

**Council of Governors Meeting: Wednesday 5 July 2015**  
**CoG2017.15**

<b>Title</b>	<b>Performance in relation to waiting times: Update on analysis of demand, activity and capacity</b>
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<b>Purpose</b>	For information
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**Executive Summary**

1. NHS Improvement's (NHSI) South Regional Support Group's review of the Trust's waiting time performance, which commenced in November 2016, reached a conclusion in May 2017.
2. NHSI had been considering the Trust's performance against the national 4-hour A&E, 62-day cancer and 18-week Referral to Treatment (RTT) elective surgery waiting times. The full list of underpinning deliverables linked to this enforcement by NHSI has been published on the NHSI website here: [www.gov.uk/government/groups/oxford-university-hospitals-nhs-foundation-trust](http://www.gov.uk/government/groups/oxford-university-hospitals-nhs-foundation-trust)
3. In relation to the 4 Hour A&E waiting time performance standard, NHS Improvement reviewed its findings and agreed that no formal action was required, having been satisfied that considerable progress had been made by the Trust, since a dip in performance in October 2016. NHSI recognised the Trust's work to enable patients, when they no longer need an acute hospital bed, to move to a more appropriate care setting for their needs, has made significant improvement in reducing waiting times for patients.
4. Alongside other Trust plans to improve how patients progress through the Emergency Department when receiving treatment, the review was satisfied that performance standards and patient experience would be improved.
5. In relation to the 62 day cancer treatment waiting time performance standard, the NHSI review of the Trust's underperformance in 2016 found confidence in the Trust's plans to ensure that actions were in place which focused on the key areas of cancer treatment where waiting time delays had previously occurred. The Trust's actions, which included strengthening clinical leadership in oncology, mean more patients will experience shorter waiting times for cancer treatment going forward.
6. In relation to the 18 week referral to treatment [RTT] waiting time performance standard for elective treatment and operations, NHSI directed the Trust to take all reasonable steps to improve RTT performance in a manner which is financially sustainable for both the Trust and its commissioners. To achieve this, NHSI requires the Trust to put in place plans, both short and medium term, to ensure RTT waiting time performance is improved for patients.
7. The Trust has been asked to agree a short-term "Referral to Treatment Activity Plan", covering the period up to the end of September 2017, to deliver more elective service capacity. The Trust Board approved this short term plan at a board meeting on 31 May 2017, and the plan has been submitted to NHSI with the approval of Oxford Health NHS Foundation Trust (Oxford Health) and both local and specialist Commissioners.
8. In the medium term, NHSI has asked Oxford Clinical Commissioning Group (OCCG), Oxford Health and Oxford University Hospitals to appoint a system-wide Improvement Director to be responsible for reducing elective demand and redesigning how elective care is delivered across the healthcare system, so that patients can be treated with efficiently reduced resources. This system-wide Improvement Director will be accountable to the Boards of OCCG, Oxford Health and Oxford University Hospitals.
9. The mandatory support which is outlined in an enforcement notice from NHSI to the Trust relates only to waiting times for elective non-urgent treatment and operations.

10. As Governors are aware, as of April 2017, a new contract was agreed between OCCG, Oxford Health and Oxford University Hospitals. This contract includes a risk share arrangement between the three organisations, meaning that the cost of elective activity beyond a certain level, is shared in pre-agreed proportions. NHSI and NHS England require our three organisations to work closely together in order to meet RTT performance standards on a sustainable basis. Both regulators have also agreed to form a Single Oversight Committee for the Oxfordshire health system, to monitor progress towards achieving the NHS constitutional standards.

11. An update on the analysis of demand, activity and capacity to deliver the RTT Activity Plan is **attached** hereto.

**Recommendation**

The Council of Governors is asked to receive and consider the update on the analysis of demand, activity and capacity to deliver the RTT Activity Plan **attached** hereto, to be presented the Director of Clinical Services.




