

Trust Board Meeting in Public: Wednesday 17th January 2018
TB2018.09

Title	Integrated Performance Report: Month 8
--------------	---

Status	For information.
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

Executive Summary

1. 4-hour wait performance improved slightly to 82.11% in November 2017, with an increase of 2.4% in attendances per day which rose from 535 to 548.
2. Emergency admissions in November were 5.8% down on November 2016's.
3. Bed capacity has continued to be under serious pressure. Despite reductions seen in Delayed Transfers of Care since July, patients experiencing delayed transfer continued to occupy just under 9% of the Trust's bed days in November, compounding the impact of bed closures due to shortages of nursing staff (largely at the Churchill and NOC) and continuing low levels of weekend discharges from the Trust's non-elective beds.
4. Agreed system-wide 'triggers' on the four hour wait standard applied in each month from April – November 2017.
5. Having met all cancer waiting time standards in August and September, OUH did not meet the 62 day standard in October.
6. 6,196 of 49,136 patients on incomplete pathways on 30 November 2017 were waiting for over 18 weeks. This represented a reduction of 285 (4.4%) in those waiting over 18 weeks since 31 October. There was a 2.4% reduction in the total waiting list.
7. November's RTT Incomplete performance of 87.39% was better than in October. This was 1.99% above the trajectory submitted but 4.61% below the national 92% standard.
8. Over 52-week waits in Gynaecology remained static at 56 with the overall number increasing to 73, affecting patients in a total of twelve specialties.
9. Elective admissions were above plan overall in November. The Trust was 0.64% above its plan for elective admissions in the year to date (with day cases further above and inpatient admissions further below plan), and 0.96% ahead on first outpatients.
10. The likelihood of list size growth remains a concern whilst elective activity remains below the run rate required.
11. Staffing remains the biggest risk to OUH delivering its RTT improvement plan.
<p>12. Recommendation</p> <p>The Board is asked to receive the Integrated Performance Report for Month 8.</p>

Integrated Performance Report: Month 8 (November 2017)**1. Key headlines on performance**

- 1.1. In November 2017, 2,372 people waited for over four hours in Oxford University Hospitals' Emergency Departments, down slightly from October. Two patients waited for over 12 hours in an Emergency Department following a decision to admit.
- 1.2. Four-hour wait performance in November improved slightly to 82.11%. This remained below the national standard of 95% and the trajectory level of 90%.
- 1.3. Bed occupancy has remained high since late April. Bed closures due to reduced staffing and continuing low levels of weekend discharges remain matters of concern.
- 1.4. Delayed transfers fell in October and reduced further to 8.88% in November, mitigating to a certain extent the effect of bed closures.
- 1.5. Elective admissions were above plan overall in November, despite staffing shortages in wards and theatres posing a continuing risk to delivery of OUH's plan to deliver additional elective activity. The Trust was 0.64% above its plan for elective admissions in the year to date, and 0.96% ahead on first outpatients.
- 1.6. Performance against the RTT standard improved further in October. Compared to the previous month, the number of people waiting on incomplete pathways reduced by 2.4% and the number waiting for over 18 weeks reduced by 4.4%.
- 1.7. The six-week standard continued to be met for patients awaiting diagnostic tests with a figure of 0.52% against the 1% standard in November.
- 1.8. There were no cases of MRSA bacteraemia during November. However, there were seven cases of *Clostridium difficile*. Despite these the Trust remains within its year to date trajectory for *Clostridium difficile* cases.
- 1.9. There were 50 newly-acquired category 2, 3 and 4 pressure ulcers in OUH care during October. Levels have reduced since March 2017.
- 1.10. Having met all cancer waiting time standards in August and September, OUH did not meet the 62 day standard in October. Of 173.5 accountable referrals treated by OUH in October 2017, 32 did not receive first treatment within 62 days. Six fewer breaches would have seen OUH meet the standard.
- 1.11. Last-minute cancellations dropped from 1.44% of elective admissions in October to 1.08% in November. However, 12.62% of patients cancelled were not rebooked within 28 days – a very large increase from the 4.55% in October. There were 19 urgent cancellations during November. The percentage of patients having their operation within the time specified according to their clinical categorisation deteriorated to 92.08%.
- 1.12. There were four breaches of the single-sex accommodation standard in November, fewer than the seven in the previous month.
- 1.13. In November, 84% of patients with acute stroke spent at least 90% of their time on a stroke unit, a reduction from October and dipping below the national 85% standard.

2. Performance areas

Cancer

Overall position on national cancer standards

- 2.1. Having met all cancer waiting time standards in August and September, OUH did not meet the 62 day standard in October.
- 2.2. The position compared to that for NHS England is shown in Table 1 below.

