

**Trust Board Meeting in Public: Wednesday 13<sup>th</sup> July 2016**

**TB2016.63**

<b>Title</b>	<b>Integrated Performance Report – Month 2</b>
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<b>Status</b>	For information
<b>History</b>	The report provides a summary of the Trust’s performance against a range of key performance indicators as agreed by the Trust Board.

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

## Integrated Performance Report: Month 2

### Executive Summary

#### 1. Key headlines on performance

- 1.1. May 2016 saw a high level of non-elective activity, with non-elective admissions up 10% on May in the previous year and nearly 10% up on the previous month. 1,442 more patients were seen in the Trust's Emergency Departments, a 12% increase on April.
- 1.2. 87% of patients were seen, treated and discharged or transferred within four hours of arrival at the Trust's Emergency Departments – below the national 95% standard but at a level agreed with NHS Improvement.
- 1.3. Delayed transfers have continued to reduce, with 7.8% of the Trust's acute bed days accounted for in May by people whose transfer was delayed. While this figure was more than double the level expected nationally, it was the lowest experienced by OUH since November 2012.
- 1.4. As in April, 112 patients waited more than 6 weeks for diagnostic tests or imaging and OUH just met the national standard of having no more than 1% waiting over 6 weeks.
- 1.5. 91.54% of patients waiting for planned care (on RTT Incomplete pathways) were waiting for less than 18 weeks at the end of May, better than the level agreed with NHS Improvement following industrial action in January, February and April delaying treatment for some. Action since April's strike days has focused on enhancing outpatient capacity in specialties including ENT, General Surgery, Maxillofacial Surgery and Ophthalmology to minimise waits for the outpatient and diagnostic parts of the pathway.
- 1.6. 3 Clostridium Difficile cases were reported in April and 11 in May. This unusually high figure for May put OUH above the threshold for the year to date.
- 1.7. No cases of MRSA bacteraemia were reported in April but one was in May.
- 1.8. 97.9% (235 of 240) maternity patients completing the Friends and Family Test in May said that they would recommend care at OUH.
- 1.9. Hospital-acquired category 2, 3 and 4 pressure ulcers in April were at their lowest level in the past twelve months.
- 1.10. The staff vacancy rate was down to 3.57% in May against the Trust's standard of 5%.

#### 2. Areas of exception on performance

- 2.1. Three of eight national cancer standards were not met in April. 31 of 175 patients waited longer than 62 days to treatment following urgent GP referral; 44 of 212 longer than 31 days for subsequent radiotherapy; and 220 of 1,939 longer than 2 weeks for a first outpatient appointment following an urgent suspected cancer referral from a GP.
- 2.2. As noted above, Emergency Department waits did not meet the national standard.

#### 3. Sustainability and Transformation Fund conditions

- 3.1. National rules were set for access to the 'general' Sustainability and Transformation Fund which formed part of the control total offer made to OUH in January.
- 3.2. The following conditions would need to be met to access this element of the fund:

Objective	Conditions/measurement	Current situation
<b>Deliver agreed control total</b>	Q1: Agreement of milestone-based recovery plan (OR surplus increase) with NHS Improvement AND agreed control total for 2016/17. Agreement to capital control total. Plans to include milestones for Carter implementation (including reporting and sharing data in line with the national timetable) and compliance with the NHS Improvement agency controls guidance.	OUH's own plan meets requirements. Revenue control total agreed. No capital control total is expected to apply to OUH as a foundation trust. Carter data is being shared as required. Agency controls guidance is being complied with. A monthly agency cost ceiling has been notified by NHS Improvement.
	Q2 to Q4: Delivery of plan milestones AND capital and revenue control totals.	
<b>Access standards</b>	Q1: Agreeing with NHS England and NHS Improvement a credible plan for maintaining agreed performance trajectories for delivery of core standards for patients, including the four-hour A&E standard, the 18-week referral to treatment standard and, for appropriate providers, the ambulance access standards.	Trajectories discussed with NHS Improvement and lead commissioners and re-submitted on 23 May. Subsequent submission of 4 hour wait trajectory for April-June 2016.
	Q2 to Q4: Delivery of agreed performance trajectories.	
<b>Transformation</b>	Q1 to Q3: Local Sustainability and Transformation Plans (STPs) – to work with commissioners and develop an integrated five-year plan in line with the national STP timetable.	STP submitted 30 June.
	Q4: STP agreed with NHS England and NHS Improvement.	
	Providers will also have the option to volunteer to join an accelerated 2016/17 transformation cohort.	OUH has not done this.

