<table>
<thead>
<tr>
<th>Title</th>
<th>Integrated Performance Report for Month 8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Status</td>
<td>For information</td>
</tr>
<tr>
<td>History</td>
<td>The report provides a summary of the Trust's performance against a range of key performance indicators as agreed by the Trust Board.</td>
</tr>
<tr>
<td>Board Lead(s)</td>
<td>Mr Paul Brennan, Director of Clinical Services</td>
</tr>
<tr>
<td>Key purpose</td>
<td>Strategy</td>
</tr>
</tbody>
</table>
Integrated Performance Report Month 8

1. Key headlines on performance

1.1. In November, 725 people waited over four hours in the Trust’s Emergency Departments, down from nearly 3,500 in October.

1.2. With 12,519 ED attendances in the month, performance in November was 94.21%, a rise of 20.3% on October to a position above the England average in recent months.

1.3. Delayed transfers in OUH beds rose from a low of 86 on 17 November to 113 on 1 December, but reduced during December.

1.4. 113 of 11,795 patients receiving diagnostic tests or imaging in November had waited for over six weeks, meaning that OUH continued to meet the national standard.

1.5. 44 elective admissions were cancelled for non-clinical reasons. At 0.47% of admissions, this was slightly below the level in October. One patient was not rebooked within 28 days; no one was cancelled twice.

1.6. One Clostridium Difficile case was reported in November and one case of MRSA bacteraemia.

1.7. 95.6% of adult inpatients were risk assessed for Venous Thromboembolism (VTE) within 24 hours of admission, slightly below the level recorded in July-September but still above the 95% national standard and the England average in Quarter 2.

2. Areas of exception on performance

4 hour waits

2.1. 11,794 of 12,519 Emergency Department (ED) attenders were seen, treated and admitted or discharged within four hours of arrival in November. Performance remained below the 95% national standard but was above the trajectory figure agreed for the month.

2.2. A detailed urgent care action plan is in place, with progress being reported to the Trust Management Executive.

2.3. Immediate actions taken at the beginning of November included the transfer of staff from other departments/sites under less operational pressure to boost ED staffing; the introduction of a revised escalation system alongside three times daily monitoring of indicators of emergency care performance and pressure; action to strengthen discharge practice, with a target number of discharges at 8am, 2pm and 5pm; and a weekly dashboard being established to provide information about a range of indicators on pre-hospital care, ambulatory care, ED care, patient flow and discharge and capacity outside hospital.

2.4. Over a longer time period, there will be a phased introduction under the leadership of Divisional Directors of what is known as the SAFER patient flow bundle1, standing for Senior review, All patients having an expected discharge date, Flow of patients from wards commencing at 10am, Early discharge and weekly Review of patients staying over 14 days.

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1 https://improvement.nhs.uk/resources/safer-patient-flow-bundle/
2.5. The aim at the beginning of November was to improve performance by at least 10% within 2 weeks. This was achieved, with action taken being successful in reducing waits and sustaining flow.

2.6. The Trust set out an aim to operate above its trajectory for the rest of 2016/17, which is as follows:

<table>
<thead>
<tr>
<th></th>
<th>Nov-16</th>
<th>Dec-16</th>
<th>Jan-17</th>
<th>Feb-17</th>
<th>Mar-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 hour wait%</td>
<td>91.5%</td>
<td>90.9%</td>
<td>89.1%</td>
<td>91.3%</td>
<td>89.9%</td>
</tr>
</tbody>
</table>

2.7. This trajectory was exceeded in November.

2.8. Bed occupancy then peaked in the week ending 11 December, with 93.22% of the Trust's General and Acute beds occupied. That week, the number of bed days available in nursing homes for OUH patients (via what is known as the Liaison Hub) rose to 637 per week (equivalent to 91 beds at full occupancy). Discharges rose in the following two weeks, taking bed occupancy to below 85% in Christmas week.

2.9. The percentage of inpatient bed days taking place in care homes rather than in OUH’s own General and Acute beds) rose from 4.9% in early October to 8% at Christmas.

2.10. The graphs below are from the weekly urgent care dashboard, showing data to 1 January 2017.

![Emergency Department attendances](chart1)

a) Emergency Department attendances

![4 hour wait performance](chart2)

b) 4 hour wait performance
2.11. Key risks to achieving and sustaining performance above the trajectory and reaching the national standards include:

2.11.1. Delayed transfers of care.
2.11.2. Delays in discharge from the Trust’s HART service.
2.11.3. Repatriation pressures (on the transfer of patients to local acute hospitals).
2.11.4. Other hospitals diverting admissions.
2.11.5. Border discharge issues to Northamptonshire and Warwickshire.
2.11.6. Staffing.

2.12. Achieving 95% through and beyond the winter depends on system-wide capacity. There is no evidence as yet that the bed realignment programme caused October’s performance drop, but bed occupancy remains high and out-of-hospital care capacity remains a vital issue as winter continues.
Cancer

2.13. Four of eight national cancer waiting time standards were not met in October:

2.13.1. 62 day waits from urgent GP referral, where 47 patients of 147 with a cancer diagnosis waited >62 days for first treatment. This standard was last met in March.

