

Trust Board Meeting: Wednesday 11th May 2016
TB2016.47

Title	Integrated Performance Report – Month 12
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Status	For report
History	The report provides a summary of the Trust's performance against a range of key performance indicators as agreed by the Trust Board.

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

Integrated Performance Report Month 12

Executive Summary

1. Key Highlights on performance

- The percentage of adult inpatients that had a VTE risk assessment in March was 96.13% against the standard of 95%.
- Diagnostic waits over 6 weeks, 108 patients waited over 6 weeks at the end of March, achieving 0.87% against the standard of no more than 1% waiting over 6 weeks.
- MRSA bacteraemia; zero cases were reported in March, three cases report for the year.
- Patients spending $\geq 90\%$ of time on stroke unit was 89.09% against a standard of 80% in March and 90.6% for the year.
- Zero same sex accommodation breaches were reported at the end of March with a total of eight for the year.
- C Difficile, three cases were reported in March equating to 57 year to date against a maximum threshold of 69.
- Staff vacancy rate is down to 3.57% against the standard of 5%.

2. Areas of exception on performance

- Performance against the 4 Hour standard was 78.91% in March.
- The 18 week RTT Incomplete standard was not achieved in March at 91.39% against the standard of 92%.
- Delayed Transfers of Care as a percentage of occupied beds is at 9.21% for March against the standard of 3.5%. The system monthly average for March was 140.
- Two of the eight cancer standards were not achieved in February.
- Staff turnover rate is 13.9%, which is 3.4% above the standard.
- Staff sickness absence rate was 3.5%, 0.5% above the standard.

3. Monitor Assessment

- 3.1. Whilst Monitor's Access and Outcomes matrix operates on a quarterly basis (except for RTT) the Trust monitors performance against this matrix on a monthly basis. The Trust monthly score to date is set out below.

	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Score	0	1	1	1	1	1	1	1	2
Monthly Standards Not Achieved	Nil	4 hour	4 hour	4 hour	4 hour	4 hour	4 hour	4 hour	4 hour RTT Incomplete
Quarterly Standards Not Achieved	Nil			Nil			TBC		
Score	1			1			TBC		

Note: Target score is zero.

Note: March figures exclude Cancer as figures awaited from Open Exeter.

Note: a score of zero equates to the highest level of performance and a score of 3 plus can lead to action.

4. Workforce

- 4.1. Turnover increased from 13.84% in February to 13.9% in March and is 3.4% above the KPI 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.

5. Additional Appendices

- 5.1. The two reports attached in appendix 2 and 3 respectively, the Efficiency and Utilisation report focusing on length of stay, patient flow and detail on the delayed discharges. The Quarterly monitoring report has been added for completeness.

6. Recommendations

The Trust Board is asked to receive the Integrated Performance Report for Month 12.

Paul Brennan
Director of Clinical Services
May 2016



Trust Board Integrated Performance Report

March 2016

At A Glance report

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.

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

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

Rating	Data Quality
Green	Satisfactory
Amber	Data can be relied upon but minor areas for improvement identified.
Red	Unsatisfactory/significant areas for improvement identified.

Escalation report

Graph Legend

	Underachieving
	Standard
	Plan/ Target
	Current Year Performance
	Previous Year Performance

APPENDIX A: Efficiency and Utilisation IPR report Apr-16

Patients staying greater than 21 days and discharged in month

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

			April	May	June	July	August	September	October	November	December	January	February	March
OUH	2015-16	Average Number of ward transfers	0.7	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.0	0.1	0.0
		Number of patients with more than 3 ward stays in one spell	123	111	129	149	126	140	121	105	125	82	120	103

This indicator records the number of ward moves that are less clinically appropriate. Wards where a definitive clinical decision has been made to move the patient to, such as ITUs, Transfer Lounge, Emergency Admissions Units have been removed.

Number of Elective FFCEs - Admissions and Day Cases

			April	May	June	July	August	September	October	November	December	January	February	March
OUH	2015-16	Total number of first outpatient attendances	18247	17556	20263	20394	17985	20784	21746	21087	18647	19704	20762	21229
		1st outpatient attends following GP referral	10362	9942	11536	11725	10122	11915	11934	11842	10756	11223	11492	11788
		Other refs for a first outpatient appointment	9066	8384	9712	9689	8656	9636	10771	9524	8612	9767	9876	10280
		Admissions and Day Cases	8172	8504	9221	9675	8479	9313	9009	8726	8033	8435	8814	9128
		Non-elective FFCEs	5730	5873	5923	5896	5649	5792	5922	5922	6312	5944	5895	6233

These figures are sourced from the statutory Monthly Activity Return (MAR) submitted to Unify each month. Elective inpatients grew by almost 1% compared to the previous year, non-elective by 4%.

Average LOS on Discharged Spells

			April	May	June	July	August	September	October	November	December	January	February	March
OUH	Number of patients	0 to 2 Days	12429	13034	13727	14121	12674	13710	13451	13139	12553	12877	13076	13669
		2 to 5 Days	1523	1604	1602	1571	1538	1505	1565	1545	1586	1568	1490	1599
		5 to 7 Days	468	513	526	508	524	482	468	519	550	467	509	519
		7 to 14 Days	741	731	687	681	652	683	729	652	803	671	686	762
		14+ Days	626	611	602	640	603	634	664	591	666	585	703	700
		Total number of patients	15787	16493	17144	17521	15991	17014	16877	16446	16158	16168	16464	17249
	Number of bed days	0 to 2 Days	4870	4947	5084	5209	4848	4983	5025	4986	4851	4791	4816	4967
		2 to 5 Days	5754	6043	6016	5970	5821	5697	5851	5833	5913	5881	5699	6050
		5 to 7 Days	3024	3315	3390	3270	3390	3090	3055	3333	3536	2989	3274	3352
		7 to 14 Days	7635	7501	7162	6975	6810	7130	7465	6737	8256	7021	7136	7953
		14+ Days	18672	18345	19014	19248	19288	20083	19978	18547	20637	17701	21523	22078
		Total number of Bed days	39955	40151	40666	40672	40157	40983	41374	39436	43193	38383	42448	44400
	Average LOS	Average LOS Elective	3.93	4.30	4.30	4.12	4.11	4.70	4.15	3.95	4.69	3.71	4.13	4.20
		Average LOS Non-elective	4.73	4.33	4.45	4.48	4.71	4.53	4.57	4.38	4.60	4.24	4.76	4.49
		Average LOS Non-elective non- emergency	3.22	3.34	3.29	3.18	3.29	3.37	3.33	3.66	3.69	3.97	4.31	4.53
		Day case	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Average LOS (excluding daycases)	4.25	4.10	4.17	4.13	4.28	4.32	4.22	4.14	4.42	4.08	4.53	4.44

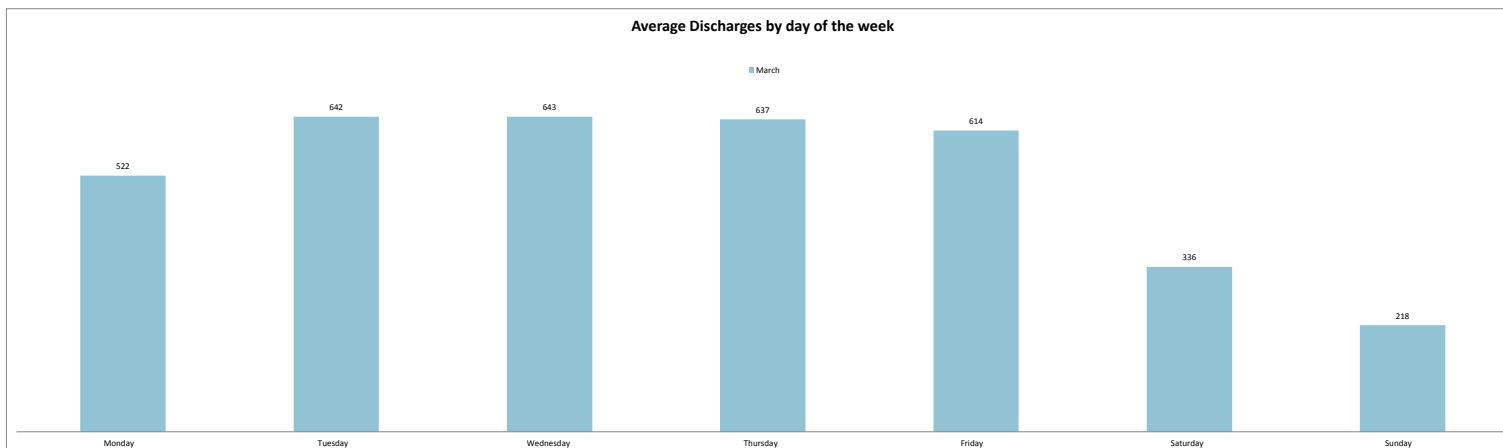
The table shows the profile of stays for all admitted patients to all sites of the hospitals across the OUH. It is quite stark that over the whole year, just under 4% of the patients admitted to the hospitals accounts for nearly 48% of all bed days* consumed. Conversely, almost 80% of admitted patients account for 12% of all bed days consumed. The trend on length of stay is generally down, although fairly sharp increases in LOS were seen in non-elective non-emergency patients during the last 2 months of the year. This is likely to be a blip however.

* bed days are counted for each midnight stay.

Discharge Profile

Average number of Discharges in Month by Day of Discharge

OUH	Average Number of patients	Day of the week	April	May	June	July	August	September	October	November	December	January	February	March
		Monday	486	423	586	589	493	565	570	577	498	563	592	522
Tuesday	594	626	613	623	625	608	615	638	586	608	648	642		
Wednesday	623	642	665	627	603	659	584	626	625	653	619	643		
Thursday	502	657	625	612	636	627	612	632	605	615	630	637		
Friday	527	683	667	669	629	658	619	673	506	567	667	614		
Saturday	329	338	357	331	333	363	355	344	323	339	369	336		
Sunday	234	229	234	222	218	237	237	223	225	214	229	218		
Total	Total number of Patients	14300	15644	16187	16595	15184	16132	15950	15650	15288	15361	15601	16371	

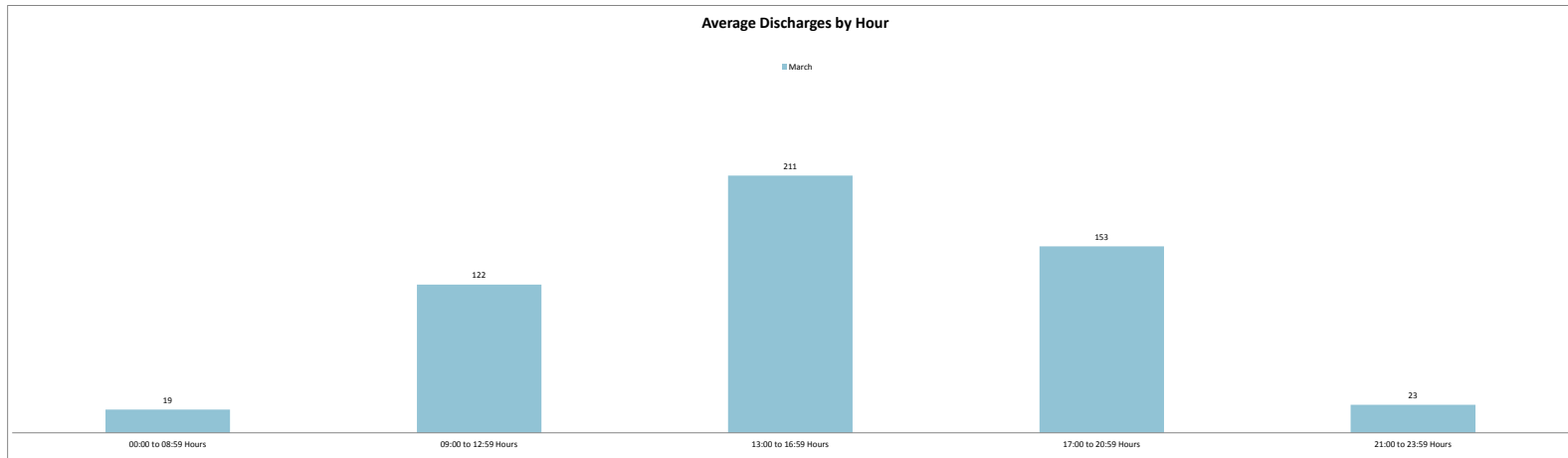


The table and chart show the profile of discharges by day of the week by month. It is clear from the information, that the drop off in discharges over the weekends, and through Monday, will be a contributory factor in there often being a capacity and patient flow problem at the start of the working week.