**Table 1: 'general' Sustainability and Transformation funding: national conditions**

***Access standards: performance trajectories***

- 3.3. In accordance with an approach discussed by the Board at its April seminar and following discussion with Oxfordshire CCG, trajectories have been submitted for 2016/17 and progress will be reported against these throughout the year to Finance and Performance Committee and to the Board.
- 3.4. With work under way with Oxfordshire CCG to develop contractual arrangements for the care of frail older people, and following discussions with NHS Improvement and the Chief Executive of Oxfordshire CCG, a trajectory for A&E 4-hour waits has been submitted only for April-June.
- 3.5. Discussion with NHS Improvement has generated a proposal that OUH agrees a monthly trajectory once the next stage of service transformation is agreed and timetabled, and that access to the S&T funding is 'de-coupled' from A&E waits during 2016/17.

3.6. Using latest available data, the position against the criteria set for OUH receiving 'general' Sustainability & Transformation funding associated with its control total is as follows.

Element	Expectation	April	May	Trajectory met?
<b>Deliver agreed control total</b>	£36.636m Forecast Out Turn (FOT)	+ £314k	+£357k YTD £36.673m FOT	✓
<b>Agency controls compliance</b>	Weekly reporting	Met	Met	✓
	Spend below agency cost ceiling (£18.103m)	£1.271m	£1.318m	✓
	Monthly agency cost ceiling	£1.820m	£1.768m	
<b>Access standards:</b>				
RTT Incomplete pathways <18 weeks	≥91% for April and May	91.3%	91.54%	✓
Cancer <62-day GP referrals	≥85% for Q1	76.79%		Not to date
Diagnostic waits >6 weeks	≤0.99% per month	0.93%	0.96%	✓
A&E <4-hour waits	≥84.1% for Q1	87.55%	87.00%	✓

**Table 2: performance to date against 'general' S&T Fund criteria**

3.7. OUH is meeting standards required of it to receive 'general' S&T Funding for Quarter One. 62 day cancer waits in April pose a challenge to performance for the quarter, however. 15 more patients treated in April waited longer than 62 days than the standard requires, and performance in May and June will need to have been better by this margin to meet the standard for the quarter.

#### 4. Workforce

4.1. Turnover has continued to increase since January and at 14.26% in May is 3.76% above the Trust's target. Increasing substantive capacity remains a priority and initiatives to assist staff in their ability to remain employed in Oxford are being pursued in tandem. 120 more substantive staff were employed by OUH in May than in January.

4.2. Expenditure on temporary staff accounted for 6.28% of the Trust's pay bill in May, below the 7.44% incurred in February and 8.07% in March, but above April's 5.81%.

#### 5. Additional Appendices

5.1. The Efficiency and Utilisation report is attached as Appendix 1, focusing on activity, length of stay and patient flow.

