

**Trust Board Meeting in Public: Wednesday 11 July 2018**

**TB2018.62**

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

<b>Board Lead(s)</b>	Ms Sara Randall, Acting Director of Clinical Services			
<b>Key purpose</b>	Strategy	Assurance	Policy	<b>Performance</b>

## Executive Summary

<p>1. In June 2018, 1,191 patients waited for over four hours from arrival to admission, transfer or discharge from OUH's Emergency Departments. This was 390 fewer than in May and Trust's four-hour wait performance improved from 88.63% in May to 91.08% in June.</p> <p>2. No patients waited over 12 hours from a decision to admit to admission in April, May or June.</p> <p>3. Numbers of beds occupied began to reduce in mid-May but staffing shortages and associated temporary bed closures have meant that bed occupancy remains high.</p>
<p>4. On 31 May 2018, 7,555 of 52,657 patients on incomplete elective care pathways at OUH were waiting for over 18 weeks.</p> <p>5. 85.65% of people awaiting planned care were waiting for less than 18 weeks.</p> <p>6. Over 52-week waits in Gynaecology grew from 152 in April to 162 in May. Another 25 patients were waiting for over 52 weeks for treatment in other specialties.</p>
<p>7. Four cancer waiting time standards were not met in April, including 31 days to first treatment and waits for subsequent surgery. Loss of operating theatre capacity puts future delivery of the surgical wait standard at risk unless mitigating action is taken.</p>
<p>8. Performance on the six-week standard for diagnostic waits was outside the national standard in May 2018 at 2.52%, with particular pressures in MRI, Audiology, Myocardial perfusion scans (Cardiology) and Cystoscopy.</p>
<p>9. The national standard for VTE assessment was met in May, as was the standard for providing care for inpatients with stroke on a dedicated stroke unit.</p>
<p><b>Recommendation</b></p> <p>10. The Board is asked to <b>receive</b> the Integrated Performance Report for Month 2.</p>

**Integrated Performance Report: Month 2 (May 2018)****1. Key Headlines on Performance**

- 1.1. RTT Incomplete performance was 85.65% in May, up 0.4% on April.
- 1.2. Over 52-week waits in Gynaecology grew from 152 to 162 and 25 patients were waiting for over 52 weeks in other specialties.
- 1.3. Diagnostic wait performance worsened to 2.52% of patients waiting for over six weeks in May, breaching the 1% national standard for a third month.
- 1.4. Last-minute cancellations affected 0.74% of elective admissions in May. 18.18% of patients cancelled were not rebooked within 28 days – well below the 36.36% in January but still above the 5% experienced in December 2017.
- 1.5. In April, four cancer waiting time standards were not met, including 31 days to first treatment and waits for subsequent surgery. Loss of operating theatre capacity puts future delivery of the surgical wait standard at risk unless mitigating action is taken.
- 1.6. There were 68 newly-acquired category 2, 3 or 4 pressure ulcers in OUH care during April 2018.
- 1.7. During May:
  - 1.7.1. There were no cases of MRSA bacteraemia.
  - 1.7.2. There were 6 cases of Clostridium difficile.
  - 1.7.3. 97.31% of inpatients received a VTE risk assessment, maintaining OUH performance above the 95% standard which has been met since December 2014.
  - 1.7.4. 93.75% of patients with acute stroke spent at least 90% of their time on a stroke unit, below the 100 achieved in April but above the national 85% standard.
  - 1.7.5. There were no nationally-reportable breaches of the single-sex accommodation standard.
- 1.8. In June 2018, 1,191 patients waited over four hours from arrival to admission, transfer or discharge from OUH's Emergency Departments. The Trust's four-hour wait performance improved again to 91.08%.
- 1.9. During June, no-one waited for over 12 hours in the Emergency Department from a Decision to Admit to admission, though 230 waited 4-12 hours for admission (down from 269 in May).

## 2. Cancer

### ***Overall position on national cancer standards***

- 2.1. Four of the eight national standards were not met in April 2018, the latest month for which data are available. This represented a distinct worsening of performance on both 31 day and 62 day waits to first treatment and a worsening of waits for subsequent surgical treatment. Pressure was also evident on the two week wait standard which was not met nationally, but it was met at OUH.
- 2.2. Performance by month since January is shown below, with April's figures shown against those for NHS England.

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

Standard		OUH performance				England
		Jan-18	Feb-18	Mar-18	Apr-18	Apr-18
At least 93% of patients referred from a GP with suspected cancer will be seen within 2 weeks of referral.	<b>93.0%</b>	95.70%	97%	95.65%	95.06%	<b>90.8%</b>
At least 93% of patients referred from a GP with breast symptoms but not suspected cancer will be seen within 2 weeks of referral.	<b>93.0%</b>	100%	94.90%	96.97%	93.43%	<b>84.3%</b>
At least 96% of patients will receive first definitive treatment within 31 days of a decision to treat.	<b>96.0%</b>	<b>93.60%</b>	97.50%	98.51%	<b>92.96%</b>	97.3%
At least 85% of patients will receive their first treatment within 62 days of referral from a GP.	<b>85.0%</b>	<b>81.90%</b>	<b>81.40%</b>	<b>81.31%</b>	<b>80%</b>	<b>82.3%</b>
At least 94% of patients will receive subsequent treatment with surgery within 31 days of decision to treat.	<b>94.0%</b>	95.20%	95.40%	100%	<b>93.14%</b>	94.3%
At least 98% of patients will receive subsequent treatment with anti-cancer drug regimen within 31 days of decision to treat.	<b>98.0%</b>	100%	100%	98.00%	98.50%	99.3%
At least 94% of patients will receive subsequent radiotherapy within 31 days of a decision to treat.	<b>94.0%</b>	97.30%	98.20%	97.88%	98.20%	97.1%
At least 90% of patients will receive their first treatment within 62 days following referral from a screening service.	<b>90.0%</b>	97%	90%	94.34%	<b>83.30%</b>	<b>88.3%</b>

