

Trust Board Meeting in Public: Wednesday 8th March 2017
TB2017.30

Title	Integrated Performance Report: Month 10
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Status	For information.
History	<p>The report provides a summary of the Trust's performance against a range of key performance indicators as agreed by the Trust Board.</p> <p>It also describes factors behind pressure on key performance standards in cancer, elective care and urgent care and summarises action being taken to mitigate them.</p>

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

Executive Summary

1. The Trust's inpatient beds have operated at a high level of occupancy through January and February, contributing to the national standard for four hour waits not being met.
2. Four of eight national cancer standards were not met in December, the latest month for which data are available. Performance at tumour site level is shown and actions are described to redesign Urology pathways as part of a plan to shorten waits.
3. Performance on the national 18 week RTT Incomplete standard is described with the key elements of work to develop a demand and capacity plan to guide the Trust's implementation of action to improve its performance in this area whilst operating within available resources.
4. **Recommendation**
The Board is asked to **receive** the Integrated Performance Report for Month 10 and to **note** that progress on performance improvement plans for urgent care, cancer and elective care is being reported through the Trust Management Executive.

Integrated Performance Report: Month 10 (January 2017)**1. Key headlines on performance**

- 1.1. In January 2017, 1,883 people waited over four hours in the Trust's Emergency Departments, up from 1,105 in December and from 725 in November.
- 1.2. With 12,093 ED attendances in the month, 84.84% were seen and treated, admitted or discharged within 4 hours, down 6.2% on December. This level of performance was below the 89.1% trajectory for the month.
- 1.3. Above 95% of the Trust's General and Acute beds (excluding maternity) have been occupied since the second week of January.
- 1.4. Delayed transfers in OUH beds rose from a low of 60 on 29 December to 124 on 19 January. A further increase has taken place during February (to 143 on 16 February).
- 1.5. 97.57% of inpatients were recorded in January as having received harm-free care.
- 1.6. 119 of 12,100 patients receiving diagnostic tests or imaging in January had waited for over six weeks, meaning that the national standard of no more than 1% waiting over six weeks was met again after a drop below this level in December.
- 1.7. Four cases of Clostridium Difficile were reported in January and one case of MRSA bacteraemia.

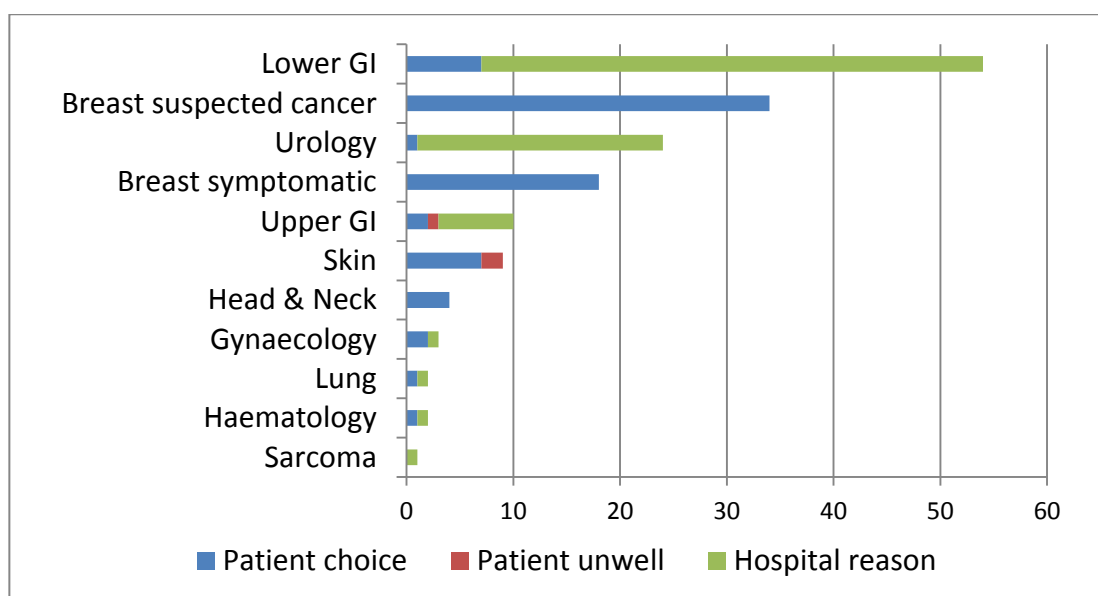
2. Areas of exception on performance**Cancer**

- 2.1. Four of eight national cancer waiting time standards were not met in December and four had not been in November, as shown below.

Standard	%	Patients seen Dec-16	Standard met Dec-16	Standard not met Dec-16	OUH Oct-16	OUH Nov-16	OUH Dec-16	England Dec-16
2 week wait	93%	1,792	1,645	147	91.8%	94.5%	91.8%	95.5%
2WW breast symptomatic	93%	108	90	18	91.7%	85.8%	83.3%	95.2%
31 day: 1 st treatment	96%	316	306	10	92.4%	93.3%	96.8%	97.9%
31 day: chemotherapy	98%	42	42	0	98.6%	100%	100%	99.5%
31 day: radiotherapy	94%	204	201	3	97.8%	98.2%	98.5%	98.2%
31 day: surgery	94%	69	66	3	98%	91.2%	95.7%	98.2%
62 day: screening	90%	18	16	2	95.2%	100%	88.9%	93.5%
62 day: GP to 1 st treatment	85%	177.5	138	39.5	68%	74.2%	77.7%	82.9%