Standard		OUH performance					England
		Jun-17	Jul-17	Oct-17	Sep-17	Oct-17	Oct-17
At least 93% of patients referred from a GP with suspected cancer will be seen within 2 weeks of referral.	93.0%	96.8%	94.7%	97%	97.7%	97.6%	94.1%
At least 93% of patients referred from a GP with breast symptoms but not suspected cancer will be seen within 2 weeks of referral.	93.0%	98.2%	95.4%	93.6%	100%	99.2%	95.4%
At least 96% of patients will receive first definitive treatment within 31 days of a decision to treat.	96.0%	97.5%	97.8%	96.4%	96.8%	96.1%	97.8%
At least 85% of patients will receive their first treatment within 62 days of referral from a GP.	85.0%	83%	82.0%	85%	85.4%	81.6%	82.3%
At least 94% of patients will receive subsequent treatment with surgery within 31 days of decision to treat.	94.0%	97.6%	95.3%	98.9%	94.9%	98.0%	95.6%
At least 98% of patients will receive subsequent treatment with anti-cancer drug regimen within 31 days of decision to treat.	98.0%	100%	99.2%	100%	98.3%	100%	99.5%
At least 94% of patients will receive subsequent radiotherapy within 31 days of a decision to treat.	94.0%	98.1%	96.6%	98%	96.2%	98.8%	97.16%
At least 90% of patients will receive their first treatment within 62 days following referral from a screening service.	90.0%	89.2%	92.1%	100%	97.6%	97.8%	89.3%

Table 1: OUH performance against national cancer standards and England comparison

First treatment within 62 days of a GP referral with suspected cancer

- 2.3. Of 173.5 accountable referrals treated by OUH in October 2017, 32 did not receive first treatment within 62 days. 81.6% of patients received their first treatment within 62 days of urgent referral from a GP, so the national 85% standard was not met.
- 2.4. Comparison with the England position on key tumour sites is given below where it is available. The Head and Neck, Lower GI and Gynaecological tumour sites continued to account for most of the breaches.

Tumour site group	OUH breaches of 62d standard			OUH % Oct-17	England Oct-17
	Aug-17	Sep-17	Oct-17		
Brain & Central Nervous System	0	0	0	100%	
Breast	0	0	0	100%	94%
Gynaecological	6	4.5	4	50%	81%
Haematological	1.5	0	1	83.3%	79.9%
Head and Neck	4	3.5	6	40%	64.9%
Lower GI	1.5	10.5	6	62.5%	71.3%
Lung	4.5	3	3.5	65%	71.5%
Other	0	1	0	100%	76%
Sarcoma	0.5	0	1	66.7%	65%
Skin	0	0	1.5	95.8%	94.9%
Upper GI	0.5	2.5	2.5	80.8%	74%
Urological	10.5	3	6.5	85.6%	79.2%
All cancers	29	28	32	81.6%	82.3%

Table 2: % receiving first treatment within 62 days of urgent GP referral with suspected cancer

First definitive treatment within 31 days of a decision to treat

2.5. Table 3 below shows performance by tumour site against the 31-day standard.

	OUH performance						England Oct-17
	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	
All cancers	96.6%	97.5%	96.4%	96.4%	96.8%	96.1%	97.4%
Breast	98%	100%	97.7%	100%	100%	100%	98.9%
Lung	93.3%	96.4%	91.9%	100%	100%	97.1%	98.3%
Lower GI	95.1%	97.4%	100%	94.44%	100%	100%	97.8%
Urological	92.9%	92.2%	91.8%	87.5%	94.1%	93.8%	96.1%
Skin	100%	100%	97.2%	100%	100%	100%	97.9%

Table 3: Performance by tumour site: beginning first definitive treatment within 31 days of diagnosis

- 2.6. Not shown in the nationally-published data is that nearly half of the 15 breaches of this standard in OUH in October 2017 were in the Gynaecological tumour site group, where there had been fewer than three breaches per month since November 2016 but which had five in September 2017 and seven in October 2017.
- 2.7. On 31 October 2017, 13.5 patients for whose care OUH was accountable were waiting for over 91 days for treatment to begin: three in Gynaecological cancer, 1.5 in Head & Neck, six in Lower GI and two in Urological. Of these, six were waiting for admission.
- 2.8. Across all tumour site groups, 12 patients were waiting 63-90 days for admission and 3.5 were waiting 63-90 days for non-admitted care.
- 2.9. Following an agreed protocol, any cancer patient waiting for over 104 days for treatment has a review conducted for potential clinical harm from the delay and details are reported to the Clinical Governance Committee on a quarterly basis.

4 hour waits

- 2.10. In November 2017, 2,372 patients waited over four hours from arrival to admission, transfer or discharge from OUH's Emergency Departments. The Trust's four-hour wait performance was 82.11% and remained below the trajectory level of 90% and the national standard of 95%.
- 2.11. In the period from 1 April to 30 November 2017, Emergency Department attendances have been up by 1.97% on the same period in 2016. Emergency Admissions have been 1.73% down in the year to date, but the number of patients arriving by ambulance to the Emergency Departments at the John Radcliffe and Horton has shown an increase. Ambulance arrivals at the JR are up by 5.3% in the year to date¹ and arrivals at the JR ED in the six weeks to 10 December were up 10.6% on the same period in 2016.²
- 2.12. Particular pressures on OUH's urgent care services were experienced on Sunday 19 November, when a lack of available beds for non-elective admissions and high numbers of people in ED led to a short-term diversion of ambulances to the JR site on the Sunday afternoon and the cancellation of some planned surgery across all sites on the following day.
- 2.13. Significant pressures were also experienced following snowfall on 10 December with no public or patient transport and no discharges. With staff having great difficulty getting to work, colleagues covered shifts and kept services running. Subsequently over the next few days a high number of fractures were seen as temperatures dropped after the initial thaw.
- 2.14. Oxford Health's Minor Injuries Units delivered 97.54% 4 hour performance in November 2017, giving an overall performance of 85.09% for the Oxfordshire A&E Delivery Board. The Oxfordshire system is being expected to meet a standard of 90% for each month in 2017/18 until achieving a nationally-set 95% in March 2018.
- 2.15. 90% has not been achieved by Oxfordshire since April 2017 and the 95% national standard has not been met by the NHS in England or by OUH since July 2015.