# Demand, Activity & Capacity Analysis Update

Council of Governors

5<sup>th</sup> July 2017



- Demand and Activity Trends
  - Forecast of Impact of Continuing Current Activity Levels
  - Demand Assessment
  - Q1 and Q2 Target and Actual
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## Demand and Activity Trends

Activity Profile 2012/13 to 2016/17					
Elective Type	2012/13	2013/14	2014/15	2015/16	2016/17
Daycase	75,383	84,131	90,731	84,051	85,216
Inpatient Elective	22,318	24,001	23,615	23,711	23,207
<b>Total</b>	<b>97,701</b>	<b>108,132</b>	<b>114,346</b>	<b>107,762</b>	<b>108,423</b>
Year on Year Activity Change		10,431	6,214	-6,584	661
Year on Year Activity % Change		10.68%	5.75%	-5.76%	0.61%
Referrals	250,904	245,751	261,303	287,898	307,096
Year on Year Referral Change		-5,153	15,552	26,595	19,198
Year on Year Referral % Change		-2.05%	6.33%	10.18%	6.67%
ED Attendances	127,592	131,489	139,524	144,312	150,849
Emergency Admissions	88,320	88,237	89,454	91,902	96,288

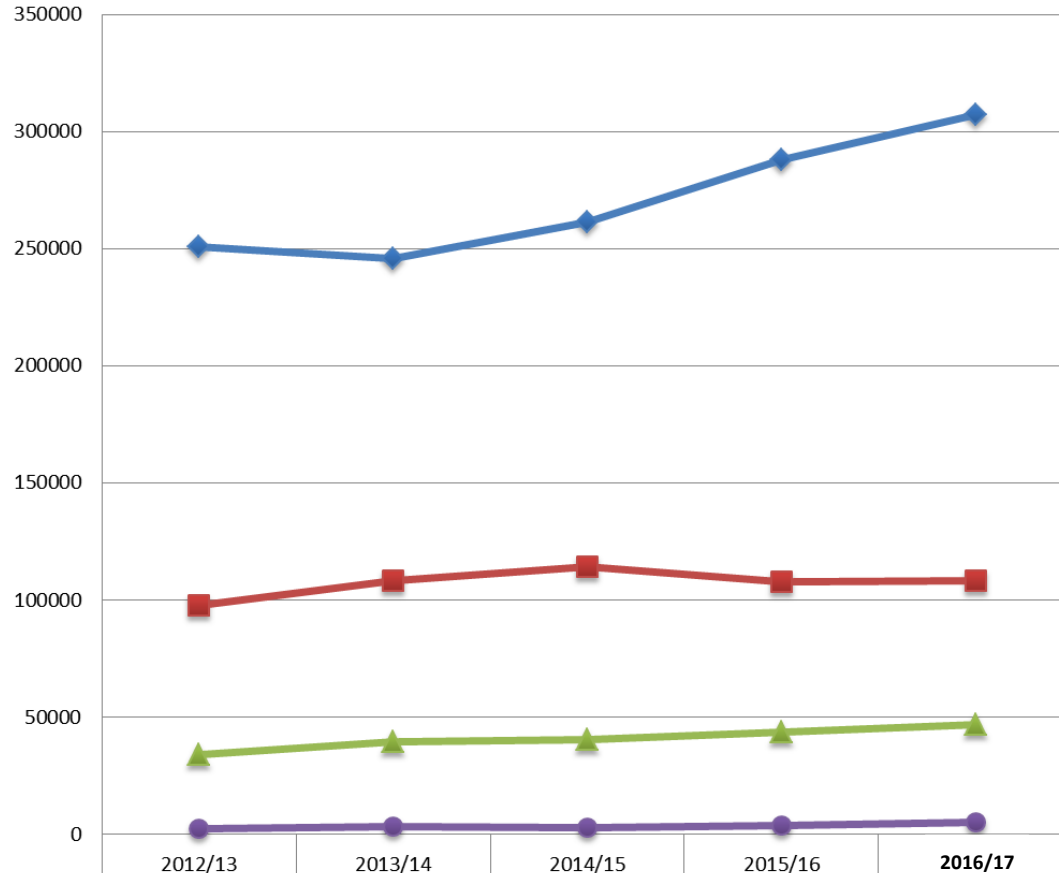
## Demand and Activity Trends continued

1. Growth in ED attendances has run at 3% to 4.5% per year over the past two years.
2. The rate of growth in emergency admissions has risen over the past three years, reaching 4.8% this year.
3. After dropping in 2013/14, total referrals have grown by 6.3% to 10.2% in the past three years.
4. Growth in elective activity in 2014/15 was reversed in 2015/16 and has been flat in 2016/17.
5. Between 31 March 2015 and the forecast for 2016/17 (with waiting list figures as at 31 January 2017), referrals grew by 17.5%, elective spells reduced by 5.2% and the total waiting list grew by 15.4%.