National cancer standards: OUH performance October-December 2016

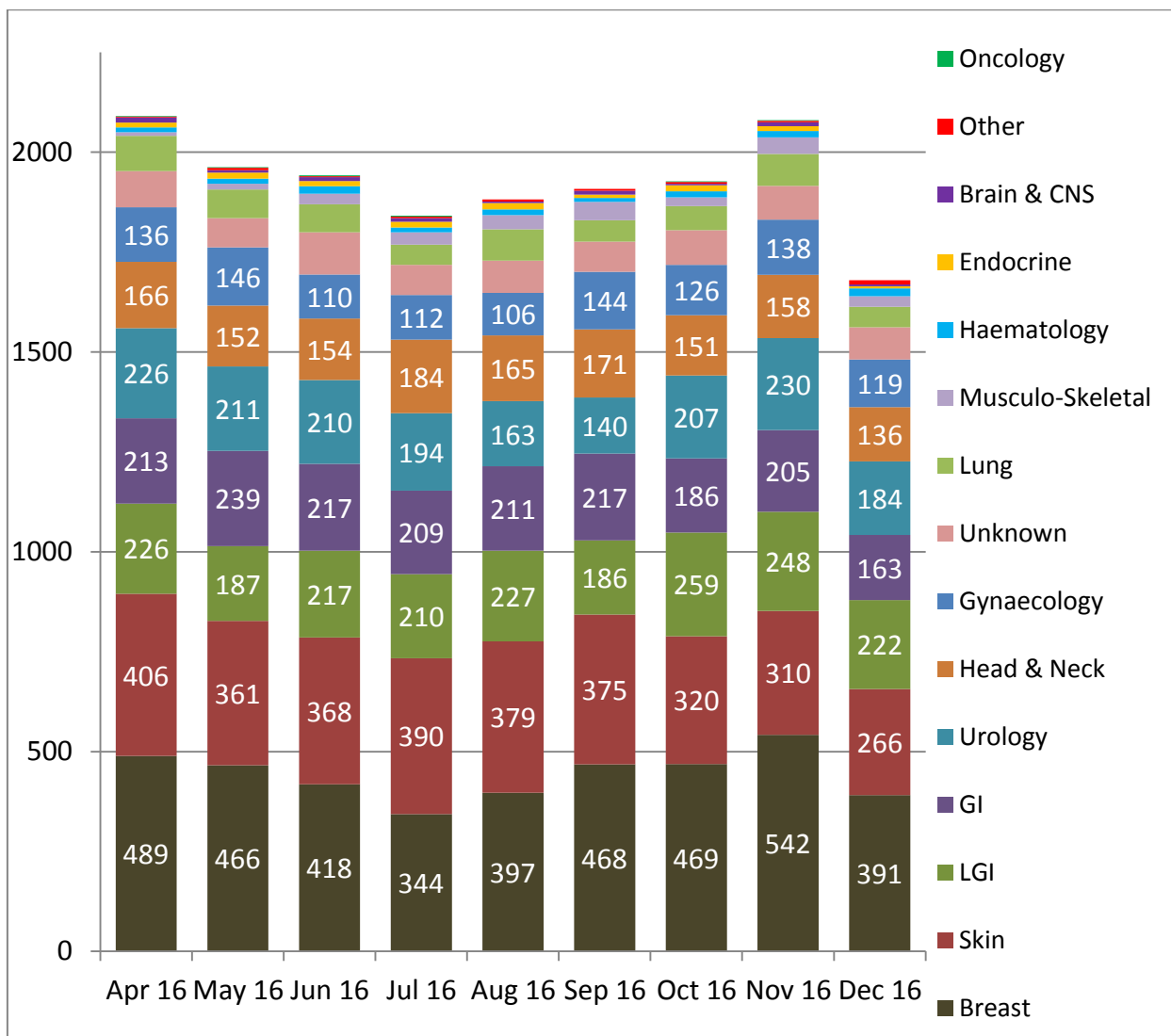
- 2.1.1. 2 week maximum wait for first outpatient appointments for patients with suspected cancer: OUH returned to meeting this standard in November, with 1,737 of 1,838 patients seen within 2 weeks. In December, however, the standard was not met, with 147 of 1,645 patients waiting longer than two weeks. The largest number of breaches were in Lower GI (54, up from 13 in November), Breast (34, up from 29) and Urological (24, up from 6). Breaches in Gynaecological cancer reduced from 30 in October to 18 in November and 3 in December and in Head and Neck from 17 to 8 then to 4. Every breach in the Breast and Breast symptomatic tumour site groups took place due to patient choice of appointment date, which was a significant factor in a number of areas as shown below.



Reasons for 2 week wait breaches, December 2016

- 2.1.2. 62 day waits from urgent GP referral, where 47 patients of 181 with a cancer diagnosis waited >62 days for first treatment. This standard was last met in March. 20 more patients in November waited beyond 62 days than would have allowed the 85% standard to be met. In December, 39.5 breaches of the standard took place, 7 fewer than in November. Urological contributed 14.5 (down 2 from November), Lower GI 5.5 (down from 12 in October), and Gynaecological 3.5 (down from 7.5 in November).
- 2.1.3. 62 day waits for first treatment from screening referral: two of five patients receiving first treatment in December after referral from a screening programme had waited for more than 62 days.
- 2.1.4. Patients with breast symptoms referred to a specialist and seen within two weeks of referral: 17 of 120 patients seen in November and 18 of 108 seen in December waited longer than two weeks on this pathway. This standard was also not met in August and October.
- 2.2. The 31 day standard for first treatment was not met in November (when 22 of 327 patients waited longer than the standard) but was met in December, when 10 of 316 patients waited longer than the standard.