Average number of Discharges in Month by Hour of Discharge

Level: Trust

		April	May	June	July	August	September	October	November	December	January	February	March	
OUH	Average Number of patients													
	00:00 to 08:59 Hours	15	17	19	21	18	17	18	20	20	19	20	19	
	09:00 to 12:59 Hours	103	108	119	121	106	116	119	116	112	115	127	122	
	13:00 to 16:59 Hours	194	203	214	214	199	213	210	218	203	207	221	211	
	17:00 to 20:59 Hours	146	155	167	159	147	169	147	146	136	135	148	153	
	21:00 to 23:59 Hours	18	21	21	21	20	21	21	22	23	20	23	23	
Total	Total number of Patients	14300	15644	16187	16595	15184	16132	15950	15650	15288	15361	15601	16371	



The chart and table show the profile of discharges within the month by grouped hour of day. 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. Nearly 70% of discharges during the year fell into the afternoon and early evening brackets.

Delayed Discharges and Bed Utilisation

**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	
OUH	2015-16	Number of Delayed patients at month end	129	123	149	147	115	146	142	138	93	145	114	106
		Total Delayed bed days in month	4140	4164	4090	4939	4367	4634	4683	4447	3327	3817	3564	3929
		Total number of bed days available <i>*exclude: daycase wards, maty, well babies etc using OPS team bedstock</i>	34771	35970	35554	36780	36780	35554	36780	35554	35520	34470	32172	34470
		Number of patients Medically fit and not discharged at month end	134	135	159	160	137	184	157	159	88	134	128	155
		Total number of Bed days used by patients Medically fit and not discharged at month end	1484	1316	1834	1680	1701	1901	1865	1818	870	1458	1231	2096
		% Bed days used by patients Medically fit and not discharge at month end	4%	4%	5%	5%	5%	5%	5%	5%	2%	4%	4%	6%
		Bed Utilisation - General & Acute	90%	91%	90%	89%	86%	89%	90%	90%	90%	91%	95%	94%
		Bed Utilisation - Critical Care	75%	71%	76%	82%	79%	79%	74%	75%	75%	73%	77%	79%

Delayed patients waiting for ongoing care dramatically reduced during December as the effects of the DToC project began to produce good results. Whilst these numbers rebounded to a high figure during January, February and March have reduced to lower levels than prior to the project starting.

Admissions

		April	May	June	July	August	September	October	November	December	January	February	March	
OUH	2014-15	POD / Admission Meth												
		Elective	1904	1874	2102	2095	1824	2046	2124	2025	1706	1925	1828	2110
		Non- Elective	5284	5536	5460	5761	5451	5342	5625	5512	5652	5216	4727	5303
		Non- Elective non-emergency	2077	2144	2053	2086	1991	2022	2193	1942	2022	2109	1802	2112
	Day case	7123	7137	7559	8205	7405	7719	7890	7481	6977	7692	7351	8175	
	2015-16	Elective	1995	1843	2109	2177	1927	2042	1993	2043	1680	1882	2016	1956
		Non- Elective	5283	5674	5655	5603	5398	5487	5616	5618	5764	5689	5442	5727
		Non- Elective non-emergency	1997	2168	2060	2074	2008	2048	2104	1966	2148	2062	2047	2080
Day case		6460	6723	7426	7684	6697	7611	7093	6933	6436	6764	7011	7258	

These figures are sourced from the statutory Monthly Activity Return (MAR) submitted to Unify each month. For the year of 15/16 elective inpatients (1%) and non-electives continue to grow (4%), and ED attendances are now 3.2% above the level compared with the same period last year.

4 Hour standard by Month

*OUH Type 1 & OUH Type 2

		April	May	June	July	August	September	October	November	December	January	February	March	
OUH Type 1&2	2014-15	# of Attendances	10434	13482	11291	13908	10211	10978	13520	10651	10409	11840	10191	10968
		Performance	90.8%	91.9%	92.4%	94.3%	95.1%	93.8%	91.4%	86.2%	83.8%	83.5%	88.3%	84.9%
	2015-16	# of Attendances	13517	10673	12010	12282	11542	11823	12519	12067	11851	12020	11994	13175
		Performance	91.1%	96.4%	96.2%	96.5%	93.8%	90.6%	88.0%	88.8%	88.2%	84.4%	77.6%	78.9%
		# of weeks in which 95% was achieved	1	3	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
		# Of weeks in Month	5	4	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

Performance slightly reduced in December compared with November. Total attendances are now 5.5% higher than they were for 2014/15. Attendances during the last 5 months of 2015/16 are markedly higher than the corresponding months in 2014/15.

*The statutory sitrep reporting period has changed from weeks to calendar months during June, therefore the number of weeks during the month performing above 95% will no longer be reported.

18 week incompletes over 18 weeks

		April	May	June	July	August	September	October	November	December	January	February	March	
OUH	2015-16	On Admitted Pathway	226	245	905	989	1014	1103	1168	1123	1236	1253	1390	1607
		Not on Admitted Pathway	2501	2441	1759	2105	1935	1972	1892	1859	1941	1902	1891	2033
		Total number of incompletes	2727	2686	2664	3094	2949	3075	3060	2982	3177	3155	3281	3640

There are still a large number of over 18 week wait incomplete pathways, which continues to grow. IMAS modelling has now almost been completed in all key services which predominately show oversized waiting lists, supporting this information that long waiting patients on admitted pathways continues to grow seemingly without check. This is not a sustainable position.

Operational Standards	Standard	Q1	Q2	Q3	Q4	YTD
RTT - admitted % within 18 weeks	90%	87.13%	87.33%	85.22%	82.59%	85.6%
RTT - non-admitted % within 18 weeks	95%	95.07%	95.07%	93.25%	92.12%	93.9%
RTT - incomplete % within 18 weeks	92%	93.17%	92.22%	92.18%	91.85%	92.4%
% <=4 hours A&E from arrival/trans/discharge	95%	94.35%	93.67%	88.33%	80.27%	89.1%
%patients cancer treatment <62-days urg GP ref	85%	81.35%	85.22%	85.59%	84.27%	84%
%patients cancer treatment <62-days - Screen	90%	91.07%	96.88%	95.45%	97.3%	95.1%
%patients 1st treatment <1 mth of cancer diag	96%	97.73%	97.49%	97.81%	95.91%	97.4%
%patients subs cancer treatment <31days - Surg	94%	95.98%	96.03%	95.6%	92.99%	95.2%
%patients subs cancer treatment <31-days - Drugs	98%	100%	99.46%	99.6%	97.89%	99.3%
%patients subs treatment <31days - Radio	94%	98.83%	97.87%	97.99%	95.48%	97.7%
%2WW of an urg GP ref for suspected cancer	93%	94.86%	94.64%	94.02%	93.16%	94.3%
%2WW urgent ref - breast symp	93%	98.17%	93.63%	94.54%	96.06%	95.4%
HCAI - Cdiff	69	15	15	16	11	57

Year: 2015-16

Division: Division of Children's & Women's, Division of Clinical Support Services, Division of Corporate Services, Division of Education and Training, Division of Estates, Division of Medicine, Rehabilitation & Cardiac, Division of Neuroscience, Orthopaedics, Trauma & Specialist Surgery, Division of Operations & Service Improvement, Division of Research & Development, Division of Surgery & Oncology, Legacy Division of Cardiac, Vascular & Thoracic, Legacy Division of Musculoskeletal and Rehabilitation, TRUST, Trust-wide only, Unknown

Directorate: Acute Medicine & Rehabilitation, Ambulatory Medicine, Assurance, Biomedical Research, Cardiology, Cardiac & Thoracic Surgery, Central Trust Services, Chief Nurse Patient Services & Education, Children's, Critical Care, Pre-operative Assessment, Pain Relief and Resuscitation, CRS Implementation, Directorate of Medical Staff Training, Directorate of MPET, Division of Clinical Support Services, Division of Corporate Services, Division of Estates, Division of Medicine, Rehabilitation & Cardiac, Division of Neuroscience, Orthopaedics, Trauma & Specialist Surgery, Division of Operations & Service Improvement, Division of Research & Development, Division of Surgery & Oncology, Education and Training, Estates and Facilities, Finance and Procurement, Gastroenterology, Endoscopy and Theatres (CH), Generic Directorate of Clinical Excellence Awards, Horton Management, Human Resources and Admin, Legacy- Anaesthetics, Critical Care & Theatres, Legacy Cardiac, Vascular & Thoracic Surgery, Legacy Cardiology, Legacy Division of Cardiac, Vascular & Thoracic, Legacy Division of Musculoskeletal and Rehabilitation, Legacy Rehabilitation & Rheumatology, MARS - Research & Development, Medical Director, Networks, Neurosciences, OHIS Telecoms & Med Records, Oncology & Haematology, Orthopaedics, Pathology & Laboratories, Pharmacy, Planning & Communications, Private Patients, Radiology & Imaging, Renal, Transplant & Urology, Specialist Surgery, Strategic Change, Surgery, Teaching Training and Research, Theatres, Anaesthetics and Sterile Services, Trauma, Trust wide R&D, Trust-wide only, Unknown, Women's

