

Board of Directors: 12 January 2012

TB2012.07

Title	Operational Performance Report Month 8
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Status	A paper for information
History	Regular monthly report

Board Lead(s)	Mr Paul Brennan, Director of Clinical Services			
Key purpose	Strategy	Assurance	Policy	Performance

Summary

The Board is asked to note the following key points on the attached data sheets:

1	<p>All key cancer and 18 week access standards were achieved in November 2011 and the Q3 outturn position for the 4 hour standard was 95.13% against the 95% target level. The Trust has also continued to achieve the ED re attendance rate and 'left without being seen' standards and is therefore categorised as performing for the third quarter in succession.</p>
2	<p>Delayed Transfers of Care remain high within the OUH and across the health system though agreement has been reached for the providers to develop clear plans to tackle the situation were presented to the ACE Programme Board on the 28th November 2011. The proposals were approved on the 23rd December 2011 by the Clinical Commissioning Group and are now being implemented.</p> <p>The Trust supported discharge scheme is now operational and was operating with a caseload of 10 patients as at the 2nd January 2012. This will rise to 20 by the end of January, to 40 by the end of February and 50 by mid March 2012. The full caseload of 80 patients will be achieved by the 13th April 2012.</p> <p>The formal reported level of DTOC, for the OUH in November 2011 was 114 and this increased to 119 in December 2011 and represents 113% increase in position over the past 7 months.</p>
3	<p>The Trust is experiencing an increase in length of stay beyond 21 days with an in month movement of 3% and an increase of 7% compared to the same period last year. Patients with a length of stay greater than 14 days remain small, 474, in absolute number terms but continue to consume a significant disproportion of resource; in November they accounted for 44% of total bed days.</p> <p>Overall average length of stay reduced marginally in November 2011 to 2.04% and this was exclusively due to a significant 0.5% reduction in elective length of stay offset by a slight increase in emergency length of stay.</p>
4	<p>Weekend discharges remain a concern and although there has been good progress in increasing the number of discharges on a Saturday, rising from an average 343 in April to 503 in November discharges on a Sunday remain significantly below levels for the rest of the week despite rising from an average of 199 in April to 246 in November.</p> <p>A key issue for the Trust is aligning internal activity with working patterns across the whole system.</p>
5	<p>Emergency activity continues to run approximately 1.7% below last year's levels, with elective activity running over 4% above the previous year's rate. This is primarily related to the delivery of the 18 week standards.</p>

Performance Framework for Acute Trusts 2011-12

Performing Thresholds	2011-12											
	April	May	June	July	August	September	October	November	December	January	February	March
Four-hour maximum wait in A&E from arrival to admission, transfer or discharge	95%	94.6%	96.5%	95.3%	97.6%	96.9%	94.9%	95.7%	93.9%			
Four-hour maximum wait in A&E from arrival to admission, transfer or discharge - Quarterly	Q1 95.47%			Q2 96.33%			Q3 95.13%					
Unplanned reattendance rate Unplanned re-attendance at A&E within 7 days of original attendance	5%	Assessed from Quarter 2 2011-12 onwards			3.64%	2.90%	3.52%	3.42%	3.31%			
Left without being seen rate	5%				2.49%	2.37%	1.94%	2.07%	2.30%			
Time to initial Assessment	15 minutes				60	56	60	68	68			
Time to treatment	60 minutes				88	79	88	87	87			
Cancelled ops - breaches of 28 days readmission guarantee as % of cancelled ops	5%	4.17%	0.00%	0.00%	4.84%	12.20%	0.00%	1.12%	8.33%			
MRSA	6	0	1	0	0	0	1	2	0			
C Diff	137	5	5	8	7	14	9	14	8			
RTT - admitted - 95th percentile	<=23	23.9	24.9	22.2	22.4	22.1	22.3	22.0	21.9			
RTT - non-admitted - 95th percentile	<=18.3	15.7	15.6	16.3	16.3	16.4	16.0	16.2	16.0			
RTT - incomplete - 95th percentile	<=28	21.6	16.6	16.1	16.2	16.0	17.0	16.4	17.5			
RTT - admitted - 90% in 18 weeks	90%	87%	89%	90%	90%	91%	91%	90%	90%			
RTT - non-admitted - 95% in 18 weeks	95%	97%	97%	96%	97%	97%	97%	97%	97%			
2 week GP referral to 1st outpatient	93%	91.6%	92.6%	96.5%	96.9%	99.1%	98.2%	98.6%	98.4%			
2 week GP referral to 1st outpatient - breast symptoms	93%	74.5%	95.3%	98.9%	100.0%	99.4%	100.0%	99.0%	95.9%			
31 day second or subsequent treatment - surgery ~	94%	98.2%	93.5%	98.5%	96.4%	100.0%	97.5%	100.0%	92.7%			
31 day second or subsequent treatment - drug ~	98%	100.0%	97.8%	100.0%	98.6%	100.0%	100.0%	100.0%	98.7%			
31 day diagnosis to treatment for all cancers ~	96%	97.0%	95.9%	96.4%	97.1%	99.1%	97.8%	97.7%	97.9%			
Proportion of patients waiting no more than 31 days for second or subsequent cancer treatment (radiotherapy treatments)	94%	93.1%	93.9%	97.7%	96.2%	97.6%	96.6%	87.2%	97.8%			
62 day referral to treatment from screening	90%	78.3%	87.5%	87.0%	100.0%	85.7%	92.3%	84.6%	95.7%			
62 day referral to treatment from hospital specialist	85%	NA	NA	100.0%	NA	NA	NA	NA	NA			
62 days urgent GP referral to treatment of all cancers	85%	81.4%	84.9%	88.0%	86.0%	86.5%	90.8%	88.1%	87.1%			
Patients that have spent more than 90% of their stay in hospital on a stroke unit	80%	72.1%	72.9%	86.7%	86.4%	82.0%	81.1%	90.5%	80.8%			
Delayed transfers of care	3.50%	7.00%	7.68%	5.12%	9.41%	10.64%	8.70%	11.49%	11.10%			

This page presents the key metrics that are being used during 2011/12 to score Acute hospitals performance. The overall composite weighted score has now been calculated. In November the Trust scores 2.75 on the overall performance matrix, well within the range of "performing" (the range being 2.4 to 3). To achieve overall on the ED section the trust needs to achieve, as a minimum, the total time in ED (4hour/95%) and one of the patient focus measures (unplanned reattendance rate or left without being seen rate). For total time in ED, performance has dipped during November to 93.9%, but Quarter to date is still slightly above 95%. Significant data quality issues have prevented the Trust reporting the weekly ED performance figures since go-live with Millennium. This has improved during the Christmas period.

The Trust continues to report 4 MRSA infections for the year to date and continues to track below the tolerance for CDiff infections. Achievement against RTT metrics continues. The Trust again hit the 90% threshold for admitted patients in November (sixth consecutive month). The Trust continues its focus on resolving problems with waits for a few inpatient specialties (eg Lower GI and Neurosurgery) and within diagnostics (endoscopy and MRI mainly) to ensure that the inpatient pathway is as short as possible. Cancer figures for November are provisional, and there is a more detailed narrative on Cancer performance later on in the report outlining actions being taken to maintain the current strong position. 2 week wait continues to show a strong performance, and is achieving the threshold at 98.4%, as is the breast symptomatic at 95.9%. The Radiotherapy capacity problems reported last month have been resolved, and resulted in a much improved 31 day performance (97.8% for Radiotherapy for November). Delayed transfers of care are proving very difficult to reduce, and during November the position has improved slightly to 11.1% of occupied bed days. This level of DToCs will continue to cause increasing operational difficulty during the winter months.