5.2. Quality, Financial, Operational and Workforce indicators are shown in Appendix 2.

**6. Recommendation**

6.1. The Trust Board is asked to **receive** the Integrated Performance Report for Month 2.

**Paul Brennan**  
**Director of Clinical Services**  
**July 2016**

Report prepared by: Jonathan Horbury

# Efficiency and Utilisation report

# Appendix 1

## 1. Activity volumes – inpatient and outpatient

		April	May	June	July	August	September	October	November	December	January	February	March	
2015-16	Total number of first outpatient attendances	18,247	17,556	20,263	20,394	17,985	20,784	21,746	21,087	18,647	19,704	20,762	21,229	These figures are sourced from the statutory Monthly Activity Return (MAR) submitted to the national Unify system each month. All of these activity lines show significant growth in April and May compared to the same period in 2015.
	1st outpatient attendances following GP referral	10,362	9,942	11,536	11,725	10,122	11,915	11,934	11,842	10,756	11,223	11,492	11,788	
	Other referrals for a first outpatient appointment	9,066	8,384	9,712	9,689	8,656	9,636	10,771	9,524	8,612	9,767	9,876	10,280	
	Admissions and Day Cases	8,172	8,504	9,221	9,675	8,479	9,313	9,009	8,726	8,033	8,435	8,814	9,128	
	Non-elective first finished consultant episodes	5,730	5,873	5,923	5,896	5,649	5,792	5,922	5,922	6,312	5,944	5,895	6,233	
2016-17	Total number of first outpatient attendances	21,025	21,619											Across the two months, first outpatient attendances grew by 19.1% from 2015, first attendances after GP referral by 17.4%, other referrals by 17.1%, elective admissions by 7.1% and non-elective FFCes by 10.1%.
	1st outpatient attends following GP referral	12,062	11,772											
	Other refs for a first outpatient appointment	9,848	10,580											
	Elective Admissions and Day Cases	8,954	8,899											
	Non-elective first finished consultant episodes	6,173	6,607											

## 2. Average Length of Stay: Discharged Spells

		April	May	
<b>Number of patients</b>	0 to 2 Days	13,459	14,019	This table shows the profile of stays for all admitted patients to OUH hospitals. Inpatient length of stay continues to reduce overall. It is quite stark, however, that in April and May, just below 4% of admissions accounted for nearly 48% of all bed days (counted at midnight). Conversely, just over 80% of admissions accounted for 12% of all bed days.
	2 to 5 Days	1,571	1,609	
	5 to 7 Days	506	516	
	7 to 14 Days	689	682	
	14+ Days	644	598	
	Total number of patients	16,869	17,424	
<b>Number of bed days</b>	0 to 2 Days	4,969	5,202	
	2 to 5 Days	5,921	6,043	
	5 to 7 Days	3,247	3,331	
	7 to 14 Days	7,163	7,156	
	14+ Days	19,073	19,522	
	Total number of bed days	40,373	41,254	
<b>Average length of stay</b>	Average LOS Elective	3.62	4.05	
	Average LOS Non-elective	4.30	3.92	
	Average LOS Non-elective non-emergency	4.21	4.30	
	Day case	0.00	0.00	
	Average LOS (excluding day cases)	4.15	4.02	

### 3. Patients staying longer than 21 days and discharged in month

\* Excluding EAU, Transfer Lounge, SEU, ITU (Adult, Neuro, Cardiac & Paeds)

Year		April	May	
2016-17	Average number of ward transfers per spell	0.065	0.041	This indicator records the number of ward moves that may be less clinically appropriate. Wards to which a definitive clinical decision has been made to move the patient, such as ITUs, Transfer Lounge or Emergency Admissions Units, have been removed.
	Number of patients with more than 3 ward stays in one spell	110	105	

### 4. Delayed transfers

		April	May	
2016-17	Number of patients delayed at month end	92	85	The number of patients delayed in waiting for ongoing care reduced dramatically in December 2015 as the project to reduce delays and provide care in the best place for patients began to produce results.
	Total Delayed bed days in month	3,146	2,834	
	Total number of bed days available	31,900	33,000	Whilst the numbers of delayed transfers rebounded to a higher figure during January, February and March, they have since reduced to lower levels than before the project began. The percentage of acute beds occupied by patients delayed and awaiting transfer was lower in May 2016 than in any month since November 2012.  Bed days available uses Operations team bed stock and excludes day case wards, maternity, well babies etc.
	Number of patients Medically fit and not discharged at month end	89	84	
	Total number of bed days used by patients Medically fit and not discharged at month end	1,008	806	
	% Bed days used by patients Medically fit and not discharge at month end	3.16%	2.44%	
	Bed Utilisation - General & Acute	94.79%	86.65%	
	Bed Utilisation - Critical Care	80.25%	88.13%	