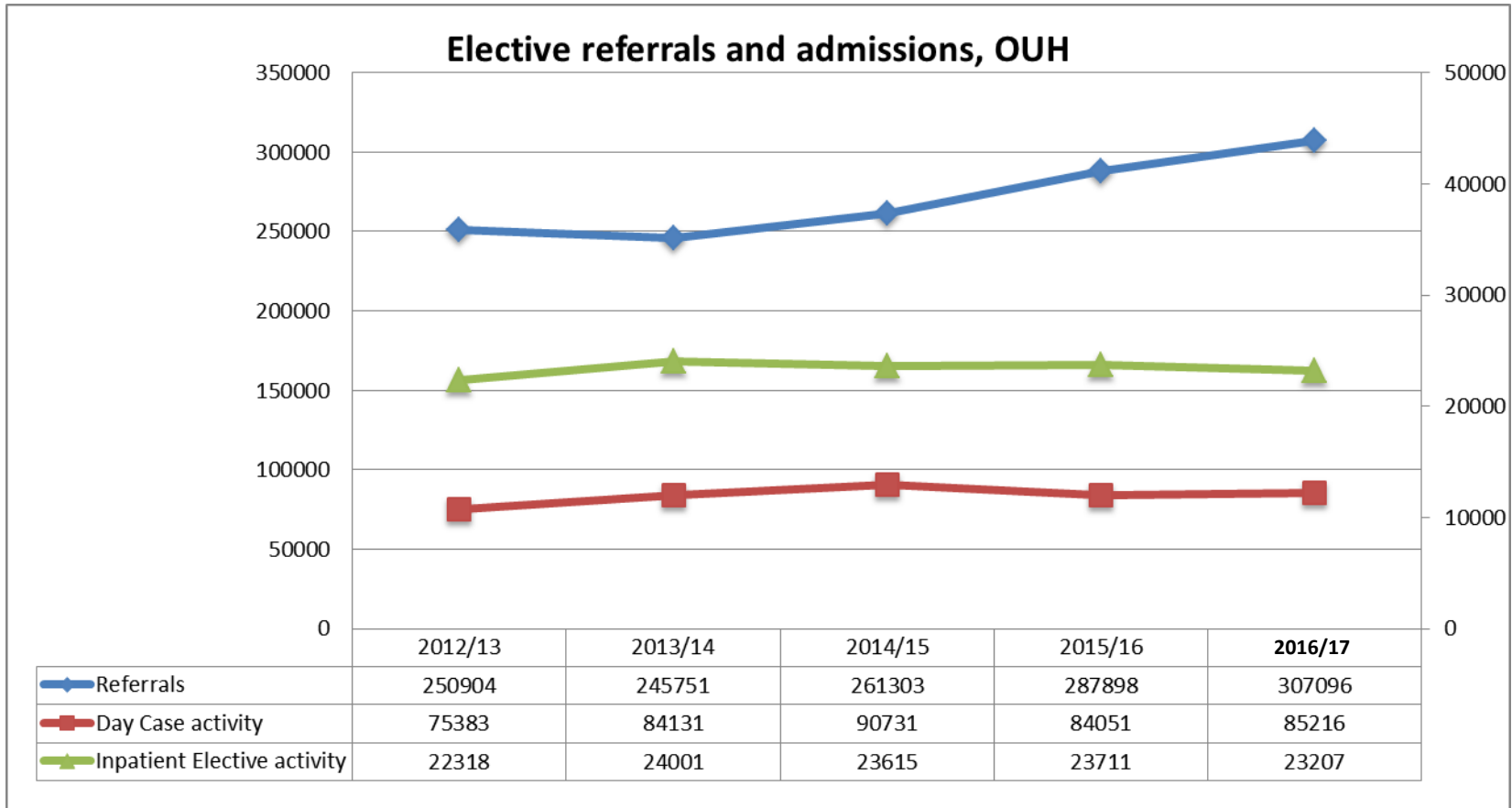
# Demand and Activity Trends continued

Total referrals, elective spells and RTT Incompletes (OUH, 2012-13 to date)



◆ Referrals	250904	245751	261303	287898	307096
■ Total elective spells	97701	108132	114346	107762	108423
▲ Waiting list (RTT Incompletes)	34152	39571	40555	43521	46787
● >18 Week RTT Incompletes	2178	3486	2996	3787	5174