Patients discharged in period with LoS >21 days

		April	May	June	July	August	September	October	November	December	January	February	March	
ORH	2010-11	Elective	20	21	27	34	28	32	31	32	25	25	25	29
		Non-elective	210	203	253	226	215	231	236	266	252	241	225	259
		Total	230	224	280	260	243	263	267	298	277	266	250	288
	2011-12	Elective	29	30	27	26	18	19	32	30				
		Non-elective	257	288	257	246	243	230	234	244				
		Total	286	318	284	272	261	249	266	274				
	# of Cumulative bed days in Month	Elective	1,236	1,302	998	1,274	690	952	1,877	1,201				
		Non-elective	11,347	12,191	11,519	10,844	10,315	9,749	9,872	10,603				
		Total	12,583	13,493	12,517	12,118	11,005	10,701	11,749	11,804				

The numbers of patients being discharged beyond their 21st day has increased, November being 3% higher than the figure for October. Year to date shows a 7% increase compared to the same period for last year. The majority of this growth is in patients admitted non-electively.

Beddays from patients with LoS>21 days

		April	May	June	July	August	September	October	November	December	January	February	March	
ORH	2010-11	Elective	890	677	862	1,697	1,100	1,482	871	1,060	896	1,254	967	1,187
		Non-elective	8,784	8,950	10,452	10,708	9,083	10,010	12,362	13,059	11,021	9,831	9,772	11,742
		Total	9,674	9,627	11,314	12,405	10,183	11,492	13,233	14,119	11,917	11,085	10,739	12,929
	2011-12	Elective	1,236	1,302	998	1,274	690	952	1,877	1,201				
		Non-elective	11,347	12,191	11,519	10,844	10,315	9,749	9,872	10,603				
		Total	12,583	13,493	12,517	12,118	11,005	10,701	11,749	11,804				

The increase in the numbers of patients staying over 21 days, results in a corresponding increase in bed days of 4.26% comparing April to November for this year to the same period last year. Again, this growth is more apparent in non-elective patients. As we approach winter, this is probably likely to increase.

Patients in Hospital and discharged in month

* Excluding CDU, Discharge lounge, MAU & SEU, ITU (Adult, Neuro, Cardiac & Paeds)

		April	May	June	July	August	September	October	November	December	January	February	March
ORH	2011-12	Average Number of ward transfers	0.93	0.92	0.93	0.93	0.92	0.93	0.93	0.90			
		Number of patients with more than 3 ward stays in one spell	359	351	353	394	384	387	381	382			

The average number of ward moves remains at less than 1 for the first months of 2011/12.

Patients in Hospital and discharged in month

* Excluding Discharge lounge

		April	May	June	July	August	September	October	November	December	January	February	March
ORH	2011-12	Average Number of ward transfers	1.11	1.09	1.09	1.10	1.10	1.10	1.10	1.05			
		Number of patients with more than 3 ward stays in one spell	3132	3178	3197	3326	3199	3102	3160	4091			

The number of patients either still in hospital at the end of the month or discharged during the month who have experienced more than 3 ward moves is significant, but seems relatively stable.

Patients Staying greater than 21 Days including those still in Hospital and discharged in month

* Excluding CDU, Discharge lounge, MAU & SEU, ITU (Adult, Neuro, Cardiac & Paeds)

		April	May	June	July	August	September	October	November	December	January	February	March
ORH	2011-12	Average Number of ward transfers	1.6	1.5	1.5	1.4	1.5	1.5	1.5	1.3			
		Number of patients with more than 3 ward stays in one spell	77	74	72	79	95	90	91	86			

Patients Staying greater than 21 Days including those still in Hospital and discharged in month

* Excluding Discharge lounge

		April	May	June	July	August	September	October	November	December	January	February	March
ORH	2011-12	Average Number of ward transfers	2.0	1.9	2.0	1.9	2.0	2.0	2.0	1.7			
		Number of patients with more than 3 ward stays in one spell	85	82	80	88	106	103	107	288			

Average LOS on Discharge

Levels: Trust, Site, Specialty (of Dominant episode)

		April	May	June	July	August	September	October	November	December	January	February	March
ORH	Number of patients	0-2 Days	12293	12745	13779	13598	13134	13250	13916	14298			
		2-5 days	1456	1458	1432	1515	1437	1375	1443	1430			
		5-7 Days	436	397	420	401	388	368	420	402			
		7-14 days	555	572	570	535	532	547	539	522			
		14+ Days	519	517	499	428	471	440	437	474			
		Total number of patients	15259	15689	16700	16477	15962	15980	16755	17126			
	Number of bed days	0-2 Days	4813	4972	5914	5856	5831	5607	5861	5373			
		2-5 days	5486	5468	5605	5983	5765	5411	5669	5716			
		5-7 Days	2820	2570	2792	2739	2642	2427	2874	2715			
		7-14 days	5675	5826	6239	5937	5840	5848	5851	5647			
		14+ Days	16740	16990	16469	14935	14852	14185	14861	15485			
		Total number of Bed days	35534	35826	37019	35450	34930	33478	35116	34936			
	Average LOS	Average LOS Elective	3.70	3.71	3.83	3.78	3.58	3.35	4.27	3.77			
		Average LOS Non-elective	5.15	5.03	5.28	4.79	4.97	4.76	4.57	4.85			
		Average LOS Non-elective non- emer	3.34	3.41	3.58	3.50	3.38	3.64	3.77	3.68			
		Day case	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00			
		Average LOS	2.33	2.28	2.22	2.15	2.19	2.09	2.10	2.04			

It is clear from the data presented that the longer staying patients (i.e. patients who stay over 21 days) have a higher average number of ward moves during their stays.