- 2.3. The 31 day standard for subsequent surgery was also not met in November but was met in December. 6 of 68 patients operated upon in November waited longer than the standard, but 3 of 69 in December.
- 2.4. November saw the highest monthly number of referrals with suspected cancer received since April and December the lowest, with the breakdown by tumour site shown below.



Referrals with suspected cancer received by tumour site, April - December 2016

- 2.5. As reported to the Board in January, waits for diagnostics and reporting were identified as a key causal factor in cancer waits. A cancer performance improvement plan is in place with progress reported to Trust Management Executive on 23rd February 2017.
- 2.6. Particular focus has been given to the Urology and Gynaecological Oncology tumour site groups, which account for a high proportion of current >62 day waits (37% and 9% respectively of >62 waits in December and 40% and 12% of patients waiting more than 62 days for first treatment in mid-January).
- 2.7. Actions have been agreed in both specialties and an action plan is also in place in the Lower GI tumour site group.

- 2.8. In Urological cancer, the focus has been on simplifying and shortening the prostate cancer pathway, with key elements being:
- 2.8.1. Provision of rapid telephone consultation to determine which patients wish to proceed to investigation and follow-up. Standards have been set for this element of the pathway and a new escalation process for the whole pathway began on 6 February.
 - 2.8.2. Direct booking of MRI scan and follow-up biopsy without waiting for the MRI report (as 95% of patients go on from MRI to biopsy). A member of the Urology nursing team was trained to carry out targeted biopsies in late 2016 and this addition has helped to offer the capacity required.
 - 2.8.3. Agreement has been reached to have MRI reports completed at least 24 hours before the biopsy date and breaches of this are being escalated.
- 2.9. An audit of waiting times on the prostate cancer pathway showed that in the six months to 30 November 2016, patients received biopsy results at 50-75 days from receipt of referral. This made provision of treatment within 62 days highly improbable. The service's aim is to rapidly reduce this wait to 30-35 days, enabling smoother management of forward capacity for surgical interventions including prostatectomy.
- 2.10. Many of the actions to deliver a 35 day wait from receipt of referral to having results from a biopsy are already in place and the service expects to be operating at this level from late February. Some additional capacity will be needed for patients who have waited >62 days. An additional theatre list is being provided each week in March.
- 2.11. The number of patients waiting >62 days is reducing steadily (in Urology and across the board), but the need to treat them and new referrals means that the 62 day standard is unlikely to be met Trust-wide before April. Oxfordshire CCG, NHS Improvement and NHS England have been advised of this.

4 hour waits

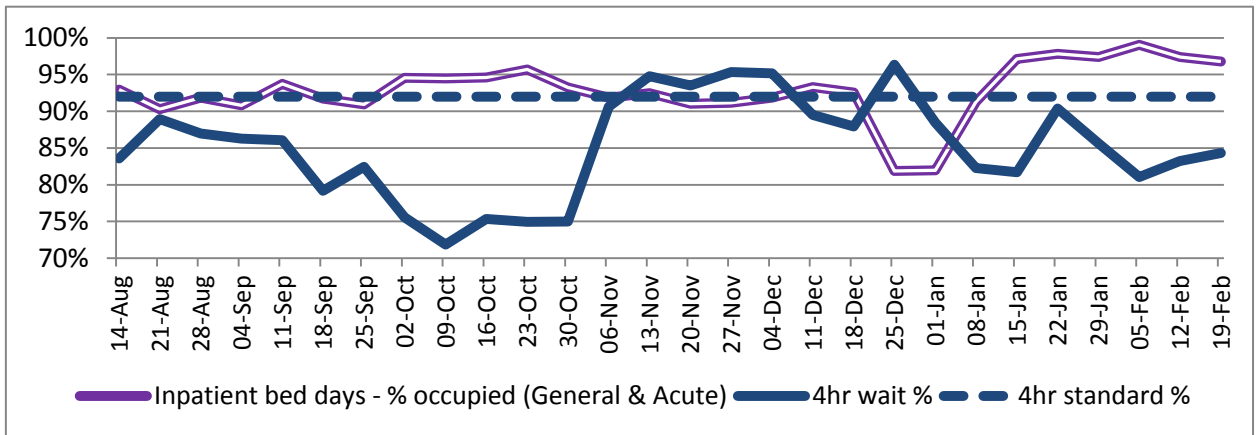
- 2.12. January posed significant challenges to the delivery of four hour waits and the trajectory for the month was not met. The Trust continues to aim to operate at above the trajectory in February and March (91.3% and 89.9% respectively).

Measure	Nov-16	Dec-16	Jan-17
Patients Seen: Trajectory	12,508	12,508	12,508
Patients Seen: Actual	12,519	12,350	12,093
>4 Hour Waits: Trajectory	1,063	1,138	1,363
>4 hour waits: Actual	725	1,105	1,833
% performance: Standard	95%	95%	95%
% performance: Trajectory	91.5%	90.9%	89.1%
% performance: Actual	94.21%	91.05%	84.84%

4 hour wait performance November 2016 - January 2017 against standard and trajectory

- 2.13. After the reduction in bed occupancy expected over Christmas 2016, the rate of discharge from OUH's General and Acute beds dropped in early January and had not recovered to pre-Christmas levels by mid-February.