Operational Standards	Standard	Current Data Period	Period Actual	YTD	Data Quality
RTT - admitted % within 18 weeks	90%	Mar-16	83.12%	85.6%	4
RTT - non-admitted % within 18 weeks	95%	Mar-16	92.56%	93.9%	4
RTT - incomplete % within 18 weeks	92%	Mar-16	91.39%	92.4%	4
% Diagnostic waits waiting 6 weeks or more	1%	Mar-16	0.87%	0.4%	3
Zero tolerance RTT waits AP	0	Mar-16	5	32	4
Zero tolerance RTT waits IP	0	Mar-16	6	49	4
Zero tolerance RTT waits NP	0	Mar-16	1	9	4
Number of attendances at A/E depts in a month	NA	Mar-16	13175	145473	5
% <4 hours A&E from arrival/trans/discharge	95%	Mar-16	78.91%	89.1%	5
Last min cancellations - % of all EL admissions	0.5%	Mar-16	0.51%	0.5%	3
% patients not rebooked within 28 days	0%	Mar-16	2.17%	3.4%	3
zero Urgent cancellations - 2nd time	0	Mar-16	0	0	3
Urgent cancellations	0	Mar-16	18	127	3
Contract Variations Open	NA	Mar-16	7		
Contract Notices Open	NA	Mar-16	2		
Delayed transfers of care: number (snapshot)*	0	Mar-16	106	1547	3
Delayed transfers of care as % of occupied beds*	3.5%	Mar-16	9.21%	11.3%	5
Theatre Utilisation - Elective	80%	Mar-16	73.85%	75.3%	4
Theatre Utilisation - Emergency	70%	Mar-16	56.15%	58.5%	4
Theatre Utilisation - Total	75%	Mar-16	69.41%	71.2%	4
Results Endorsed within 7 days	NA	Mar-16	66.19%	57.5%	
%patients cancer treatment <62-days urg GP ref	85%	Feb-16	83.79%	84%	4
%patients cancer treatment <62-days - Screen	90%	Feb-16	94.12%	95.1%	4
%patients 1st treatment <1 mth of cancer diag	96%	Feb-16	96.22%	97.4%	4
%patients subs cancer treatment <31days - Surg	94%	Feb-16	93.75%	95.2%	4
%patients subs cancer treatment <31-days - Drugs	98%	Feb-16	98.72%	99.3%	4
%patients subs treatment <31days - Radio	94%	Feb-16	98.05%	97.7%	4
%2WW of an urg GP ref for suspected cancer	93%	Feb-16	94.57%	94.3%	5
%2WW urgent ref - breast symp	93%	Feb-16	96.72%	95.4%	5
Same sex accommodation breaches	0	Mar-16	0	8	3
# patients spend >=90% of time on stroke unit	80%	Mar-16	89.09%	90.6%	5
Time to Surgery (% patients having their operation within the time specified according to their clinical categorisation)	0%	Feb-16	96.77%	87.3%	3
HCAI - MRSA bacteraemia	0	Mar-16	0	3	5
HCAI - Cdiff	5	Mar-16	3	57	5
% adult inpatients have had a VTE risk assess	95%	Feb-16	95.62%	97%	5

Workforce Performance	Standard	Current Data Period	Period Actual	YTD	Data Quality
Vacancy rate	5%	Mar-16	3.57%		3
Sickness absence**	3%	Mar-16	3.5%		5
Turnover rate	10.5%	Mar-16	13.9%		3
Substantive staff in post against budget	10654.26	Mar-16	10654.26		
Temporary Workforce expenditure as a total of Workforce expenditure	5%	Mar-16	8.07%		

* The figures include 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

Year: 2015-16

Division: Division of Children's & Women's, Division of Clinical Support Services, Division of Corporate Services, Division of Education and Training, Division of Estates, Division of Medicine, Rehabilitation & Cardiac, Division of Neuroscience, Orthopaedics, Trauma & Specialist Surgery, Division of Operations & Service Improvement, Division of Research & Development, Division of Surgery & Oncology, Legacy Division of Cardiac, Vascular & Thoracic, Legacy Division of Musculoskeletal and Rehabilitation, TRUST, Trust-wide only (unknown)
Directorate: Acute Medicine & Rehabilitation, Ambulatory Medicine, Assurance, Biomedical Research, Cardiology, Cardiac & Thoracic Surgery, Central Trust Services, Chief Nurse Patient Services & Education, Children's/Children's Critical Care, Pre-operative Assessment, Pain Relief and Resuscitation, CIS Implementation, Directorate of Medical Staff Training, Directorate of MFT, Division of Clinical Support Services, Division of Corporate Services, Division of Estates, Division of Medicine, Rehabilitation & Cardiac, Division of Neuroscience, Orthopaedics, Trauma & Specialist Surgery, Division of Operations & Service Improvement, Division of Research & Development, Division of Surgery & Oncology, Education and Training, Estates and Facilities, Finance and Procurement, Gastroenterology, Endoscopy and Theatres

Quality Outcomes	Standard	Current Data Period	Period Actual	YTD	Data Quality
Summary Hospital-level Mortality Indicator**	NA	Sep-15	1		5
Total # of deliveries	NA	Mar-16	701	8499	3
Proportion of normal deliveries	62%	Mar-16	64.91%	63.8%	3
Proportion of C-Section deliveries	23%	Mar-16	22.25%	21%	5
Proportion of Assisted deliveries	15%	Mar-16	12.84%	15.5%	5
Maternal Deaths	NA	Mar-16	0	0	4
30 day emergency readmission	0%	Mar-16	2.93%	3.5%	5
Medication reconciliation completed within 24 hours of admission	80%	Mar-16	62.68%	65.5%	4
Medication errors causing serious harm	0	Mar-16	0	0	5
Number of CAS Alerts received by Trust during the month	NA	Mar-16	4	102	5
Number of CAS alerts that were closed having breached during the month	0	Mar-16	1	3	5
			NHS/PSA/W/2016/00	EFA/2015/005	
Dementia CQUIN patients admitted who have had a dementia screen	0%	Feb-16	56.93%	61.5%	4
Dementia diagnostic assessment and investigation	0%	Feb-16	81.9%	86%	4
Dementia - Referral for specialist diagnosis	0%	Mar-16	100%	100%	4
Patient Experience					
Patient Satisfaction - Response rate (friends & family - inpatients)	0%	Mar-16	15.78%	13.4%	2
Patient Satisfaction - Response rate (friends & family - Maternity)	NA	Mar-16	13.16%	18%	2
Patient Satisfaction - Response rate (friends & family - ED)	0%	Mar-16	22.89%	20.2%	2
Friends & Family test % not likely to recommend - ED	NA	Mar-16	11.54%	8.9%	2
Friends & Family test % not likely to recommend - IP	NA	Mar-16	1.95%	1.3%	2
Friends & Family test % not likely to recommend - Mat	NA	Mar-16	1.27%	1.2%	2
Friends & Family test % likely to recommend - ED	NA	Mar-16	80.71%	84.5%	2
Friends & Family test % likely to recommend - IP	NA	Mar-16	95.58%	96.1%	2
Friends & Family test % likely to recommend - Mat	NA	Mar-16	95.87%	94.8%	2
Safety					
Number SIRS	NA	Mar-16	25	175	5
% of Patients receiving Harm Free Care (Pressure sores, falls, C-UTI and VTE)	0%	Mar-16	90.7%	93.1%	3
Never Events	NA	Mar-16	2	9	5
Cleaning Scores - % of inpatient areas with initial score >92%	NA	Mar-16	42.55%	34%	5
Flu vaccine uptake	0%	Jan-16	56.94%		3
Falls with moderate harm or greater as a percentage of total harms	NA	May-15	0.93%	1.1%	
% of incidents associated with moderate harm or greater	NA	Mar-16	1.17%	1.7%	
# newly acquired pressure ulcers (category 2,3 and 4)	NA	Feb-16	69	761	5

Finance	Standard	Current Data Period	Period Actual	YTD	Data Quality
Capital					
Capital Programme Compared to Plan	90%	Mar-16	36.13%		5
Financial Risk					
Monitor Risk Rating	3	Mar-16	2		5
I&E					
Total CIP Performance Compared to Plan	90%	Mar-16	96.2%		5
I&E Surplus Margin (%)	1%	Mar-16	-1.45%		5
Recurrent CIP Performance Compared to Plan	90%	Mar-16	100.11%		5

Capital Programme Compared to Plan

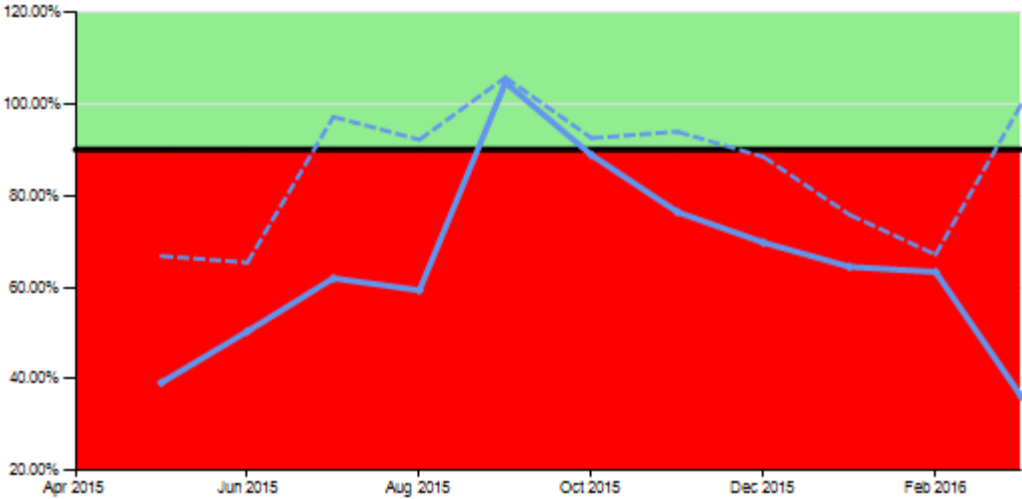
What is driving the reported underperformance?	What actions have we taken to improve performance
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Standard	Current Data Period	Period Actual	YTD
90%	Mar-16	36.13%	

The Plan included £9m for the Energy Centre (CEF) capitalisation. This project has been delayed with a projected completion date now of April 2017. This is driving 20% of the variance to plan. A further 14% (£6m) is driven by a plan reduction agreed with Monitor as part of a national plan for capital to revenue transfers. A further factor is the asset sale of Littlemore land in March which was not included in the original plan for 2015/16. This is driving 15% of the variance to plan (£6.8m NBV). The remainder is driven by material slippage on a number of schemes, with delayed commencement of schemes and expenditure being incurred at a slower rate than planned.

The capital programme is reviewed regularly by the Business Planning Group (BPG). The largest areas of slippage have been on the Swindon Radiotherapy satellite unit, the EPR re-procurement, the Horton Endoscopy scheme and the Horton CT scheme. This slippage will impact on 2016/17. Some of the slippage has been managed by bringing additional schemes into this year's programme.

The outturn position for 2015/16 and the delays on the CEF scheme have both been factored into the 2016/17 capital plan.



Expected date to meet standard	Lead Director
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This is expected to be managed and delivered in 2016/17.

Director of Finance & Procurement

I&E Surplus Margin (%)

What is driving the reported underperformance?	What actions have we taken to improve performance	Standard	Current Data Period	Period Actual	YTD
		1%	Mar-16	-1.45%	

The Trust had not planned to make a 1% surplus margin in 2015/16.