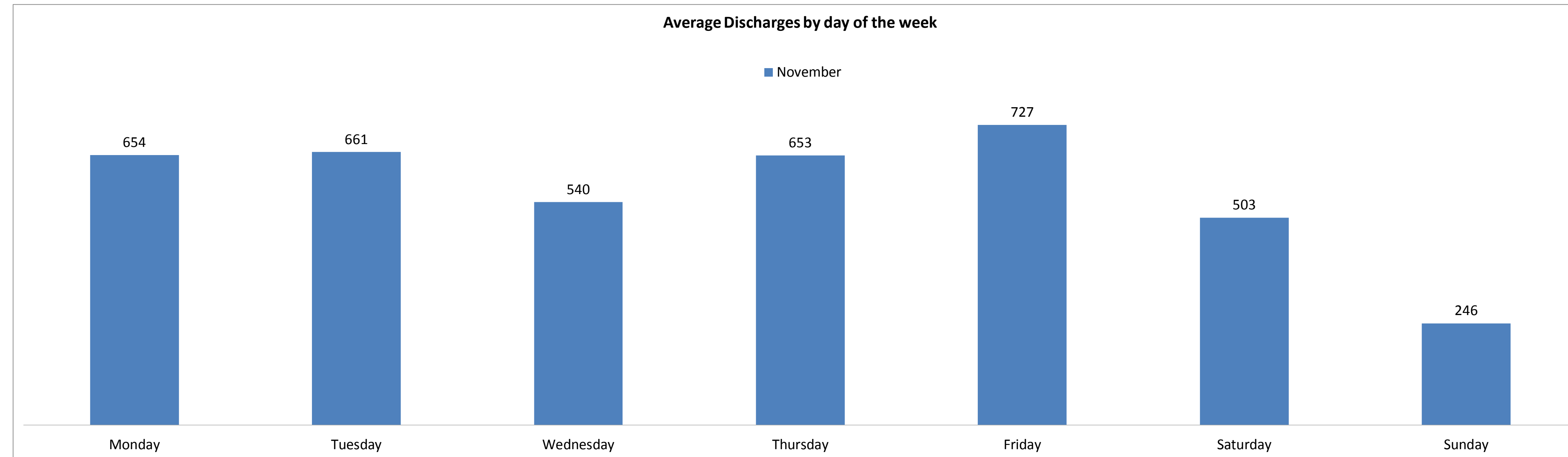
The attached length of stay profile shows the proportion of patients within each length of stay category and the bed days associated with those patients. November shows 2.7% of patients stayed in our hospitals over 14 days. These patients accounted for 44% of all bed days. Conversely, 83.5% of patients stayed in our hospitals between 0 and 2 days and these account for 15.4% of the total bed days.

November's length of stay was significantly lower (11.6%) for elective patients and significantly higher (6.2%) for non-elective patients.

Discharge Profile

Average number of Discharges in Month by Day of Discharge
 *Exclude daycase wards & discharge lounge

		April	May	June	July	August	September	October	November	December	January	February	March
ORH	Average Number of patients	Day of the week											
	Monday	562	539	639	617	580	607	525	654				
	Tuesday	625	479	643	615	599	623	634	661				
	Wednesday	643	646	648	653	503	646	646	540				
	Thursday	660	637	493	647	596	606	635	653				
	Friday	642	686	690	674	669	541	698	727				
	Saturday	343	459	490	478	446	444	491	503				
	Sunday	199	210	255	188	210	200	254	246				
Total	Total number of Patients	15685	15857	16570	16830	16094	15805	16799	17133				



The discharge data clearly shows, both from an average across the year to date and within the individual months that there is a dip in the number of discharges at a weekend, particularly on Sunday, across our hospitals. Sunday discharges account for less than a half of the discharges that occur on any other given weekday.

Proportionately, average sunday discharges have grown marginally from 5.4% to 6.2% across the year.

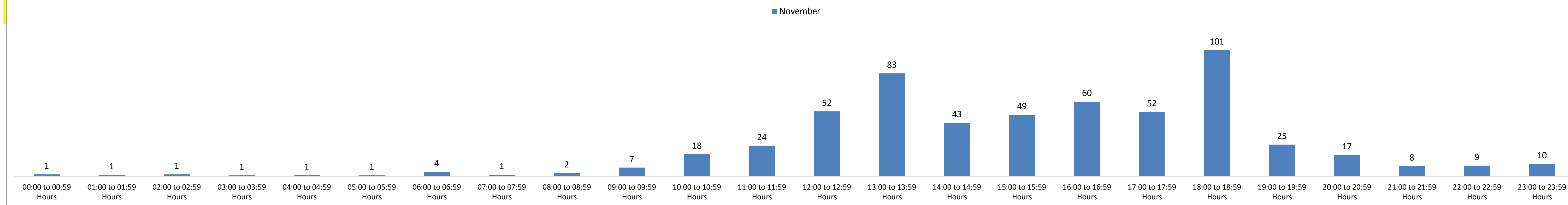
Average number of Discharges in Month by Hour of Discharge

Level: Trust

Hour		April	May	June	July	August	September	October	November	December	January	February	March
ORH	Average Number of patients												
	00:00 to 00:59 Hours	1	1	2	1	1	2	1	1				
	01:00 to 01:59 Hours	1	1	1	1	1	2	1	1				
	02:00 to 02:59 Hours	2	1	1	1	1	1	1	1				
	03:00 to 03:59 Hours	1	1	1	1	1	1	1	1				
	04:00 to 04:59 Hours	1	1	1	1	1	1	1	1				
	05:00 to 05:59 Hours	1	1	1	1	1	1	1	1				
	06:00 to 06:59 Hours	2	3	3	3	4	3	3	4				
	07:00 to 07:59 Hours	3	1	2	1	1	2	2	1				
	08:00 to 08:59 Hours	2	2	2	2	3	2	2	2				
	09:00 to 09:59 Hours	6	6	6	7	6	6	7	7				
	10:00 to 10:59 Hours	17	16	16	17	17	17	18	18				
	11:00 to 11:59 Hours	20	22	20	22	22	24	22	24				
	12:00 to 12:59 Hours	46	47	49	49	50	51	51	52				
	13:00 to 13:59 Hours	76	76	85	93	83	82	79	83				
	14:00 to 14:59 Hours	39	39	43	41	40	42	44	43				
	15:00 to 15:59 Hours	44	46	48	47	46	46	48	49				
	16:00 to 16:59 Hours	53	50	58	53	51	53	54	60				
	17:00 to 17:59 Hours	53	48	48	52	45	46	46	52				
	18:00 to 18:59 Hours	94	91	101	91	89	88	101	101				
	19:00 to 19:59 Hours	21	20	20	22	23	20	20	25				
	20:00 to 20:59 Hours	15	16	19	17	13	16	14	17				
	21:00 to 21:59 Hours	10	10	10	7	7	7	9	8				
	22:00 to 22:59 Hours	6	5	6	6	4	5	6	9				
23:00 to 23:59 Hours	9	9	9	9	10	10	10	10					
Total	Total number of Patients	15685	15857	16570	16830	16094	15805	16799	17133				

The pattern on the times of day that patients are discharged from the hospitals' beds is very consistent over the time that this has been monitored. It is clear that the vast majority of patients are discharged from beds during the afternoons.

Average Discharges by Hour



Discharges By POD Inpatients October 2011

		Total # of funded Beds	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday																	
ORH	2011-12	Elective	2121	2776	2208	2143	2242	1250	351																	
		Non-elective and Emergency	1599	2121	2776	2208	2143	2242	1250	351																
		Total # of funded Beds	00:00 to 00:59	01:00 to 01:59	02:00 to 02:59	03:00 to 03:59	04:00 to 04:59	05:00 to 05:59	06:00 to 06:59	07:00 to 07:59	08:00 to 08:59	09:00 to 09:59	10:00 to 10:59	11:00 to 11:59	12:00 to 12:59	13:00 to 13:59	14:00 to 14:59	15:00 to 15:59	16:00 to 16:59	17:00 to 17:59	18:00 to 18:59	19:00 to 19:59	20:00 to 20:59	21:00 to 21:59	22:00 to 22:59	23:00 to 23:59
ORH	2011-12	Elective	0	0	0	0	1	1	77	17	31	157	436	548	1302	2203	791	912	2262	1003	2471	302	186	62	120	209
		Non-elective and Emergency	1599	42	33	42	20	28	19	30	18	54	137	283	433	490	589	838	884	953	798	793	580	372	197	138

The data clearly shows that the dip in discharges at a weekend is apparent in both elective and non-elective patients.

