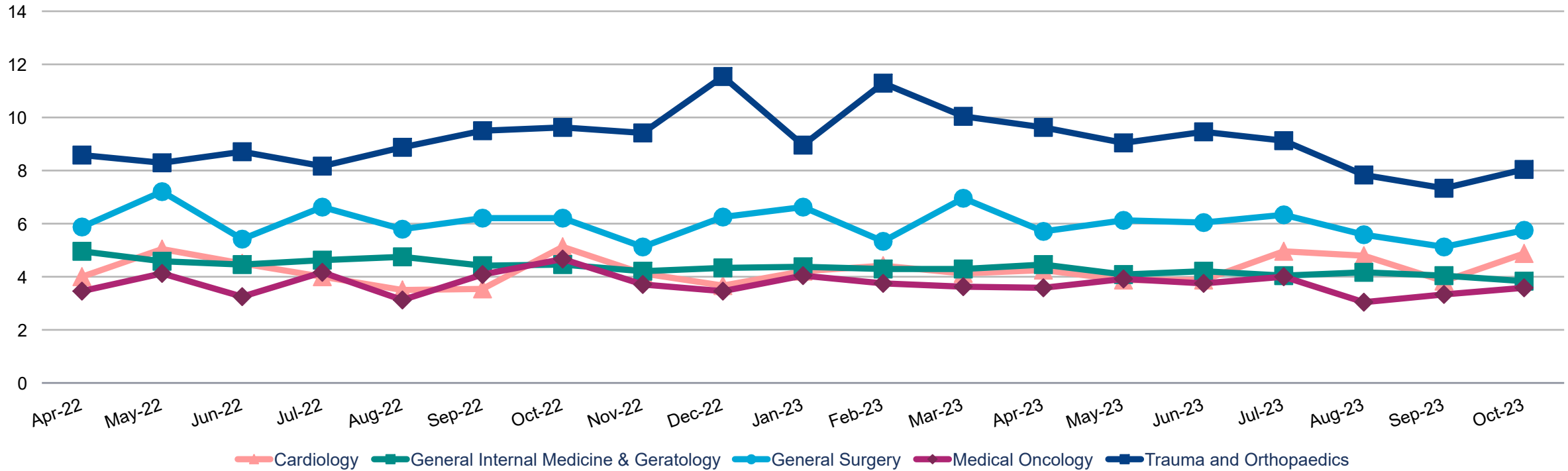
**Key:** John Radcliffe — Horton

**Context and additional information:** Excluding major trauma/fall from a height (matching BCF metric criteria)

**Data source:** OUH - Alex Clift

# Average length of stay by Specialty

Average LoS by Admitting Specialty  
(Top 5 specialites by number of admissions)



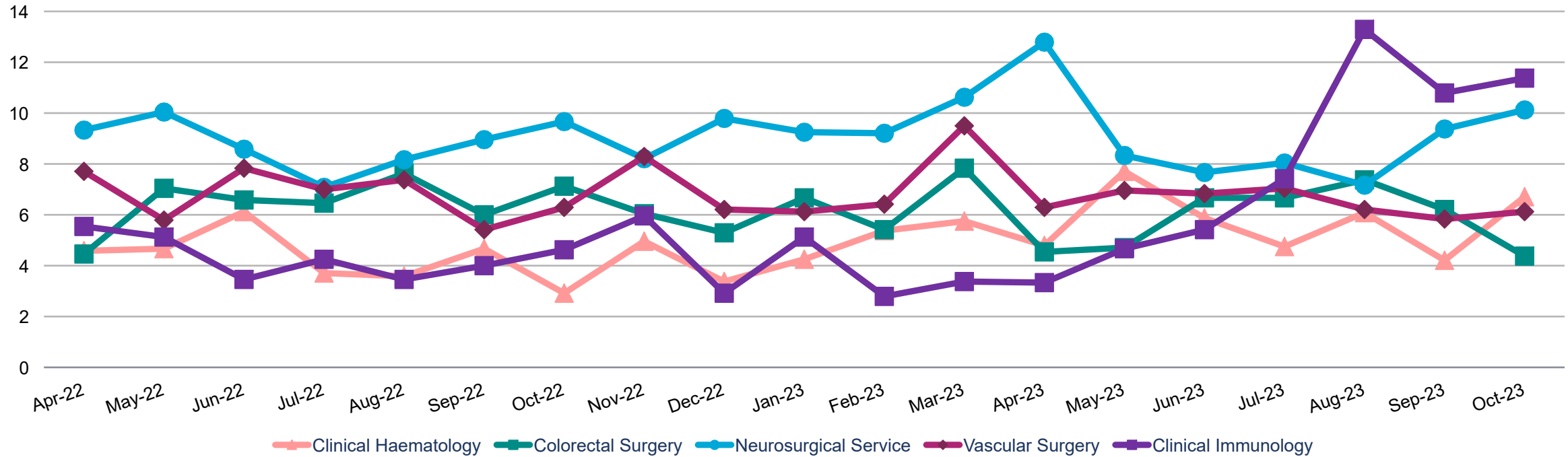
Number of Admissions	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Grand Total
Cardiology	172	187	189	206	208	192	196	216	187	195	200	202	220	205	219	202	203	221	209	3829
General Internal Medicine & Geratology	2857	2903	2819	2965	2899	2929	3121	3209	3491	3298	2830	3397	2966	3284	3224	3116	3248	3430	3501	59487
General Surgery	560	673	643	659	748	745	721	749	592	754	723	835	722	743	804	811	863	849	816	14010
Trauma and Orthopaedics	401	474	451	440	419	419	402	382	373	388	377	378	370	403	432	385	359	356	348	7557
Medical Oncology	191	159	189	181	143	142	179	163	178	198	169	195	208	233	209	215	208	222	246	3628

**Context and additional information:** Includes the top 5 specialties by number of admissions during the period

**Data source:** OUH - Alex Clift

# Average length of stay by Specialty

Average LoS by Admitting Specialty  
(Top 6-10 specialites by number of admissions)



Number of Admissions	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Grand Total
Clinical Haematology	82	99	83	105	85	86	79	85	118	85	89	85	78	85	94	78	85	103	72	1676
Colorectal Surgery	55	98	61	71	101	95	80	65	91	72	64	85	43	97	67	81	70	75	76	1447
Neurosurgical Service	172	181	180	175	177	173	175	187	159	188	175	193	167	187	185	166	182	182	186	3390
Vascular Surgery	76	105	94	85	102	95	101	98	84	83	94	100	97	85	105	87	82	71	75	1719
Clinical Immunology	605	155	312	484	150	120	233	96	210	116	178	296	146	113	56	16	20	21	35	3362

**Context and additional information:** Includes the top 6 to 10 specialties by number of admissions during the period

**Data source:** OUH - Alex Clift

# Average length of stay by Specialty

Average LoS	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Grand Total
Blood and Marrow Transplantation	25.6	24.1	24.9	24.9	29.2	30.0	17.3	26.4	24.4	22.0	30.8	23.9	25.0	23.3	27.8	24.0	22.3	17.7	39.5	25.4
Infectious Diseases	10.8	9.9	8.0	11.3	9.6	5.0	7.5	9.9	13.9	9.2	14.2	16.3	7.7	16.1	16.0	12.4	12.8	13.7	9.0	11.2
Trauma and Orthopaedics	8.6	8.3	8.7	8.2	8.9	9.5	9.6	9.4	11.5	9.0	11.3	10.0	9.6	9.0	9.5	9.1	7.8	7.3	8.0	9.1
Cardiac Surgery	8.5	11.0	8.5	9.4	8.2	8.4	10.5	8.9	8.3	6.7	9.4	11.0	10.1	10.8	8.4	9.8	7.7	10.1	7.4	9.1
Neurosurgical Service	9.3	10.0	8.6	7.1	8.2	9.0	9.7	8.2	9.8	9.3	9.2	10.6	12.8	8.3	7.7	8.0	7.2	9.4	10.1	9.1
Respiratory Medicine	15.1	9.3	6.5	7.7	7.4	6.2	8.4	7.9	8.0	4.2	11.0	7.5	9.3	6.3	9.8	8.5	15.9	8.5	11.6	8.9
Hepatobiliary and Pancreatic Surgery	5.0	10.9	6.8	8.0	9.3	7.0	6.3	8.3	12.9	11.6	5.0	5.0	8.3	5.2	6.6	7.2	8.2	9.3	6.9	7.8
Spinal Surgery Service	10.0	8.0	6.5	7.2	9.1	10.9	7.1	9.0	7.6	8.2	10.5	5.8	6.5	6.5	7.0	7.5	9.1	5.6	5.5	7.8
Renal Medicine	5.8	7.7	9.2	6.9	6.8	9.3	5.6	6.7	6.8	7.6	11.3	8.3	7.3	7.2	6.2	7.0	6.9	7.0	8.3	7.5
Upper Gastrointestinal Surgery	6.1	5.8	6.6	6.5	4.7	13.5	5.7	6.6	10.4	7.5	6.4	8.2	9.9	9.3	5.0	7.0	4.5	6.6	9.5	7.4
Gastroenterology	9.0	8.2	5.1	11.5	11.1	6.9	5.7	6.3	4.7	5.3	6.6	6.3	6.1	10.1	10.4	6.5	6.2	4.0	7.0	7.2
Stroke Medicine	7.1	8.0	7.8	5.4	6.3	7.3	8.9	9.4	5.0	7.5	6.3	7.6	5.0	9.5	7.5	7.6	5.6	3.8	6.2	6.9
Vascular Surgery	7.7	5.8	7.8	7.0	7.4	5.4	6.3	8.3	6.2	6.1	6.4	9.5	6.3	7.0	6.8	7.0	6.2	5.8	6.1	6.8
Neurology	5.0	9.2	6.6	3.7	3.4	8.4	6.2	3.0	8.7	5.8	9.3	3.9	6.6	8.8	6.5	6.9	9.0	7.2	8.6	6.7
Orthopaedic Service	7.6	7.2	5.1	9.4	6.0	7.1	6.3	8.6	6.0	5.1	6.8	6.5	5.8	5.3	4.7	5.6	4.4	4.2	5.9	6.2
Colorectal Surgery	4.5	7.0	6.6	6.5	7.6	6.0	7.1	6.0	5.3	6.7	5.4	7.8	4.5	4.7	6.7	6.7	7.4	6.2	4.4	6.2
Transplant Surgery Service	4.8	6.8	7.4	4.3	6.5	6.0	6.5	5.4	7.3	10.2	5.5	5.8	6.4	4.6	4.7	5.0	7.4	6.3	5.6	6.1
General Surgery	5.9	7.2	5.4	6.6	5.8	6.2	6.2	5.1	6.3	6.6	5.3	7.0	5.7	6.1	6.0	6.3	5.6	5.1	5.8	6.0
Clinical Immunology	5.5	5.1	3.5	4.3	3.5	4.0	4.6	6.0	2.9	5.1	2.8	3.4	3.3	4.7	5.4	7.4	13.3	10.8	11.4	5.6
Thoracic Surgery	5.2	5.5	5.8	6.3	5.1	5.3	5.4	5.1	4.8	4.4	4.4	5.6	4.7	5.7	4.6	6.5	6.1	5.7	5.8	5.4
Clinical Haematology	4.6	4.7	6.1	3.7	3.6	4.7	2.9	5.0	3.4	4.3	5.4	5.8	4.8	7.7	5.9	4.8	6.1	4.2	6.7	5.0
Plastic Surgery	4.5	5.7	3.3	3.9	4.6	4.1	4.8	4.3	5.5	5.1	6.8	5.5	4.5	4.8	5.1	3.2	3.4	4.7	3.5	4.6
General Internal Medicine & Geratology	5.0	4.6	4.5	4.6	4.8	4.4	4.5	4.2	4.3	4.4	4.3	4.3	4.5	4.1	4.2	4.0	4.2	4.0	3.8	4.3
Cardiology	4.0	5.0	4.5	4.0	3.5	3.5	5.1	4.1	3.7	4.2	4.4	4.1	4.3	3.9	3.9	5.0	4.8	3.8	4.9	4.2
Clinical Oncology (Radiotherapy)	4.6	2.0	1.8	4.4	4.1	5.6	5.0	2.1	4.5	2.5	4.3	2.5	5.7	8.5	2.3	2.1	2.2	5.8	1.7	3.8
Medical Oncology	3.5	4.1	3.3	4.2	3.1	4.1	4.7	3.7	3.5	4.0	3.8	3.6	3.6	3.9	3.8	4.0	3.0	3.3	3.6	3.7
Gynaecological Oncology	1.8	3.2	3.9	2.5	2.9	3.8	1.9	2.0	2.0	3.4	3.4	4.0	2.8	9.3	3.4	7.3	3.4	3.5	3.7	3.6
Maxillo Facial Surgery	3.8	3.5	5.1	2.9	3.5	2.9	2.3	4.4	4.1	3.3	2.5	3.3	2.3	5.8	2.5	2.2	4.1	3.2	3.3	3.4
Interventional Radiology	1.5	2.3	4.3	1.2	1.4	4.6	2.1	1.5	1.6	4.5	2.8	1.4	20.5	1.3	2.1	2.1	1.1	1.8	1.8	3.1
Breast Surgery	1.4	1.1	1.2	1.2	1.3	1.2	1.3	1.5	0.9	1.2	1.1	1.2	1.3	1.3	1.5	1.2	1.2	1.3	17.7	2.1