2.13.2. 31 day waits for first treatment, where 23 of 301 patients waited longer than the standard. This standard was last met in June.

2.13.3. 2 week maximum wait for first outpatient appointment, where 142 of 1,738 patients waited longer. This standard had been met between May and September.

2.13.4. Patients with breast symptoms referred to a specialist and seen within two weeks of referral: 7 of 84 patients waited longer than two weeks on this pathway. This standard was also not met in August, but otherwise has been since April 2015.

2.14. Waits for diagnostics and reporting were identified as a key causal factor. A cancer performance improvement plan is in place with progress reported to TME.

2.15. The aim is to meet the 31 day first treatment standard from November (reported later in January). Achievement of the 62 day first treatment from GP referral standard from January (reported in March) appears to be at risk at present due largely to capacity challenges in Urology in meeting the standard.

2.16. A 90 day trigger for clinical escalation is in place and clinical harm reviews are conducted of all waits of 104 days. No clinical harm has yet been found.

2.17. Key actions to reduce the median wait from 11 days to 7 days for outpatients on the two week wait pathway include:

2.17.1. Increased capacity and straight to test processes in Lung CT, Lower GI and Prostate MRI.

2.17.2. Where technically feasible, reporting within 7 days of the Trust’s receipt of the patient referral by 30 January.

2.17.3. New systems of clinical escalation.

2.17.4. A 35% increase in pre-operative assessment appointments.

RTT

2.18. The standard of 92% of people on Incomplete pathways to planned care waiting for no more than 18 weeks has not been met since June 2015 and performance has been below 90% since June.

2.19. 47,694 people were waiting for elective treatment by OUH at the end of November. 4,985 were waiting over 18 weeks. This figure had reduced from the previous month for the first time in 2016/17 and represented a small improvement in performance to 89.55%.

2.20. An RTT performance improvement plan is in place, with progress reported through TME.

2.21. Immediate actions taken to reduce the backlog include:
2.21.1. Additional outpatient activity to reduce breaches by c.1,500, focusing on ENT, Neurology, Clinical Genetics, Pain Management and Dermatology.

2.21.2. Reducing polling ranges by scheduling longer waiting patients in accordance with clinical need and Trust policy.

2.21.3. Actions to reduce the time of post-diagnostic decision-making.

2.22. Work on theatre and diagnostic productivity is expected to generate results in terms of additional theatre capacity or savings from this month in phase one specialties (Ophthalmology, Orthopaedics and Urology) and from February in Gynaecology, Colorectal Surgery, Oral Surgery, Maxillofacial Surgery and ENT.

2.23. **Access standards: performance trajectories**

2.23.1. Trajectories are shown below in blue-shaded boxes.

<table>
<thead>
<tr>
<th>Area</th>
<th>Metric</th>
<th>Apr-16</th>
<th>May-16</th>
<th>Jun-16</th>
<th>Jul-16</th>
<th>Aug-16</th>
<th>Sep-16</th>
<th>Oct-16</th>
<th>Nov-16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly profile (£000s)</td>
<td>315</td>
<td>-119</td>
<td>2,226</td>
<td>3,363</td>
<td>5,113</td>
<td>4,676</td>
<td>3,773</td>
<td>4,482</td>
<td></td>
</tr>
<tr>
<td>Cumulative cf. profile (£000s)</td>
<td>314</td>
<td>357</td>
<td>-351</td>
<td>-483</td>
<td>-200</td>
<td>40</td>
<td>-272</td>
<td></td>
<td></td>
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<tr>
<td>Financial control total</td>
<td>1,820</td>
<td>1,768</td>
<td>1,712</td>
<td>1,623</td>
<td>1,582</td>
<td>1,527</td>
<td>1,412</td>
<td>1,383</td>
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<tr>
<td>Agency cost ceiling (£000s)</td>
<td>1,271</td>
<td>1,318</td>
<td>1,281</td>
<td>1,416</td>
<td>1,492</td>
<td>1,095</td>
<td>1,305</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agency cost spend (£000s)</td>
<td>52 Week Wait Trajectory (Incomplete pathways)</td>
<td>22</td>
<td>50</td>
<td>50</td>
<td>50</td>
<td>26</td>
<td>26</td>
<td>24</td>
<td>22</td>
</tr>
<tr>
<td></td>
<td>16</td>
<td>20</td>
<td>21</td>
<td>15</td>
<td>9</td>
<td>15</td>
<td>5</td>
<td>4</td>
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<tr>
<td>RTT Incomplete pathways</td>
<td>Total Patients Waiting</td>
<td>39,331</td>
<td>39,331</td>
<td>39,331</td>
<td>39,331</td>
<td>39,331</td>
<td>39,331</td>
<td>39,331</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Actual Patients &gt; 18 Weeks Wait</td>
<td>43,521</td>
<td>44,764</td>
<td>44,636</td>
<td>44,818</td>
<td>46,268</td>
<td>46,587</td>
<td>47,960</td>
<td>47,694</td>
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<tr>
<td></td>
<td>Actual</td>
<td>3,540</td>
<td>3,540</td>
<td>3,146</td>
<td>3,146</td>
<td>3,146</td>
<td>3,146</td>
<td>3,146</td>
<td>3,146</td>
</tr>
<tr>
<td></td>
<td>Actual Performance</td>
<td>91.0%</td>
<td>91.0%</td>
<td>92.0%</td>
<td>92.0%</td>
<td>92.0%</td>
<td>92.0%</td>
<td>92.0%</td>
<td>92.0%</td>
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<tr>
<td></td>
<td>Actual</td>
<td>91.30%</td>
<td>91.54%</td>
<td>91.11%</td>
<td>90.01%</td>
<td>89.60%</td>
<td>89.14%</td>
<td>89.45%</td>
<td>89.55%</td>
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### 4 hour waits