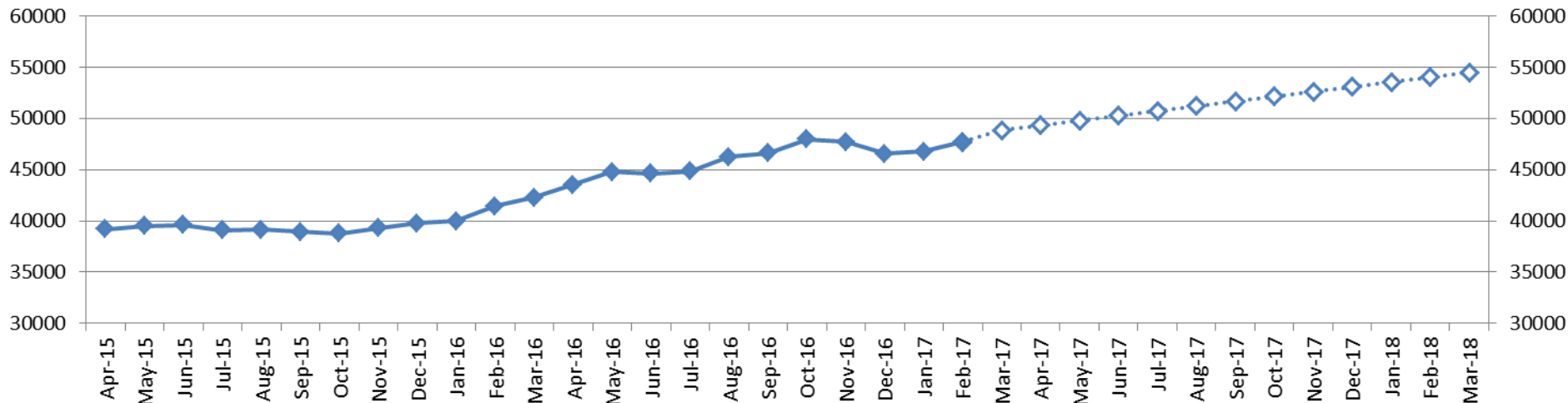
# Elective Referrals and Admissions



# Implications of Maintaining Current Activity Levels

## Forecast on Impact on List Size

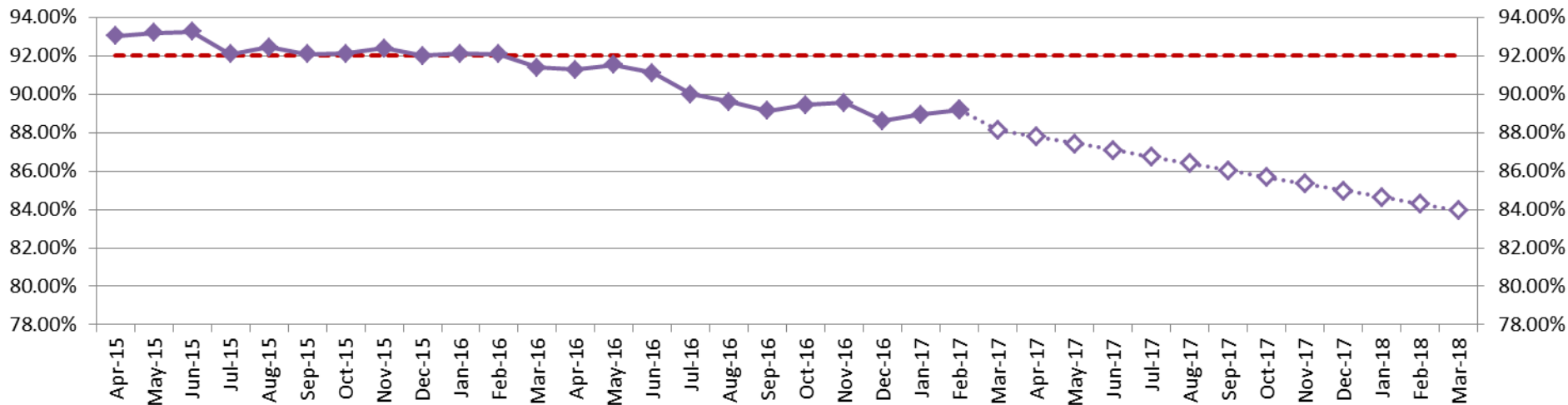
Incomplete RTT Pathway List Size



# Implications of Maintaining Current Activity Levels continued

Forecast on Impact on Incomplete Performance

Incomplete RTT Performance



## Demand Assessment Summary

	Inpatients	Day Cases	Total Procedures	New Outpatients
Baseline Activity	24,992	78,953	103,945	320,088
Additional activity to eliminate backlog and equalise run rate	3,891	6,995	10,886	29,420
Additional activity from converted outpatients	3,005	6,423	9,428	-
Total additional required	31,888	92,371	124,259	349,508
Variance from baseline	6,896	13,418	20,314	29,420
Percentage increase	27.6%	17%	19.5%	9.2%

## Demand Assessment – Top Five Specialties

Specialty	Day Case	Specialty	Inpatients	Specialty	Outpatients
Gastroenterology	1,765	Orthopaedics	1,535	Cardiology	2,695
Maxillo-Facial Surgery	1,565	Neurosurgery	627	Orthopaedics	2,623
Ophthalmology	1,517	Gynaecology	606	Maxillo-Facial Surgery	2,314
Cardiology	1,320	Urology	522	Urology	2,250
Gynaecology	1,294	Paediatric ENT	426	Gastroenterology	2,214
<b>Total</b>	<b>7,461</b>	<b>Total</b>	<b>3,716</b>	<b>Total</b>	<b>12,096</b>