On discharge times the same pattern is reflected in both elective and non-elective patients. The vast majority of the discharging happening from mid morning onwards through to late afternoon with 25% of all Non-Elective discharges occurring between 3pm and 5pm.

Delayed discharges

**for bed days:exclude:daycase wards, maty,well babies etc using OPS team bedstock*

		April	May	June	July	August	September	October	November	December	January	February	March
ORH	2011-12	Number of Delayed patients at month end	71	74	51	93	105	88	114	114			
		Total Delayed bed days in month	2061	2307	1736	2556	3248	3373	4007	3575			
		Total number of bed days available <i>*exclude:daycase wards, maty,well babies etc using OPS team bedstock</i>	37170	38409	37170	38409	38409	37170	38409	37170			
		Number of patients Medically fit and not discharged at month end	128	130	119	106	108	116	145	136			
		Total number of Bed days used by patients Medically fit and not discharged at month end	1799	1962	1671	1347	1248	1685	2023	1605			
		% Bed days used by patients Medically fit and not discharge at month end	5%	5%	4%	4%	3%	5%	5%	4%			

Delayed Transfers of Care (DTCs) remain at or close to their highest known levels. Delayed patients account for at least 10% of acute bed stock, and over 20% at the Horton Hospital.

Initiatives are in place to actively support a reduction in numbers, not least the Supported Hospital Discharge Service which begins in December, and scales up rapidly during Winter.

The seasonal increase in unplanned admissions and more dependent casemix is now apparent. and may lead to further increase in delayed patient sin the near-term.

Downstream delays impair the outflow from our Emergency Departments and continues to impair A&E Quality measures, although mitigating interventions are in place.

Admissions

		April	May	June	July	August	September	October	November	December	January	February	March	Full Year Total	YTD	
ORH	2008-09	POD / Admission Meth														
		Non- Elective	4135	4190	4155	4343	4036	4213	4501	4432	4647	4448	4165	4885	52150	34005
	2010-11	Elective	1619	1606	1782	1719	1708	1737	1742	1789	1405	1531	1571	1694	19903	13702
		Non- Elective	4485	4708	4630	4770	4516	4356	4779	4549	4672	4487	4135	4713	54800	36793
		Non- Elective non-emergency	1957	2003	1974	2053	2024	2136	2152	2034	2030	2164	2018	1915	24460	16333
		Day case	7170	6943	7501	7436	7224	7665	7703	8333	7122	7253	7085	8141	89576	59975
	2011-12	Elective	1388	1520	1699	1561	1553	1494	1536	1473					12224	12224
		Non- Elective	4447	4604	4521	4634	4595	4463	4610	4115					35989	35989
		Non- Elective non-emergency	2024	2139	2093	2137	2010	2017	1966	1912					16298	16298
		Day case	7232	7481	8410	8025	7826	8025	8546	9040					64585	64585
		Emergency Re-admissions within 30 days	4.22%	3.88%	3.84%	3.97%	4.16%	3.49%	3.38%	2.79%						

Total admissions for the year to date are 1.7% higher than in the previous year for the same period. Non-elective admissions are 1.7% lower for the first eight months of this year compared to the same period last year, although there is no convincing evidence that this will translate into a longer term trend as designed by the Whole Systems project. Elective inpatient admissions are 10.8% lower than for the same period last year whilst Day Cases are 7.7% higher. Overall elective activity has increased by 4.2% compared to same period last year.

The emergency readmissions rate appears to show a downward trend; quarter four data will confirm whether this is a sustained shift.

4 Hour standard by Month - Sitrep Periods

**ORH Type 1 & 2*

		April	May	June	July	August	September	October	November	December	January	February	March	MYTD	
ORH Type 1	2010-11	# of Attendances	9076	9911	9503	9941	8884	9104	9406	9021	8919	8986	8397	9892	111040
		# of Breaches	181	173	182	159	235	472	641	977	1343	1409	903	475	7150
		Performance	98.0%	98.3%	98.1%	98.4%	97.4%	94.8%	93.2%	89.2%	84.9%	84.3%	89.2%	95.2%	93.6%
	2011-12	# of Attendances	8991	9164	11303	8849	8173	11177	9168	8805					75630
		# of Breaches	516	349	578	233	282	623	428	582					3591
		Performance	94.3%	96.2%	94.9%	97.4%	96.5%	94.4%	95.3%	93.4%					95.3%
ORH Type 1&2	Performance	94.6%	96.5%	95.3%	97.6%	96.9%	94.9%	95.7%	93.9%					95.6%	

Achievement of the Trust 4 Hour Standard remained satisfactory for the second quarter and into the third quarter of 2011/2012. However the quality of reporting of 'timeliness' aspects of ED performance was impacted during November by several serious and prolonged outages of the ED information management system ('whiteboard') which are likely to have led to a systematic under-reporting of performance.

The ED whiteboard platform was dated and vulnerable. EPR was introduced to ED from early December 2011, and provides a fundamentally more stable and capable platform for driving and monitoring performance. A key task for ED and EPR teams in the first weeks and months following the introduction of EPR has been and will be to deliver reliable reporting of the breadth of the A&E Quality Indicator by optimising the EPR platform, Departmental processes and procedures and user behaviours.

Reflecting the medium-term internal progress that has been made, Minors performance remains very good, at over 98% for the year to date. Majors performance is less good, reflecting downstream pathway constraints: Whole System delays (manifesting as exceptionally high DTOC numbers) result in slow moves from ED to community services (domiciliary and bed-based), and severely restrict flow from ED to acute beds. The number of medical escalation beds that are open to support patient flow through ED is significant and well above the planned numbers contained in the Directorate's financial plan. The Directorate has developed contingency plans to open additional escalation capacity if critical and exceptional demand is experienced over the vital December/January period.

Day to day achievement of the 4 hour standard is to some extent variable, reflecting factors such as volatile levels of unplanned activity and downstream constraints (eg DTOC). The comprehensive Action Plan is continually updated and delivered to optimise performance. There is intensive management of staffing levels in both EDs to ensure that gaps in rotas are covered, supplemented by in reaching acute physician/Geratology input to support prompt assessment, treatment and discharge.

The Directorate remains very aware of the importance of the A&E standards and their vulnerability to internal and external factors, and is further developing its escalation plan to strengthen the response to surges of activity.