<table>
<thead>
<tr>
<th>Area</th>
<th>Metric</th>
<th>Apr-16</th>
<th>May-16</th>
<th>Jun-16</th>
<th>Jul-16</th>
<th>Aug-16</th>
<th>Sep-16</th>
<th>Oct-16</th>
<th>Nov-16</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total Patients Seen</td>
<td>12,508</td>
<td>12,508</td>
<td>12,508</td>
<td>12,508</td>
<td>12,508</td>
<td>12,508</td>
<td>12,508</td>
<td>12,508</td>
</tr>
<tr>
<td></td>
<td>Actual</td>
<td>12,000</td>
<td>13,442</td>
<td>12,680</td>
<td>13,496</td>
<td>12,308</td>
<td>12,610</td>
<td>13,286</td>
<td>12,519</td>
</tr>
<tr>
<td></td>
<td>&gt;4 Hour Waits Actual</td>
<td>2,502</td>
<td>1,876</td>
<td>1,501</td>
<td>625</td>
<td>625</td>
<td>625</td>
<td>775</td>
<td>1,063</td>
</tr>
<tr>
<td></td>
<td>Performance Actual</td>
<td>87.55%</td>
<td>87.00%</td>
<td>88.16%</td>
<td>87.60%</td>
<td>86.60%</td>
<td>82.80%</td>
<td>73.89%</td>
<td>94.21%</td>
</tr>
<tr>
<td></td>
<td>Q1: 84.3%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Q2: 95.0%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Q3: 87.6%</td>
<td></td>
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### Cancer 62 day waits from urgent GP referral

<table>
<thead>
<tr>
<th>Area</th>
<th>Metric</th>
<th>Apr-16</th>
<th>May-16</th>
<th>Jun-16</th>
<th>Jul-16</th>
<th>Aug-16</th>
<th>Sep-16</th>
<th>Oct-16</th>
<th>Nov-16</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total Patients Seen</td>
<td>194</td>
<td>194</td>
<td>194</td>
<td>194</td>
<td>194</td>
<td>194</td>
<td>194</td>
<td>194</td>
</tr>
<tr>
<td></td>
<td>Actual</td>
<td>174.5</td>
<td>164.0</td>
<td>179.0</td>
<td>170.5</td>
<td>188.5</td>
<td>171.0</td>
<td>147.0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>&gt;62 Days Wait Actual</td>
<td>29</td>
<td>29</td>
<td>29</td>
<td>29</td>
<td>29</td>
<td>29</td>
<td>29</td>
<td>29</td>
</tr>
<tr>
<td></td>
<td>Performance Actual</td>
<td>76.79%</td>
<td>81.40%</td>
<td>70.67%</td>
<td>73.02%</td>
<td>76.92%</td>
<td>71.35%</td>
<td>68.03%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Q1: 85.0%</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Q2: 85.0%</td>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td>Q3: 76.14%</td>
<td></td>
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</tbody>
</table>

### Diagnostic waits

<table>
<thead>
<tr>
<th>Area</th>
<th>Metric</th>
<th>Apr-16</th>
<th>May-16</th>
<th>Jun-16</th>
<th>Jul-16</th>
<th>Aug-16</th>
<th>Sep-16</th>
<th>Oct-16</th>
<th>Nov-16</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total Patients Seen</td>
<td>11,636</td>
<td>11,636</td>
<td>11,636</td>
<td>11,636</td>
<td>11,636</td>
<td>11,636</td>
<td>11,636</td>
<td>11,636</td>
</tr>
<tr>
<td></td>
<td>Actual</td>
<td>12,047</td>
<td>11,619</td>
<td>11,542</td>
<td>11,268</td>
<td>11,030</td>
<td>11,474</td>
<td>11,789</td>
<td>11,795</td>
</tr>
<tr>
<td></td>
<td>Performance Actual</td>
<td>0.99%</td>
<td>0.99%</td>
<td>0.99%</td>
<td>0.99%</td>
<td>0.99%</td>
<td>0.99%</td>
<td>0.99%</td>
<td>0.99%</td>
</tr>
<tr>
<td></td>
<td>Patients waiting &gt;6 weeks Actual</td>
<td>115</td>
<td>115</td>
<td>115</td>
<td>115</td>
<td>115</td>
<td>115</td>
<td>115</td>
<td>115</td>
</tr>
<tr>
<td></td>
<td>Performance Actual</td>
<td>0.93%</td>
<td>0.96%</td>
<td>1.00%</td>
<td>0.95%</td>
<td>0.99%</td>
<td>0.95%</td>
<td>0.92%</td>
<td>0.96%</td>
</tr>
<tr>
<td></td>
<td>Patients waiting &gt;6 weeks Actual</td>
<td>112</td>
<td>112</td>
<td>115</td>
<td>107</td>
<td>109</td>
<td>109</td>
<td>109</td>
<td>113</td>
</tr>
</tbody>
</table>