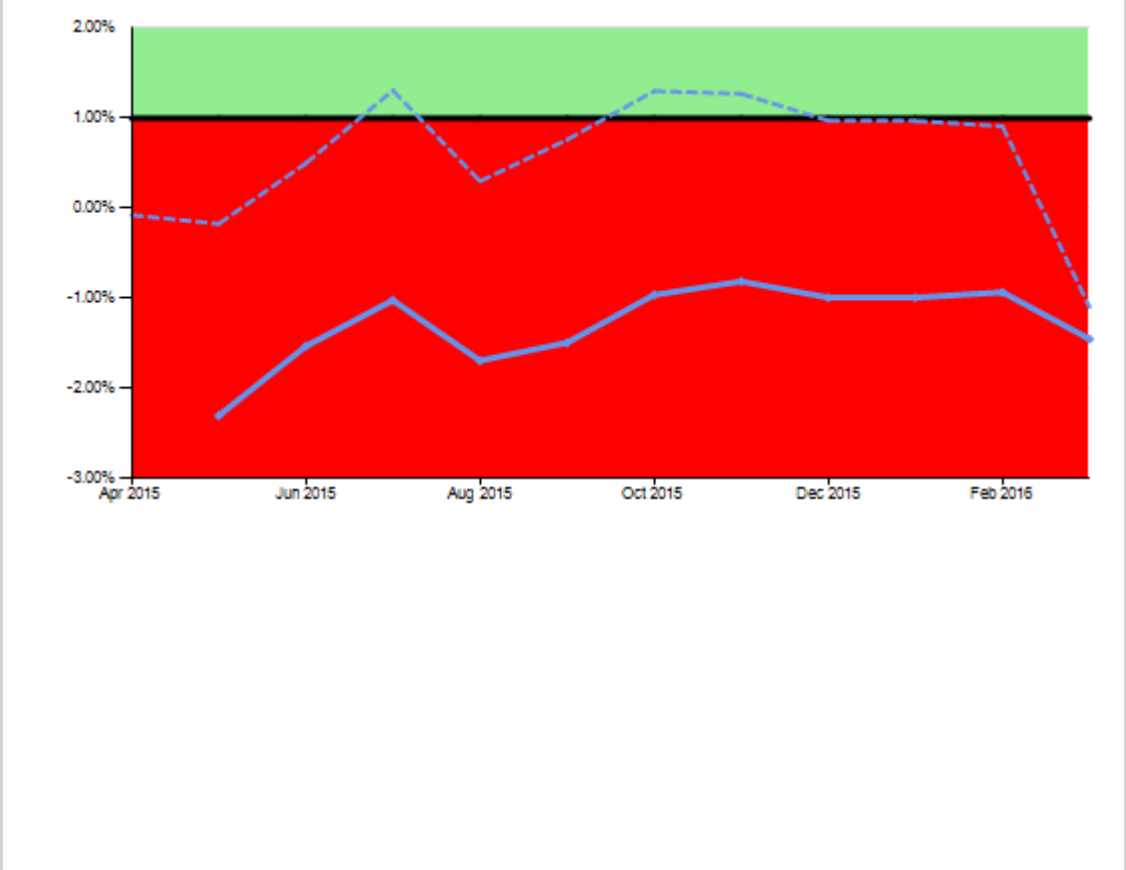
In year the Divisions did not deliver their financial plans which included increased expenditure and under recovery of income relating to activity. However, actions were put in place not only to deliver the Trust’s breakeven duty but to deliver a stretch target of £5m, which the Trust achieved.

The delivery of a £5m surplus against the breakeven duty is insufficient to deliver a 1% margin.

Control measures and other mitigations were put in place to rectify the financial performance within the divisions and to achieve a year end surplus of £5m.

The Trust will meet its key financial target against the breakeven duty for the year, however it should be noted that this has been achieved as a result of significant non-recurrent benefits including the sale of an asset and a Capital to Revenue transfer.

Moving into 2016/17 it will be important for the Trust to maintain and introduce further controls on expenditure, meet savings targets recurringly and closely monitor activity against plan.



Expected date to meet standard	Lead Director
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The Trust had not planned to make a 1% I&E surplus in 2015/16.

Director of Finance & Procurement

RTT - admitted % within 18 weeks

What is driving the reported underperformance?	What actions have we taken to improve performance	Standard	Current Data Period	Period Actual	YTD
		90%	Mar-16	83.12%	85.6%

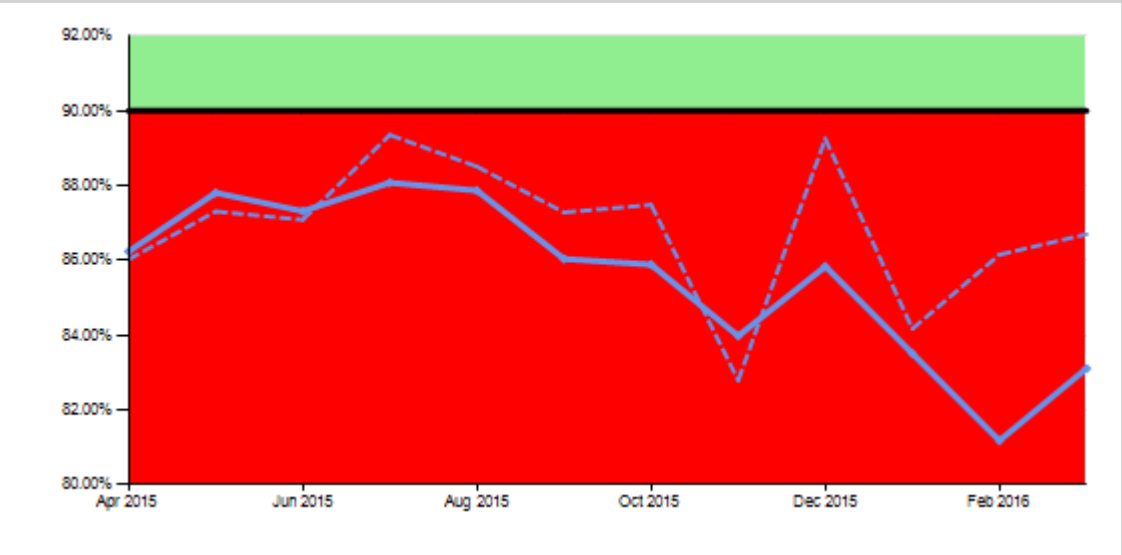
Admitted performance continues to be a challenge in March due to workforce and capacity constraints.

Regular meetings are being held with Divisional Teams and the Director of Clinical Services.

Specialties with significant challenges continue to be:

- Orthopaedics
- Urology
- Ear Nose & Throat
- Neurosurgery
- Gynaecology
- Plastic Surgery

Each speciality is undergoing IMAS modelling to agree backlog and actions for sustainability.



Expected date to meet standard **Lead Director**

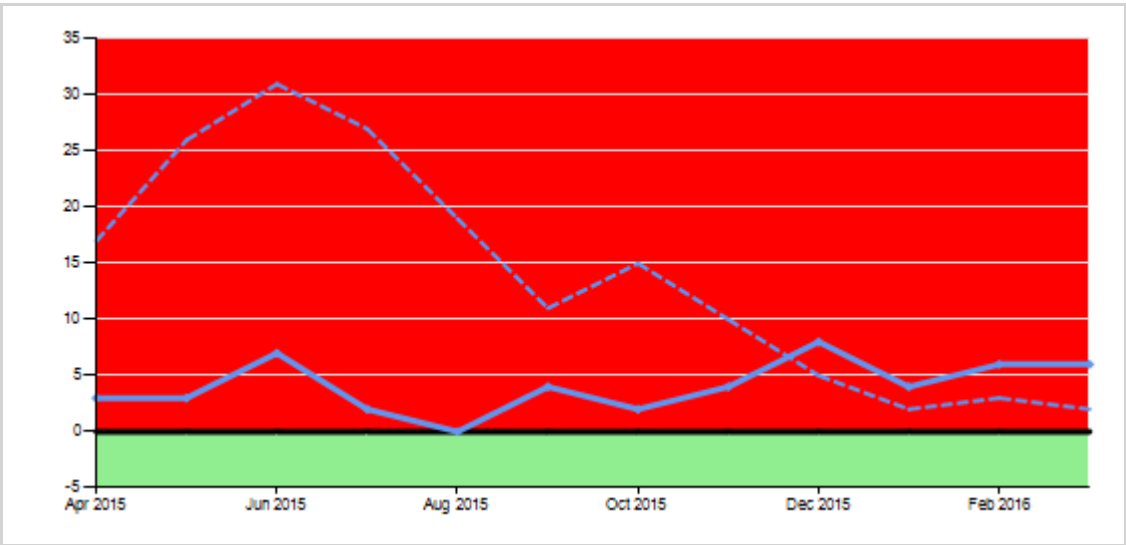
Not Applicable Director of Clinical Services

Zero tolerance RTT waits IP

What is driving the reported underperformance?	What actions have we taken to improve performance	Standard	Current Data Period	Period Actual	YTD
		0	Mar-16	6	49

52 week breaches of incomplete pathways have remained static from 6 in February to 6 in March.

Six patients waited over 52 weeks or more for treatment in March; two patients have a date in April; one patient has a date in June; one patient is waiting a follow-up appointment; two patients are waiting an admission date.



Expected date to meet standard	Lead Director
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Quarter 2 2016/17

Director of Clinical Services

% <=4 hours A&E from arrival/trans/discharge

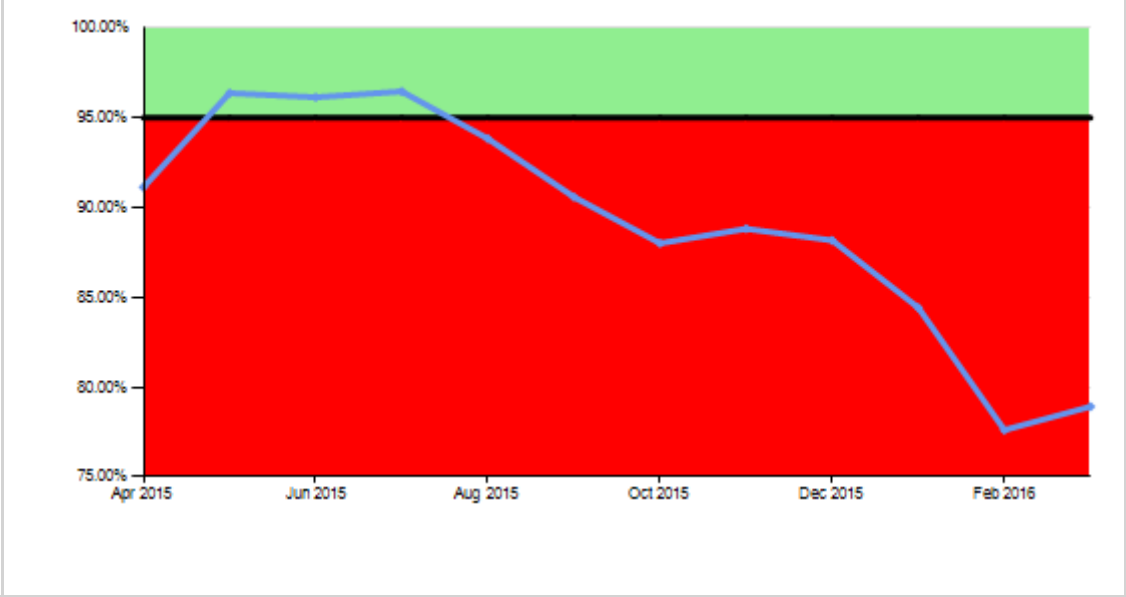
What is driving the reported underperformance?	What actions have we taken to improve performance	Standard	Current Data Period	Period Actual	YTD
		95%	Mar-16	78.91%	89.1%

March performance has remained below the 95% standard. There have been some staffing issues with late absences due to sickness. High levels of patients who are delayed transfers of care remain a significant concern for the Trust.