Average waits in A&E

		April	May	June	July	August	September	October	November	December	January	February	March	MYTD	
ORH	2011-12	Average wait in minutes *Type 1	172	171	175	162	165	172	170	186					172
		Breaches *Type 1&2	516	349	578	233	282	623	428	582					3591
		Performance % * Type 1&2	94.6%	96.5%	95.3%	97.6%	96.9%	94.9%	95.7%	93.9%					95.6%

		April	May	June	July	August	September	October	November	December	January	February	March	MYTD	
ORH	2011-12 Major	Average wait in minutes *Type 1	216	208	222	197	203	211	205	216					210
		Breaches *Type 1	429	325	520	175	231	464	294	380					2818
		Performance % * Type 1	87.7%	90.3%	87.7%	94.6%	92.8%	89.2%	91.2%	88.6%					90.1%
	2011-12 Minor	Average wait in minutes *Type 1	145	149	147	142	140	148	150	168					148
		Breaches *Type 1	87	24	58	58	51	159	134	202					773
		Performance % * Type 1	98.4%	99.6%	99.2%	99.0%	99.0%	97.7%	97.7%	96.3%					98.4%

4 Hour standard by Quarter Sitrep Months

			Q1	Q2	Q3	
			Sitrep Months	Sitrep Months	Sitrep Months	
		From	04/04/2011	04/07/2011	03/10/2011	
		To	03/07/2011	02/10/2011	27/11/2011	
		Attendance Type				
ORH		Admitted	Type 1	88.2%	92.4%	87.7%
		Not Admitted	Type 1	97.6%	97.3%	96.5%
		All Patients	Type 1 & 2	95.5%	96.3%	94.8%
ORH	JR	Admitted	Type 1	89.9%	93.0%	87.6%
		Not Admitted	Type 1	97.1%	96.7%	95.6%
		All Patients	Type 1 & 2	95.4%	96.1%	94.1%
ORH	HH	Admitted	Type 1	82.3%	90.5%	88.0%
		Not Admitted	Type 1	98.4%	98.4%	98.4%
		All Patients	Type 1 & 2	95.6%	96.9%	96.6%

This table shows achievement of the four hour standard broken down by A&E site and by admitted and non-admitted (for type 1 attendances only). Data is presented according to "SitRep months" and by calendar months (SitRep months have been devised by the DoH, to map weeks more consistently into months and quarters) Aggregated OUHT performance (both sites, admitted and non-admitted) continues to be materially above the 95% threshold, excepting for the first part of Q3, where the performance measurement factors due to software outages referred to above resulted in a measured, aggregated performance of 94.8%.

Weaker areas of performance include patients who are admitted, particularly to the HGH where capacity constraints due largely to extreme levels of 'DTCO' have been a significant issue.

Total time spent in Department

		Thresholds	April	May	June	July	August	September	October	November	December	January	February	March	
*In Hours															
JR	Admitted patients	95th Percentile	4 hours	7.55	6.40	7.85	3.98	4.00	7.57	6.17	7.45				
	Not Admitted patients			3.98	3.98	3.98	3.92	3.97	4.53	3.98	4.48				
HH	Admitted patients			8.73	7.85	10.47	6.57	7.85	6.07	5.62	7.65				
	Not Admitted patients			3.93	3.98	3.93	3.93	3.87	3.83	3.95	3.98				
JR	Admitted patients	Median	Threshold not set	3.70	3.65	3.73	3.62	3.68	3.80	3.77	3.80				
	Not Admitted patients			2.68	2.75	2.80	2.52	2.53	2.82	2.87	3.28				
HH	Admitted patients			3.72	3.72	3.73	3.48	3.57	3.53	3.33	3.55				
	Not Admitted patients			2.28	2.60	2.28	2.42	2.12	2.02	2.07	2.32				
JR	Admitted patients	Maximum	Threshold not set	18.60	17.95	23.13	12.43	14.40	20.10	20.35	19.20				
	Not Admitted patients			16.82	19.82	26.77	11.15	9.15	19.55	45.22	27.00				
HH	Admitted patients			20.63	14.33	19.02	24.00	19.95	12.22	10.95	18.60				
	Not Admitted patients			29.85	16.55	27.98	17.20	18.27	16.72	19.18	13.55				

Time to Treatment and Time to initial Assessment

		Thresholds	April	May	June	July	August	September	October	November	December	January	February	March
*In Hours														
JR	Time to initial Assessment (Arrivals by ambulance)	Median	Threshold not set	0.27	0.28	0.25	0.23	0.23	0.25	0.25	0.23			
HH				0.20	0.18	0.17	0.15	0.08	0.02	0.02	0.02			
JR		Maximum	Threshold not set	24.58	24.15	24.32	24.07	25.08	24.98	4.72	3.72			
HH				7.55	1.93	2.03	3.05	3.87	1.28	1.25	4.68			
JR	Time to Treatment	95th Percentile	0.25 Hours	1.03	1.07	1.13	1.13	1.07	1.15	1.37	1.33			
HH				0.73	0.62	0.67	0.80	0.68	0.55	0.40	0.38			
JR		Median	1 Hour	Threshold not set	1.50	1.62	1.62	1.48	1.47	1.73	1.65	1.88		
HH					1.37	1.57	1.37	1.43	1.10	1.05	1.07	1.12		
JR	Maximum	Threshold not set	Threshold not set	44.55	49.70	27.18	30.02	52.65	28.47	42.22	64.20			
HH				13.13	7.27	14.08	8.83	13.68	9.93	9.47	22.37			
JR	95th Percentile	Threshold not set	Threshold not set	3.62	3.55	3.55	3.43	3.60	3.85	3.75	3.97			
HH				3.47	3.65	3.48	3.48	3.12	3.08	3.27	3.35			

Unplanned reattendance & Left before seen rates

		Thresholds	April	May	June	July	August	September	October	November	December	January	February	March
JR	2011-12	Unplanned reattendance rate	5%	2.63%	2.30%	2.30%	2.57%	2.16%	1.91%	1.81%	2.09%			
HH				3.41%	3.44%	2.62%	2.34%	2.77%	2.00%	2.62%	2.77%			
JR	Left before seen rate	5%	5%	3.25%	3.68%	3.57%	3.12%	3.11%	3.86%	3.67%	3.80%			
HH				3.87%	3.79%	2.74%	4.66%	2.48%	2.83%	2.90%	2.20%			

The total time spent in the department metrics are split into 2 sections: admitted and non-admitted. The OUH is performing well against the median waits, all of which are inside the 4 hour threshold across both sites for admitted and non-admitted.

November data was again impacted by pre-EPR data quality issues, particularly apparent in the 'maximum' data as stated which are not reflective of the true position. However, delays in flow through the Department are apparent in the '95th percentile' particularly for admitted patients. Facilitation of flow by services (OUHT and other providers) downstream of ED remains vitally important to the timely delivery of care, and resolution of the County DTOC issue is essential before consistently excellent performance can be achieved.

The performance as stated for 'time to treatment' and 'time to initial assessment' are unsatisfactory; both are impacted substantially by pre-EPR data quality issues. For example, time to initial assessment is routinely less than 5 minutes for ambulance arrivals (an excellent performance), yet the data suggests significantly greater delay. Errors in time-stamping on the Casenotes system are responsible, and the introduction of EPR will substantially improve data precision and hence reported performance. The Divisional EPR and Data Quality group will monitor data quality and support improvement. The Trust is currently performing very well indeed against the 'unplanned re-attendance rate' and the 'left before seen rate', reflecting the quality of service that is routinely provided.