### 3. Workforce

3.1. The Trust’s Vacancy rate rose slightly from October’s 6.07% to 6.26% in November.

3.2. The turnover rate reduced slightly to 14.67% from the peak seen in October. It was above the 13.72% seen in November 2015.

3.3. Sickness and absence remained ahead of the Trust’s target of 3%, but the twelve-month rolling average in November (at 3.27%) continued the steady reduction seen since October 2015.
3.4. Expenditure on temporary staffing reduced to 6.1% of the Trust’s pay bill in November, accounting for nearly £2.9m of expenditure.

4. Additional information
4.1. Quality, Financial, Operational and Workforce indicators are at Appendix 1.

5. Recommendation
5.1. The Trust Board is asked to receive the Integrated Performance Report for Month 8 and to note that progress on performance improvement plans for urgent care, cancer and elective care is to be reported through TME.

Paul Brennan
Director of Clinical Services
January 2017

Report prepared by: Jonathan Horbury
Quality, Operational and Workforce indicators

Data Quality Indicator

The data quality rating has 2 components. The first component is a 5 point rating which assesses the level and nature of assurance that is available in relation to a specific set of data. The levels are described in the box below.

<table>
<thead>
<tr>
<th>Rating</th>
<th>Required Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Standard operating procedures and data definitions are in place.</td>
</tr>
<tr>
<td>2</td>
<td>As 1 plus: Staff recording the data have been appropriately trained.</td>
</tr>
<tr>
<td>3</td>
<td>As 2 plus: The department/service has undertaken its own audit.</td>
</tr>
<tr>
<td>4</td>
<td>As 2 plus: A corporate audit has been undertaken.</td>
</tr>
<tr>
<td>5</td>
<td>As 2 plus: An independent audit has been undertaken (e.g. by the Trust's internal or external auditors).</td>
</tr>
</tbody>
</table>

The second component of the overall rating is a traffic-light rating to include the level of data quality found through any auditing / benchmarking as below.

<table>
<thead>
<tr>
<th>Rating</th>
<th>Data Quality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Green</td>
<td>Satisfactory</td>
</tr>
<tr>
<td>Amber</td>
<td>Data can be relied upon but minor areas for improvement identified.</td>
</tr>
<tr>
<td>Red</td>
<td>Unsatisfactory/significant areas for improvement identified.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Quality</th>
<th>Standard</th>
<th>Current Data Period</th>
<th>Period Actual</th>
<th>YTD</th>
<th>Data Quality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcomes</td>
<td>Summary Hospital-level Mortality Indicator**</td>
<td>NA</td>
<td>Mar-16</td>
<td>0.99</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Total # of deliveries</td>
<td>NA</td>
<td>Nov-16</td>
<td>621</td>
<td>5565</td>
</tr>
<tr>
<td></td>
<td>Proportion of normal deliveries</td>
<td>62%</td>
<td>Nov-16</td>
<td>562.8%</td>
<td>118.9%</td>
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<tr>
<td></td>
<td>Proportion of C-Section deliveries</td>
<td>23%</td>
<td>Nov-16</td>
<td>22.87%</td>
<td>23%</td>
</tr>
<tr>
<td></td>
<td>Proportion of Assisted deliveries</td>
<td>15%</td>
<td>Nov-16</td>
<td>13.53%</td>
<td>13.8%</td>
</tr>
<tr>
<td></td>
<td>Maternal Deaths</td>
<td>NA</td>
<td>Nov-16</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>30 day emergency readmission</td>
<td>0%</td>
<td>Nov-16</td>
<td>1.02%</td>
<td>3%</td>
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<tr>
<td></td>
<td>Medication reconciliation completed within 24 hours of admission</td>
<td>80%</td>
<td>Nov-16</td>
<td>74.23%</td>
<td>69.4%</td>
</tr>
<tr>
<td></td>
<td>Medication errors causing serious harm</td>
<td>0</td>
<td>Nov-16</td>
<td>0</td>
<td>0</td>
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<tr>
<td></td>
<td>Number of CAS alerts that were closed having breached during the month</td>
<td>0</td>
<td>Nov-16</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Dementia CQUIN patients admitted who have had a dementia screen</td>
<td>0%</td>
<td>Oct-16</td>
<td>65.71%</td>
<td>61.4%</td>
</tr>
<tr>
<td></td>
<td>Dementia diagnostic assessment and investigation</td>
<td>0%</td>
<td>Oct-16</td>
<td>82.89%</td>
<td>83.8%</td>
</tr>
<tr>
<td></td>
<td>Dementia :Referral for specialist diagnosis</td>
<td>0%</td>
<td>Nov-16</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>
### Quality