OUH + Oxford Health	Q1	Jul-17	Aug-17	Sep-17	Q2	Oct-17	Nov-17
>4 hour waits - actual	5,775	2,687	1,941	2,206	6,834	2,448	2,450
Attendances - actual	49,700	16,828	15,330	15,693	47,851	16,581	16,428
Performance - plan	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%
Performance - actual	88.38%	84.03%	87.34%	85.94%	85.72%	85.24%	85.09%

Table 4: Oxfordshire 4 hour wait performance to November 2017

¹ Data from South Central Ambulance Service for April-November 2017

² Data from OUH Weekly Urgent Care Dashboard.

2.16. OUH 4 hour wait performance has been above 90% for only one week since 1 April.

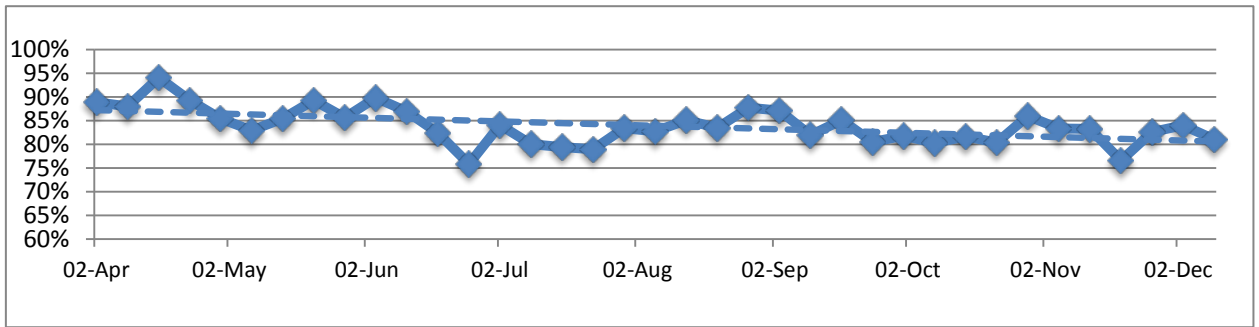


Figure 1: OUH 4 hr wait performance with linear trend, weeks ending 2 April – 10 December 2017

2.17. Emergency Department attendances dipped in August but rose in September.

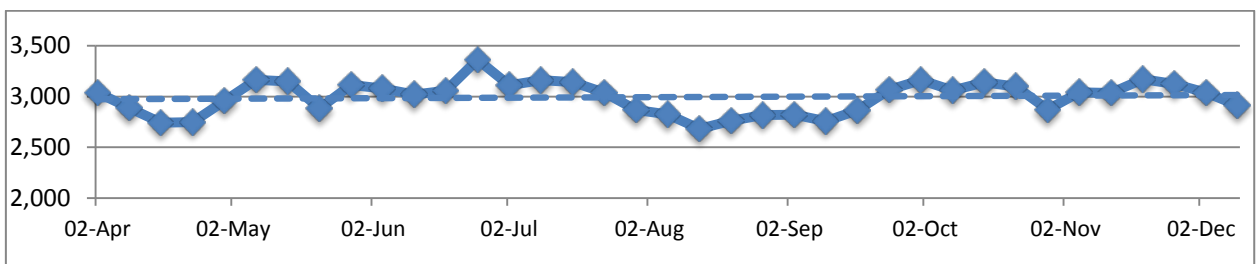


Figure 2: ED attendances, weeks ending 2 April – 10 December 2017

2.18. Emergency admissions rose during November.

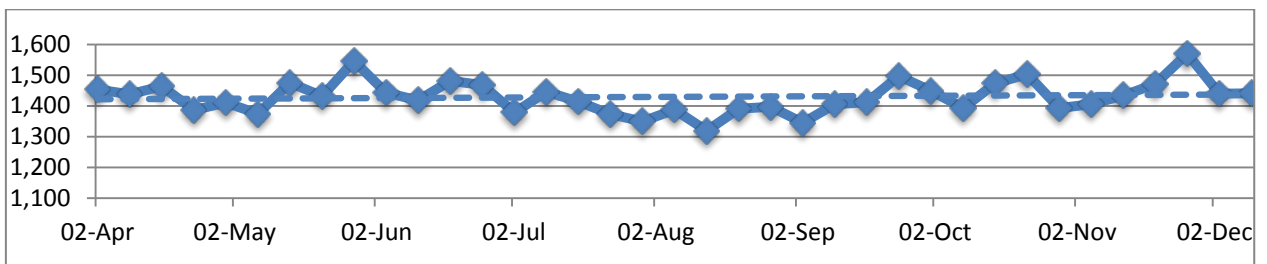


Figure 3: Emergency admissions (all sources), weeks ending 2 April – 10 December 2017

2.19. Delayed transfers reduced below 100 in early August at the time of the move of JR Trauma Unit beds into the main hospital. Levels have since remained below 100 but further reduction has not been sustained.