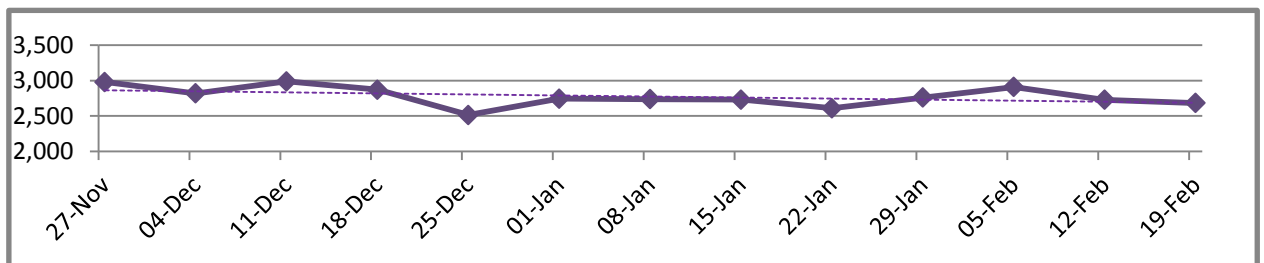
- 2.14. Week by week, above 95% of the Trust’s General and Acute beds (excluding maternity) have been occupied since the second week of January.
- 2.15. The Trust stopped non-urgent elective operations on the John Radcliffe site on Friday 13th and Monday 16th January to create more capacity. 15 patients had their surgery postponed.
- 2.16. In the period after Christmas, there were more occupied bed days in care homes than seen since August. HART provision returned during January to levels seen in early December following staffing shortages. HART is not expected to reach its full staff establishment until June 2017.
- 2.17. The conversion rate to admission in people aged >70 was higher in January (suggesting frailer inpatients) and the rate of discharge was slower, with 7% fewer patients discharged in the first four weeks of January than in the first four weeks of November. As discharges have reduced since Christmas, 4 hour waits have worsened and bed occupancy has risen, as shown below.



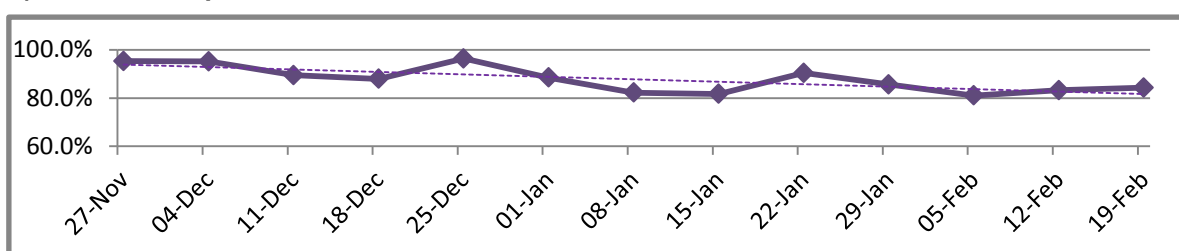
Weekly OUH general and acute bed occupancy and 4 hr waits, August 2016 - February 2017

- 2.18. A detailed urgent care action plan continues to be followed through, with progress reported to the Trust Management Executive on 23rd February 2017.
- 2.19. The graphs below show weekly urgent care data to the week ending 19 February 2017.