<table>
<thead>
<tr>
<th><strong>Patient Experience</strong></th>
<th><strong>Standard</strong></th>
<th><strong>Current Data Period</strong></th>
<th><strong>Period Actual</strong></th>
<th><strong>YTD</strong></th>
<th><strong>Data Quality</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Satisfaction - Response rate (friends &amp; family - Inpatients)</td>
<td>0%</td>
<td>Nov-16</td>
<td>15.14%</td>
<td>17.3%</td>
<td>2</td>
</tr>
<tr>
<td>Patient Satisfaction - Response rate (friends &amp; family - Maternity)</td>
<td>0%</td>
<td>Nov-16</td>
<td>12.41%</td>
<td>12.6%</td>
<td>2</td>
</tr>
<tr>
<td>Patient Satisfaction - Response rate (friends &amp; family - ED)</td>
<td>0%</td>
<td>Nov-16</td>
<td>21.12%</td>
<td>23.2%</td>
<td>2</td>
</tr>
<tr>
<td>Friends &amp; Family test % not likely to recommend - ED</td>
<td>NA</td>
<td>Nov-16</td>
<td>7.52%</td>
<td>10.7%</td>
<td>2</td>
</tr>
<tr>
<td>Friends &amp; Family test % not likely to recommend - IP</td>
<td>NA</td>
<td>Nov-16</td>
<td>1.13%</td>
<td>1.6%</td>
<td>2</td>
</tr>
<tr>
<td>Friends &amp; Family test % not likely to recommend - Mat</td>
<td>NA</td>
<td>Nov-16</td>
<td>0.65%</td>
<td>0.8%</td>
<td>2</td>
</tr>
<tr>
<td>Friends &amp; Family test % likely to recommend - ED</td>
<td>NA</td>
<td>Nov-16</td>
<td>88.04%</td>
<td>82.9%</td>
<td>2</td>
</tr>
<tr>
<td>Friends &amp; Family test % likely to recommend - IP</td>
<td>NA</td>
<td>Nov-16</td>
<td>96.65%</td>
<td>96.1%</td>
<td>2</td>
</tr>
<tr>
<td>Friends &amp; Family test % likely to recommend - Mat</td>
<td>NA</td>
<td>Nov-16</td>
<td>97.06%</td>
<td>96.6%</td>
<td>2</td>
</tr>
</tbody>
</table>

### Safety

<table>
<thead>
<tr>
<th><strong>Standard</strong></th>
<th><strong>Current Data Period</strong></th>
<th><strong>Period Actual</strong></th>
<th><strong>YTD</strong></th>
<th><strong>Data Quality</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Number SIRIs</td>
<td>NA</td>
<td>Nov-16</td>
<td>4</td>
<td>81</td>
</tr>
<tr>
<td>% of Patients receiving Harm Free Care (Pressure sores, falls, C-UTI and VTE)</td>
<td>0%</td>
<td>Nov-16</td>
<td>93.31%</td>
<td>93%</td>
</tr>
<tr>
<td>Never Events</td>
<td>NA</td>
<td>Nov-16</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Cleaning Scores - % of inpatient areas with initial score &gt;92%</td>
<td>NA</td>
<td>Nov-16</td>
<td>47.37%</td>
<td>32.2%</td>
</tr>
<tr>
<td>Flu vaccine uptake</td>
<td>0%</td>
<td>Oct-16</td>
<td>48.02%</td>
<td>4</td>
</tr>
<tr>
<td>Falls with moderate harm or greater as a percentage of total harms</td>
<td>NA</td>
<td>Nov-16</td>
<td>0%</td>
<td>5</td>
</tr>
<tr>
<td>% of incidents associated with moderate harm or greater</td>
<td>NA</td>
<td>Nov-16</td>
<td>0.42%</td>
<td>0.6%</td>
</tr>
<tr>
<td># newly acquired pressure ulcers (category 2, 3 and 4)</td>
<td>NA</td>
<td>Oct-16</td>
<td>79</td>
<td>527</td>
</tr>
</tbody>
</table>