**Context and additional information:** Includes the top 30 specialties by number of admissions during the period

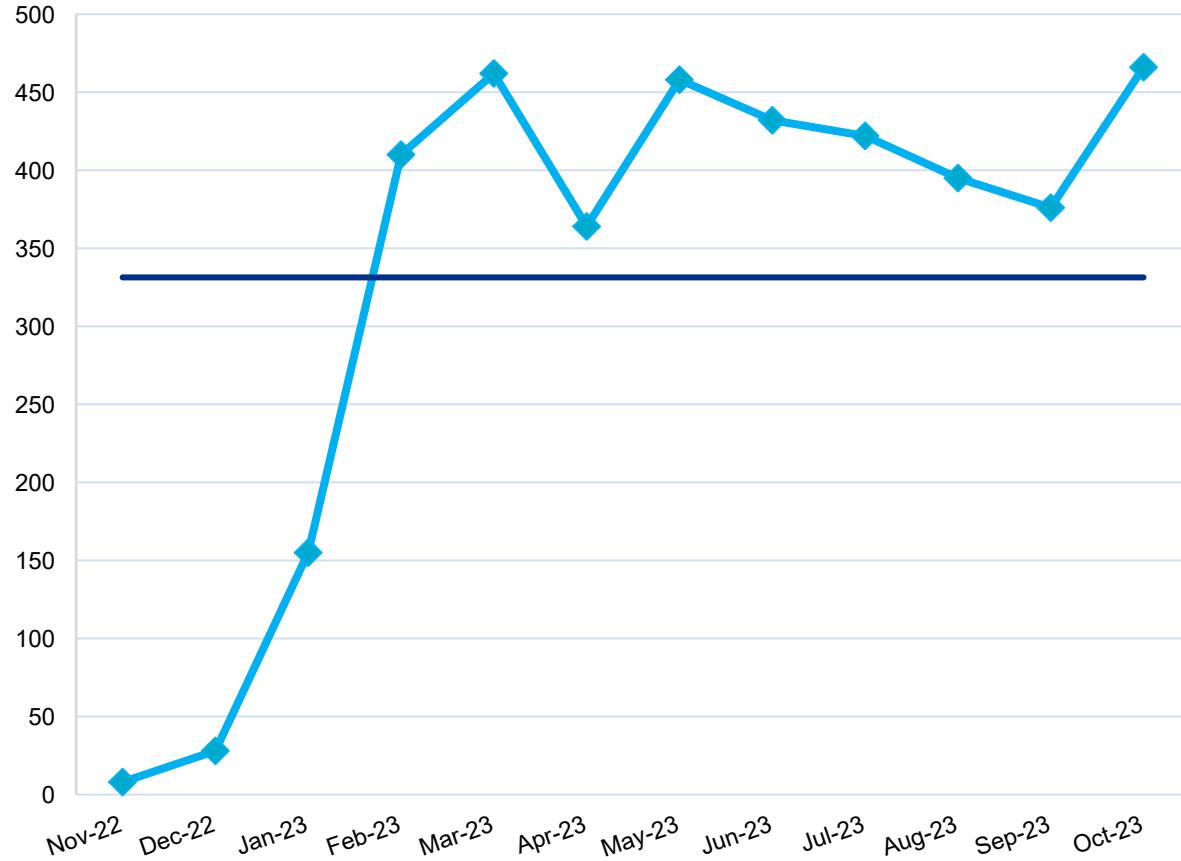
**Data source:** OUH - Alex Clift

# Transfer of Care Hub

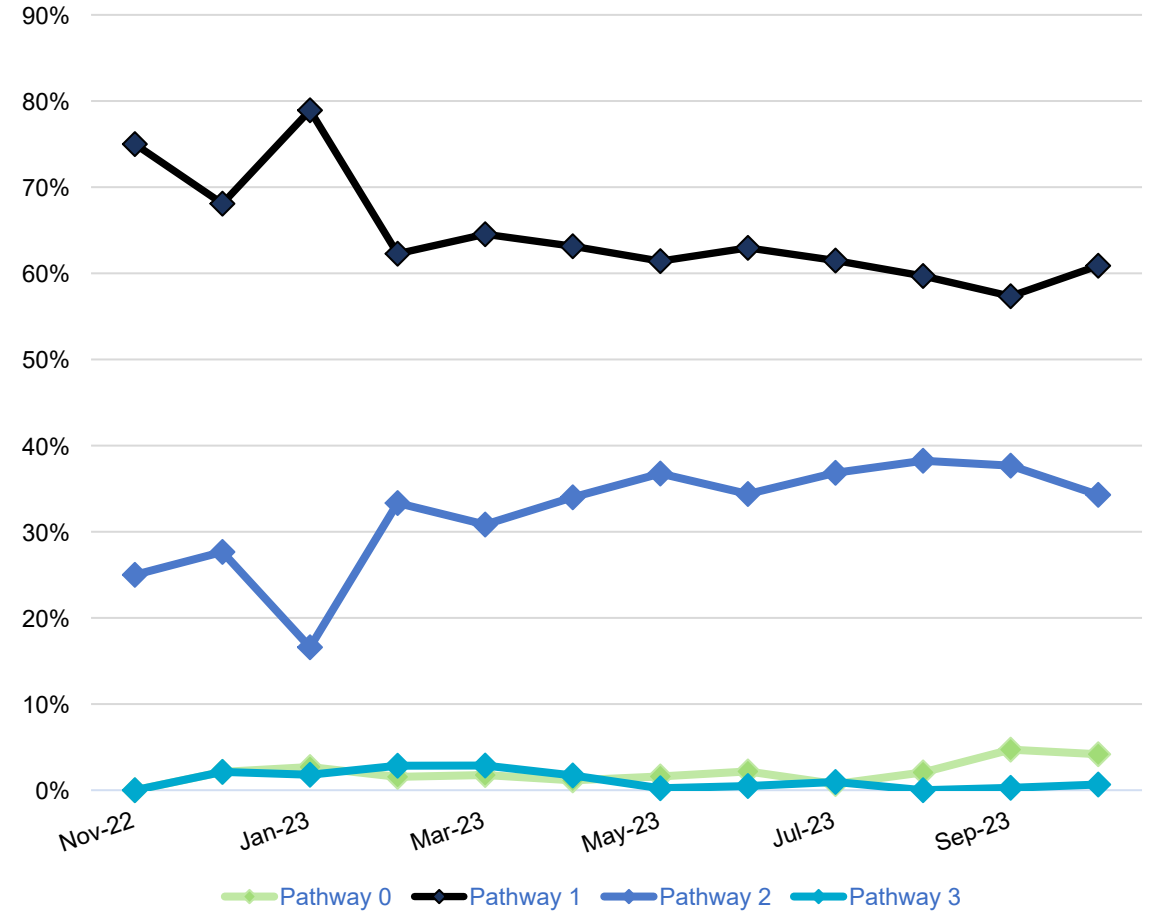
This section outlines the referrals in and pathway decisions made by the system-wide ToC Hub

# ToC Hub: Referrals received and decisions by pathway

Total referrals received by ToC Hub



% of Total ToC hub decisions by pathway



**Key:** Referrals —◆— Mean —

**Context and additional information:** ToC Hub started in Nov 2022  
**Data source:** OUH - Alex Clift & Tamsin Cater

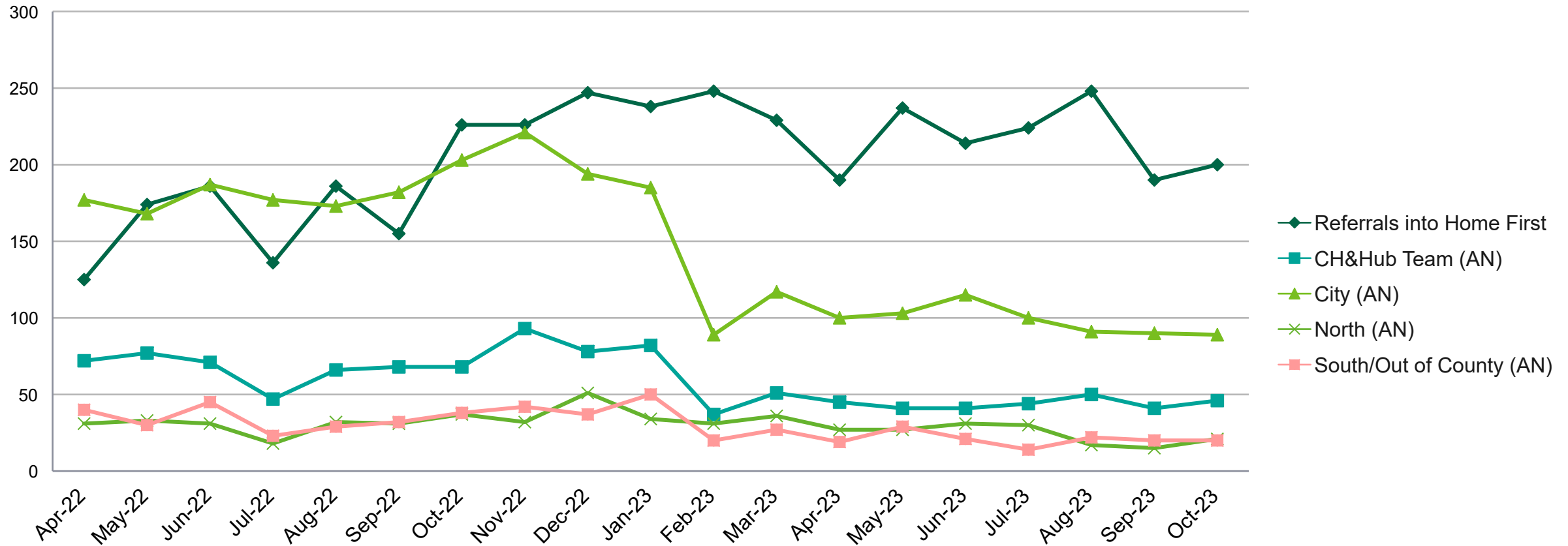
# Inpatient demand for Social Work and Reablement

This section outlines the demand for Social Services from hospital settings across Oxfordshire.