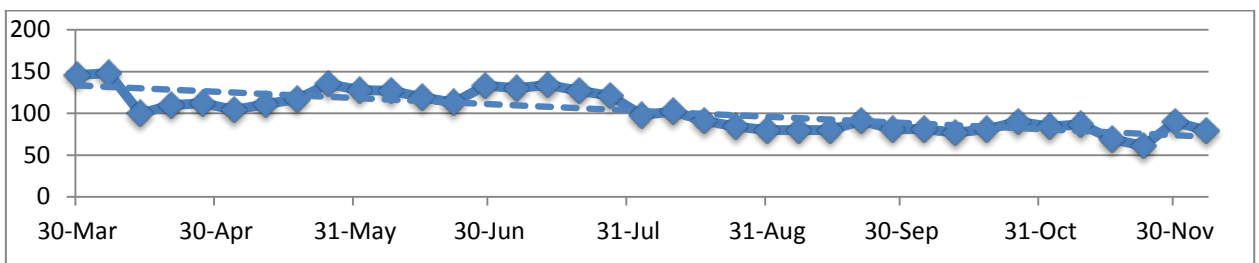


Figure 4: Delayed transfers of care, OUH beds, April – 7 December 2017 (weekly snapshot, all commissioners)

2.20. Staffing vacancies have meant that safety-related bed closures have taken place at the Trust’s three Headington sites since May. These have affected a range of services, including medical and surgical specialities, children’s and other services.

Most beds closed have been at the Churchill Hospital and Nuffield Orthopaedic Centre, with a smaller number at the John Radcliffe.

2.21. Despite the pressures described, OUH's length of stay on discharge has been relatively stable since April.

Type of admission	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17
Elective	4.20	3.73	3.90	3.96	3.93	3.33	3.85	3.82
Non-elective	4.14	4.02	3.97	4.21	4.02	3.79	3.85	3.96
Non-elective non-emergency ³	4.46	3.98	4.44	4.08	4.50	4.52	4.63	5.03

Table 7: Average length of stay on discharge from OUH beds, April-November 2017

2.22. Analysis of when patients are discharged from OUH beds indicates that discharges at weekends have run at well below 60% of weekday levels since April 2017.

Day	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17
Monday	2,034	2,388	2,500	2,970	1,976	2,370	2,953	2,465
Tuesday	2,629	3,209	2,628	2,620	3,257	2,519	3,254	2,813
Wednesday	2,555	3,218	2,580	2,471	3,121	2,523	2,469	3,130
Thursday	2,538	2,652	3,329	2,545	3,071	2,656	2,580	3,195
Friday	2,272	2,730	3,284	2,577	2,544	3,316	2,627	2,727
Saturday	1,627	1,475	1,413	1,658	1,296	1,726	1,362	1,457
Sunday	1,167	1,037	936	1,191	881	962	1,161	1,007
Total in month	14,822	16,709	16,670	16,032	16,146	16,072	16,406	16,794
Mon-Fri mean	2,406	2,839	2,864	2,637	2,794	2,677	2,777	2,866
Sat-Sun mean	1,397	1,256	1,175	1,425	1,089	1,344	1,262	1,232
Sat-Sun mean as % of Mon-Fri mean	58.07%	44.23%	41.01%	54.03%	38.96%	50.21%	45.43%	42.99%

Table 8: Discharges from OUH beds by day, April-November 2017

2.23. A set of 'triggers' previously discussed by the Board were agreed with Oxfordshire CCG to enable OUH to be eligible for Sustainability & Transformation funding should it be available to the Trust for its 4 hour wait performance. At least one has applied in each month since April 2017.

Triggers agreed on 17 May 2017	Measure	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17
ED attendances not above 2016/17 outturn on month-by-month basis	% change from same month in 2016/17 ⁴	1.80%	1.30%	-0.20%	0.04%	-0.04%	1.28%	5.90%
Emergency admissions not above 16/17 outturn on month-by-month basis	% change from same month in 2016/17	-1.76%	-0.78%	-1.53%	-1.74%	-2.23%	3.36%	-5.84%
Deliver a 15% cumulative reduction in DTOC in OUHFT quarter by quarter so 110 by Q1, 93 by Q2, 79 by Q3 and 67 by Q4	Monthly snapshot of Delayed Transfers of Care in OUH beds	126	133	121	80	81	67	90

³ A category of admissions including births and transfers from other hospitals.

⁴ Published at <https://www.england.nhs.uk/statistics/statistical-work-areas/ae-waiting-times-and-activity/ae-attendances-and-emergency-admissions-2017-18/>

Triggers agreed on 17 May 2017	Measure	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17
Saturday and Sunday discharges at least 60% of Monday-Friday average	Weekend discharges as % of Mon-Fri mean	58.07%	49.20%	48.77%	52.98%	38.96%	50.21%	45.43%

Table 9: Triggers agreed with Oxfordshire CCG on the 4 hour wait standard

2.24. Low levels of weekend discharges continue to place OUH services under significant pressure early in the working week, and the impact of Delayed Transfers of Care on bed availability is in effect being doubled by bed closures in response to shortages of ward staff.