### Operational

<table>
<thead>
<tr>
<th><strong>Standard</strong></th>
<th><strong>Current Data Period</strong></th>
<th><strong>Period Actual</strong></th>
<th><strong>YTD</strong></th>
<th><strong>Data Quality</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>RTT - admitted % within 18 weeks</td>
<td>90%</td>
<td>Nov-16</td>
<td>76.62%</td>
<td>79.3%</td>
</tr>
<tr>
<td>RTT - non-admitted % within 18 weeks</td>
<td>95%</td>
<td>Nov-16</td>
<td>84.99%</td>
<td>87.9%</td>
</tr>
<tr>
<td>Operational</td>
<td>Standard</td>
<td>Current Data Period</td>
<td>Period Actual</td>
<td>YTD</td>
</tr>
<tr>
<td>-------------</td>
<td>----------</td>
<td>---------------------</td>
<td>---------------</td>
<td>-----</td>
</tr>
<tr>
<td>RTT - incomplete % within 18 weeks</td>
<td>92%</td>
<td>Nov-16</td>
<td>89.55%</td>
<td>90.2%</td>
</tr>
<tr>
<td>% Diagnostic waits waiting 6 weeks or more</td>
<td>1%</td>
<td>Nov-16</td>
<td>0.96%</td>
<td>1%</td>
</tr>
<tr>
<td>Zero tolerance RTT waits AP</td>
<td>0</td>
<td>Nov-16</td>
<td>7</td>
<td>49</td>
</tr>
<tr>
<td>Zero tolerance RTT waits IP</td>
<td>0</td>
<td>Nov-16</td>
<td>4</td>
<td>105</td>
</tr>
<tr>
<td>Zero tolerance RTT waits NP</td>
<td>0</td>
<td>Nov-16</td>
<td>2</td>
<td>37</td>
</tr>
<tr>
<td>Number of attendances at A/E depts in a month</td>
<td>NA</td>
<td>Nov-16</td>
<td>12519</td>
<td>102341</td>
</tr>
<tr>
<td>% &lt;=4 hours A&amp;E from arrival/trans/discharge</td>
<td>95%</td>
<td>Nov-16</td>
<td>94.21%</td>
<td>85.9%</td>
</tr>
<tr>
<td>Last min cancellations - % of all EL admissions</td>
<td>0.5%</td>
<td>Nov-16</td>
<td>0.47%</td>
<td>0.4%</td>
</tr>
<tr>
<td>% patients not rebooked within 28 days</td>
<td>0%</td>
<td>Nov-16</td>
<td>2.27%</td>
<td>6.5%</td>
</tr>
<tr>
<td>zero Urgent cancellations - 2nd time</td>
<td>0</td>
<td>Nov-16</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Urgent cancellations</td>
<td>0</td>
<td>Nov-16</td>
<td>31</td>
<td>208</td>
</tr>
<tr>
<td>Contract Variations Open</td>
<td>NA</td>
<td>Oct-16</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Contract Notices Open</td>
<td>NA</td>
<td>Oct-16</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Delayed transfers of care: number (snapshot)*</td>
<td>0</td>
<td>Nov-16</td>
<td>100</td>
<td>765</td>
</tr>
<tr>
<td>Delayed transfers of care as % of occupied beds*</td>
<td>3.5%</td>
<td>Nov-16</td>
<td>8.9%</td>
<td>8.4%</td>
</tr>
<tr>
<td>Theatre Utilisation - Elective</td>
<td>80%</td>
<td>Nov-16</td>
<td>74.06%</td>
<td>75.7%</td>
</tr>
<tr>
<td>Theatre Utilisation - Emergency</td>
<td>70%</td>
<td>Nov-16</td>
<td>53.05%</td>
<td>56.6%</td>
</tr>
<tr>
<td>Theatre Utilisation - Total</td>
<td>75%</td>
<td>Nov-16</td>
<td>69.24%</td>
<td>71%</td>
</tr>
<tr>
<td>Results Endorsed within 7 days</td>
<td>NA</td>
<td>Nov-16</td>
<td>75.2%</td>
<td>73.1%</td>
</tr>
<tr>
<td>% of discharge summaries sent to GP within 24hrs</td>
<td>98%</td>
<td>Nov-16</td>
<td>78.05%</td>
<td>76.4%</td>
</tr>
<tr>
<td>% patients cancer treatment &lt;62-days urg GP ref</td>
<td>85%</td>
<td>Oct-16</td>
<td>68.03%</td>
<td>74.1%</td>
</tr>
<tr>
<td>% patients cancer treatment &lt;62-days - Screen</td>
<td>90%</td>
<td>Oct-16</td>
<td>95.24%</td>
<td>94.9%</td>
</tr>
<tr>
<td>% patients 1st treatment &lt;1 mth of cancer diag</td>
<td>96%</td>
<td>Oct-16</td>
<td>92.36%</td>
<td>94.4%</td>
</tr>
<tr>
<td>% patients subs cancer treatment &lt;31days - Surg</td>
<td>94%</td>
<td>Oct-16</td>
<td>98%</td>
<td>96.3%</td>
</tr>
<tr>
<td>% patients subs cancer treatment &lt;31-days - Drugs</td>
<td>98%</td>
<td>Oct-16</td>
<td>98.59%</td>
<td>99.8%</td>
</tr>
<tr>
<td>% patients subs treatment &lt;31days - Radiotherapy</td>
<td>94%</td>
<td>Oct-16</td>
<td>97.79%</td>
<td>93.2%</td>
</tr>
</tbody>
</table>
### Operational