# Reablement and Social Work assessment notices from bed-based settings

## Referrals out of bed-based settings



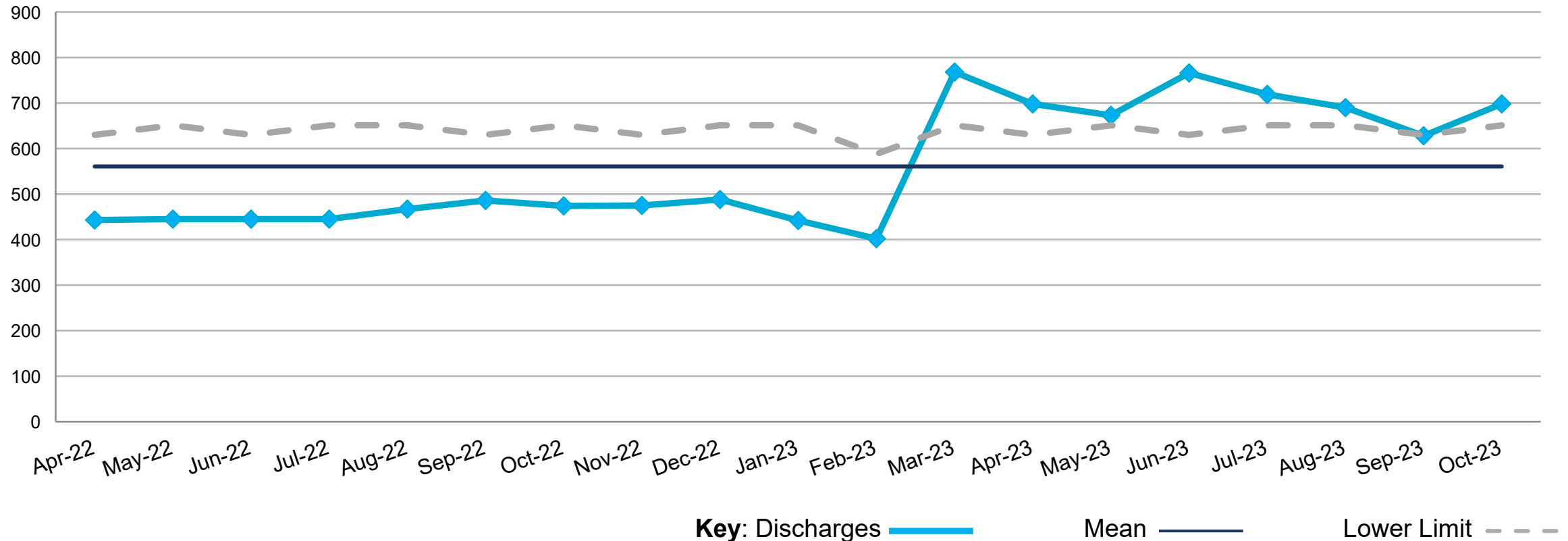
**Context and additional information:**  
**Data source:** OCC – Steve Thomas & Sally Steele

# Discharge performance across bed bases

The number of discharges from each in-patient bed base and the level of activity required from Social Care to support bed-based discharges.

# Pathway 1-3 discharges from OUHFT inpatient settings

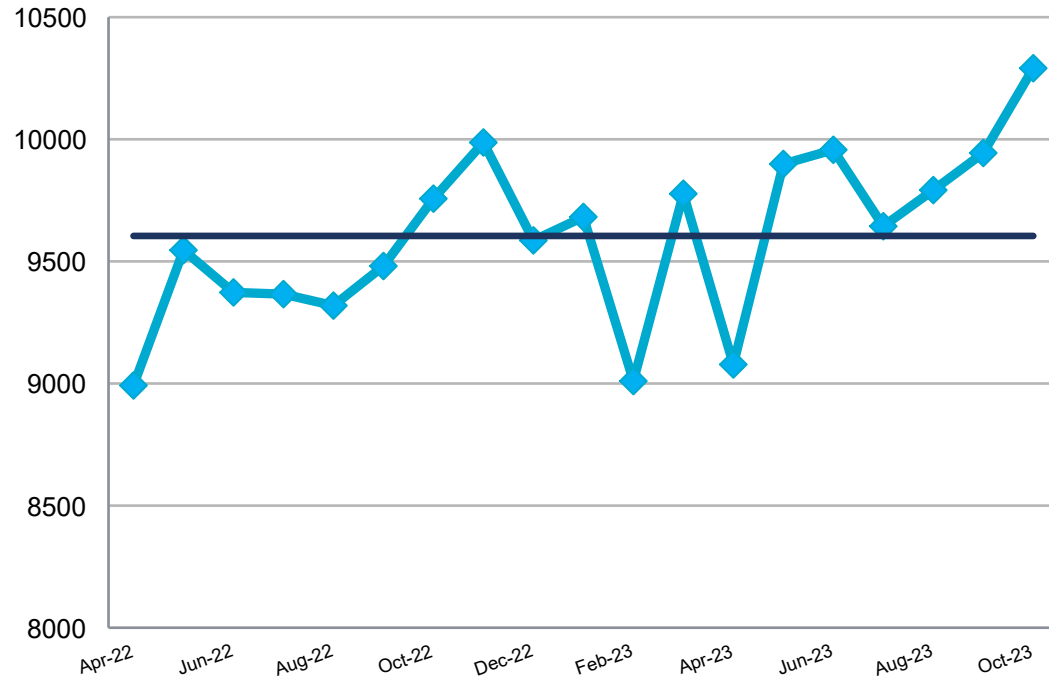
## Pathway 1-3 discharges from OUH inpatient wards



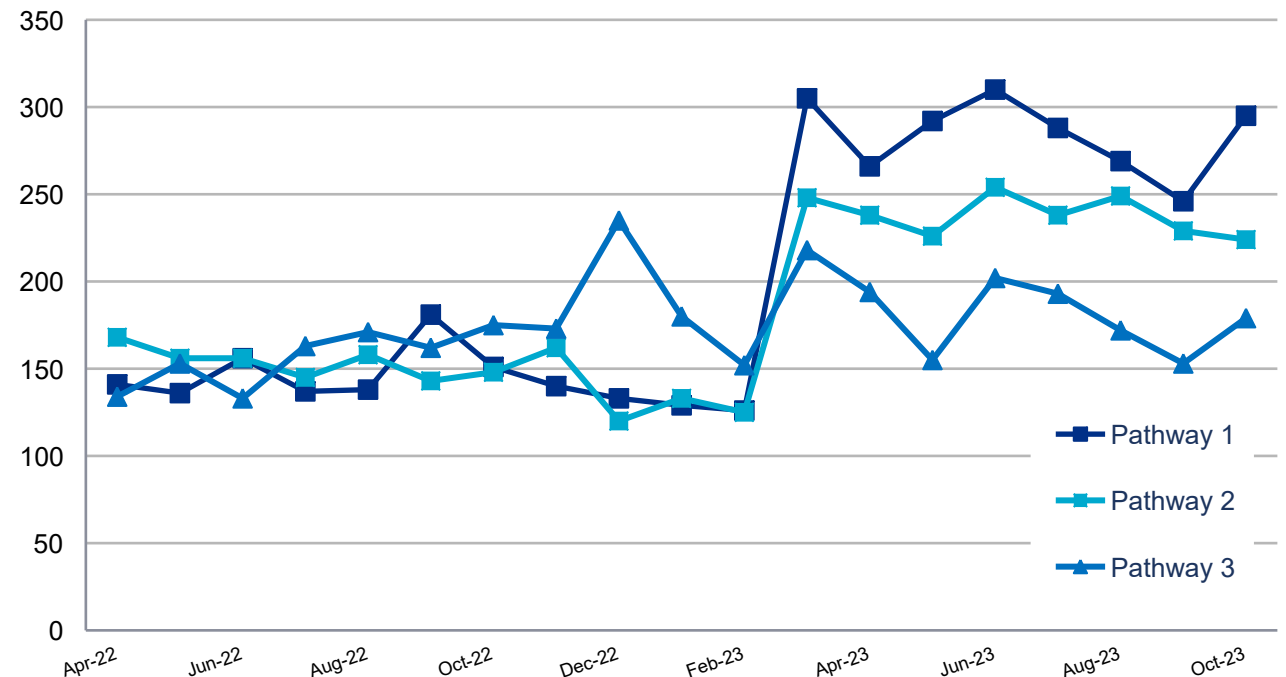
**Context and additional information:** On 01/03/2023 the accuracy of OUH pathway's reporting improved after a mandatory drop-down was added on EPR. Lower limit (grey dashed line) represents the locally agreed target of 21 discharges per day for Pathway 1-3. **Data source:** OUH - Alex Clift

# Discharges from OUHFT inpatient settings

Total discharges from OUHFT inpatient wards  
Pathway 0



Total discharges from OUH inpatient wards  
Pathways 1-3



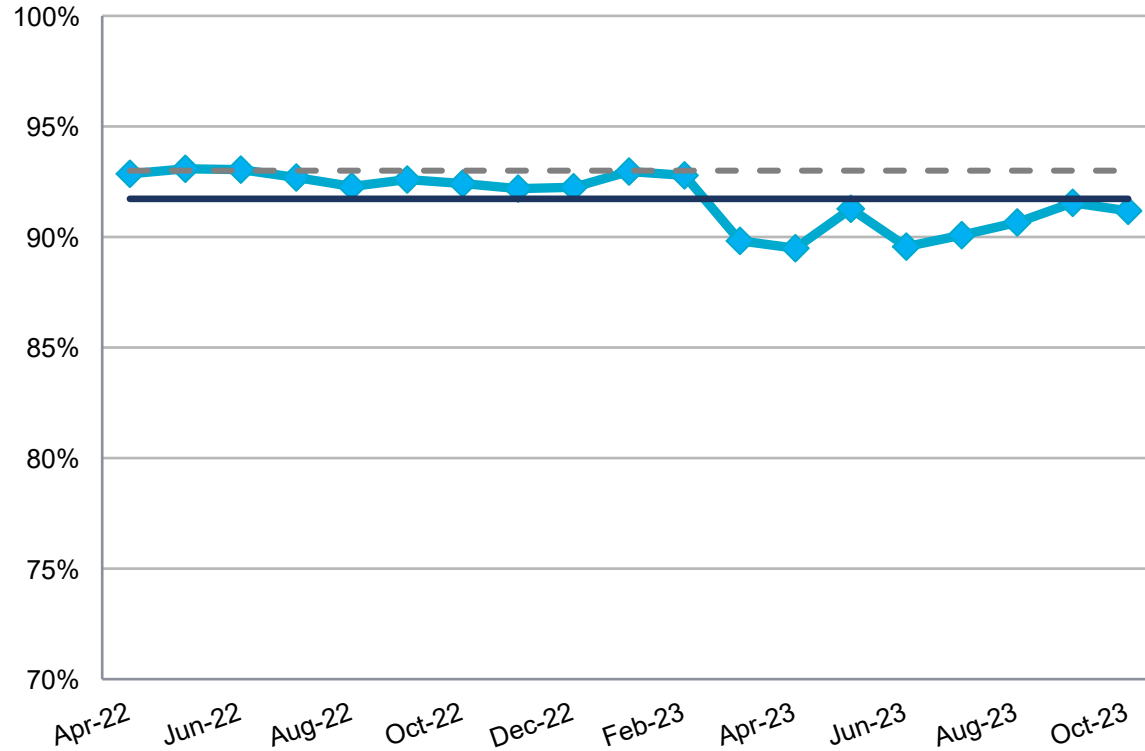
Key: Discharges —◆— Mean —

**Context and additional information:** On 01/03/2023 the accuracy of OUH pathway's reporting improved after a mandatory drop-down was added on EPR.