% of additional activity	56%	% of additional activity	54%	% of additional activity	41%

# Run Rate Versus Backlog

Activity Type	Run Rate	Backlog	Total
Inpatients	4,177	2,719	6,896
Day Case	8,600	4,818	13,418
<b>Total</b>	<b>12,777</b>	<b>7,537</b>	<b>20,314</b>
Percentage	63%	37%	100%
Outpatients	19,467	9,953	29,420
Percentage	66%	34%	100%

## Key Messages:

- Run rate is the amount of additional activity required on a recurrent basis to prevent a backlog from growing
- Backlog is the amount by which waiting lists are oversized compared with IMAS modelled sustainable list size
- Analysis assumes flat referrals compared to average annual increase of 6%
- The majority of activity 63% procedures and 66% outpatients represents a recurrent uplift to the baseline.

# Q1 and Q2 Target and Actual

Activity Type	April		May		June		July		August		September	
	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Inpatients	1,809	1,774	2,107	1,933	2,207		2,210		2,210		2,210	
Day Case	4,491	4,650	5,230	5,567	5,476		5,471		5,471		5,471	
Endoscopy	1,214	1,224	1,415	1,384	1,482		1,563		1,563		1,563	
<b>Total</b>	<b>7,514</b>	<b>7,648</b>	<b>8,752</b>	<b>8,884</b>	<b>9,165</b>		<b>9,244</b>		<b>9,244</b>		<b>9,244</b>	
New Outpatients	23,072	23,735	26,917	28,408	28,199		27,669		27,669		27,669	