The System Resilience Group continues to meet weekly, with OCCG, OH, OCC and OUH colleagues to improve patient flow across the system.

Escalation is in place with significant focus across all clinical teams to minimize the number of patients waiting over four hours. Director of Clinical Services is meeting weekly with clinical colleagues to support patient flow.

An Integrated Urgent care Improvement Plan is being implemented. Focus is on reducing delayed transfers of care to create flow within acute bed based services.



Expected date to meet standard	Lead Director
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Quarter 1 2016/17	Director of Clinical Services
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% patients not rebooked within 28 days

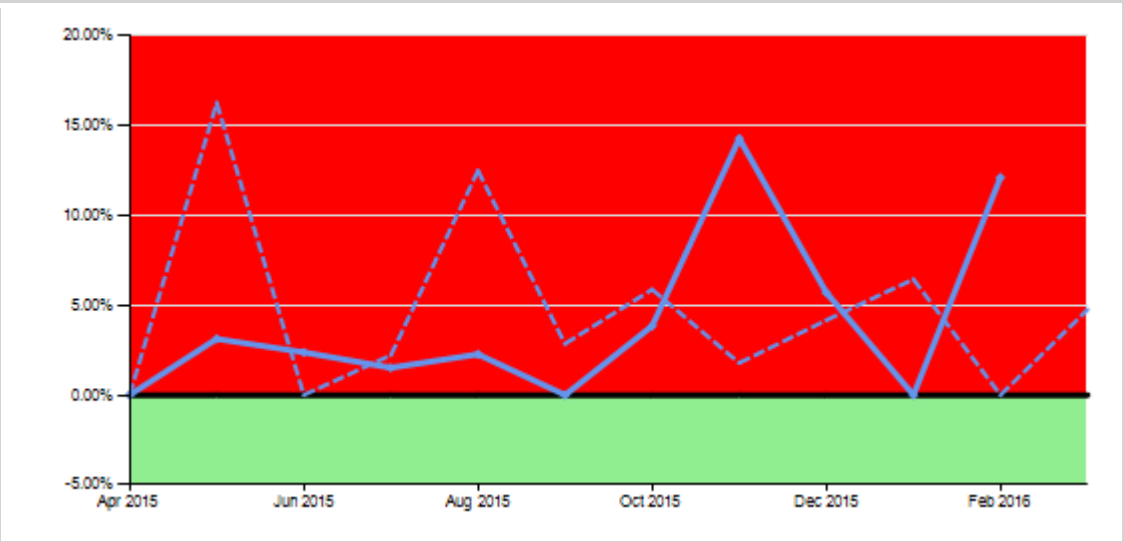
What is driving the reported underperformance?	What actions have we taken to improve performance	Standard	Current Data Period	Period Actual	YTD
		0%	Feb-16	12.12%	3.5%

The number of 28 days rebooking breaches has deteriorated in February.

Priority given to patients requiring emergency admission and treatment.

Clinical teams are focused on forward booking.

Recruitment of key critical theatre staff is on-going.



Expected date to meet standard	Lead Director
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Quarter 4 2015/16

Director of Clinical Services

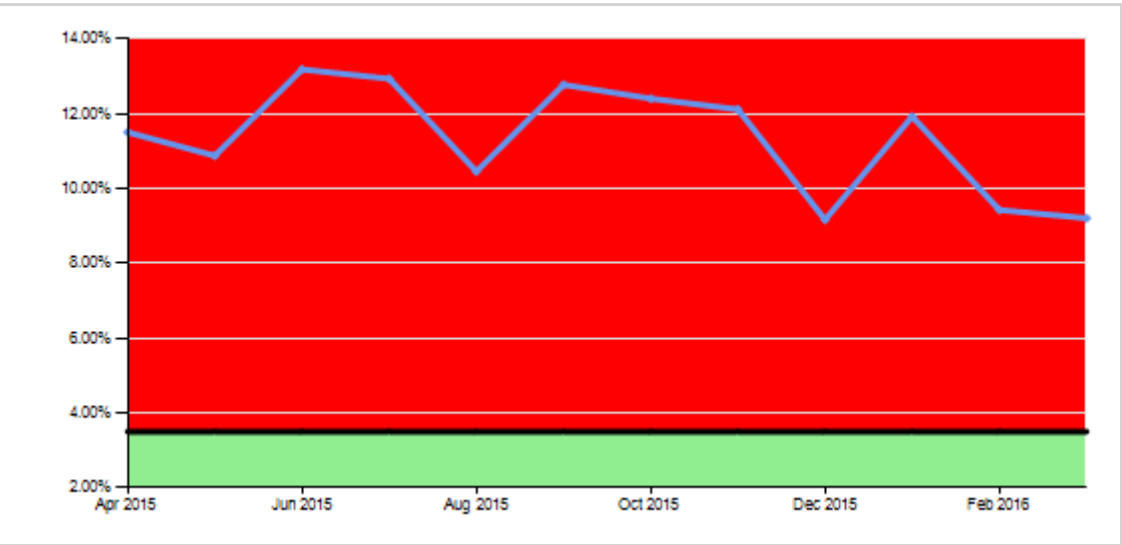
Delayed transfers of care as % of occupied beds*

What is driving the reported underperformance?	What actions have we taken to improve performance	Standard	Current Data Period	Period Actual	YTD
		3.5%	Mar-16	9.21%	11.3%

Improvement in performance in March at 9.21% compared to 9.43% in February.

Twice daily whole system teleconference calls in place, to manage specifically delayed transfers of care and patient discharge and flow across Oxfordshire.

Weekly meeting with OCCG, OH and OCC colleagues to manage Oxfordshire system issues.



Expected date to meet standard **Lead Director**

This system has not agreed a date to achieve this standard.

Director of Clinical Services

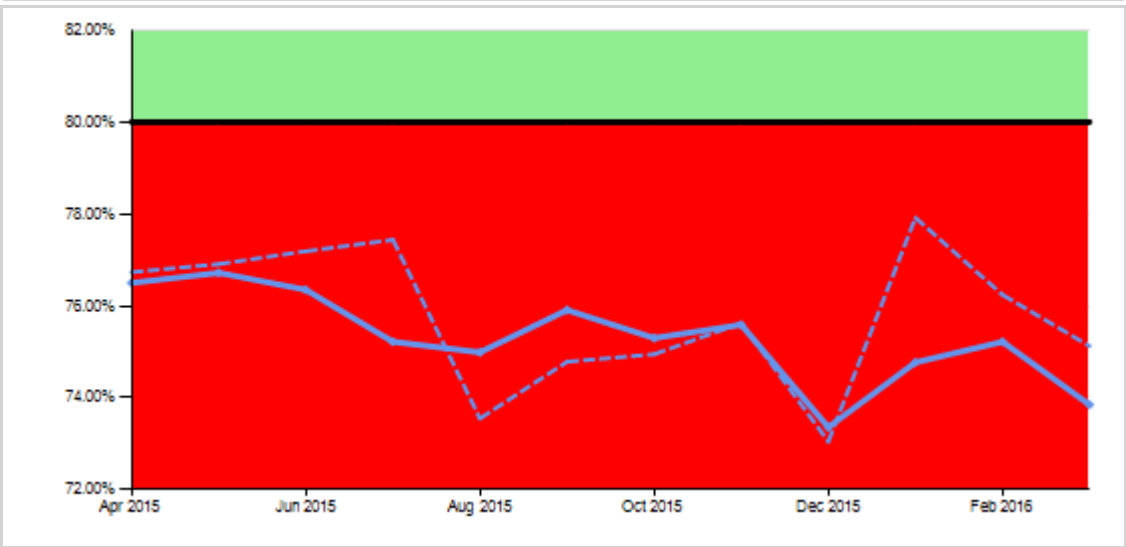
Theatre Utilisation - Elective

What is driving the reported underperformance?	What actions have we taken to improve performance	Standard	Current Data Period	Period Actual	YTD
		80%	Mar-16	73.85%	75.3%

March has seen a deterioration in elective theatre utilisation compared to February.

Clinical teams are focused on improving booking procedures and maximizing productivity.

Theatre Improvement Plans are being drawn up and implemented following the “perfect theatre week” initiative.



Expected date to meet standard	Lead Director
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Quarter 1 2016/17

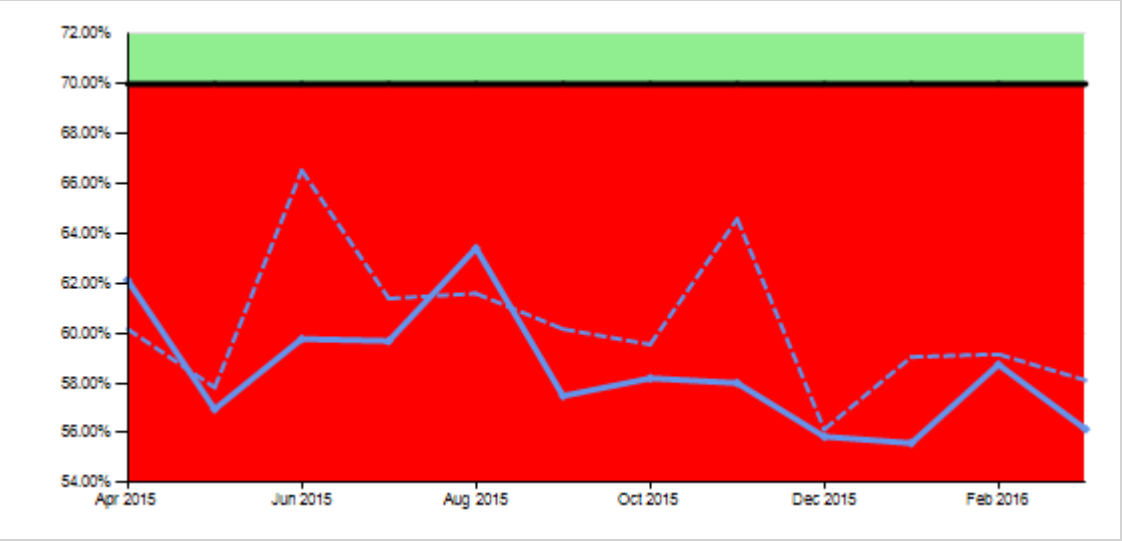
Director of Clinical Services

Theatre Utilisation - Emergency

What is driving the reported underperformance?	What actions have we taken to improve performance	Standard	Current Data Period	Period Actual	YTD
		70%	Mar-16	56.15%	58.5%

Deterioration on February performance during March.

Work is progressing internally to review and improve theatre utilisation, developing a standardized approach across the Trust to manage emergency lists.