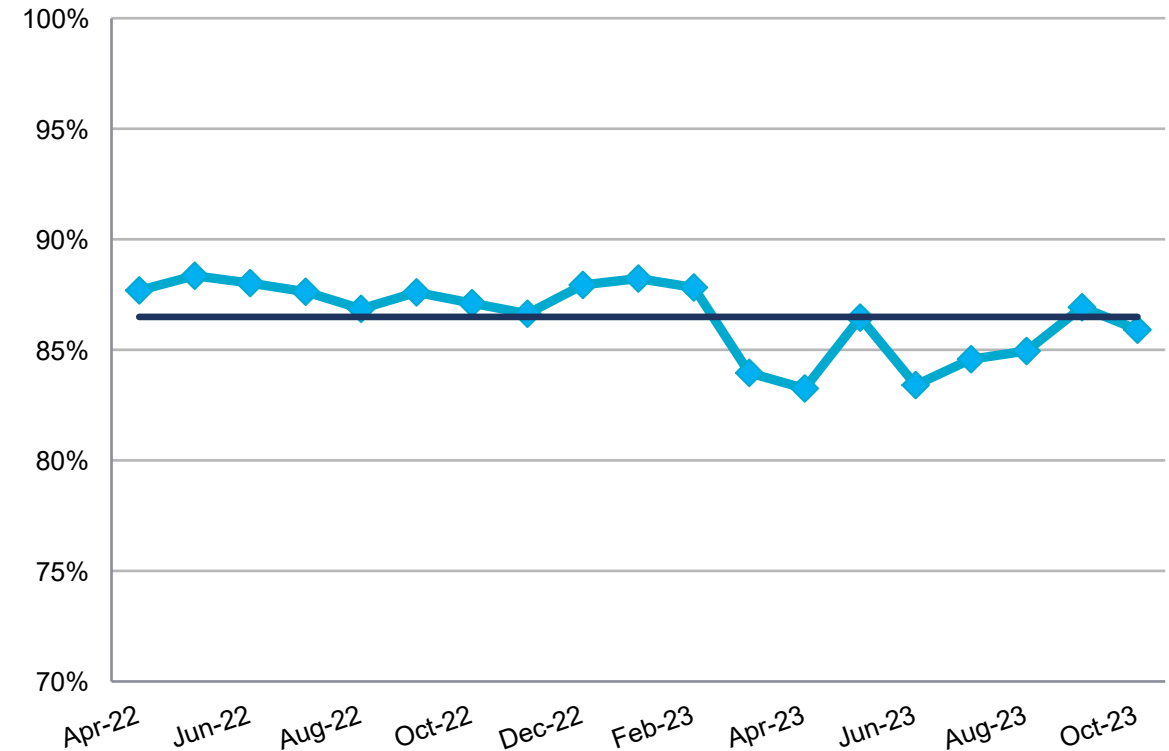
**Data source:** OUH - Alex Clift

# Percentage of patients discharged on pathway 0 or 1

Percentage of OUHFT patients aged 18+ discharged on pathway 0 or 1



Percentage of OUHFT patients aged 65+ discharged on pathway 0 or 1



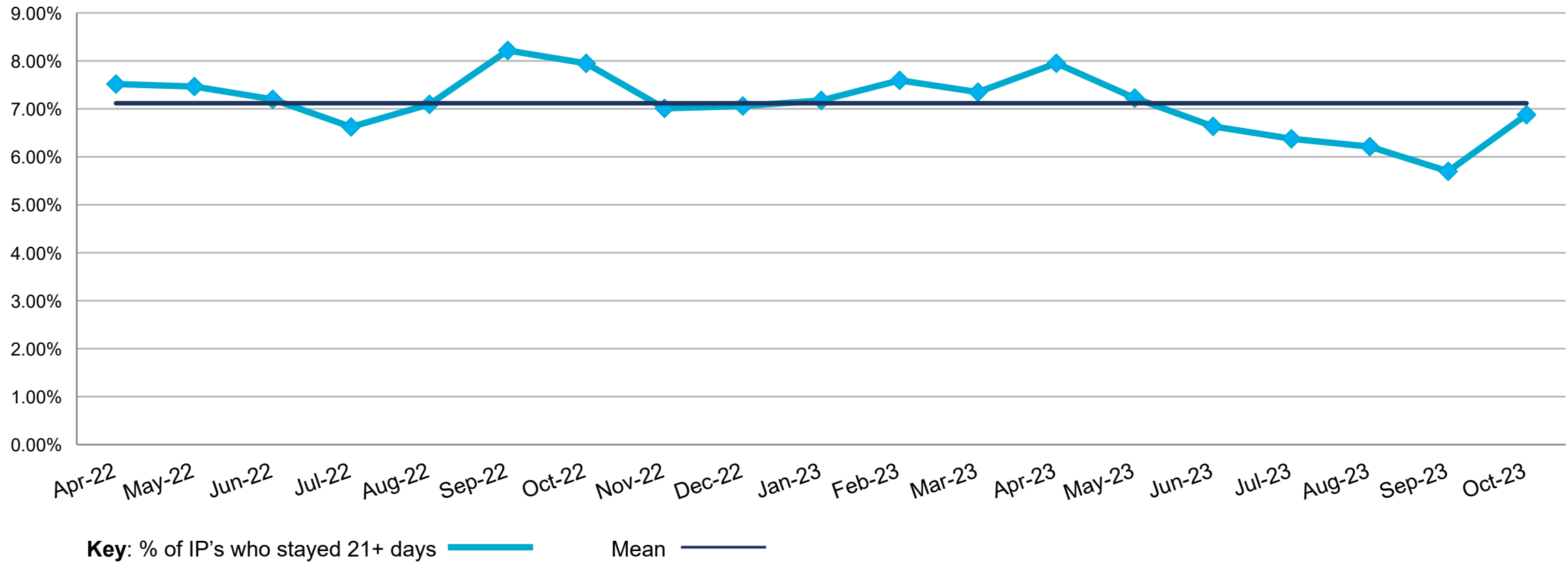
Key: P0-1 Discharge % —◆— Mean — Lower Limit - - -

**Context and additional information:** On 01/03/2023 the accuracy of OUH pathway's reporting improved after a mandatory drop-down was added on EPR. Patients aged 18+/65+ who stayed 1+ night.

**Data source:** OUH - Alex Clift

# Percentage of inpatients who stayed 21+ days

## Percentage of inpatients who stayed 21+ days

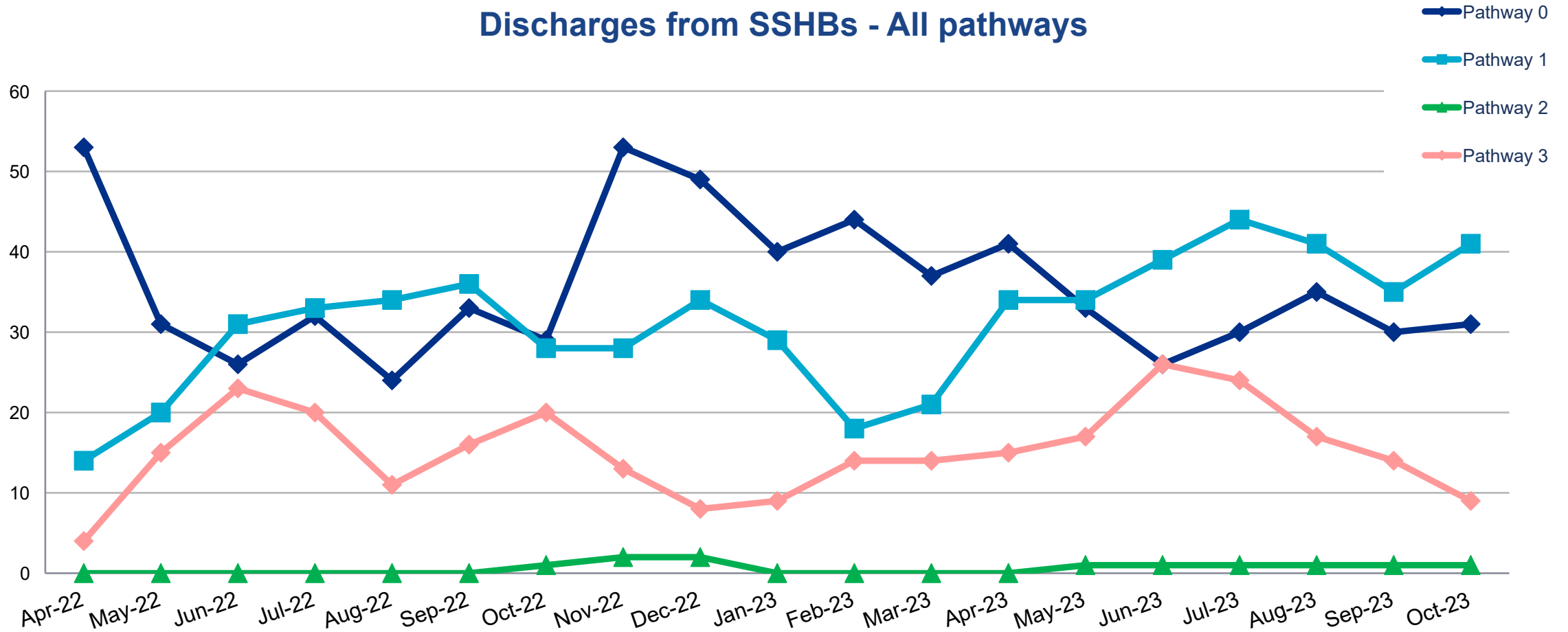


**Context and additional information:** Denominator: Patients aged 18+ who stayed 1+ night & were not discharged deceased (matching BCF criteria)

**Data source:** OUH - Alex Clift

# Discharges from Short Stay Hub Beds – All pathways

## Discharges from SSHBs - All pathways

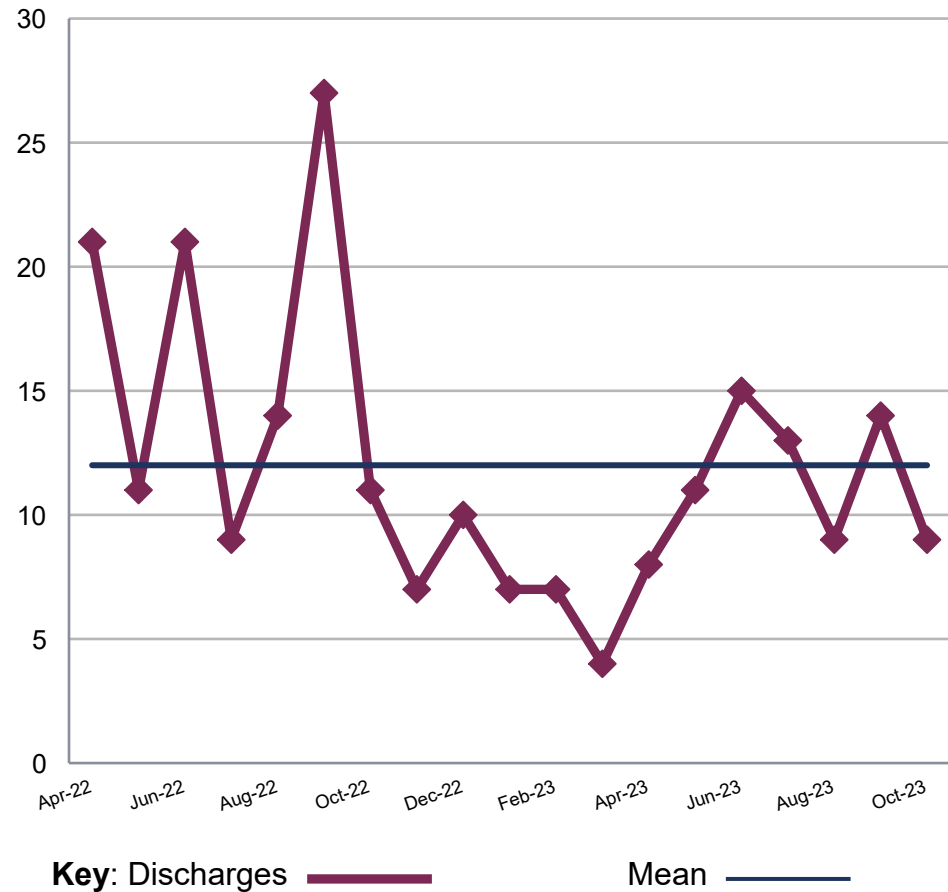


Context and additional information:

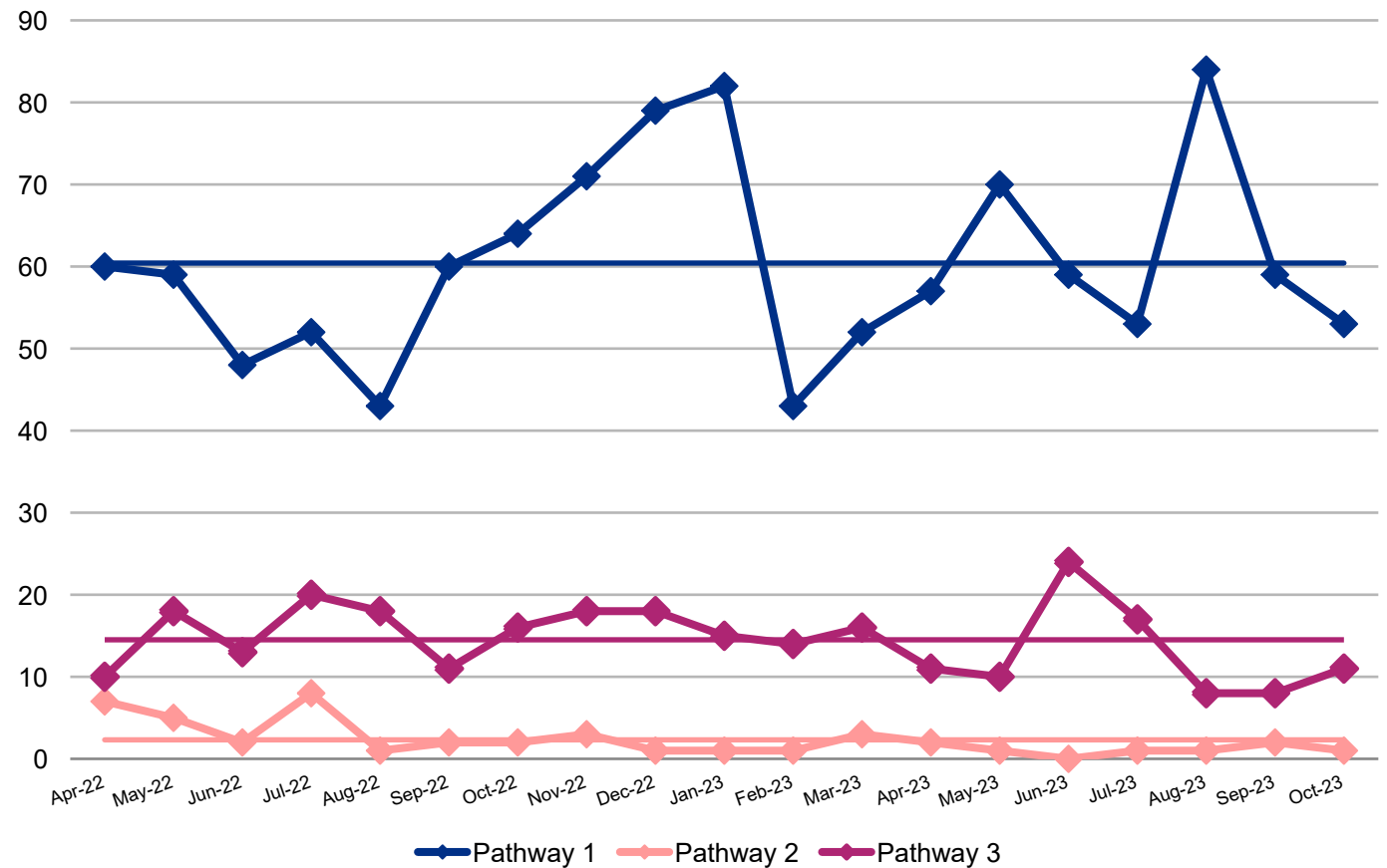
Data source: OUH - Alex Clift

# Discharges from Community Hospital inpatient settings

Total transfers from OH inpatient wards to OUHFT



Discharges from OH inpatient wards - Pathways 1-3



**Context and additional information:**  
**Data source:** OH – Gareth Cox & Liz Adkins

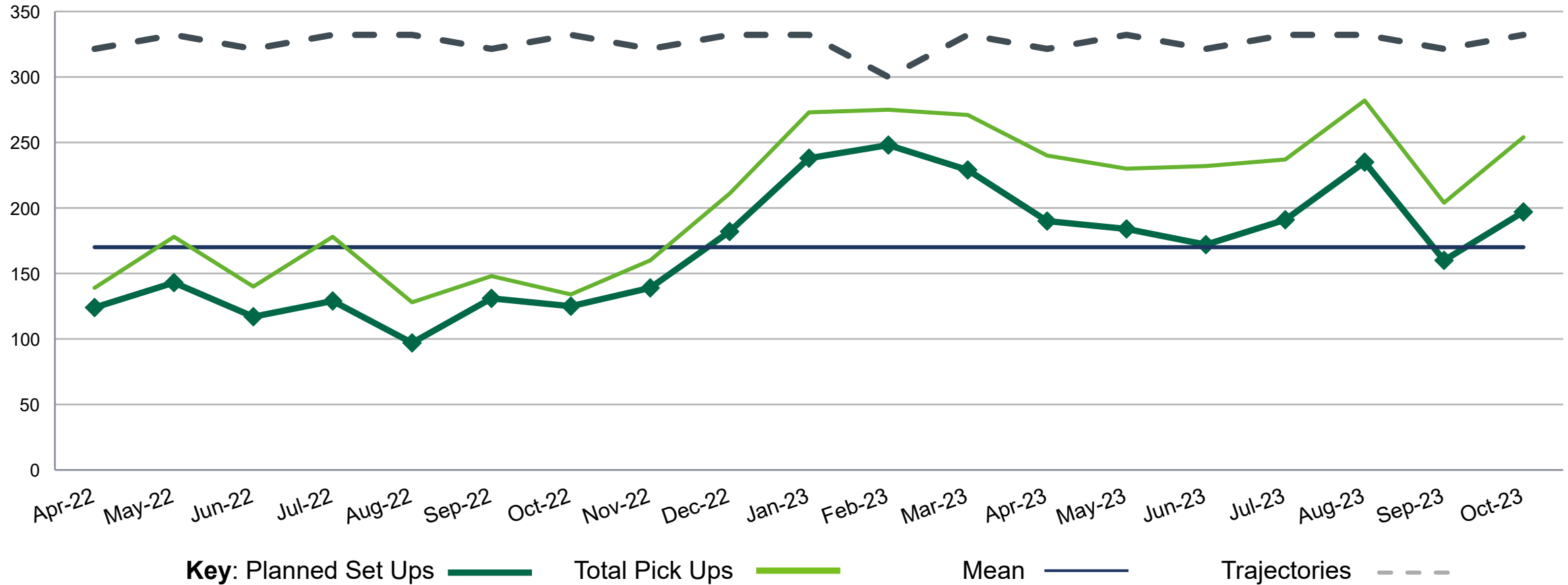


# Community support post-hospital

Demand and activity of services/teams supporting individuals after a stay in hospital setting, including reablement and social work.

# Total reablement set ups from hospital settings

## Total planned reablement set ups from in-patient settings (Home First)

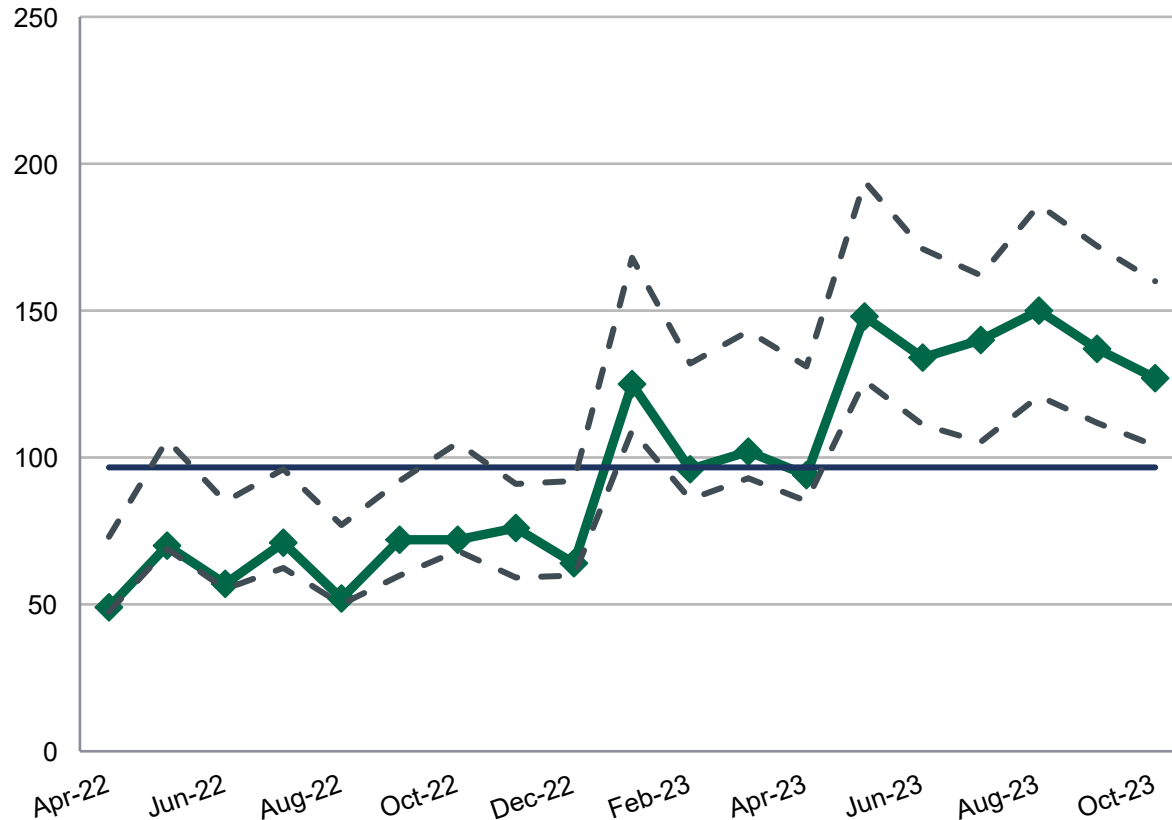


**Context and additional information:** Trajectory of 75 a week also includes pick ups from community settings, total pick ups shown in light green

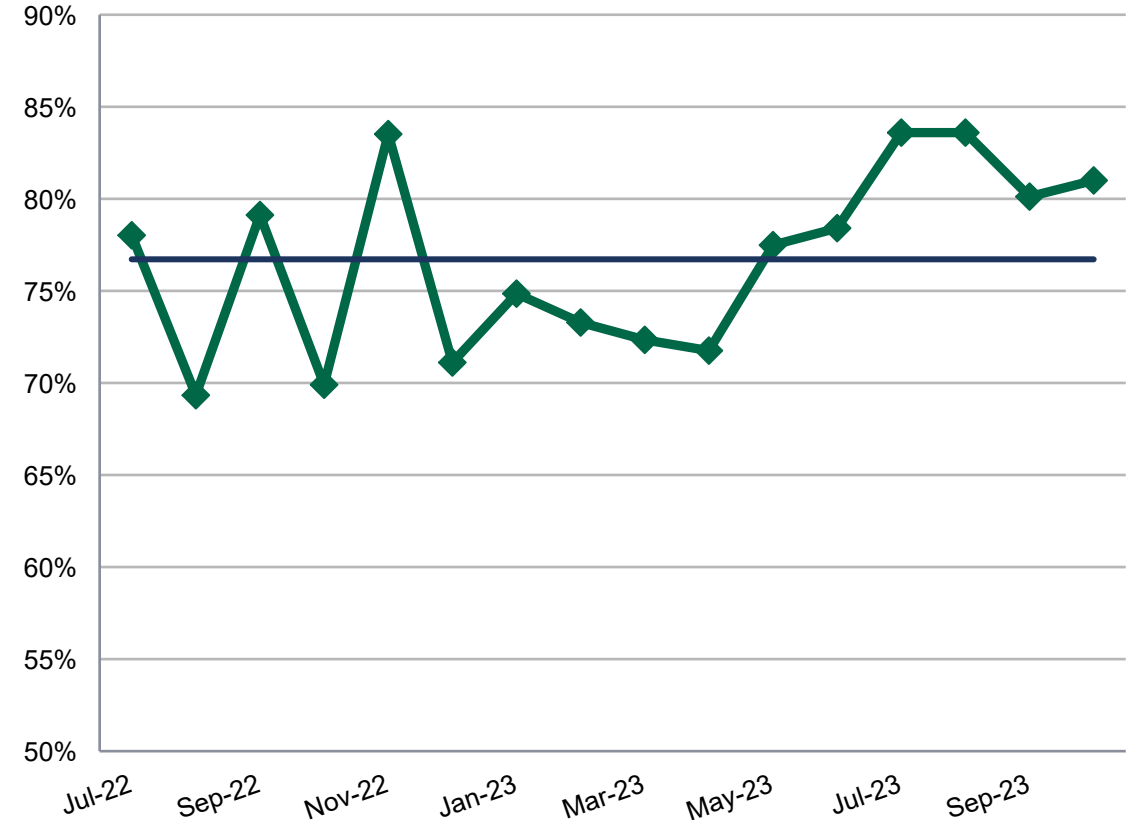
**Data source:** OCC – Sally Steele & Andrew Collodel