Referral to Treatment time (RTT)

Performance

- 2.25. 6,196 of 49,136 patients on incomplete pathways on 30 November 2017 were waiting for over 18 weeks. This represented a reduction of 285 since 31 October.
- 2.26. The total list size (number of open pathways) reduced by 1197 from 31 October.
- 2.27. RTT Incomplete performance at 87.39% in November was an improvement of 0.27% on October's figure.
- 2.28. Over 52-week waits in Gynaecology remained at 56. A further 17 patients were waiting for over 52 weeks in twelve other specialties, as shown below.

Specialty	Sep-17	Oct-17	Nov-17
Colorectal Surgery	2	2	2
Gynaecology	57	56	56
Maxillofacial Surgery	2	2	3
Orthopaedics	2	1	2
Paediatric Neurology	0	1	1
Paediatric Surgery	1	1	1
Upper Gastrointestinal Surgery	0	2	1
Urology	2	1	2
Vascular Surgery	3	3	1
Other	0	1	4
Total	70	71	73

Table 10: >52 week waits by specialty

Component waits

- 2.29. 3,099 of 4,154 patients completing RTT Admitted pathways in November 2017 were treated within 18 weeks (74.60%). This was 1.81% better than performance in October. 31 completed treatment after more than 52 weeks.
- 2.30. 11,836 of 13,926 patients whose RTT Non-admitted clock stopped in November 2017 were within 18 weeks (84.99%). Thirteen patients on the Non-admitted pathway had waited over 52 weeks.
- 2.31. The number of patients on incomplete pathways having had a decision to admit and the total number of new pathways started during the month are now reported nationally and are shown below.

Treatment function group	Incomplete Pathways with a Decision to Admit	New pathways
Cardiology	170	704
Cardiothoracic Surgery	59	88
Dermatology	117	941
ENT	393	736
Gastroenterology	402	722
General Medicine	1	17
General Surgery	534	574
Geriatric Medicine	2	100
Gynaecology	946	834
Neurology	8	560
Neurosurgery	178	176
Ophthalmology	1,179	1,569
Plastic Surgery	553	390
Respiratory Medicine	32	478
Rheumatology	11	456
Trauma & Orthopaedics	1,288	1,058
Urology	242	658
Other	2,078	6,716
Total	8,193	16,777

Table 11: Incomplete Pathways with Decision to Admit and New Pathways by treatment function, November 2017

Treatment function waits

2.32. Twelve treatment functions had more than 100 people waiting for over 18 weeks on incomplete pathways on 30 November 2017. These are shown below.

Treatment function	% <18 weeks	<18 weeks	>18weeks	>52 weeks
Dermatology	94.27%	2,402	146	0
Endoscopy (Gastroenterology)	89.34%	863	103	0
ENT	73.87%	2,061	729	0
Gynaecology	68.35%	2,430	1,069	56
Maxillofacial Surgery	78.17%	1,443	400	3
Ophthalmology	88.02%	3,768	513	0
Paediatric ENT	80.57%	738	178	0
Physiotherapy	77.83%	488	138	1
Plastic Surgery	84.00%	882	167	0
Spinal Surgery Service	81.00%	742	174	0

Trauma and Orthopaedics	76.11%	2,444	765	2
Vascular Surgery	75.31%	543	177	1
OUH total	87.39%	42,940	6,123	73

Table 12: Treatment functions with >100 people waiting on incomplete pathways, 30 November 2017

Activity and waiting list

- 2.33. Taking account of the short-term plan for additional activity agreed in May 2017, OUH provided 2,084 (0.96%) more first outpatient appointments than plan between 1 April and 30 November.
- 2.34. Day cases in the year to date were 4.72% ahead of plan and elective inpatient admissions 8.74% below plan, taking the total number of elective admissions to 362 (0.64%) above plan.
- 2.35. Endoscopies are at 6.91% below plan for the year to date but with a significant increase in activity during November, the first month in which activity has been above plan.
- 2.36. The number of patients waiting for a first outpatient appointment reduced significantly in November following a rise in October. The number waiting in the middle ('diagnosis') stage of their care pathway increased however.
- 2.37. The total number of people awaiting admission also fell significantly in November, a reduction of 352 patients, having remained fairly static since July. The number waiting over 36 weeks fell from 502 to 468.
- 2.38. November shows an improved position but it is not yet clear if this represents an ongoing trend, especially given that the coming months are expected to be operationally challenging. It remains the case that a sustainable reduction in the proportion of patients waiting for over 18 weeks will require achieving the run rate to prevent growth in the numbers waiting for first outpatient appointments or admission and going further to remove the backlog of patients waiting beyond the national standard.