Expected date to meet standard	Lead Director
Quarter 1 2016/17	Director of Clinical Services

Quarter 1 2016/17

Director of Clinical Services

Theatre Utilisation - Total

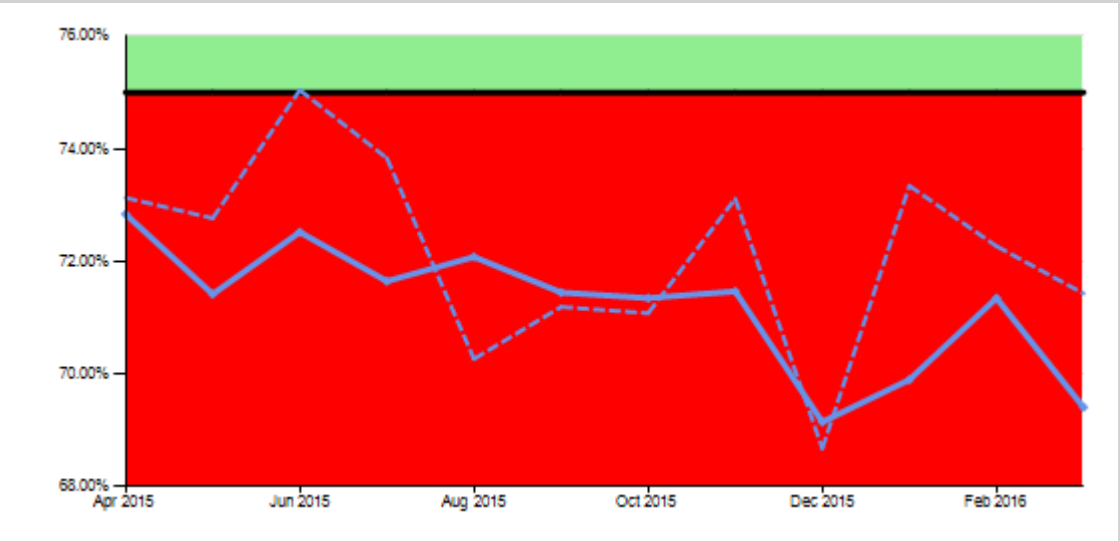
What is driving the reported underperformance?	What actions have we taken to improve performance	Standard	Current Data Period	Period Actual	YTD
		75%	Mar-16	69.41%	71.2%

March has seen a decrease in total theatre utilisation compared to February.

Focus continues on productivity for all clinical teams both on the day and forward booking.

Recruitment of key critical theatre staff is ongoing.

Actions plans are being drawn up following the “perfect theatre week” initiative.



Expected date to meet standard **Lead Director**

Quarter 1 2016/17 Director of Clinical Services

Medication reconciliation completed within 24 hours of admission

What is driving the reported underperformance?	What actions have we taken to improve performance
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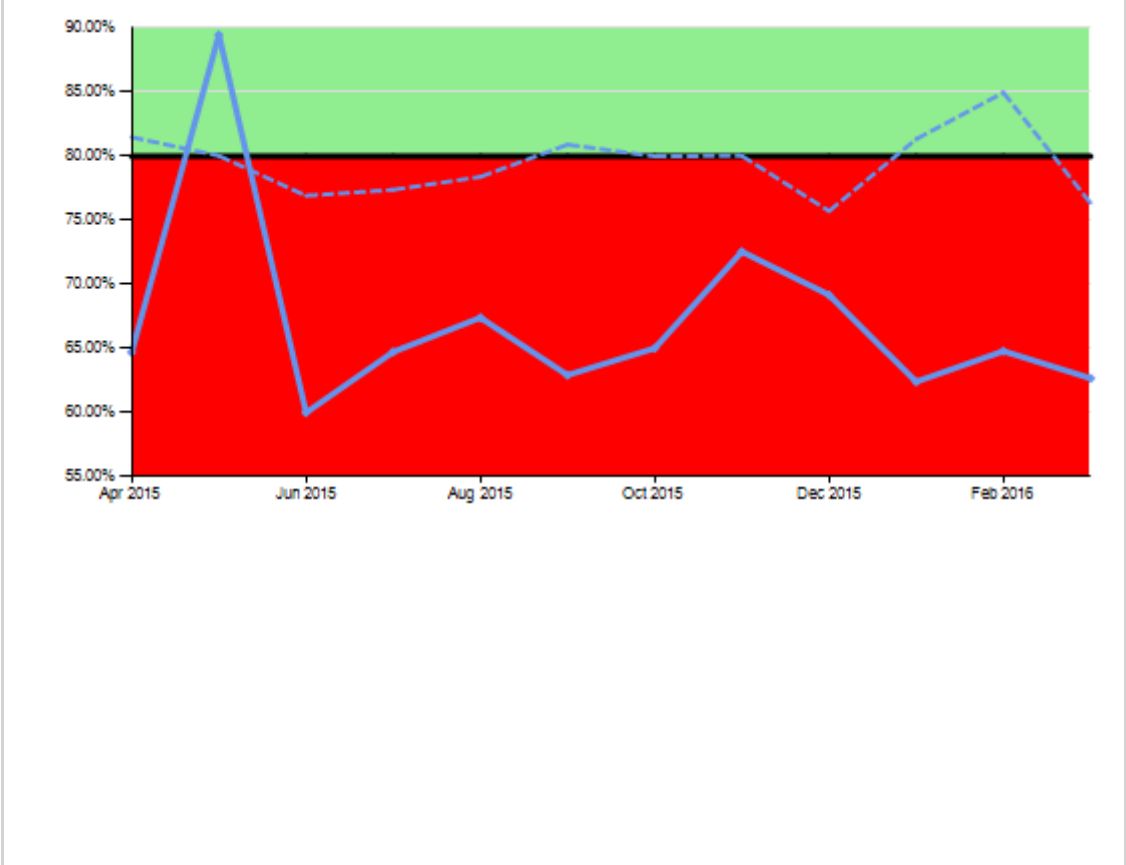
Standard	Current Data Period	Period Actual	YTD
80%	Mar-16	62.68%	65.5%

1. Pharmacy, in the main, provides a full ward based clinical service five out of seven days. The current target is based on all inpatient admissions for the month having a medicines reconciliation completed with 24 hours of admission. Based on current five day ward based clinical pharmacy services 86% of patients have medicines reconciliation completed within 24 hours of admission

2. Medicines reconciliation is a two stage process. Stage 1 should be completed by the admitting doctor within ePMA. Currently pharmacy staff are completing 85% of stage 1 medicines reconciliation which is impacting on stage 2 medicines reconciliation which are reported.

1. In April 2016 pharmacy has restructured its weekend support with a significant increase in dispensary opening times. All dispensaries are open 09:00-17:00 Monday to Sunday. All wards at the Horton, acute medical wards at the JR and a limited number of wards at the Churchill now have ward based pharmacy clinical support seven days a week. This support should help improve compliance in these areas.

2. Cerner underwent a code upgrade in April 16. These developments will help support the appropriate documentation of stage 1 medicines reconciliation in Q3 2016/17. This will be supported via a champion medical team supported by Dr. Sudhir Singh.



Expected date to meet standard	Lead Director
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Q4 2016/17

Dr Tony Berendt

Sickness absence**

What is driving the reported underperformance?

What actions have we taken to improve performance

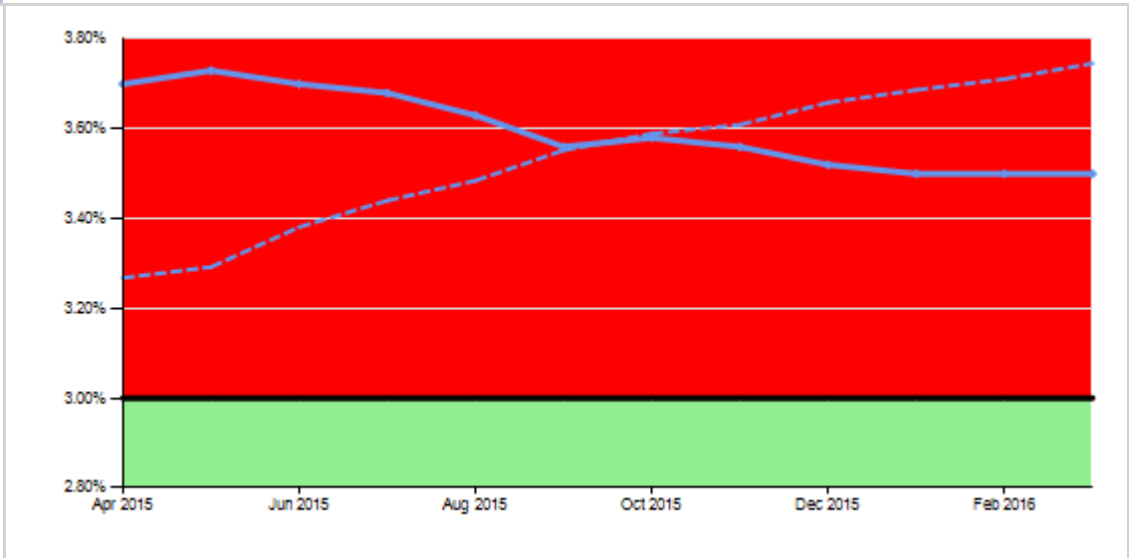
Standard	Current Data Period	Period Actual	YTD
3%	Mar-16	3.5%	

The KPI remains above the 3% threshold, The sickness absence levels have plateaued in quarter 4, although the rolling 12 month absence figure has reduced from 3.7% in April 2015 to 3.5% in March 2016.

The largest proportion of days lost continues to be attributable to mental health issues, reflecting the longer term nature of the illness.

The Trust’s Centre for Occupational Health and Wellbeing continues to see a high number of mental health referrals and FirstCare records confirm that a principal reason provided by staff for their absence is stress, anxiety, depression, or other psychological illnesses. Whilst, in the majority of cases, these symptoms are not directly linked to work issues, they have a direct impact on the workplace. In response, a number of interventions and initiatives are being pursued, which aim to provide direct support to staff and managers, and to promote awareness regarding the recognition and management of mental health-related issues.

A key priority has been to offer managers new training opportunities to explore how they can influence the Trust’s culture and manage their own mental wellbeing, thus helping to create and sustain a ‘mentally healthy workplace’. Associated training, sponsored by NHS Employers, continues to be delivered. To date, a total of 92 managers have benefitted from this important and well-evaluated initiative, and the target of ensuring at least 100 managers receive training by January 2016 will be exceeded.



Requests for team ‘building resilience’ workshops have increased and the Health and Wellbeing Promotion Specialist continues to provide a range of shorter interventions to suit the particular needs of staff and departments.

The Trust’s Employee Assistance Programme (EAP), introduced in July 2015, is available for all staff on a 24/7 basis. The EAP facility can be accessed via telephone and online and provides a wealth of information and advice on a number of topics and issues that may be a cause of anxiety. A confidential counselling service is also available.

Expected date to meet standard

Lead Director

Q2 2016/17

Director Of Organisational Development and Workforce

Turnover rate

What is driving the reported underperformance?