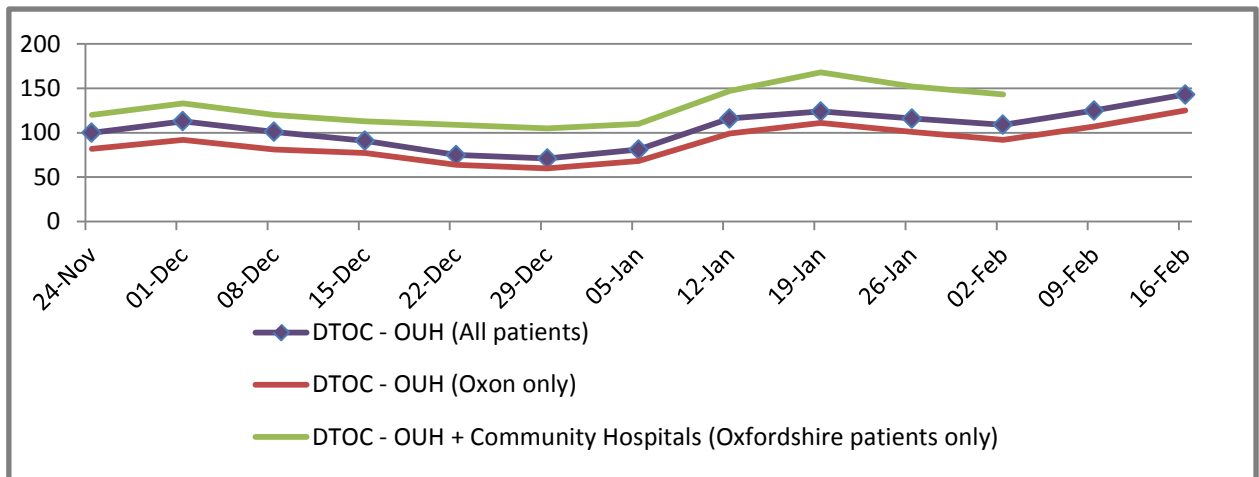
a) Emergency Department attendances



b) 4 hour wait performance



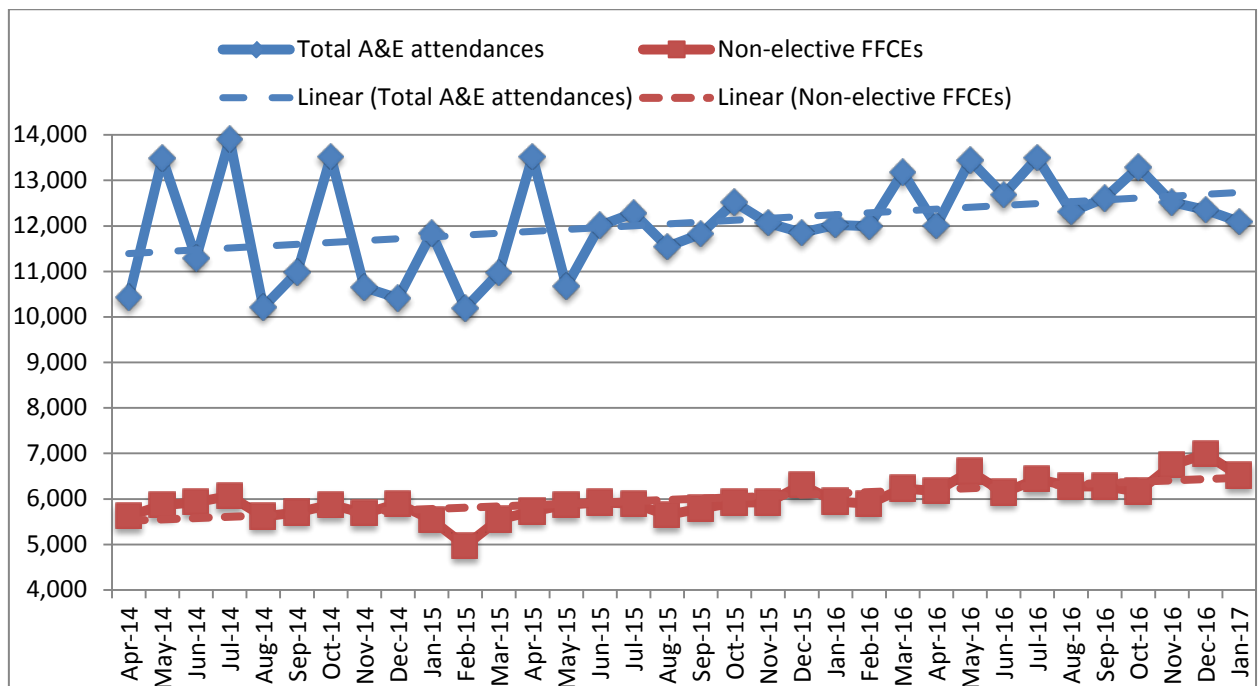
c) Delayed transfers of care (weekly snapshot)



2.20. As the Board was advised in January, achieving 95% through and beyond the winter depends on system-wide capacity. Bed occupancy remains high and with limited availability of community hospital beds and limited capacity to support patients going home, even small weekly increases in ED attendances and admissions can have an adverse impact on 4 hour waits.

2.21. NHS England’s Board on 9 February was told that in the year to November 2016, A&E attendances in England had risen by 4.5% compared to the previous twelve months. For OUH, the equivalent figure was 8.25% and non-elective first finished consultant episodes (FFCEs) rose over the same period by 9.5%.

2.22. OUH A&E attendances and emergency admissions since 2014 are shown below.



OUH A&E attendances and non-elective First Finished Consultant Episodes, April 2014- January 2017

RTT

- 2.23. The standard of 92% of people on Incomplete pathways to planned care waiting for no more than 18 weeks has not been met since June 2015 and performance has been below 90% since June 2016.
- 2.24. 46,787 people were waiting for elective treatment by OUH at the end of January 2017. After a small reduction in December, this represented a slight rise.
- 2.25. 5,174 were waiting over 18 weeks for treatment at the end of January, 123 fewer than in December, taking performance to 88.94%.
- 2.26. 15 people were waiting for treatment for over 52 weeks on Incomplete pathways at the end of January, nine of whom were waiting for treatment in Gynaecology. This represented the trajectory figure for the month. Eleven of these 15 people were treated in February 2017.

Specialty	Patients waiting >52 weeks
Gynaecology	9
Maxillofacial surgery	3
ENT	1
Pain management	1
Orthodontics	1

>52 week RTT Incomplete waits as at 31 January 2017

- 2.27. An RTT improvement plan is in place, with progress reported through TME.