# Number of individuals independent after a period of reablement

Number of individuals independent after a period of reablement



Percentage of completed reablement episodes where the patient was independent

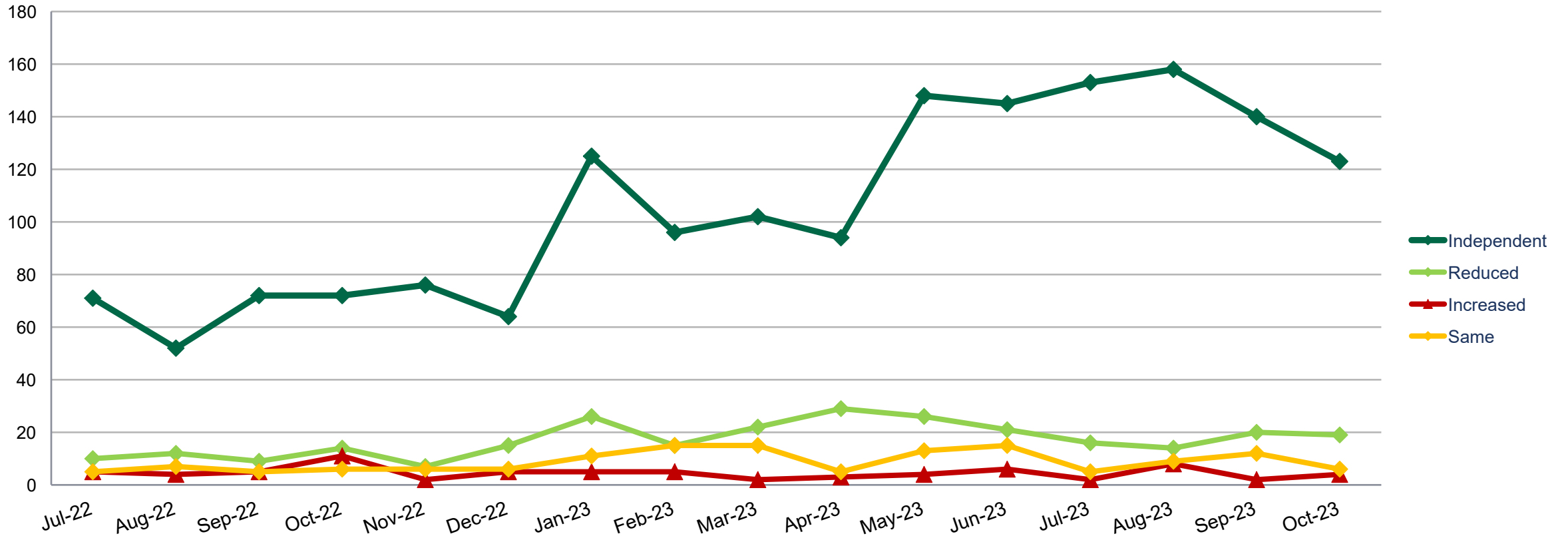


**Key:** Individuals ——— Mean ——— Trajectories - - -

**Context and additional information:** Data before July 2022 on outcomes is not deemed robust  
**Data source:** OCC – Sally Steele & Steve Thomas

# Reablement Outcomes

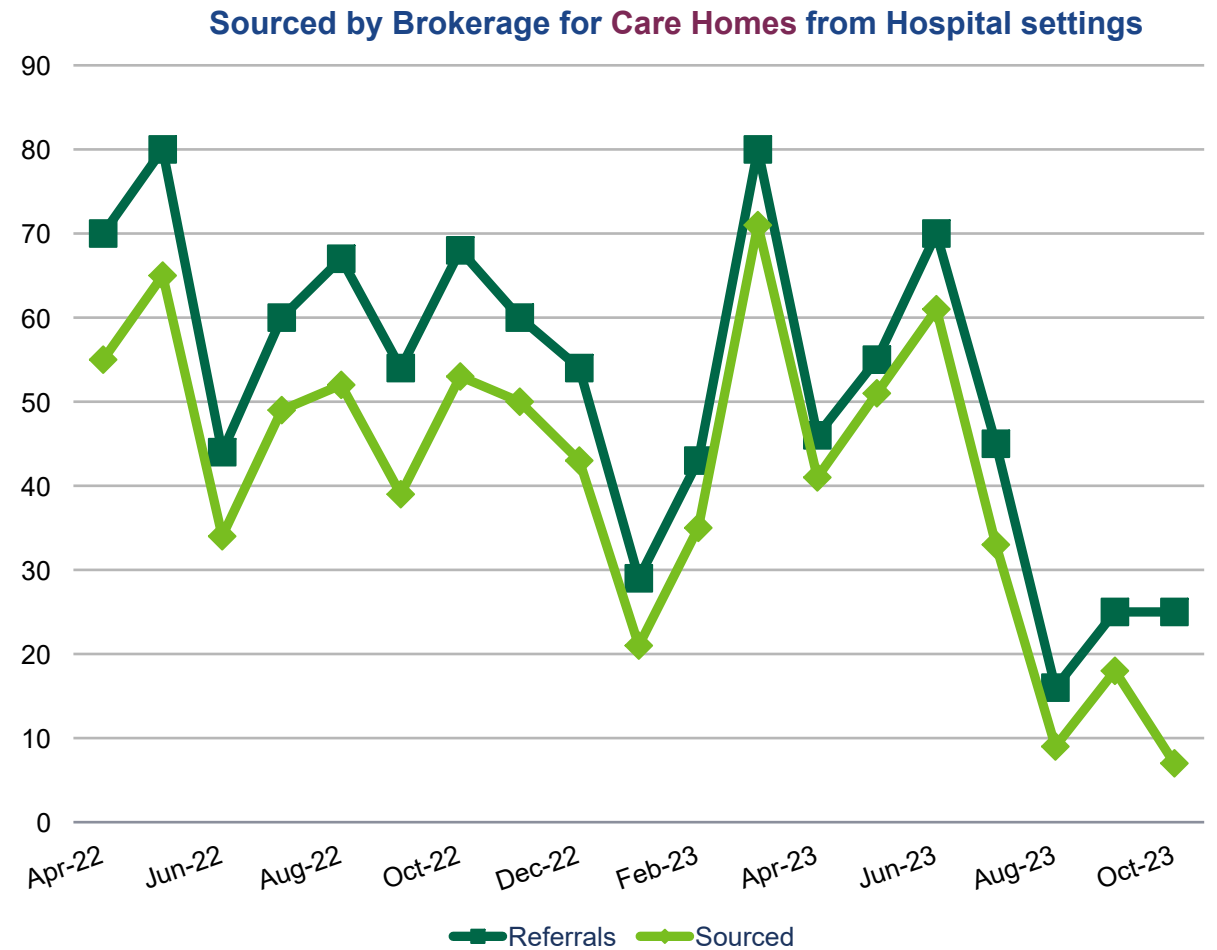
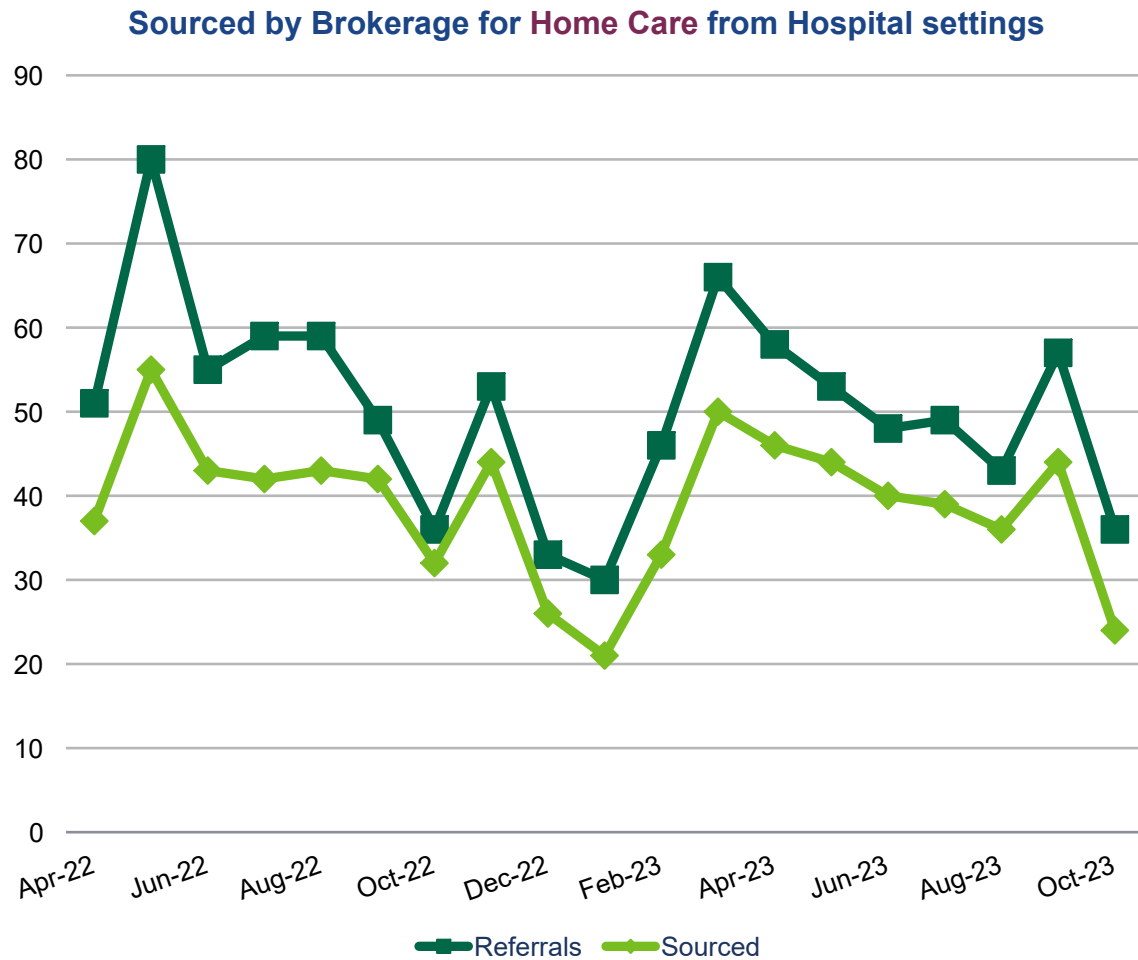
For completed reablement episodes, the number that were independent, reduced care, same care or increased care