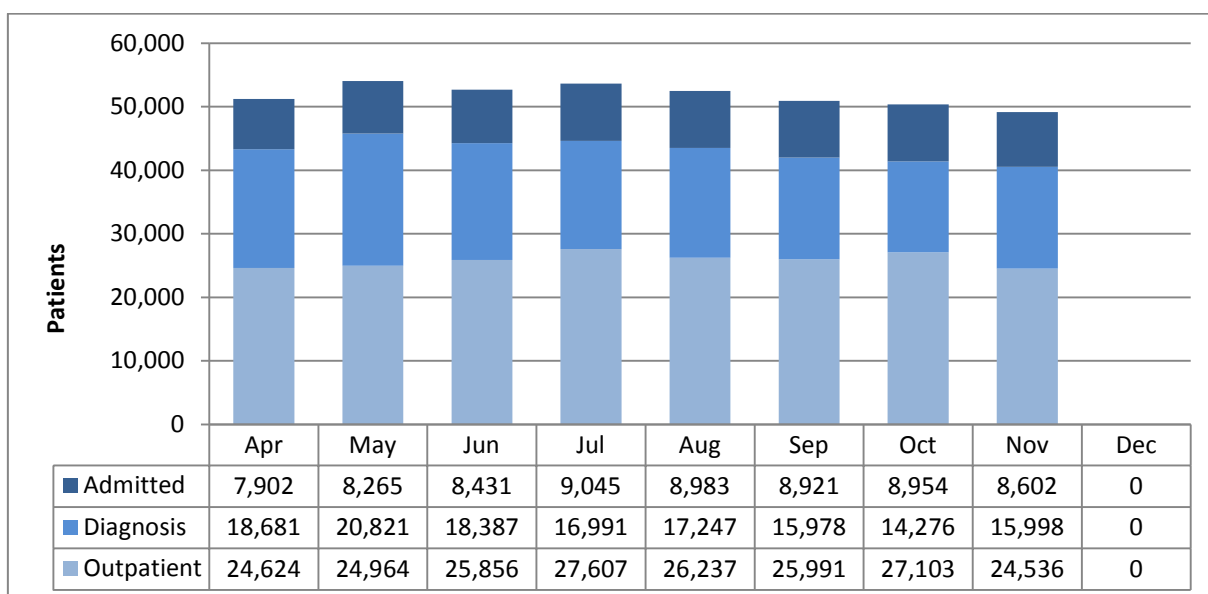


Figure 5: People waiting on incomplete pathways by section of wait, April – November 2017

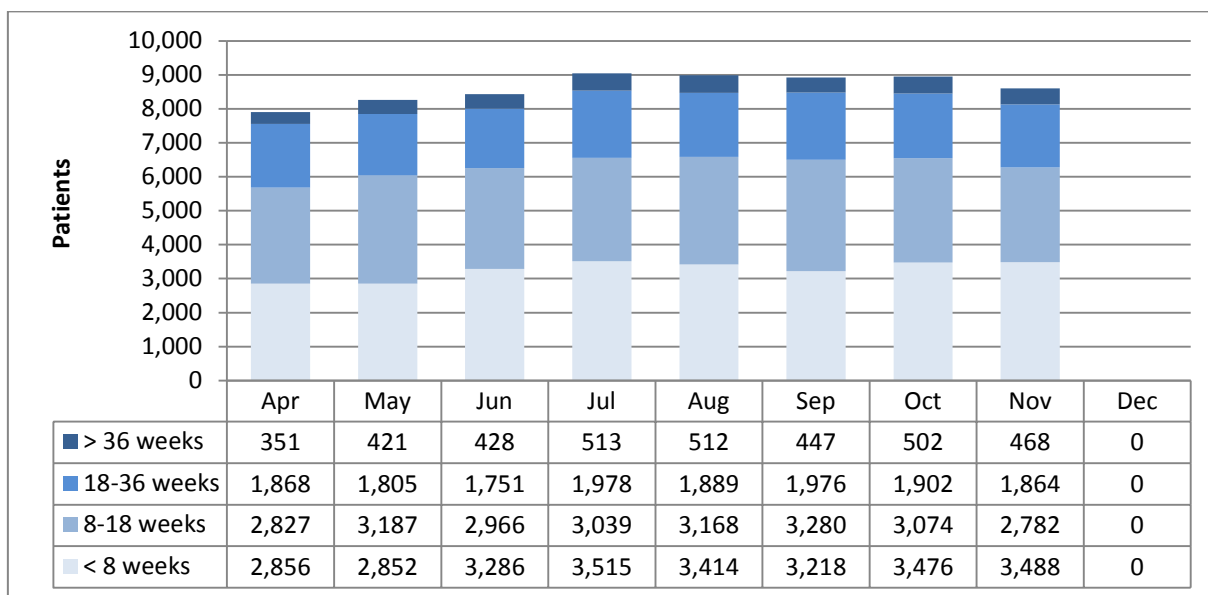


Figure 6: Patients waiting for elective admission, April – November 2017

Risks to delivery of Q2 activity plan

- 2.39. Staffing continues to be the greatest risk to OUH delivering its RTT improvement plan. Shortages of ward staff leading to unplanned bed closures, particularly at the Churchill Hospital and NOC and shortages of theatre nurses leading to loss of operating sessions, particularly in the John Radcliffe’s West Wing, have had an impact on the number of day cases and inpatients provided with elective care across a number of specialties.
- 2.40. Work to secure theatre capacity is focusing on the recruitment and training of theatre (scrub) nurses and anaesthetic and recovery nurses, with staff recruited in recent months being inducted and trained in order to reduce cancelled sessions from January 2018. Availability of anaesthetic and recovery nurses is improving, but pressure is being experienced in the theatre (scrub) nursing and anaesthetist workforce. Increases in theatre list capacity towards the established level are expected between January and April, subject to the availability of all members of the theatre teams required.
- 2.41. Cancellation of inpatient elective procedures on all sites took place on Monday 20 November in order to free beds for urgent care.
- 2.42. The scale of the elective activity growth required in some specialties is greater than can be provided, at least in the short term, in OUH’s facilities. Negotiation has taken place to identify independent sector capacity within Oxfordshire, using surgeons from OUH where possible. This is a particularly urgent issue for Gynaecology, given the ending of the contract in January 2018 with Vanguard for the temporary theatre at the John Radcliffe.
- 2.43. Recruitment to Consultant Anaesthetist posts has continued during October and November both to minimise risks of cancellations and to maximise use of OUH’s elective theatre capacity from June 2018.