## 5. Emergency Department waits

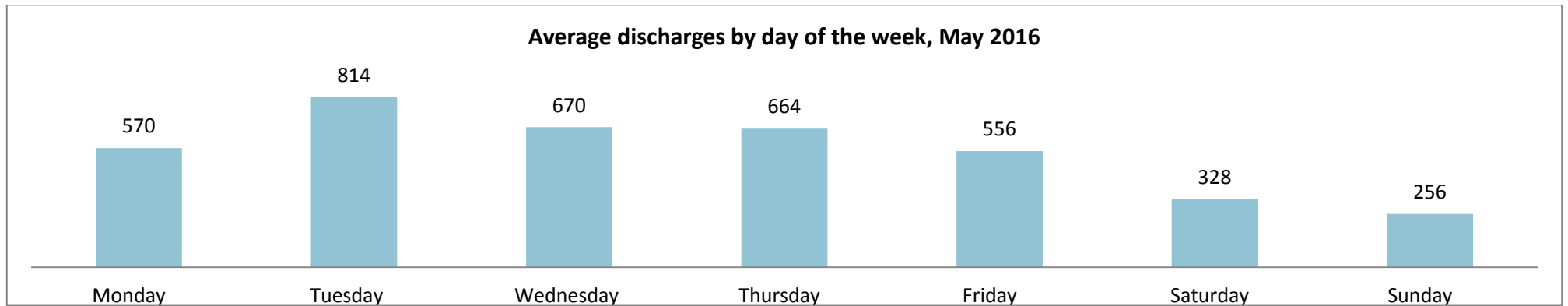
		April	May	June	July	August	September	October	November	December	January	February	March	<p>Attendances were significantly lower in April 2016 than April 2015, but significantly higher in May 2016 than May 2015.</p> <p>It is unclear exactly why this is (in the context of year on year growth in attendances), but the junior doctors' strike days in April may have been a contributory factor.</p> <p>There were 5.2% more attendances in April and May 2016 than in the same period in 2015. This trend is expected to continue throughout the year.</p>
2015-16	Attendances	13,517	10,673	12,010	12,282	11,542	11,823	12,519	12,067	11,851	12,020	11,994	13,175	
	% waiting <4 hours	91.14	96.38	96.15	96.47	93.84	90.59	88.01	88.82	88.17	84.42	77.60	78.91	
2016-17	Attendances	12,000	13,442											
	% waiting <4 hours	87.55	87.00											

## 6. 18 week waits: incomplete pathways

		April	May	<p>The number of patients waiting more than 18 weeks on incomplete pathways continues to grow. IMAS modelling has now been completed in all key services and mostly shows waiting lists larger than the available capacity, supporting a conclusion that the number of long waiting patients on admitted pathways will continue to grow.</p> <p>The longer this growth goes unchecked, the more difficult it will be to achieve and sustain waits of within 18 weeks on incomplete pathways.</p> <p>Exacerbating this, week to week activity levels, with a few service exceptions, are insufficient to keep equilibrium with underlying referrals. This will add further pressure to waiting list sizes.</p>
2016-17	On Admitted Pathway	1,656	1,730	
	Not on Admitted Pathway	2,131	2,059	
	Total number of incomplete pathways	3,787	3,789	

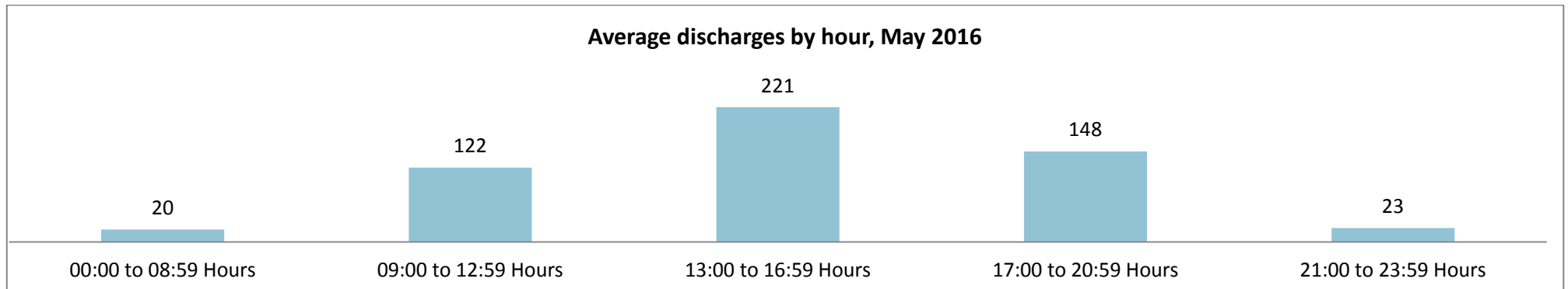
**7. Discharge Profile: Average number of discharges by day of discharge**