**Context and additional information:** Data before July 2022 on outcomes is not deemed robust

**Data source:** OCC – Steve Thomas

# Referrals and sourced by Brokerage from Hospital settings

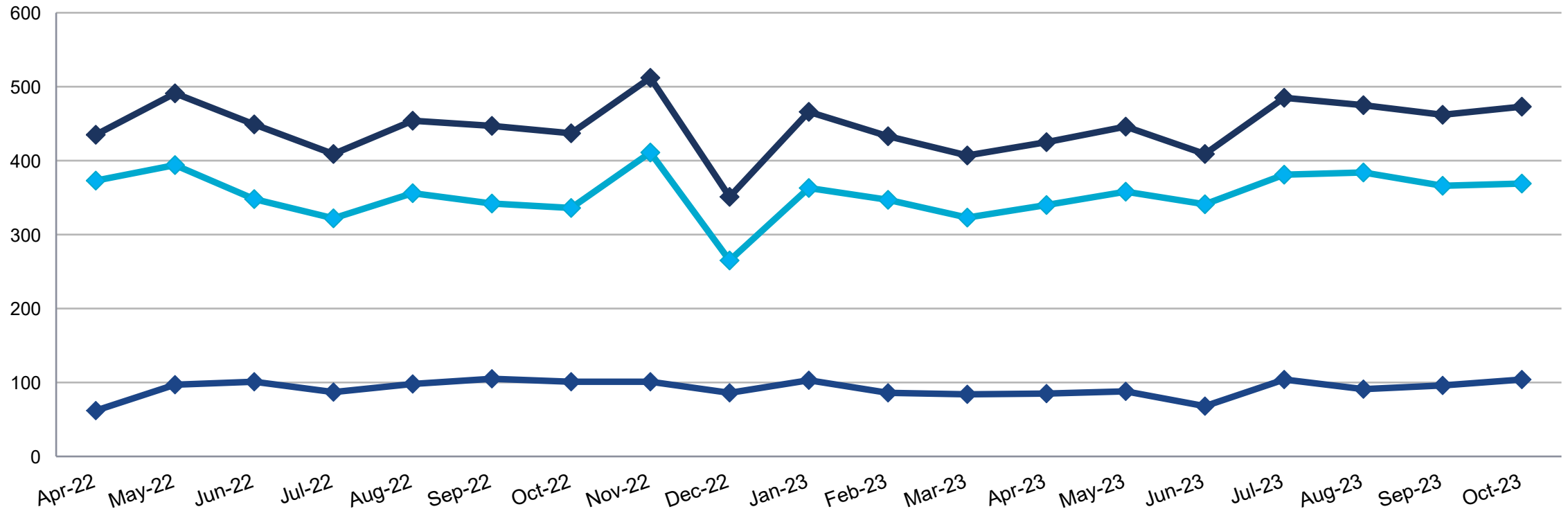


**Context and additional information:** Policy decision to move away from care home placements, hence the drop  
**Data source:** OCC – Steve Thomas

# Mental Health

# Mental health presentations to OUH ED departments

## Mental health presentations to OUH ED departments



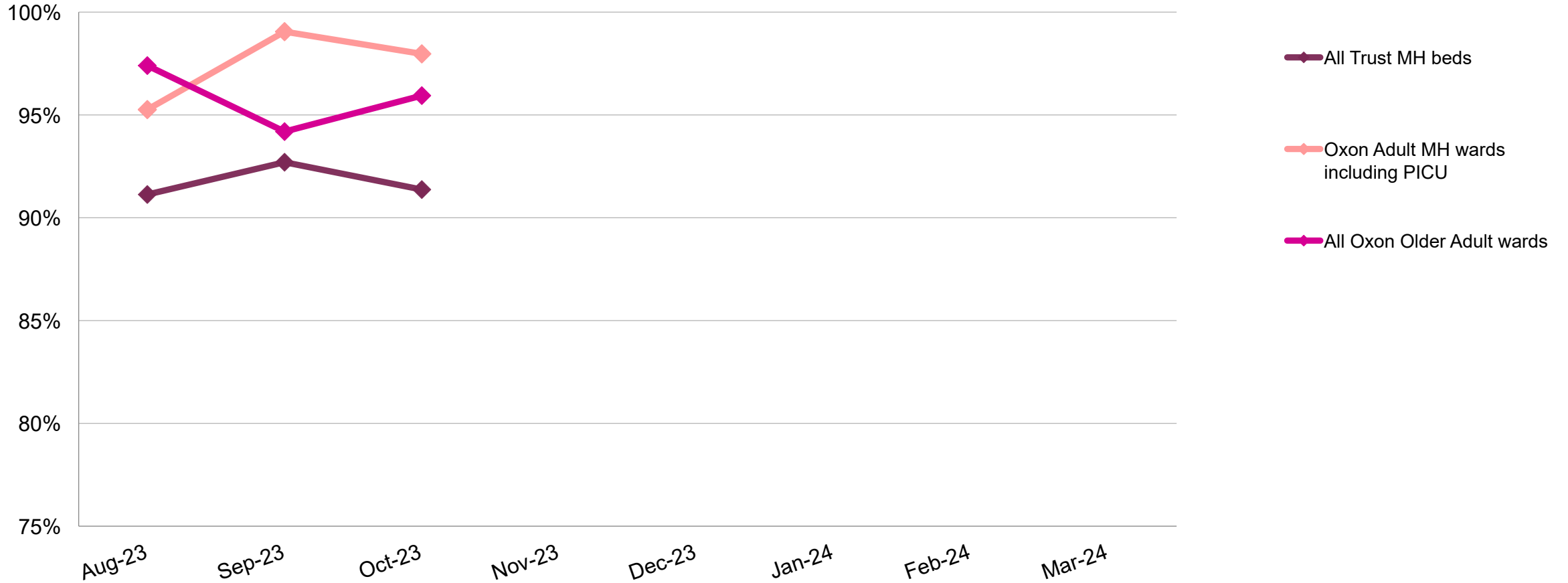
**Key:** John Radcliffe —◆— Horton —◆— Total —◆—

**Context and additional information:** Patients with a chief complaint group of 'Psychosocial / Behaviour change' or a referral to 'Psych/Barnes'

**Data source:** OUH - Alex Clift

# Mental health bed occupancy at OH

## OH MH Bed Occupancy (%)



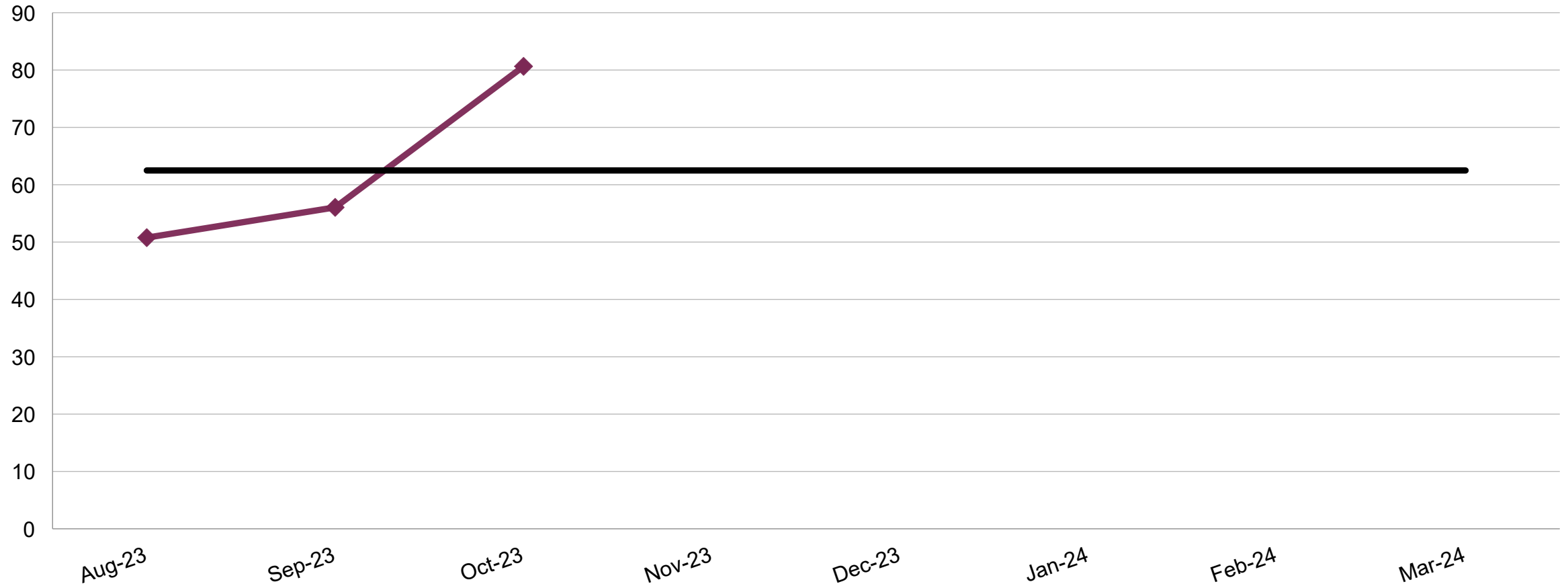
**Context and additional information:** No data available before Aug-23