3. Access standards: performance trajectories

- 3.1. Performance to date in 2017/18 against the first seven or eight months of trajectories in place for the year is shown below.
- 3.2. Performance against the 4-hour standard was 82.11% in November and remained below trajectory.

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17
>4 hour waits - plan	1,200	1,344	1,268	1,349	1,230	1,261	1,328	1,251
>4 hour waits - actual	1,358	1,861	2,316	2,592	1,874	2,164	2,415	2,372
Attendances - plan	12,000	13,442	12,680	13,496	12,308	12,610	13,286	12,519
Attendances - actual	12,172	13,680	13,448	13,469	12,313	12,562	13,456	13,258
Performance - plan	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%
Performance - actual	88.84%	86.40%	82.78%	80.76%	84.78%	82.77%	82.05%	82.11%

Table 13: Emergency Care: 95% of patients will wait no more than four hours from arrival to admission, transfer or discharge

- 3.3. The RTT trajectory based on existing planned activity (before the Board agreed extra activity for Q2 in May 2017) was met in April-November 2017.
- 3.4. The total waiting list size reduced from July to November and there was some reduction in October and November in the number waiting for over 18 weeks, although in September this had been at its highest level seen.

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17
Over 18 weeks - plan	6,019	6,251	6,486	6,724	6,966	7,211	7,459	7,710
Over 18 weeks - actual	5,155	5,197	5,370	5,899	6,384	6,679	6,481	6,196
Total Number Waiting - plan	49,340	49,810	50,280	50,750	51,220	51,690	52,160	52,630
Total Number Waiting - actual	51,207	52,622	52,674	53,591	52,467	50,890	50,333	49,136
RTT incomplete performance - plan	87.80%	87.45%	87.10%	86.75%	86.40%	86.05%	85.70%	85.40%
RTT incomplete performance - actual	89.93%	90.12%	89.81%	88.99%	87.83%	86.88%	87.12%	87.39%

Table 14: RTT incomplete pathways: 92% of patients will wait no more than 18 weeks

- 3.5. The 62-day cancer standard was met in August and September but not in October.

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17
>62 days - plan	29	26	26	26	28	25	22
>62 days - actual	21.0	32.5	31.5	26.5	29.0	28.0	32.0
Total patients seen - plan	198	176	173	173	190	170	151
Total patients seen - actual	153.0	155.5	185.5	175.5	193.5	191.5	173.5
Performance - plan	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%
Performance - actual	86.27%	79.10%	83.02%	84.90%	85.01%	85.38%	81.56%

Table 15: Cancer: At least 85% of patients will receive their first treatment within 62 days of referral from a GP

4. Workforce

- 4.1. The Trust's Vacancy rate in November was 6.93%, around the same level as in October and above the Trust's target of 5%. The Trust-wide average continues to mask pressures in wards and theatres, as mentioned above, and a high vacancy rate in operating theatres at the John Radcliffe Hospital in particular.

- 4.2. *At the end of November, 10,812 whole time equivalent substantive staff were in post, an increase from the 10,767 in October. This was the highest level since March, when the Trust had 11,503 WTE substantive staff.*
- 4.3. *Sickness absence was 3.24%, a similar level to October and marginally above the Trust's target level.*
- 4.4. *The turnover rate fell slightly to 14.53%, but remained above the Trust's 12% target.*
- 4.5. Costs for bank and agency staffing and financial metrics are reported in the Finance Report.

5. Additional information

- 5.1. Quality, Operational and Workforce indicators are shown at Appendix 1.

6. Recommendation

- 6.1. The Board is asked to **receive** the Integrated Performance Report for Month 8.

Paul Brennan
Director of Clinical Services
January 2018

Report prepared by: Neil Scotchmer

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 ⁵	NA	Mar-17	0.94		5
	Total number of deliveries	NA	Nov-17	612	5040	5
	Proportion of normal deliveries	62%	Nov-17	62.91%	62.2%	5
	Proportion of Caesarean section deliveries	23%	Nov-17	21.9%	22.5%	5
	Proportion of assisted deliveries	15%	Nov-17	15.2%	15.3%	5
	Maternal deaths	NA	Nov-17	0	0	4
	30 day emergency readmissions	0%	Nov-17	3.04%	3.3%	5
	Medication reconciliation completed within 24 hours of admission	80%	Nov-17	76.19%	73.4%	4
	Medication errors causing serious harm	0	Nov-17	2	13	5
	Number of CAS alerts closed having breached during the month	0	Nov-17	0	1	5
	Dementia CQUIN patients admitted who have had a dementia screen	0%	Oct-17	71.45%	68.5%	4
	Dementia diagnostic assessment and investigation	0%	Oct-17	100%	100%	4
Dementia: Referral for specialist diagnosis	0%	Oct-17	100%	100%	4	
Patient Experience	Friends & Family test response rate (Inpatients)	0%	Nov-17	19.39%	20.8%	2
	Friends & Family test response rate (Maternity)	0%	Nov-17	10.17%	13%	2
	Friends & Family test response rate (Emergency Departments)	0%	Nov-17	19.1%	21 %	2
	Friends & Family test % not likely to recommend (Emergency Departments)	NA	Nov-17	8.54%	8.7%	2
	Friends & Family test % not likely to recommend (Inpatients)	NA	Nov-17	1.88%	1.8%	2

⁵ Collected for a 12-month period preceding the date shown.