Capacity planning

- 2.28. A plan is being developed to assess the potential to create capacity to deliver elective activity in 2017/18 (outpatients/day cases/inpatients) at a level required to deliver the national RTT standard on a sustainable basis and to simultaneously avoid premium rate working during 2017/18.
- 2.29. For two years, OUH has used the nationally-recommended NHS IMAS model to calculate:
- 2.29.1. the run-rate required to meet demand; and
 - 2.29.2. the extent to which the backlog exceeds the list size that would enable the 18 week standard to be reliably met.
- 2.30. The IMAS analysis applies at specialty level and has been done on specialties under the greatest pressure. 15% of non-admitted and 20% of admitted patients are in specialties not yet analysed.
- 2.31. Updated analysis based on forecast outturn from December 2016 shows that, compared to the levels funded through contracts for 2017/18, the following activity would be needed in the IMAS-modelled specialties to meet expected demand and eliminate the backlog:

	A: 17/18 current contract levels (baseline)	B: Baseline + run rate	C: Baseline + run rate + IMAS backlog
Day cases	78,953	85,463	87,495
Inpatients	24,992	27,664	29,314
First attendances	320,088	344,797	358,194

- 2.32. The run rate deficit is a bigger (but traditionally lower profile) issue than the backlog. The backlog will not be reduced until activity levels are at least at those levels required to meet the run rate. Reaching the required run rate in the IMAS-modelled specialties would require extra activity (or demand management) of 8.25% in day cases, 10.7% in elective inpatients and 7.7% in first outpatients. Addressing the backlog would take a further 2.6%, 6.6% and 4.2% respectively.
- 2.33. Assumptions for reduction in demand (or growth in demand) in particular services will need to be worked up with Oxfordshire CCG. At this point, no impact from demand management is being assumed as part of the capacity plan, but demand management must be seen as part of the solution to the gap between activity and demand and used to inform the capacity plan as it develops.
- 2.34. Work has begun to complete a capacity plan at specialty and point of delivery level by late March in the following stages:
- 2.34.1. Activity planned and required: as above
- 2.34.2. Capacity available:
- Outpatients: using existing clinic templates to determine theoretical new/follow-up slots available in planned staff time (i.e. without premium payments) based on 48 week operation of available outpatient capacity.
 - Inpatients and day cases: using theatre schedules and Four Eyes' analysis of 12 months' activity to determine theatre time and estimated activity available in plain time based on 48 week operation of reliable theatre capacity.
- 2.34.3. Scope for efficiency: using benchmark data from Four Eyes alongside data available within OUH to identify areas for focus.
- 2.34.4. Workforce: matching staffing resource already committed to the capacity required.
- 2.34.5. Finance: identifying scope to deliver activity beyond the £331m Oxfordshire contract at or below 60% of tariff and identifying the cost of options for additional capacity to deliver activity required to achieve the 92% RTT sustainably.
- 2.35. This capacity plan work will form a key element of the business plan which each Division will agree and be held to account for delivering in 2017/18. The final plan is to be considered for approval at the Trust Management Executive on 30th March 2017 and the Finance and Performance Committee on 12th April 2017.
- 3. Access standards: performance trajectories**
- Trajectories are shown overleaf in blue-shaded boxes.

Operational performance trajectories for 2016/17 and performance to date

Area	Metric	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	
RTT Incomplete pathways	52 Week Wait Trajectory	22	50	50	50	26	26	24	22	18	15	10	6	
	Actual	16	20	21	15	9	15	5	4	10	15			
	Total Patients Waiting	39,331	39,331	39,331	39,331	39,331	39,331	39,331	39,331	39,331	39,331	39,331	39,331	
	Actual	43,521	44,764	44,636	44,818	46,268	46,587	47,960	47,694	46,566	46,787			
	Patients > 18 Weeks Wait	3,540	3,540	3,146	3,146	3,146	3,146	3,146	3,146	3,146	3,146	3,146	3,146	
	Actual	3,787	3,789	3,966	4,478	4,811	5,059	5,058	4,985	5,297	5,174			
	Performance	91.0%	91.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	
	Actual	91.30%	91.54%	91.11%	90.01%	89.60%	89.14%	89.45%	89.55%	88.62%	88.94%			
	A&E 4 hour waits	Total Patients Seen	12,508	12,508	12,508	12,508	12,508	12,508	12,508	12,508	12,508	12,508	12,508	12,508
		Actual	12,000	13,442	12,680	13,496	12,308	12,610	13,286	12,519	12,350	12,093		
>4 Hour Waits		2,502	1,876	1,501	625	625	625	775	1,063	1,138	1,363	1,088	1,263	
Actual		1,494	1,747	1,501	1,673	1,649	2,169	3,469	725	1,105	1,833			
Performance		80.0%	85.0%	88.0%	95.0%	95.0%	95.0%	93.8%	91.5%	90.9%	89.1%	91.3%	89.9%	
Actual		87.55%	87.00%	88.16%	87.60%	86.60%	82.80%	73.89%	94.21%	91.05%	84.84%			
			Q1:	84.3%		Q2:	95.0%		Q3:	92.1%		Q4:	90.3%	
			87.6%			85.7%			86.1%					