What actions have we taken to improve performance

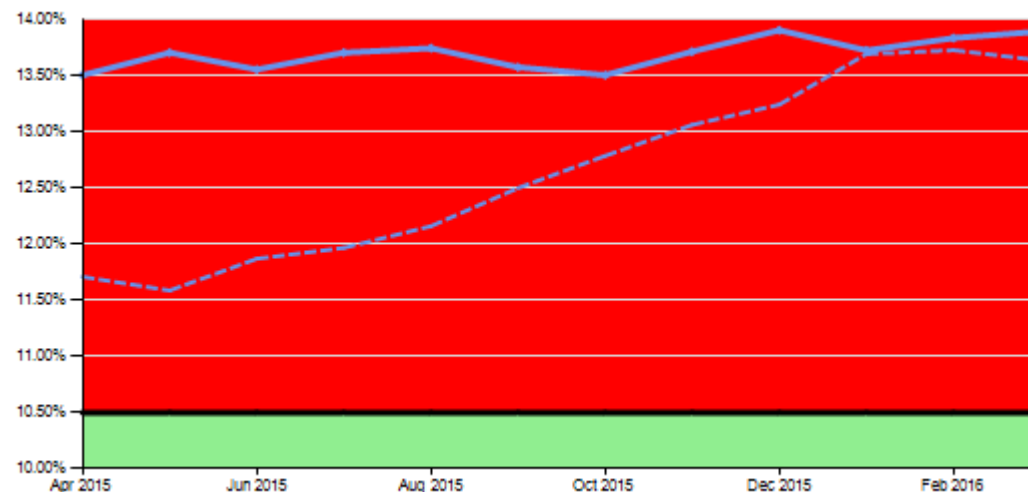
Standard	Current Data Period	Period Actual	YTD
10.5%	Mar-16	13.9%	

Overall turnover has increased slightly to 13.9%, from last month's 13.8%.

As the largest AFC band in terms of wte, band 5 continues to report the highest amount of leavers.

The work being undertaken to reduce staff turnover levels is strongly linked to the continued recruitment activity aimed at increasing substantive staff capacity. This has a significant and positive impact upon staff motivation and wellbeing, team working, and influences people's intentions to stay or leave. Staff in post in March continued its upward trend and was aided by two cohorts of international recruits.

Whilst increasing substantive capacity remains a priority, other initiatives are being pursued, which aim to assist staff in their ability (from a financial perspective) to remain employed within Oxford where, for example, house and rental prices, in comparison to average salary levels, are the highest in the country. Nationally imposed pay systems and the absence of any form of local salary weighting, combined with multiple years of pay restraint, present significant challenges. However, within a number of areas (for example radiography) targeted recruitment and retention premia are being applied. These payments will be extended to other professions that are difficult to recruit/retain such as sonographers and nurses with Adult Intensive Care (AICU). Following consultation with Divisional senior nurses and matrons, a particular initiative aimed at supporting personal and career development and aiding retention will be implemented in early 2016/17. This initiative will establish an additional training grant of £500 per annum for all Band 5 clinical staff. Receipt of this grant will be conditional upon the completion and maintenance of core competencies, and individuals will be permitted to use the additional payment to fund training and development interventions / programmes and to access professional conferences. Furthermore, the efficacy of continuing to apply local spot salaries to certain posts has been assessed, and realignment with national pay scales is planned, again for early next year.



The Children's and Women's Division has also undertaken a specialist recruitment campaign which has resulted in securing 12 neonatal and 9 children's nurses.

As part of the campaign the Division is paying the equivalent of one month's accommodation fees, including deposit, for new neonatal staff. A dedicated Nurse Recruitment Advisor post was established in September 2015. The purpose of this role is to provide dedicated support in the recruitment and retention of nursing and midwifery staff. In particular, the post holder is undertaking work to increase the applicant-to-interview rate, review all unsuccessful candidates to determine whether the offer of alternative roles might be appropriate, and (in support of Divisional teams) provide additional direct assistance to the Trust's recruits from EU countries outside of the UK. The role is directly supporting Divisional nursing teams in the identification of particular interventions to assist staff retention.

A further initiative aimed at improving retention is the introduction of 'link grades'. Where applicants excel at interview by demonstrating a high level of motivation, strong work ethic and alignment with Trust values, but lack certain competencies and experience, recruiting managers are able to appoint into a lower grade post called a link grade position. Whilst occupying such a position, individuals are provided with further agreed training and, when considered appropriate, promoted into the higher-banded post. This initiative has already been successful in cardiac physiology and is being applied in radiotherapy. The IM&T department is also adopting link grades as a means by which to compete with private sector competitors.

Expected date to meet standard

Lead Director

Q4 2016/17

Director of Organisational Development and Workforce

Temporary Workforce expenditure as a total of Workforce expenditure

What is driving the reported underperformance?	What actions have we taken to improve performance	Standard	Current Data Period	Period Actual	YTD
<p>The percentage of pay spent on temporary staffing has remained above target and has increased marginally by £300k on February spend. Whilst disappointing, March's spend on temporary staffing is lower than any of the first seven months of the financial year.</p> <p>Nurse agency spend has decreased since February whilst bank spend has remained static. In March, nurse agency continues to be below both the 2016/17 ceiling (8%) and the 6% target which has been set as the KPI for 2016/17.</p> <p>Gaps in establishment levels, unplanned absence and the requirement to provide intensive "specialising" care to certain categories of patients all contribute to the usage of temporary staffing.</p>	<p>The Trust continues to focus on recruiting substantively to vacant posts. Current strategies, including the recruitment of qualified nursing staff from EU countries outside of the UK are meeting with success.</p> <p>Under a new rule introduced in October 2015, all trusts are mandated to reduce nurse agency expenditure to a prescribed ceiling in Q3, Q4 and beyond. The imposed ceiling for OUH is 8% (i.e. expenditure on nurse agency capacity must not exceed 8% of the total nurse pay bill) for the remainder of this financial year. The ceiling further reduces to 6% in 2016/17 and 3% in 2018/19.</p> <p>A second rule dictates that, from October 2015, trusts must secure agency staff via four government approved frameworks only. This rule is designed to bring: greater transparency on nurse agency expenditure, greater assurance on quality of nursing agency supply, and control on the cost of nursing agency use. Throughout 2015/16, OUH has achieved a marked decrease in non-framework nursing agency spend (i.e. from 19% of total agency expenditure in Month 1 to almost zero, year to date). This reduction has been achieved by working closely with ward managers and service leads to recruit into substantive posts, transfer agency to the bank and removing non-framework suppliers from the NHS Professionals platform as soon as is practicable. Where the procurement of agency staff from a non-framework supplier is deemed to be essential, then approval can only be granted by the Chief Nurse. Notwithstanding the particular focus on nursing agency expenditure, these same controls are being applied to all categories of staff and demonstrable progress is being made.</p>	5%	Mar-16	8.07%	
<p>Expected date to meet standard</p> <p>Q2 2016/17</p>	<p>Lead Director</p> <p>Director of Organisational Development and Workforce</p>	<p>Strict adherence to the framework will achieve further reductions in the charge rates associated with the two main providers (i.e. Crown Commercial Services and the National Collaborative Framework). Additional benefits have already been achieved by aggregating the collective purchasing influence of the Shelford Group to obtain a higher volume-based discount, which will deliver in-year and recurrent savings. These improvements will assist in the achievement of the annual ceiling requirement.</p> <p>In late November 2015 nationally mandated maximum hourly rate caps for all agency staff were implemented. This initiative is intended to support trusts when they procure workers from agencies and to encourage staff to return to permanent and bank working. The price caps set are the maximum total hourly rate that trusts may pay for any agency worker. Subject to monitoring, the maximum rates will be further reduced in April 2016, such that by April 2016 no agency worker should be rewarded more than an equivalent substantive member of staff. This initiative is expected to have a significant impact in reducing the Trust's expenditure on agency staff and in eliminating any agencies which refuse to comply with the rate caps.</p>			

* The figures include 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

Monitor Risk Rating

What is driving the reported underperformance?

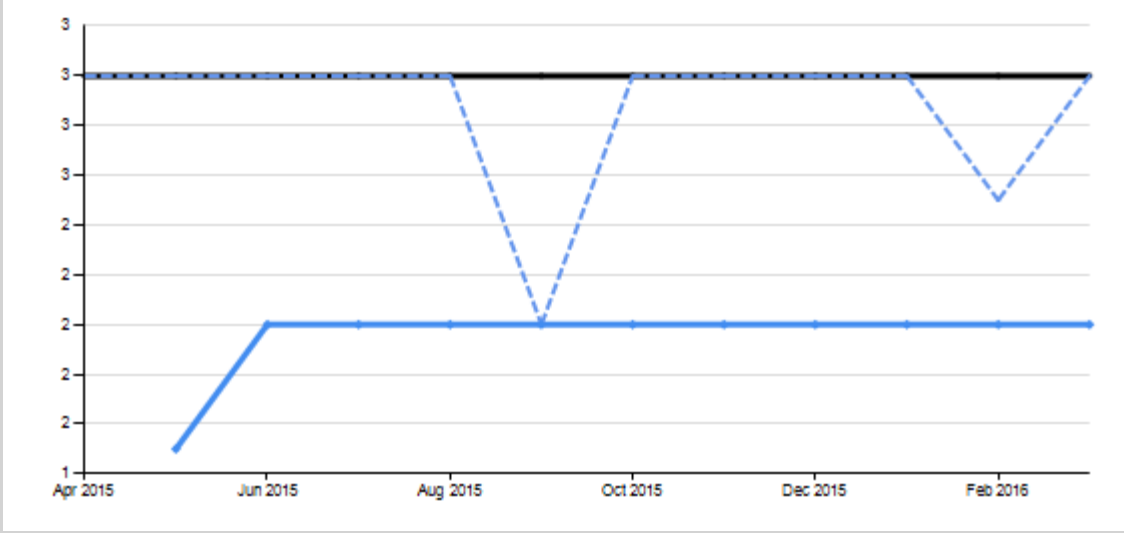
What actions have we taken to improve performance

Standard	Current Data Period	Period Actual	YTD
3	Mar-16	2	

The Trust’s I&E margin and I&E margin variance are lower than required to generate a score of “3”.

Following the actions taken within year the Trust had expected to deliver a score of 3 for the financial year ending 31st March 2016. However, due to the changes due to changes in the methodology used in the calculation of the risk rating calculation the Trust has not achieved a 3 in 2015/16.

The change in the methodology took place in March; therefore the Trust was unable to implement actions that would have improved performance by 31st March.



Expected date to meet standard

Lead Director

Period 1 2016/17

Director of Finance & Procurement

RTT - non-admitted % within 18 weeks

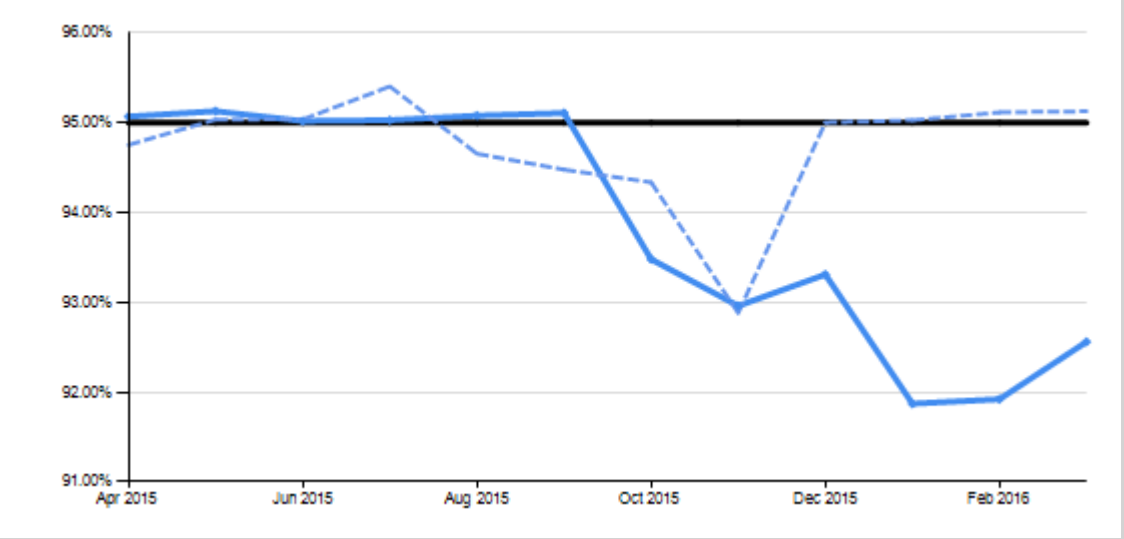
What is driving the reported underperformance?	What actions have we taken to improve performance	Standard	Current Data Period	Period Actual	YTD
		95%	Mar-16	92.56%	93.9%

Non-admitted performance has improved in March but is still below the 95% standard. This is due to workforce and an increase in referrals in some specialties.