<table>
<thead>
<tr>
<th></th>
<th>Standard</th>
<th>Current Data Period</th>
<th>Period Actual</th>
<th>YTD</th>
<th>Data Quality</th>
</tr>
</thead>
<tbody>
<tr>
<td>%2WW of an urg GP ref for suspected cancer</td>
<td>93%</td>
<td>Oct-16</td>
<td>91.83%</td>
<td>93.2%</td>
<td>5</td>
</tr>
<tr>
<td>%2WW urgent ref - breast symp</td>
<td>93%</td>
<td>Oct-16</td>
<td>91.67%</td>
<td>93%</td>
<td>5</td>
</tr>
<tr>
<td>Same sex accommodation breaches</td>
<td>0</td>
<td>Nov-16</td>
<td>0</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td># patients spend &gt;=90% of time on stroke unit</td>
<td>85%</td>
<td>Nov-16</td>
<td></td>
<td>93.8%</td>
<td>5</td>
</tr>
<tr>
<td>HCAI - MRSA bacteraemia</td>
<td>0</td>
<td>Nov-16</td>
<td>1</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>HCAI - Cdiff</td>
<td>6</td>
<td>Nov-16</td>
<td>1</td>
<td>40</td>
<td>5</td>
</tr>
<tr>
<td>% adult inpatients have had a VTE risk assessment</td>
<td>95%</td>
<td>Oct-16</td>
<td>95.6%</td>
<td>96.2%</td>
<td>5</td>
</tr>
</tbody>
</table>

* Delayed transfers include acute hospital transfers which are not reported at a National Level.

### Workforce

<table>
<thead>
<tr>
<th></th>
<th>Standard</th>
<th>Current Data Period</th>
<th>Period Actual</th>
<th>Data Quality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workforce Performance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vacancy rate</td>
<td>0%</td>
<td>Nov-16</td>
<td>6.26%</td>
<td></td>
</tr>
<tr>
<td>Sickness absence**</td>
<td>3.2%</td>
<td>Nov-16</td>
<td>3.27%</td>
<td></td>
</tr>
<tr>
<td>Turnover rate</td>
<td>10.5%</td>
<td>Nov-16</td>
<td>14.67%</td>
<td></td>
</tr>
<tr>
<td>Substantive staff in post against budget</td>
<td>0</td>
<td>Nov-16</td>
<td>10799.85</td>
<td></td>
</tr>
<tr>
<td>Temporary Workforce expenditure as a total of Workforce expenditure</td>
<td>5%</td>
<td>Nov-16</td>
<td>6.1%</td>
<td></td>
</tr>
</tbody>
</table>

** This measure is collected for a 12 month period preceding the latest period shown.

### Finance

<table>
<thead>
<tr>
<th></th>
<th>Standard</th>
<th>Current Data Period</th>
<th>Period Actual</th>
<th>Data Quality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capital</td>
<td>Capital Programme Compared to Plan</td>
<td>90%</td>
<td>Nov-16</td>
<td>56.32%</td>
</tr>
<tr>
<td>Use of Resources</td>
<td>Use of Resources Rating</td>
<td>1</td>
<td>Nov-16</td>
<td>2</td>
</tr>
<tr>
<td>I&amp;E margin</td>
<td>Total CIP Performance Compared to Plan</td>
<td>90%</td>
<td>Nov-16</td>
<td>85.96%</td>
</tr>
<tr>
<td></td>
<td>Recurrent CIP Performance Compared to Plan</td>
<td>90%</td>
<td>Nov-16</td>
<td>69.32%</td>
</tr>
<tr>
<td></td>
<td>I&amp;E Surplus Margin (%)</td>
<td>1%</td>
<td>Nov-16</td>
<td>1.88%</td>
</tr>
</tbody>
</table>
Liaison with NHS Improvement

1. **Introduction**
   1.1. This appendix provides an update on reporting to NHS Improvement and liaison with the regulator.

2. **Operational performance**
   2.1. Following the increase in 4 hour waits experienced in October and reported to the Board in November, NHS Improvement signalled its wish to investigate actions being taken by the Trust to improve its performance against national standards on 4 hour waits, 62 day cancer waits and 18-week waits on the elective waiting list (also known as RTT Incomplete pathways), and the Trust’s arrangements for governing and reporting on progress.

   2.2. Information was requested by the regulator and provided in December, including evidence of internal governance arrangements for the oversight of performance improvement plans for urgent care, cancer and RTT; an explanation of how breaches of waiting time standards are reported; quality information routinely received by the Board and its Quality Committee; the latest report to TME on the bed realignment programme; Board papers and minutes on the 2016/17 contract with Oxfordshire CCG; the Whole System Review carried out by the Emergency Care Intensive Support Team in 2014; the Escalation Framework used in the Trust’s Emergency Departments and a description of how the improvement plans are agreed and reported upon.

   2.3. Follow up meetings on the improvement plans are due to take place in late January.

   2.4. A ‘Round Table’ meeting involving NHS Improvement, NHS England, Oxfordshire CCG and OUH will take place on 23 January to review progress and plans for meeting the Cancer and RTT standards for Oxfordshire.