Area	Metric	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Cancer 62 day waits from urgent GP referral	Total Patients Seen	194	194	194	194	194	194	194	194	194	194	194	194
	Actual	174.5	164.0	179.0	170.5	188.5	171.0	147.0	180.5	177.5			
	>62 Days Wait	29	29	29	29	29	29	29	29	29	29	29	29
	Actual	40.5	30.5	52.5	46.0	43.5	49.0	47.0	46.5	39.5			
	Performance	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%
	Actual	76.79%	81.40%	70.67%	73.02%	76.92%	71.35%	68.03%	74.24%	77.75%			
			Q1: 85.0%		Q2: 85.0%		Q3: 85.0%		Q4: 85.0%				
		Q1: 76.14%				Q2: 73.87%				Q3: 73.66%			
Diagnostic waits	Total Patients Seen	11,636	11,636	11,636	11,636	11,636	11,636	11,636	11,636	11,636	11,636	11,636	11,636
	Actual	12,047	11,619	11,542	11,268	11,030	11,474	11,789	11,795	11,338	12,100		
	Performance	0.99%	0.99%	0.99%	0.99%	0.99%	0.99%	0.99%	0.99%	0.99%	0.99%	0.99%	0.99%
	Actual	0.93%	0.96%	1.00%	0.95%	0.99%	0.95%	0.92%	0.96%	1.20%	0.98%		
	Patients waiting >6 weeks	115	115	115	115	115	115	115	115	115	115	115	115
	Actual	112	112	115	107	109	109	109	113	136	119		

4. Workforce

- 4.1. The Trust's Vacancy rate reduced slightly to 6.58% from the 6.75% seen in December. 758 of OUH's 11,526 posts were vacant at the end of January.
- 4.2. The turnover rate rose slightly to 14.95%, with 1,394 posts seeing turnover in the 12 months to January 2017.
- 4.3. Sickness and absence remained ahead of the Trust's target of 3%. The twelve-month rolling average in January (at 3.24%) continued the steady reduction seen since October 2015, but marked a slowing in the rate of reduction.
- 4.4. Expenditure on temporary staffing rose to 7.01% of the Trust's pay bill in January, accounting for £3.3m of expenditure.

5. Additional information

- 5.1. Quality, Financial, Operational and Workforce indicators are at Appendix 1.
- 5.2. Key financial data reported for Month 10 are shown at Appendix 2.

6. Recommendation

- 6.1. The Board is asked to **receive** the Integrated Performance Report for Month 10 and to **note** that progress on performance improvement plans for urgent care, cancer and elective care is being reported through TME.

Paul Brennan
Director of Clinical Services
February 2017

Report prepared by: Jonathan Horbury

Quality, Operational and Workforce indicators

Data Quality Indicator

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

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.

Quality		Standard	Current Data Period	Period Actual	YTD	Data Quality
Outcomes	Summary Hospital-level Mortality Indicator**	NA	Mar-16	0.99		5
	Total # of deliveries	NA	Jan-17	624	6819	5
	Proportion of normal deliveries	62%	Jan-17	61.54%	62.8%	5
	Proportion of C-Section deliveries	23%	Jan-17	22.12%	22.9%	5
	Proportion of Assisted deliveries	15%	Jan-17	16.35%	14.3%	5
	Maternal Deaths	NA	Jan-17	0	0	4
	30 day emergency readmission	0%	Jan-17	3.17%	3.1%	5
	Medication reconciliation completed within 24 hours of admission	80%	Jan-17	71.61%	70%	4
	Medication errors causing serious harm	0	Jan-17	0	0	5
	Number of CAS alerts that were closed having breached during the month	0	Jan-17	0	0	5
	Dementia CQUIN patients admitted who have had a dementia screen	0%	Dec-16	64.1%	62.4%	4
	Dementia diagnostic assessment and investigation	0%	Dec-16	100%	84.9%	4
	Dementia :Referral for specialist diagnosis	0%	Dec-16	100%	100%	4
Patient Experience	Patient Satisfaction -Response rate (friends & family -Inpatients)	0%	Jan-17	19.33%	17.5%	2
	Patient Satisfaction- Response rate (friends & family -Maternity)	0%	Jan-17	7.92%	12.8%	2
	Patient Satisfaction- Response rate (friends & family -ED)	0%	Jan-17	21.71%	22.8%	2
	Friends & Family test % not likely to recommend - ED	NA	Jan-17	5.69%	9.8%	2

Quality		Standard	Current Data Period	Period Actual	YTD	Data Quality
	Friends & Family test % not likely to recommend - IP	NA	Jan-17	1.37%	1.5%	2
	Friends & Family test % not likely to recommend - Mat	NA	Jan-17	0%	0.6%	2
	Friends & Family test % likely to recommend - ED	NA	Jan-17	90.7%	84.2%	2
	Friends & Family test % likely to recommend - IP	NA	Jan-17	96.54%	96.1%	2
	Friends & Family test % likely to recommend - Mat	NA	Jan-17	95.83%	96.5%	2
Safety	Number SIRIs	NA	Jan-17	5	97	5
	% of Patients receiving Harm Free Care (Pressure sores, falls, C-UTI and VTE)	0%	Jan-17	93.87%	92.9%	3
	Never Events	NA	Jan-17	0	2	5
	Cleaning Scores- % of inpatient areas with initial score >92%	NA	Jan-17	50.91%	34.8%	5
	Flu vaccine uptake	0%	Oct-16	48.02%		4
	Falls with moderate harm or greater as a percentage of total harms	NA		0%		5
	% of incidents associated with moderate harm or greater	NA	Jan-17	0.7%	0.6%	5
	# newly acquired pressure ulcers (category 2,3 and 4)	NA	Dec-16	93	688	5