	<i>Day of the week</i>	April	May	
Average number of discharges	Monday	573	570	This table shows the profile of discharges by day of the week. The chart below shows the position for the latest month.
	Tuesday	620	814	
	Wednesday	493	670	
	Thursday	506	664	
	Friday	527	556	
	Saturday	485	328	
	Sunday	234	256	
Total	Total number of discharges	16,035	16,567	



### 8. Discharge Profile: Average number of discharges by hour of discharge

	Hour	April	May	<p>This table shows the profile of discharges each month by grouped hour of day. The chart below shows the position for the latest month. The days have been split into grouped hours of day giving 5 broader categories which generally represent overnight, morning (working hours), afternoon (working hours), early evening and late evening. Just below 70% of discharges continue to take place between 1pm and 9pm.</p>
Average number of discharges	00:00 to 08:59	21	20	
	09:00 to 12:59	127	122	
	13:00 to 16:59	214	221	
	17:00 to 20:59	150	148	
	21:00 to 23:59	21	23	
Total		16,035	16,567	



## Quality, Financial, Operational and Workforce indicators

Quality		Standard	Current Data Period	Period Actual	YTD	Data Quality
<b>Outcomes</b>	Summary Hospital-level Mortality Indicator**	NA	Sep-15	1		5
	Total # of deliveries	NA	May-16	705	1398	3
	Proportion of normal deliveries	62%	May-16	62.13%	63%	3
	Proportion of C-Section deliveries	23%	May-16	23.55%	23.3%	5
	Proportion of Assisted deliveries	15%	May-16	14.33%	13.7%	5
	Maternal Deaths	NA	May-16	0	0	4
	30 day emergency readmission	0%	May-16	1.93%	2.50%	5
	Medication reconciliation completed within 24 hours of admission	80%	May-16	64.77%	64.8%	4
	Medication errors causing serious harm	0	May-16	0	0	5
	Number of CAS alerts that were closed having breached during the month	0	May-16	0	0	5
	Dementia CQUIN patients admitted who have had a dementia screen	0%	Apr-16	54.77%	54.8%	4
	Dementia diagnostic assessment and investigation	0%	Apr-16	86.39%	86.4%	4
	Dementia :Referral for specialist diagnosis	0%	May-16	100%	100%	4
<b>Patient Experience</b>	Patient Satisfaction - Response rate (friends & family - Inpatients)	0%	May-16	16.73%	17.7%	2
	Patient Satisfaction - Response rate (friends & family - Maternity)	0%	May-16	8.73%	9.9%	2
	Patient Satisfaction- Response rate (friends & family – Emergency Departments)	0%	May-16	23.71%	24%	2
	Friends & Family test % not likely to recommend – Emergency Departments	NA	May-16	11.51%	10.9%	2
	Friends & Family test % not likely to recommend - Inpatients	NA	May-16	1.61%	1.5%	2
	Friends & Family test % not likely to recommend - Maternity	NA	May-16	0%	0.7%	2
	Friends & Family test % likely to recommend – Emergency Departments	NA	May-16	81.3%	81.9%	2
	Friends & Family test % likely to recommend - Inpatients	NA	May-16	94.86%	95.7%	2
	Friends & Family test % likely to recommend - Maternity	NA	May-16	97.92%	96.8%	2

Quality		Standard	Current Data Period	Period Actual	YTD	Data Quality
Safety	# of Serious Incidents Requiring Investigation	NA	May-16	10	16	5
	% of Patients receiving Harm Free Care (Pressure sores, falls, C-UTI and VTE)	0%	May-16	93.64%	93.7%	3
	Never Events	NA	May-16	0	0	5
	Cleaning Scores: % of inpatient areas with initial score >92%	NA	May-16	27.03%	28.4%	5
	Falls with moderate harm or greater as a percentage of total harms	NA				
	% of incidents associated with moderate harm or greater	NA	May-16	0.72%	0.7%	
	# newly acquired pressure ulcers (category 2,3 and 4)	NA	Apr-16	53	53	5