   2.5. It is then anticipated that a meeting on 8 February, including Executive Directors, the Chairman and the Chair of Finance and Performance Committee, will provide feedback from NHS Improvement on its findings and any recommendations for the Trust.

3. **Month 8 report to NHS Improvement**
   3.1. The key financial metrics reported to NHS Improvement for October are shown below. These use the format adopted by NHS Improvement on 1 October, with a score of 1 being best and 4 worst.

   3.2. An overall Use of Resources score is produced and this was a 2 for the month, the rating having dropped from a 1 due to the 1.64% adverse variance in Income and Expenditure margin during November.

4. **Other liaison with NHS Improvement**
   4.1. An update was provided in December on the temporary emergency configuration of Maternity services.
4.2. Operational plans for activity, workforce and finance (and a triangulation of the three) were submitted to meet the regulator’s 23 December deadline.

4.3. Weekly information continued to be provided on the status of contract negotiations.

4.4. Confirmation was received that OUH would not be required to cancel elective patients to achieve 85% bed occupancy as the vast majority of OUH’s inpatient elective activity takes place on the Churchill and NOC sites which do not have the medical infrastructure to manage emergency medical patients; inpatient elective surgery at the JR is predominantly cardiac surgery, paediatric surgery and neurosurgery and suspending this activity was likely to result in patients presenting as an emergency; and planned inpatient elective activity is not currently undertaken at the Horton.

4.5. As yet, no response has been received to the Trust’s request for reinstatement of provider STF funds for 4 hour waits and RTT in Quarter 2.
Month 8 financial data from Oxford University Hospitals NHS FT

<table>
<thead>
<tr>
<th></th>
<th>Plan YTD ending 30-Nov-16</th>
<th>Actual YTD ending 30-Nov-16</th>
<th>Adjusted Forecast Year ending 31-Mar-17</th>
<th>Forecast Variance Year ending 31-Mar-17</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Capital Service Cover</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Revenue Available for Capital Service £m</td>
<td>65.549</td>
<td>52.877</td>
<td>94.433</td>
<td>(4.813)</td>
</tr>
<tr>
<td>Capital Service £m</td>
<td>(24.486)</td>
<td>(23.696)</td>
<td>(36.075)</td>
<td>1.293</td>
</tr>
<tr>
<td>Capital Service Cover metric</td>
<td>0.00x</td>
<td>2.677</td>
<td>2.231</td>
<td>2.656</td>
</tr>
<tr>
<td>Capital Service Cover rating</td>
<td>Score</td>
<td>2</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>Liquidity</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Working capital balance £m</td>
<td>(0.707)</td>
<td>(6.028)</td>
<td>(2.103)</td>
<td>(5.748)</td>
</tr>
<tr>
<td>Operating Expenses within EBITDA, Total £m</td>
<td>(611.501)</td>
<td>(611.907)</td>
<td>(913.457)</td>
<td>(0.053)</td>
</tr>
<tr>
<td>Liquidity metric Days</td>
<td>(0.277)</td>
<td>(2.364)</td>
<td>(0.829)</td>
<td>(2.265)</td>
</tr>
<tr>
<td>Liquidity rating Score</td>
<td></td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td><strong>I&amp;E Margin</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surplus/(Deficit) adjusted for donations and asset disposals £m</td>
<td>23.829</td>
<td>12.499</td>
<td>33.613</td>
<td>(3.060)</td>
</tr>
<tr>
<td>Total operating income for EBITDA £m</td>
<td>676.914</td>
<td>664.666</td>
<td>1,007.690</td>
<td>(4.760)</td>
</tr>
<tr>
<td>I&amp;E Margin %</td>
<td>3.52%</td>
<td>1.88%</td>
<td>3.34%</td>
<td>(0.30%)</td>
</tr>
<tr>
<td>I&amp;E Margin rating Score</td>
<td></td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>I&amp;E Margin Variance From Plan</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I&amp;E Margin Variance From Plan %</td>
<td>(1.64%)</td>
<td>(0.29%)</td>
<td>(1.68%)</td>
<td>(1.66%)</td>
</tr>
<tr>
<td>I&amp;E Margin Variance From Plan rating Score</td>
<td></td>
<td>3</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td><strong>Agency</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agency staff, total £m</td>
<td>(12.824)</td>
<td>(10.242)</td>
<td>(17.798)</td>
<td>0.300</td>
</tr>
<tr>
<td>Agency ceiling £m</td>
<td>(12.827)</td>
<td>(12.827)</td>
<td>(18.103)</td>
<td></td>
</tr>
<tr>
<td>Agency metric %</td>
<td>(0.02%)</td>
<td>(20.15%)</td>
<td>(1.68%)</td>
<td>(1.66%)</td>
</tr>
<tr>
<td>Agency rating Score</td>
<td></td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>Use of Resources Rating</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use of Resources Rating after overrides Score</td>
<td></td>
<td>2</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>