Patients with Senior Review

			Thresholds											
			April	May	June	July	August	September	October	November	December	January	February	March
JR	2011-12	Patients with on set of Non-Traumatic Chest pain	Unknown	62.06%	53.17%	55.11%	53.04%	53.76%	58.21%	58.85%	65.74%			
HH				57.36%	56.93%	56.91%	71.83%	69.85%	69.23%	67.44%	64.66%			
JR		Reattendances less than 72 hours		22.88%	26.55%	23.81%	25.62%	30.00%	35.48%	NA	34.94%			
HH				13.58%	23.17%	14.29%	32.08%	27.27%	47.73%	27.59%	25.49%			
JR		Febrile Child under 1 year		38.10%	50.00%	38.46%	35.29%	42.11%	75.00%	25.00%	33.33%			
HH				0.00%	75.00%	50.00%	16.67%	33.33%	100.00%	100.00%	50.00%			
JR		Patients with Senior review		51.97%	46.98%	47.96%	45.80%	48.72%	53.79%	57.18%	57.69%			
HH				40.28%	44.84%	42.55%	59.70%	55.61%	63.58%	55.32%	52.66%			
ORH				48.54%	46.31%	46.46%	49.79%	50.82%	56.39%	56.59%	56.17%			

This metric shows the percentage of patients having a senior doctor review for specific medical conditions, split by the site of the Emergency Department. There is no agreed threshold of acceptable performance. The specified presenting conditions vary substantially in severity as judged by an experienced Triage Nurse (for example many cases of chest pain may be clearly muscular in origin), and the absence of senior medical review does not necessarily indicate suboptimal quality of care. Experienced medical staff are always available in both JRH and HH Emergency Departments.

Ambulatory Care for Emergency Conditions

			Thresholds											
			April	May	June	July	August	September	October	November	December	January	February	March
JR	2011-12	Percentage of patients diagnosed with DVT ending in admission	Unknown	42.86%	10.00%	25.00%	0.00%	50.00%	0.00%	50.00%	0.00%			
HH				33.33%	100.00%	0.00%	0.00%	66.67%	50.00%	100.00%	100.00%			
JR		Percentage of patients diagnosed with Cellulitis ending in admission		27.27%	33.33%	63.64%	50.00%	55.56%	60.00%	22.22%	14.29%			
HH				12.50%	25.00%	25.00%	11.11%	16.67%	10.00%	8.33%	0.00%			
ORH		Percentage of A&E attendances for cellulitis & DVT that end in admission		27.59%	25.00%	37.04%	22.22%	34.38%	28.00%	24.00%	31.58%			

These metrics show the percentage of patients (with 2 specific ambulatory medical conditions) admitted to hospital.

The numbers of patients involved in this metric are very small, for both conditions but especially in DVT, and this results in considerable month-to-month volatility in performance. There is no agreed threshold of acceptable performance.

			Thresholds											
			April	May	June	July	August	September	October	November	December	January	February	March
JR	2011-12	Number of Inpatient admissions with a Primary Diagnosis of DVT	Unknown	3	4	4	5	6	2	3	8			
CH				0	0	1	0	1	0	1	1			
HH				3	4	1	1	1	3	4	0			
JR		Number of Inpatient admissions with a Primary Diagnosis of Cellulitis		28	28	27	34	33	30	20	17			
CH				14	16	17	10	11	9	7	8			
HH				15	24	17	16	15	14	11	11			
ORH		Number of admissions for Cellulitis and DVT per head of weighted population (527503)		0.012%	0.014%	0.013%	0.013%	0.013%	0.011%	0.009%	0.009%			

The aim of this particular metric is to drive health economies to develop systems to avoid admission for these types of ambulatory conditions. Oxfordshire has well advanced systems for ambulatory (outpatient) management of many conditions (such as DVT, chest pain and infections); patients with DVT or cellulitis are admitted to hospital only when their care is particularly complicated, the case is severe (eg failure to respond to domiciliary treatment) or there is functional decline (eg immobility) requiring bed-based care.

Number of Patients admitted, transferred or discharged in the last 30 minutes of 4 Hour wait

		April	May	June	July	August	September	October	November	December	January	February	March	YTD	
ORH	2011-12	Percentage of patients *Type 1	26.7%	28.9%	28.0%	26.7%	28.7%	28.8%	30.3%	37.1%					29.3%
		Number of patients *Type 1	2402	2644	3160	2364	2349	3221	2779	3265					22184
		Total number of attendances *Type 1	8991	9164	11303	8849	8173	11177	9168	8805					75630

The number of patients that are admitted, transferred or discharged during the last 30 minutes of their 4 hour stays remains at higher levels than are desirable. Continued execution of the ED 4 hour standard Action Plan will result in performance improvements. Both internal and downstream constraints remain factors, but both are being addressed vigorously

Average LOS in MAU, SEU, CDU and EAU in Hours

		April	May	June	July	August	September	October	November	December	January	February	March	YTD
ORH	2011-12	MAU	17	15	21	17	18	NA	NA	NA	NA	NA	NA	18
		SEU	47	48	50	56	57	54	49	46				51
		EAU	12	11	11	9	11	12	12	11				

LoS has shown a steady decline over the last 2 months in SEU (JRH) and is stable in the Emergency Assessment Units (HGH).

Number of patients spending less than 1 day/ 23.59 hrs as an emergency admission

		April	May	June	July	August	September	October	November	December	January	February	March	YTD	
ORH	2011-12	Number of patients (Emergency admissions)	1847	1940	1865	2026	1986	1890	2088	1930					15572
		Number of patients (A&E)	1017	1134	1013	1163	1171	1047	1213	1125					8883
		Total Number of Emergency Admissions	4447	4604	4521	4634	4595	4463	4610	4564					36438
		Percentage under 1 day	42%	42%	41%	44%	43%	42%	45%	42%					43%

The number of emergency admissions that stay in the hospitals' beds for less than 24 hours was 42% in November, reflecting a very similar position to earlier months in the year.

Number of Cancellations

		April	May	June	July	August	September	October	November	December	January	February	March	YTD
ORH	2011-12	Number of Cancellations (Elective)	48	53	67	124	41	76	89	72				570
		Number of 28 day Cancellation Breaches	2	0	0	6	5	0	1	6				

The cancellations during November (72) decreased from October (89), but remained below the peak experienced in July. This is reflecting the pressure on beds that is being experienced across the Trust.