Finance		Standard	Current Data Period	Period Actual	YTD	Data Quality
Capital	Capital Programme Compared to Plan	NA	May-16	24.04%		5
Financial Risk	Financial Sustainability Risk Rating	3	May-16	3		5
I&E	Total CIP Performance Compared to Plan	90%	May-16	47.04%		5
	I&E Surplus Margin (%)	1%	May-16	0.12%		5
	Recurrent CIP Performance Compared to Plan	90%	May-16	49.7%		5

Operational Standards		Standard	Current Data Period	Period Actual	YTD	Data Quality
Standards	RTT - admitted % within 18 weeks	90%	May-16	82.17%	81.8%	4
	RTT - non-admitted % within 18 weeks	95%	May-16	90.26%	90.6%	4
	RTT - incomplete % within 18 weeks	92%	May-16	91.54%	91.4%	4
	% Diagnostic waits waiting 6 weeks or more	1%	May-16	0.96%	0.90%	3
	Zero tolerance RTT waits AP	0	May-16	5	6	4
	Zero tolerance RTT waits IP	0	May-16	20	36	4
	Zero tolerance RTT waits NP	0	May-16	1	6	4
	A&E attendances	NA	May-16	13442	25442	5
	% <=4 hours A&E from arrival/trans/discharge	95%	May-16	87%	87.3%	5

Operational Standards		Standard	Current Data Period	Period Actual	YTD	Data Quality
	Last min cancellations - % of all EL admissions	0.5%	May-16	0.38%	0.4%	3
	% patients not rebooked within 28 days	0%	May-16	14.71%	16.9%	3
	Urgent cancellations	0	May-16	10	28	3
	Urgent cancellations - 2nd time	0	May-16	0	0	3
	Contract Variations Open	NA	May-16	0		
	Contract Notices Open	NA	May-16	2		
	Delayed transfers of care: number (snapshot)*	0	May-16	85	177	3
	Delayed transfers of care as % of occupied beds*	3.5%	May-16	7.54%	7.8%	5
	Theatre Utilisation - Elective	80%	May-16	75.74%	76.3%	4
	Theatre Utilisation - Emergency	70%	May-16	59.34%	57.8%	4
	Theatre Utilisation - Total	75%	May-16	71.3%	71.4%	4
	Results Endorsed within 7 days	NA	May-16	74.72%	72%	
	%patients cancer treatment <62-days urg GP ref	85%	Apr-16	76.79%	76.8%	4
	%patients cancer treatment <62-days - Screen	90%	Apr-16	100%	100%	4
	%patients 1st treatment <1 mth of cancer diag	96%	Apr-16	96.55%	96.6%	4
	%patients subs cancer treatment <31days - Surg	94%	Apr-16	95.71%	95.7%	4
	%patients subs cancer treatment <31-days - Drugs	98%	Apr-16	100%	100%	4
	%patients subs treatment <31days - Radio	94%	Apr-16	79.25%	79.2%	4
	%2WW of an urg GP ref for suspected cancer	93%	Apr-16	88.65%	88.7%	5
	%2WW urgent ref - breast symp	93%	Apr-16	94.12%	94.1%	5
	Same sex accommodation breaches	0	May-16	0	0	3
	# patients spend >=90% of time on stroke unit	85%	May-16	87.04%	88.2%	5
	HCAI - MRSA bacteraemia	0	May-16	1	1	5
	HCAI - Cdiff	6	May-16	11	14	5
	% adult inpatients have had a VTE risk assessment	95%	Apr-16	96.09%	96.1%	5

Operational Standards		Standard	Current Data Period	Period Actual	YTD	Data Quality
Workforce		Standard	Current Data Period	Period Actual	YTD	Data Quality
Workforce Performance	Vacancy rate	0%	May-16	4.94%		3
	Sickness absence**	3.2%	May-16	3.45%		5
	Turnover rate	10.5%	May-16	14.26%		3
	Substantive staff in post against budget	11,200	May-16	10,647		
	Temporary Workforce expenditure as a total of Workforce expenditure	5%	May-16	6.26%		

\* Figure includes acute hospital transfers which are not reported at a national level.

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