Specialties with significant challenges are:

- Orthopaedics
- Ear Nose & Throat
- Cardiology
- Urology
- Neurosurgery
- Plastic Surgery

Additional outpatient clinics are being undertaken.
Each speciality is undergoing IMAS modelling to agree backlog and actions for sustainability.



Expected date to meet standard	Lead Director
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Not applicable	Director of Clinical Services
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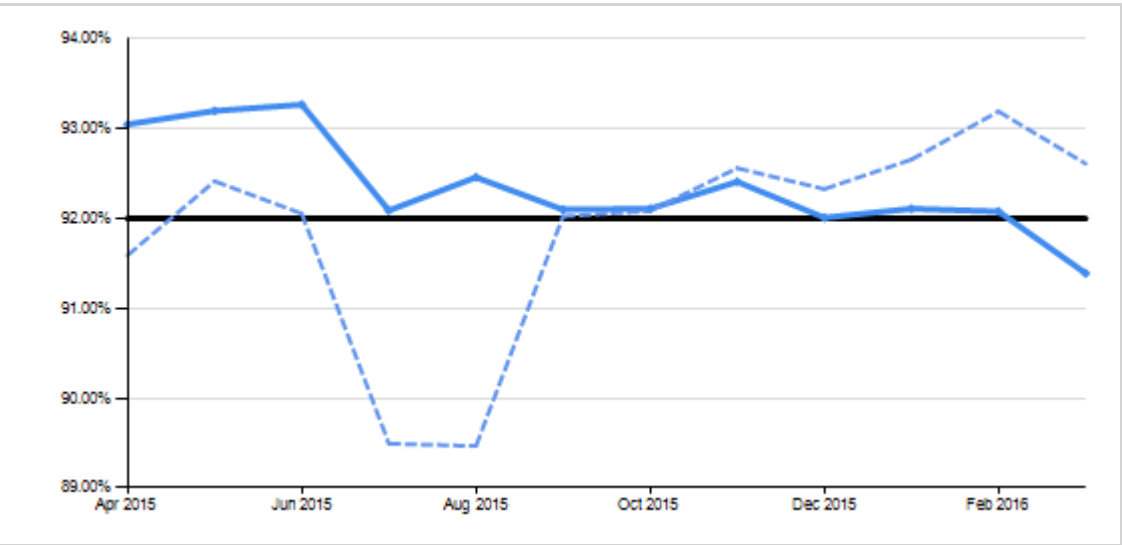
RTT - incomplete % within 18 weeks

What is driving the reported underperformance?	What actions have we taken to improve performance	Standard	Current Data Period	Period Actual	YTD
		92%	Mar-16	91.39%	92.4%

This is the first month the incomplete standard has not been achieved since Month 5 (August) 2014/2015. However it is anticipated that the YTD standard will be achieved.

Increase referrals in some specialties; access to elective beds has been difficult in some specialties due winter pressure. Access to critical care.

Each speciality is undergoing IMAS modelling to agree backlog and actions for sustainability. Bi weekly meetings held with Director of Clinical Services focusing on Performance



Expected date to meet standard **Lead Director**

Quarter 1 2016/2017 Director of Clinical Services

%patients cancer treatment <62-days urg GP ref

What is driving the reported underperformance?	What actions have we taken to improve performance	Standard	Current Data Period	Period Actual	YTD
		85%	Feb-16	83.79%	84%

The main issues impacting on 62 day performance this month:

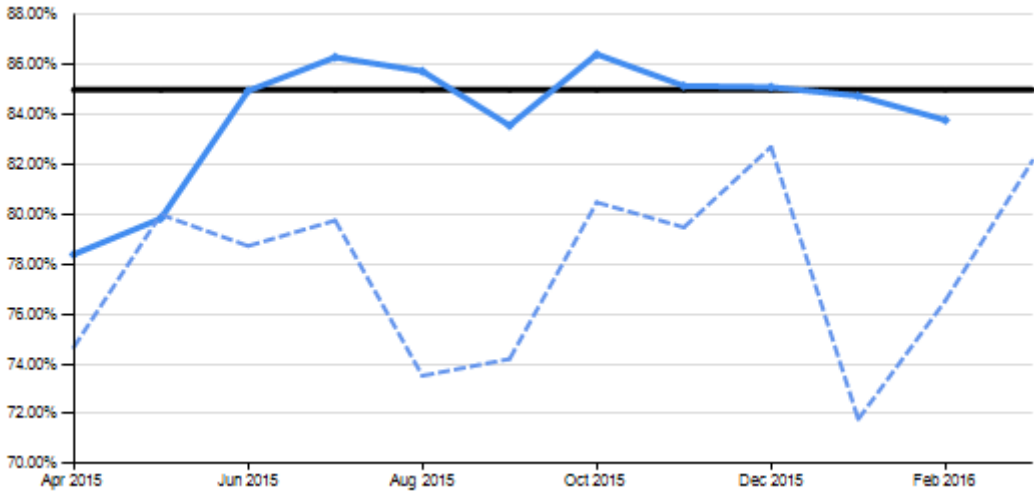
1. Access to critical care beds for complex surgical procedures.
2. High numbers of late tertiary referrals. A recent analysis showed that nearly 50% of referrals are sent after the recommended deadline of day 38.
3. A number of patients had long complex pathways and had been sitting on the 62 day backlog for some time.
4. Some patient choose to wait following the Christmas & new Year holiday season and then defer treatment subsequently. Head & Neck services are experiencing some capacity issues in FNA.

New performance management processes and tighter pathway tracking and escalation. Focus on reducing the 62 day backlog.

Review of complex pathways and working with clinicians to make pathway improvements.

1. Urology – introduce pre biopsy MRI starting 1/5/16
2. Lung – implement CT prior to 1st appointment
3. Head & neck – introduce one stop shop with scan and first appointment.
4. Gynaecology – review diagnostics pathway.
5. Launching new GP proforma from 1/5/16 to standardize collection of information.

Regular communications with DGHs re tertiary referrals, aiming to improve timeliness. The cancer improvement plan continues to be implemented and monitored.



Expected date to meet standard **Lead Director**

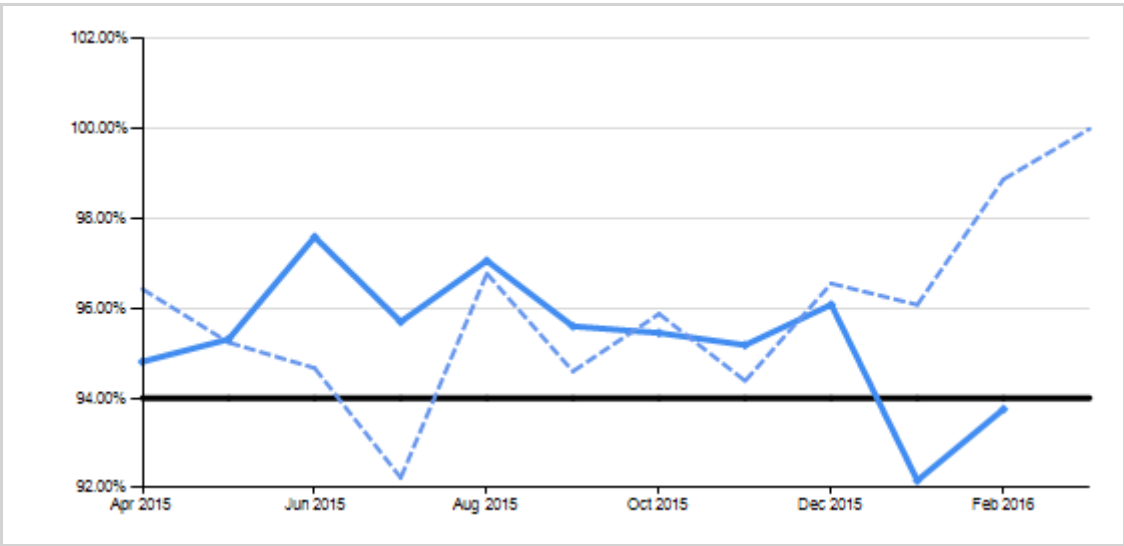
Being achieved – quarterly standard. Director of Clinical Services

%patients subs cancer treatment <31days - Surg

What is driving the reported underperformance?	What actions have we taken to improve performance	Standard	Current Data Period	Period Actual	YTD
		94%	Feb-16	93.75%	95.2%

The number of patients is very small, 0.25%. The main cause of under-performance in subsequent surgery was lack of theatre capacity and lack of ITU bed. In addition, some patients choose to wait for treatment following Christmas & New Year holiday season.

Work is ongoing to increase theatre capacity. ITU step down has been impacted due to winter capacity pressures.



Expected date to meet standard **Lead Director**

Being achieved – quarterly standard. Director of Clinical Services

* The figures include 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

Year: 2015-16

Directorate: Acute Medicine & Rehabilitation ,Ambulatory Medicine ,Assurance,Biomedical Research,Cardiology, Cardiac & Thoracic Surgery ,Central Trust Services,Chief Nurse Patient Services & Education,Children's,Critical Care, Pre-operative Assessment, Pain Relief and Resuscitation,CRS Implementation,Directorate of Medical Staff Training,Directorate of MPET,Division of Clinical Support Services,Division of Corporate Services,Division of Estates,Division of Medicine, Rehabilitation & Cardiac,Division of Neuroscience, Orthopaedics, Trauma & Specialist Surgery,Division of Operations & Service Improvement,Division of Research & Development,Division of Surgery & Oncology,Education and Training,Estates and Facilities,Finance and Procurement,Gastroenterology, Endoscopy and Theatres (CH),Generic Directorate of Clinical Excellence Awards,Horton Management,Human Resources and Admin,Legacy- Anaesthetics, Critical Care & Theatres,Legacy Cardiac, Vascular & Thoracic Surgery,Legacy Cardiology,Legacy Division of Cardiac, Vascular & Thoracic,Legacy Division of Musculoskeletal and Rehabilitation,Legacy Rehabilitation & Rheumatology,MARS -Research & Development,Medical Director,Networks,Neurosciences ,OHIS Telecoms & Med Records,Oncology & Haematology ,Orthopaedics,Pathology & Laboratories,Pharmacy,Planning & Communications,Private Patients,Radiology & Imaging,Renal, Transplant & Urology,Specialist Surgery ,Strategic Change,Surgery ,Teaching Training and Research,Theatres, Anaesthetics and Sterile Services,Trauma ,Trust wide R&D,Trust-wide only,Unknown,Women's