Quality		Standard	Current Data Period	Period Actual	YTD	Data Quality
	Friends & Family test % not likely to recommend (Maternity)	NA	Nov-17	1.81%	1%	2
	Friends & Family test % likely to recommend (Emergency Departments)	NA	Nov-17	79.27%	85.3%	2
	Friends & Family test % likely to recommend (Inpatients)	NA	Nov-17	96.06%	95.7%	2
	Friends & Family test % likely to recommend (Maternity)	NA	Nov-17	93.67%	96%	2
Safety	Serious Incidents Requiring Investigation	NA	Nov-17	6	64	5
	% of Patients receiving Harm Free Care (Pressure sores, falls, C-UTI and VTE)	0%	Nov-17	93.87%	93.1%	3
	Never Events	NA	Nov-17	0	3	5
	Cleaning Scores: % of inpatient areas with initial score >92%	NA	Nov-17	38.75%	41.3%	5
	% of incidents associated with moderate harm or greater	NA	Nov-17	0.3%	0.6%	5
	# newly acquired pressure ulcers (category 2, 3 and 4)	NA	Oct-17	50	339	5

Operational	Standard	Current Data Period	Period Actual	YTD	Data Quality
Emergency Department attendances	NA	Nov-17	13,258	104,358	5
% ≤4 hour waits from Emergency Department attendance to admission/transfer/discharge	95%	Nov-17	82.11%	83.8%	5
% Diagnostic waits waiting 6 weeks or more	<1%	Nov-17	0.52%	1%	3
RTT: % <18 week waits, Incomplete pathways	92%	Nov-17	87.39%	88.5%	5
RTT: % <18 week waits, Admitted pathways	90%	Nov-17	74.6%	73.6%	4
RTT: % <18 week waits, Non-admitted pathways	95%	Nov-17	84.99%	86%	4
RTT: >52 week waits, Incomplete pathways	0	Nov-17	73	409	4
RTT: >52 week waits, Admitted pathways	0	Nov-17	31	178	4
RTT: >52 week waits, Non-admitted pathways	0	Nov-17	13	45	4
Last minute cancellations: % of elective admissions	0.5%	Nov-17	1.08%	0.9%	3
% patients not rebooked within 28 days	0%	Nov-17	12.62%	5.4%	5
Urgent cancellations	0	Nov-17	19	134	5
Urgent cancellations – second time	0	Nov-17	0	0	5
Time to surgery (% patients having their operation within the time specified according to their clinical categorisation)		Nov-17	92.08%	93.1%	3
Theatre utilisation – elective	80%	Nov-17	74.36%	75.2%	4

Operational	Standard	Current Data Period	Period Actual	YTD	Data Quality
Theatre utilisation – emergency	70%	Nov-17	51.85%	52.2%	4
Theatre utilisation – total	75%	Nov-17	69%	69.5%	4
First cancer treatment within 62 days of urgent GP referral	85%	Oct-17	81.56%	84.1%	4
First cancer treatment within 62 days of urgent referral from screening service	90%	Oct-17	97.78%	96.2%	4
First treatment within 31 days of cancer diagnosis	96%	Oct-17	96.08%	97%	4
Subsequent cancer treatment in <31 days: surgery	94%	Oct-17	97.98%	95.9%	4
Subsequent cancer treatment in <31 days: drugs	98%	Oct-17	100%	99.8%	4
Subsequent cancer treatment in <31 days: radiotherapy	94%	Oct-17	98.82%	97.7%	4
<2 week waits to first appointment from urgent GP referral with suspected cancer	93%	Oct-17	97.57%	95.7%	5
<2 week waits to first appointment from urgent referral with breast symptoms	93%	Oct-17	99.17%	98.1%	5
Contract variations open	NA	Nov-17	20		
Contract notices open	NA	Nov-17	0		
Delayed transfers of care: number (snapshot) ⁶	0	Nov-17	90	833	4
Delayed transfers of care as % of occupied beds	3.5%	Nov-17	8.88%	9.8%	5
% of discharge summaries sent to GP within 24 hrs	98%	Nov-17	85.04%	82.6%	4
Results endorsed within seven days	NA	Nov-17	78.04%	77.7%	4
Same sex accommodation breaches	0	Nov-17	4	21	5
Patients spending ≥90% of time on stroke unit	85%	Nov-17	84%	86.3%	5
MRSA bacteraemia	0	Nov-17	0	1	5
Clostridium Difficile incidence	6	Nov-17	7	45	5
% adult inpatients having VTE risk assessment	95%	Nov-17	97.84%	97.6%	5

Workforce	Standard	Current Data Period	Period Actual	Data Quality
Vacancy rate	5%	Nov-17	6.93%	3
Sickness absence ⁷	3.2%	Nov-17	3.24%	5
Turnover rate	12%	Nov-17	14.53%	5
Substantive staff in post against budget	-	Nov-17	10,812	4

⁶ Includes acute hospital transfers which are not reported nationally.

⁷ This measure is collected for a 12-month period preceding the latest period shown.