**Data source:** OH – Natalie Horne



# Mental health length of stay at OH

## OH MH Average Length of Stay

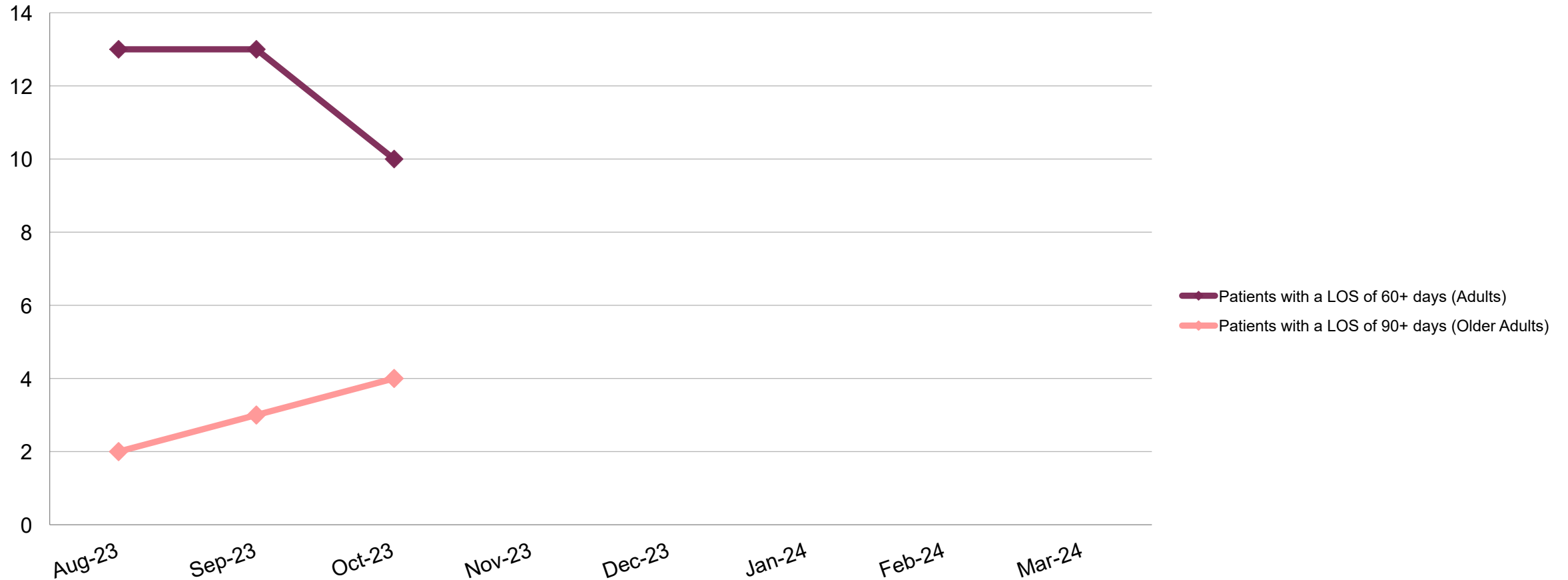


**Context and additional information:** No data available before Aug-23

**Data source:** OH – Natalie Horne

# Mental health length of stay at OH

## OH MH Patients with 60+ or 90+ day length of stay

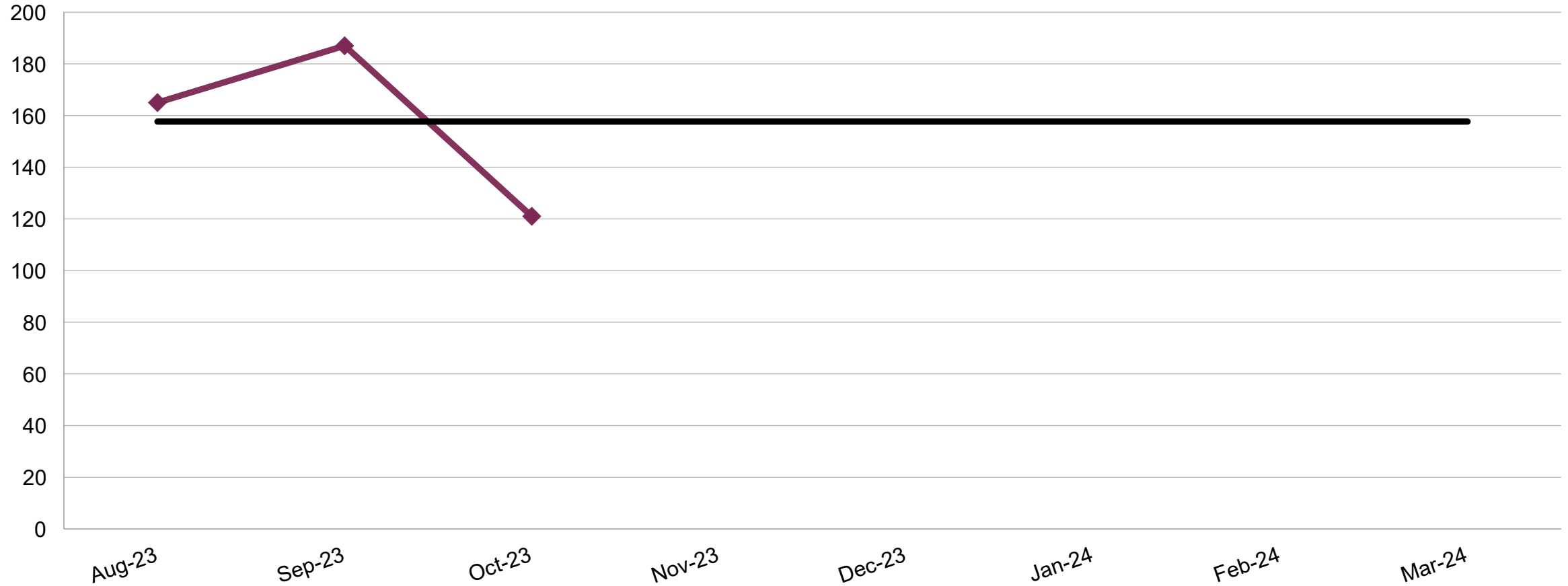


**Context and additional information:** No data available before Aug-23. Adults are those on an adult ward (includes PICU). Older Adults are those on an older adult acute ward

**Data source:** OH – Natalie Horne

# Mental health delayed discharges at OH

## OH MH Beds days lost to MOFD patients

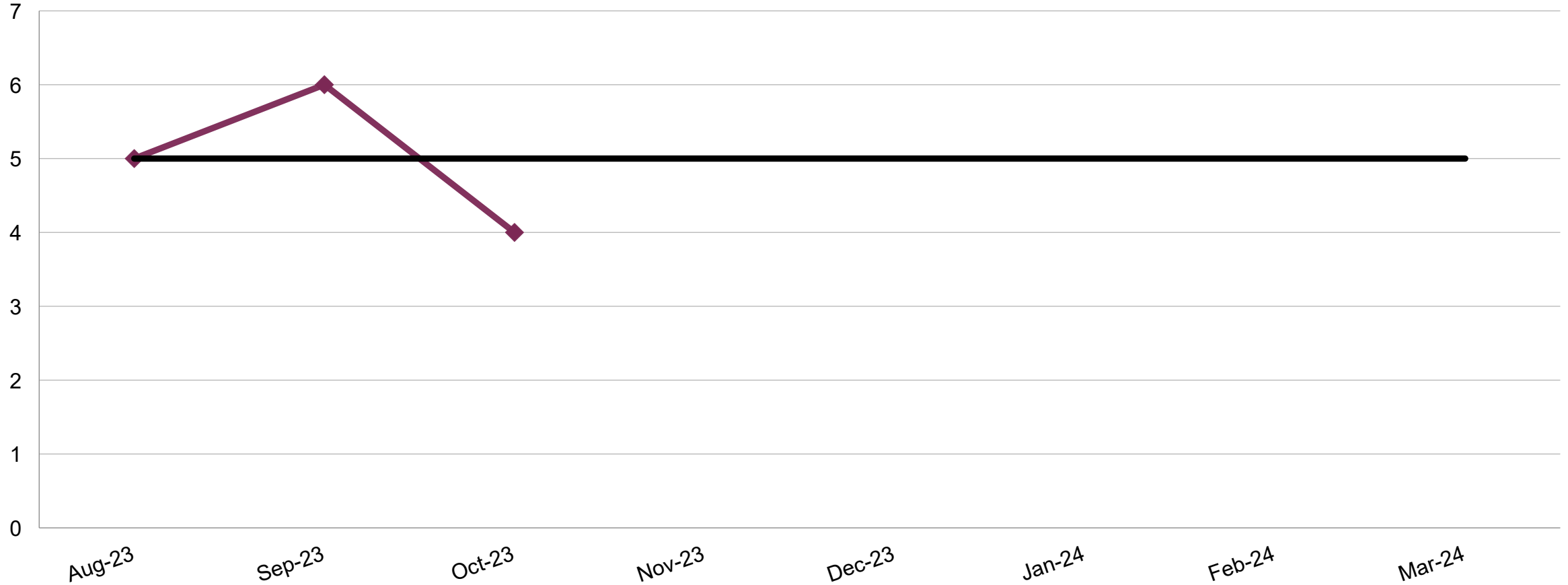


**Context and additional information:** No data available before Aug-23

**Data source:** OH – Natalie Horne

# Mental health delayed discharges at OH

OH MH Average number of MOFD patients per day



**Context and additional information:** No data available before Aug-23

**Data source:** OH – Natalie Horne

# Mental health delayed discharges at OH

## OH MH Discharges by Pathway of MOFD patients

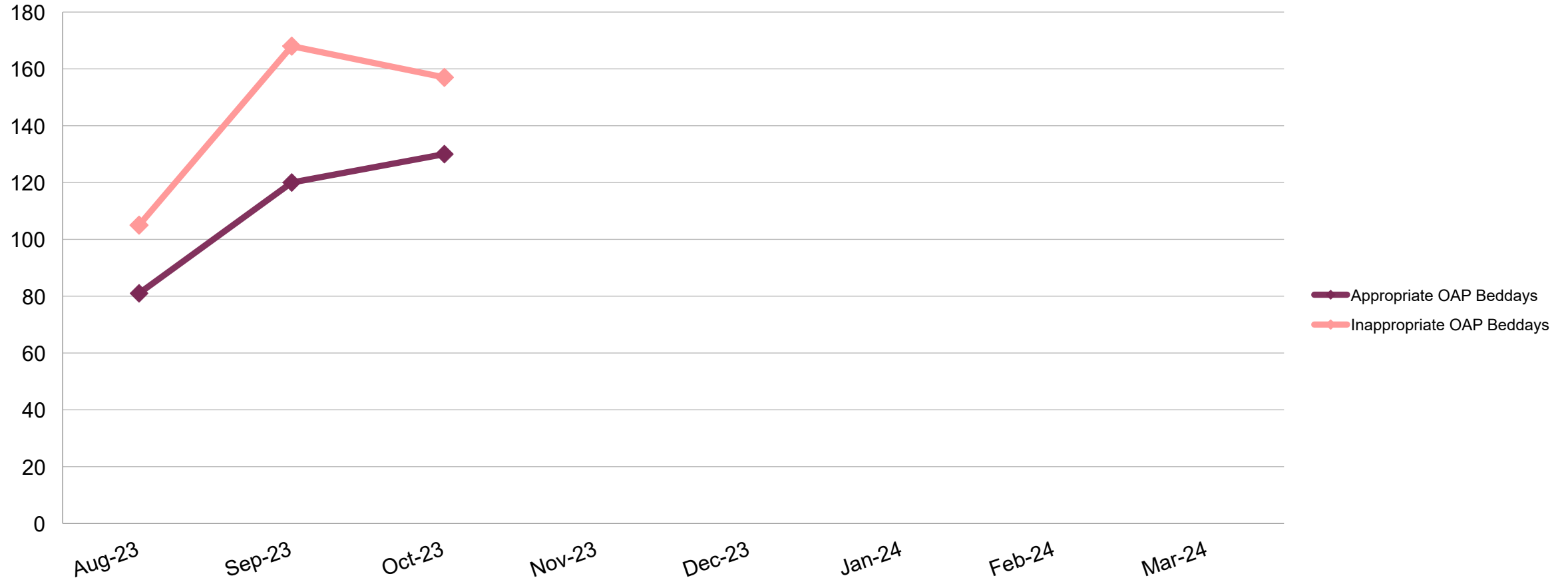


**Context and additional information:** No data available before Aug-23

**Data source:** OH – Natalie Horne

# Mental health out of area placements

## OH MH Out of Area Placements

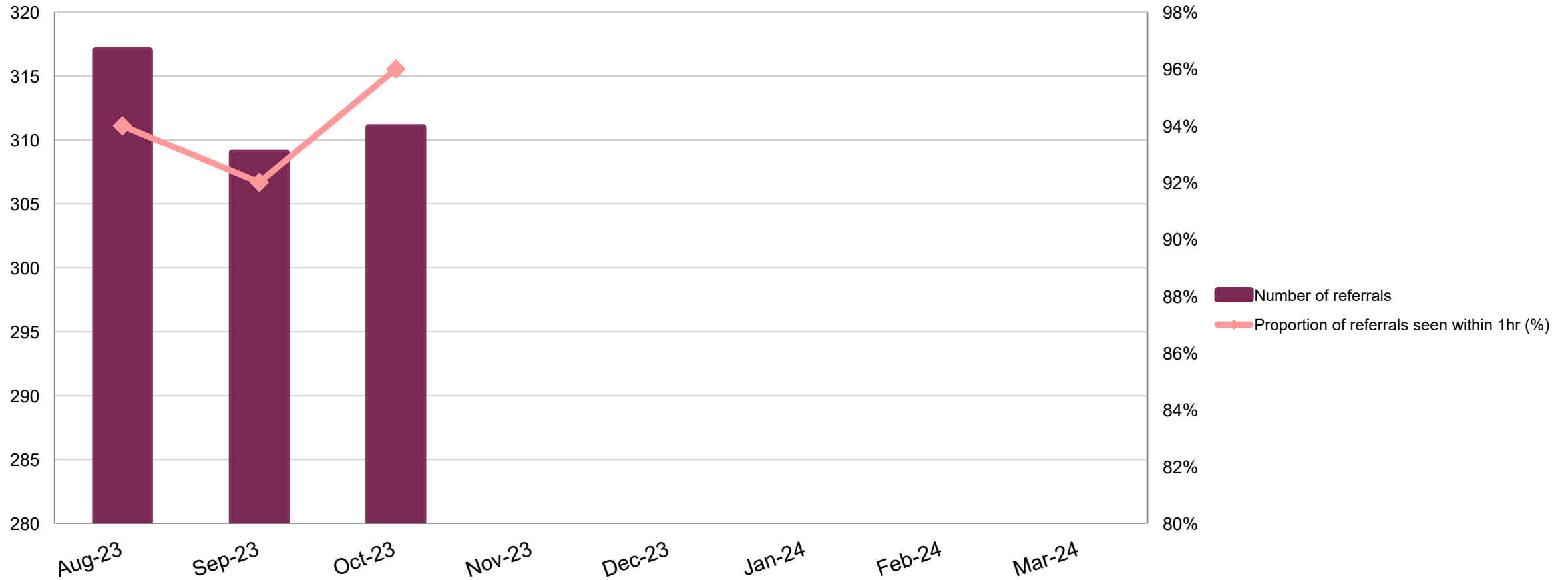


**Context and additional information:** No data available before Aug-23

**Data source:** OH – Natalie Horne

# Mental health EDPS referrals

## OH MH EDPS Referrals



**Context and additional information:** No data available before Aug-23

**Data source:** OH – Natalie Horne

# Mental health referral rates

## OH MH Number of Referrals Received



**Context and additional information:** No data available before Aug-23

**Data source:** OH – Natalie Horne