18 Weeks

		April	May	June	July	August	September	October	November	December	January	February	March	YTD	
ORH	2011-12	% Achievement Admitted (adjusted)	87%	89%	90%	90%	91%	91%	90%	90%					90%
		% Achievement Non-Admitted	97%	97%	96%	97%	97%	97%	97%	97%					97%
		Number of incomplete pathways	43582	42829	42140	41450	40358	40486	43497	39197					333539
		Total number of patients treated over 18 weeks -Admitted pathway	446	320	341	319	302	316	364	415					2823

		April	May	June	July	August	September	October	November	December	January	February	March	
ORH	2011-12	Admitted Median wait (in weeks)	8.1	9.1	8.3	8.3	7.8	7.6	8.0	7.1				
		Admitted 95th percentile of waits (in weeks)	23.9	24.9	22.2	22.4	22.1	22.3	22.0	21.9				
		Non-Admitted Median wait (in weeks)	2.9	3.4	3.2	3.2	3.4	3.7	3.1	3.6				
		Non-Admitted 95th percentile of waits (in weeks)	15.7	15.6	16.3	16.3	16.4	16.0	16.2	16.0				
		Incompletes Median wait (in weeks)	6.0	6.3	5.7	6.1	6.3	6.1	5.6	7.8				
		Incompletes 95th percentile of waits (in weeks)	21.6	16.6	16.1	16.2	16.0	17.0	16.4	17.5				

18 Weeks- Number of specialties achieving the following targets

		April	May	June	July	August	September	October	November	December	January	February	March	YTD
ORH	2011-12	Admitted 18 weeks 90% (out of 40)	24	29	31	32	31	24	28	33				
		Non admitted 18 weeks 95% (out of 66)	46	45	42	52	47	52	46	48				

18 Weeks- Number of Key treatment functions achieving the following targets

		April	May	June	July	August	September	October	November	December	January	February	March	YTD
ORH	2011-12	Admitted 18 weeks 90% (out of 19)	8	12	11	11	13	12	10	12				
		Non admitted 18 weeks 95% (out of 19)	16	13	13	13	15	15	14	13				

18 week incompletes over 18 weeks

		April	May	June	July	August	September	October	November	December	January	February	March	YTD	
ORH	2011-12	On Admitted PTL	668	762	467	632	679	637	709	643					5197
		Not on Admitted PTL	16775	16817	15642	13699	15009	15652	17329	17313					128236
		Total number of incompletes	17443	17579	16109	14331	15688	16289	18038	17956					133433

Non-admitted performance still remains at a strong level showing consistent hitting of the 95% standard. Admitted performance shows a similar position to last month, and continues to show an achieving position for the sixth consecutive month.

The backlog remains at a similar level to that of April's. The number of patients waiting for admitted care who have already breached 18 weeks stands at 938 (week ending 4th December). However, this figures needs to be viewed with caution as this was a figure taken from OXPAS just after Millennium go-live.

The Trust remains on weekly reporting to South Central SHA for the diagnostic waits over 6 weeks. The Trust did not achieve the target of 100 waiting over 6 weeks by 5th December.

There are some ongoing reporting difficulties since Millennium go-live with reporting against this target for PAS sourced information, and a great deal of work is being undertaken to ensure the new PAS system is up to date. Radiology continue to struggle to reduce the MRI waiters over 6 weeks, and endoscopy waiters over 6 weeks were stable during the pre go-live weeks, but not reducing due to scheduling difficulties for patients choosing to wait longer.

Inpatient specialties where pressure is still being felt are: Paediatric T&O, Neurosurgery, ENT, Oral Surgery, Paediatric ENT, Colorectal surgery, upper gastrointestinal surgery and general surgery.

Waiting list

Number of Patients OP, INPAT and Daycase waiting over 6 weeks (OP) and 8 weeks (INPAT/DC) by spec (includes diagnostics & treatment)

*exclude planned

		April	May	June	July	August	September	October	November	December	January	February	March	
ORH	2011-12	Number of Outpatients waiting over 4 weeks	3712	3100	3369	3754	3806	3794	3836	3811				
		Number of Inpatients waiting over 10 weeks	666	607	545	508	550	648	667	658				
		Number of daycases waiting over 10 weeks	944	965	936	868	921	1068	958	830				

Waiting list - Number of Patients in planned waiting list

Inpatients and Daycase

		April	May	June	July	August	September	October	November	December	January	February	March	
ORH	2011-12	Number of patients on a planned waiting list with a past treat by date	631	677	619	522	617	730	651	618				
		Number of patients on a planned waiting list with a future treat by date	5765	6059	5641	5737	6001	6330	6311	5617				
		Number of patients without a date	355	327	297	324	163	122	114	65				

Waiting list - Inpatients & Outpatients

Inpatients and Outpatients

		April	May	June	July	August	September	October	November	December	January	February	March	
ORH	2011-12	Number of inpatients waiting over 26 weeks	188	186	157	154	164	172	185	139				
		Number of Outpatients waiting over 13 week	427	291	272	267	174	293	285	329				

The number of outpatients waiting over 4 weeks remains slightly above the position at the start of the year, and consistent with last month.

The overall numbers of inpatients and daycases waiting over 10 weeks is now at a similar level to the start of the year, and consistent with last month.

The Planned patients with past 'to be treated by' dates decreased during November to 618. However, following the review requested in the operating framework of the planned waiting list, 55 patients were identified as needing to be moved to the active waiting list as these were undated.

The numbers of patients with extremely long waits for inpatients (incl daycases) has decreased slightly during November and is now running at a level below that seen at the beginning of the year. The numbers of long waiting outpatients is 15.4% higher at the end of November than in October.

Cancer

		Performing Thresholds	April	May	June	July	August	September	October	November	December	January	February	March	YTD	
ORH	2 week wait	2010-11		90.1%	91.8%	90.0%	90.5%	88.3%	90.2%	92.7%	90.8%	86.8%	69.6%	77.6%	86.2%	87.3%
		2011-12	93%	91.6%	92.6%	96.5%	96.9%	99.1%	98.2%	98.6%	98.4%					96.5%
	2 week wait breast symptomatic referrals	2010-11		83.0%	82.2%	86.2%	87.2%	85.1%	97.6%	92.4%	80.2%	72.3%	21.4%	35.7%	61.9%	73.9%
		2011-12	93%	74.5%	95.3%	98.9%	100.0%	99.4%	100.0%	99.0%	95.9%					96.7%
	31 days subsequent all treatments	2010-11		100.0%	99.4%	99.4%	99.5%	98.8%	95.5%	71.7%	76.1%	85.6%	88.9%	97.8%	88.7%	90.4%
		2011-12	95%*	95.8%	94.9%	98.5%	96.7%	98.6%	98.1%	92.4%	96.7%					96.5%
	31 days	2010-11		97.4%	99.5%	99.5%	99.2%	98.4%	95.0%	97.9%	95.6%	98.7%	94.4%	97.3%	99.1%	97.6%
		2011-12	96%	97.0%	95.9%	96.4%	97.1%	99.1%	97.8%	97.7%	97.9%					97.4%
	62 days screening	2010-11		100.0%	90.0%	87.5%	93.6%	87.5%	81.8%	85.7%	70.6%	100.0%	84.6%	86.7%	93.1%	88.0%
		2011-12	90%	78.3%	87.5%	87.0%	100.0%	85.7%	92.3%	84.6%	95.7%					88.1%
	62 days	2010-11		74.5%	83.3%	84.8%	82.4%	76.2%	74.7%	71.5%	80.1%	76.7%	70.7%	69.3%	84.9%	78.9%
		2011-12	85%	81.4%	84.9%	88.0%	86.0%	86.5%	90.8%	88.1%	87.1%					86.7%
	Consultant upgrades	2010-11		100.0%	0.0%	100.0%	100.0%	100.0%	100.0%	NA	100.0%	100.0%	100.0%	100.0%	100.0%	93.8%
		2011-12	85%	NA	NA	100.0%	NA	NA	NA	NA	NA					100.0%

The ORH failed to meet two targets (radiotherapy 87.2% and screening 84.6%) in October.