Operational		Standard	Current Data Period	Period Actual	YTD	Data Quality
Standards	RTT - admitted % within 18 weeks	90%	Jan-17	74.62%	78.8%	4
	RTT - non-admitted % within 18 weeks	95%	Jan-17	84.38%	87.4%	4
	RTT - incomplete % within 18 weeks	92%	Jan-17	88.94%	89.9%	4
	% Diagnostic waits waiting 6 weeks or more	1%	Jan-17	0.98%	1%	3
	Zero tolerance RTT waits AP	0	Jan-17	7	57	4
	Zero tolerance RTT waits IP	0	Jan-17	15	130	4
	Zero tolerance RTT waits NP	0	Jan-17	4	43	4
	Number of attendances at A/E depts in a month	NA	Jan-17	12093	126784	5
	% <=4 hours A&E from arrival/trans/discharge	95%	Jan-17	84.84%	86.3%	5
	Last min cancellations - % of all EL admissions	0.5%	Jan-17	0.94%	0.5%	3
	% patients not rebooked within 28 days	0%	Jan-17	7.23%	6.6%	5
	zero Urgent cancellations - 2nd time	0	Jan-17	0	0	5
	Urgent cancellations	0	Jan-17	29	251	5

Operational		Standard	Current Data Period	Period Actual	YTD	Data Quality
	Contract Variations Open	NA	Jan-17	3		
	Contract Notices Open	NA	Jan-17	2		
	Delayed transfers of care: number (snapshot)*	0	Jan-17	116	952	4
	Delayed transfers of care as % of occupied beds*	3.5%	Jan-17	9.74%	8.4%	5
	Theatre Utilisation - Elective	80%	Jan-17	72.85%	74.8%	4
	Theatre Utilisation - Emergency	70%	Jan-17	50.44%	54.9%	4
	Theatre Utilisation - Total	75%	Jan-17	67.25%	69.9%	4
	Results Endorsed within 7 days	NA	Jan-17	81.63%	74.6%	4
	% of discharge summaries sent to GP within 24hrs	98%	Jan-17	79.02%	76.8%	4
	%patients cancer treatment <62-days urg GP ref	85%	Dec-16	77.75%	74.6%	4
	%patients cancer treatment <62-days - Screen	90%	Dec-16	88.89%	94.4%	4
	%patients 1st treatment <1 mth of cancer diag	96%	Dec-16	96.84%	94.5%	4
	%patients subs cancer treatment <31days - Surg	94%	Dec-16	95.65%	95.7%	4
	%patients subs cancer treatment <31-days - Drugs	98%	Dec-16	100%	99.9%	4
	%patients subs treatment <31days - Radio	94%	Dec-16	98.53%	94.4%	4
	%2WW of an urg GP ref for suspected cancer	93%	Dec-16	91.8%	93.2%	5
	%2WW urgent ref - breast symp	93%	Dec-16	83.33%	90%	5
	Same sex accommodation breaches	0	Jan-17	4	4	5
	# patients spend >=90% of time on stroke unit	85%	Jan-17	79.63%	92.7%	5
	Time to Surgery (% patients having their operation within the time specified according to their clinical categorisation)	0%	Jan-17	93.33%	96.1%	3
	HCAI - MRSA bacteraemia	0	Jan-17	1	5	5
	HCAI - Cdiff	6	Jan-17	4	47	5
	% adult inpatients have had a VTE risk assess	95%	Dec-16	96.92%	96.2%	5

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

Workforce		Standard	Current Data Period	Period Actual	YTD	Data Quality
Workforce Performance	Vacancy rate	0%	Jan-17	6.58%		5
	Sickness absence**	3.2%	Jan-17	3.24%		5
	Turnover rate	10.5%	Jan-17	14.95%		5
	Substantive staff in post against budget	0	Jan-17	10752.91		4
	Temporary Workforce expenditure as a total of Workforce expenditure	5%	Jan-17	7.01%		4

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

Month 10 financial data from Oxford University Hospitals NHS FT

	units	Plan YTD ending 31-Jan-17	Actual YTD ending 31-Jan-17	Adjusted Forecast Year ending 31-Mar-17	Forecast Variance Year ending 31-Mar-17
Capital Service Cover					
Revenue Available for Capital Service	£m	82.037	56.092	69.340	(29.906)
Capital Service	£m	(30.432)	(29.792)	(36.235)	1.133
Capital Service Cover metric	0.00x	2.696	1.883	1.91	(0.742)
Capital Service Cover rating	Score	1	2	2	
Liquidity					
Working capital balance	£m	1.514	(13.575)	(25.470)	(29.115)
Operating Expenses within EBITDA, Total	£m	(762.430)	(772.379)	(921.510)	(8.106)
Liquidity metric	Days	0.596	(5.273)	(10.0)	(11.4)
Liquidity rating	Score	1	2	3	
I&E Margin					
Surplus/(Deficit) adjusted for donations and asset disposals	£m	29.887	4.403	8.670	(28.003)
Operating expenses within EBITDA, total	£m	(762.430)	(772.379)	990.700	(21.750)
I&E Margin	%	3.54%	0.65%	0.88%	(2.70%)
I&E Margin rating	Score	1	2	2	
I&E Margin Variance From Plan					
I&E Margin Variance From Plan	%		(2.89%)	(2.75%)	
I&E Margin Variance From Plan rating	Score		4	4	
Agency					
Agency staff, total	£m	(15.517)	(12.473)	(14.500)	3.598
Agency ceiling	£m	(15.521)	(15.521)	(18.103)	-
Agency metric	%	(0.03%)	(19.64%)	(19.90%)	(19.88%)
Agency rating	Score	1	1	1	
Use of Resources Rating					
Use of Resources Rating after overrides	Score		3	3	