Radiotherapy
In last month's report the Board was alerted to failure of radiotherapy compliance due to

1. Capacity
During August sickness absence levels rose sharply with 4 senior radiographers on long term sickness and as a direct consequence the decision was taken to reduce capacity by returning to normal working hours by the end of September to mitigate the risk of treatment error.

It was recognised that the reduction in capacity would result in an increase in waiting times and a reduction in compliance with the 31 day target.

2. Aria patient management system software upgrade.
During the week of 5 September a major software upgrade to the Varian Aria system was undertaken. All planning and treatment data relating to patients, who have received a course or currently undergoing a course of radiotherapy is managed and stored on the Aria system. During this period a temporary working practice was implemented to ensure patients part way through a course of treatment could continue without disruption. It was not possible to start any new course of treatment during this week partly because there were unforeseen problems with the upgrade but also because of the level of quality assurance required following the upgrade to ensure that all of the patient data migrated accurately back to the main servers.

Actions have been taken to rectify the situation and November provisional figures for Radiotherapy 31 day shows compliance at 97%.

Specifically the radiotherapy department has cleared the waiting list which was implemented to manage the impact that the reduction in capacity and the software upgrade had on the service.

From 31 October capacity was increased from 42.5 to 46.5 linac hours a day. A further increase in capacity is planned to take place during the first quarter of 2012, which should ensure that there is a match between demand and capacity.

Screening- The Trust failed to meet the screening target in October despite thorough validation of all reportable patients. The total number of patients reported under the target was 13 out of which 2 patients breached due to clinical reasons resulting in a non compliance performance of 84.6% (threshold 90%). Provisional report for November shows 96% compliancy.

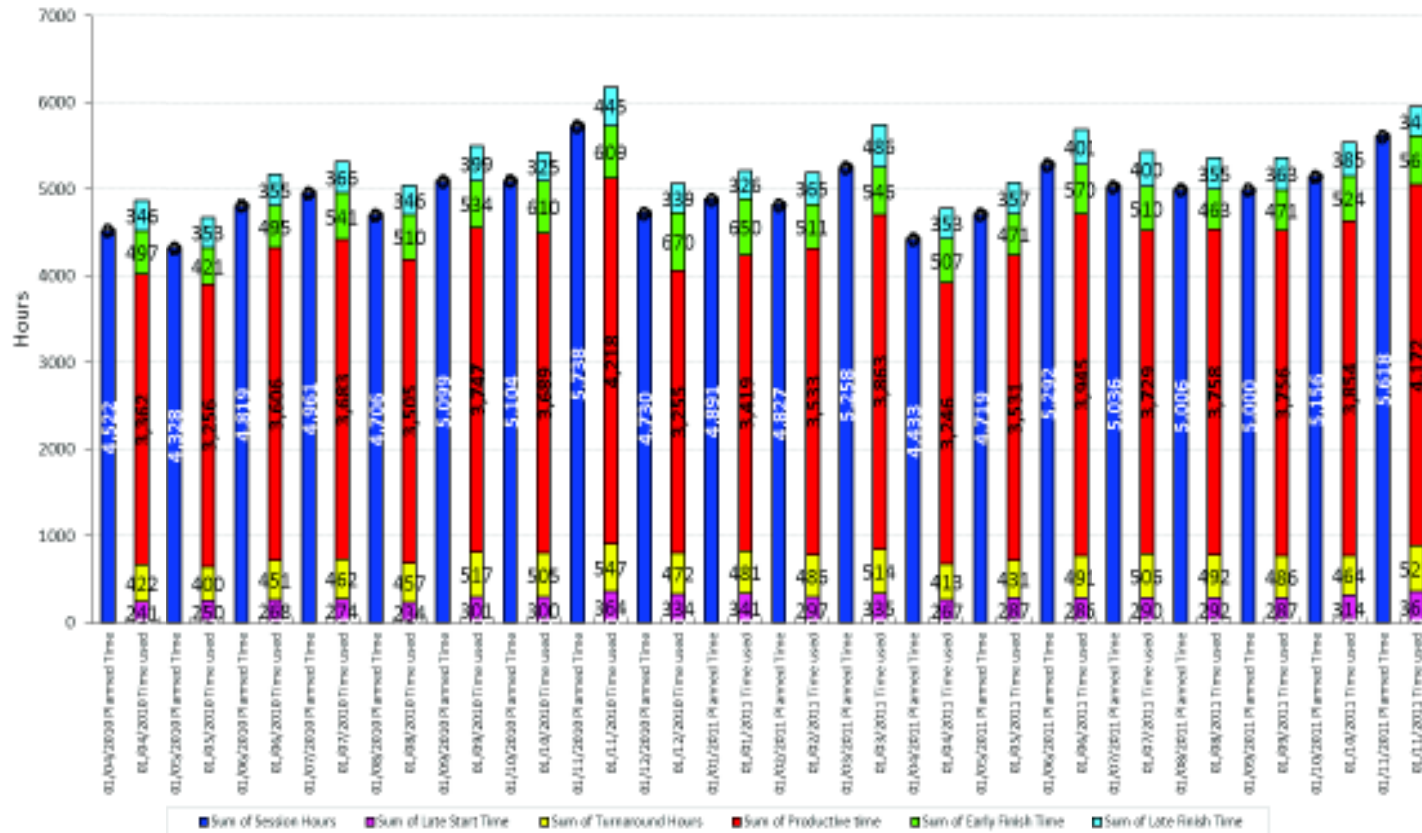
Tumour Site performance- Implementation of Cancer performance action plans continues to be closely monitored by the Oncology Clinical Director. Due to the sustained delivery of performance the fortnightly performance meeting has moved to monthly although poor performing MDTs will be invited on a more regular basis.

LGI- continues to implement their action plan however considerable constraints continue with lack of capacity in endoscopy. A National Bowel cancer Awareness Campaign will begin in January 2012 and the service is likely to see 33-100% increase in 2ww referrals. The department has developed plans to provide additional capacity which will include additional endoscopy lists and a significant increase in CT colonography / CT colon. It is essential the 5th Endoscopy room is ready for January. The PCT is happy to pay at full cost for the additional patients resulting from the publicity

Provisional figures for November show full compliancy against all cancer targets.

*This is an indicative target, there is no composite target for 31 days subsequent all treatments

Theatre Hours Used 01/04/2010 to 30/11/2011



The chart details the breakdown of actual monthly usage time, in hours, within all theatres for planned sessions into Late starts, turnaround (time taken between patients), productive time (operating time), early finish times and late finish times (overruns). These actual usage times are plotted against the planned theatre times. There is a fairly consistent pattern outlined at the monthly aggregated level that shows around 75% to 80% of the total used time being used on operating, of which approximately 7 to 10% of this time is used as list overruns. Approximately 14% of the total available operating time is taken up by either late starts or early finishes.

Reporting on theatre use is now present on the Trust's Business Intelligence reporting tool (ORBIT) and can be viewed on a daily basis by operational and corporate managers/clinicians.

Additional Performance metrics

		April	May	June	July	August	September	October	November	December	January	February	March	YTD
ORH	2011-12													
	Number of First Attendances per month by GP referral	8810	7609	8297	7364	7809	7448	14923	8113					70373
	Number of First attendances per month by Consultant	3509	3178	3454	3244	3260	3356	6219	3269					29489