**First definitive treatment within 31 days of a decision to treat**

- 2.3. Of 341 patients receiving first definitive treatment in April 2018, 24 waited for longer than 31 days, performance of 92.96%. This was double the number of breaches in March.
- 2.4. Performance by tumour site is shown below, illustrating improvement in Head & Neck and Lower GI, but a worsening of waits in Urological.

Table 2: Performance by tumour site: beginning first definitive treatment within 31 days of diagnosis

Tumour site	OUH performance						England
	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	Apr-18
Breast	100%	98.0%	100%	100%	100%	100%	98.4%
Head & Neck	80%	91.7%	86.2%	95.7%	91.3%	100%	
Lower GI	100%	100%	97.1%	96.7%	100%	96.9%	97.5%
Lung	87%	96.2%	83.3%	100%	92.9%	94.4%	97.7%
Skin	97.7%	100%	100%	100%	100%	98.3%	98.0%
Urological	92.8%	89.1%	90.6%	95%	92.1%	82.6%	95.2%

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

- 2.5. In April 2018, of 165 referrals for which OUH was accountable, 33 did not receive their first treatment within 62 days of urgent referral from a GP.
- 2.6. 80% of patients therefore received their first treatment within 62 days.
- 2.7. The number of people who received first treatment for cancer in April following GP referral is shown below by time group.

Within 31 days	32 to 38 days	39 to 48 days	49 to 62 days	63 to 76 days	77 to 90 days	91 to 104 days	After 104 days
36.5	16	43	36.5	14.5	7.5	4.5	6.5

- 2.8. Following an agreed protocol, any cancer patient waiting for over 104 days for treatment has a review conducted of potential for clinical harm from the delay and details are reported to the Clinical Governance Committee on a quarterly basis.
- 2.9. Comparison with the England position on key tumour sites is given below. Most breaches took place in the Urological, Lower GI, Gynaecological oncology, Head & Neck and Lung tumour site groups. Percentage performance compared poorly with England in Lung and Lower GI in particular.

Table 3: 62-day breaches by tumour site and % receiving first treatment within 62 days of urgent GP referral with suspected

Tumour site group	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	% <62 days Apr-18	England Apr-18
Breast	0	0	0	1	0	3	90.3%	93.8%
Gynaecological	5.5	2.5	3	4	5	5		
Haematological	1	1	0	1	1	1		
Head & Neck	4	3.5	8.5	5	3	4.5		
Lower GI	7	2	6	1.5	2	6	52%	72.3%
Lung	4	2.5	1.5	5.5	3.5	4	42.9%	71.8%

Tumour site group	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	% <62 days Apr-18	England Apr-18
Other	0	0	1.5	0	0.5	0	66.7%	74%
Sarcoma	0	0	1.5	0.5	1	0.5		
Skin	2.5	0.5	0.5	0.5	0.5	1	97%	95.7%
Upper GI	2	1	3	2.5	2.5	0.5		
Urological	6	7.5	8	7.5	9.5	7.5	83.9%	79.5%
<b>All cancers</b>	<b>32</b>	<b>20.5</b>	<b>33.5</b>	<b>29</b>	<b>28.5</b>	<b>33</b>	<b>80%</b>	

### ***Subsequent treatment with surgery within 31 days of decision to treat***

- 2.10. Seven of 102 patients receiving surgical care for their cancer in April waited more than 31 days from decision to treat. Of these seven, five waited for up to 38 days, one for up to 48 days and one for up to 62 days.
- 2.11. The availability of staffing for operating theatres at the Churchill Hospital is having an impact on the number of sessions available for cancer surgery and the Surgery and Oncology Division has proposed the development of elective surgical capacity at the Horton General Hospital to release theatre capacity at the Churchill and help mitigate the otherwise continuing risk to providing cancer surgery within the 31 day standard.

### ***First treatment within 62 days of screening service referral***

- 2.12. This standard was not met in April. Four patients began treatment after 62 days of referral, with all starting treatment within 76 days of referral.

### ***Reporting***

- 2.13. As reported to the Board in paper TB2018.27, changes have been made to the system used by NHS England to report on cancer wait standards. This involves being able to report on the 38 day handover date for care responsibility between two providers.
- 2.14. OUH has been ready to report on this new basis in time for April 2018 and has done so. NHS Improvement has since advised the Trust that national delays mean that the new method of breach reporting will apply from figures for October 2018, which will be published in December.
- 2.15. Analysis of existing breaches has indicated that the new method of breach allocation should be expected to worsen OUH's reported performance.

## **3. Diagnostic Waits**

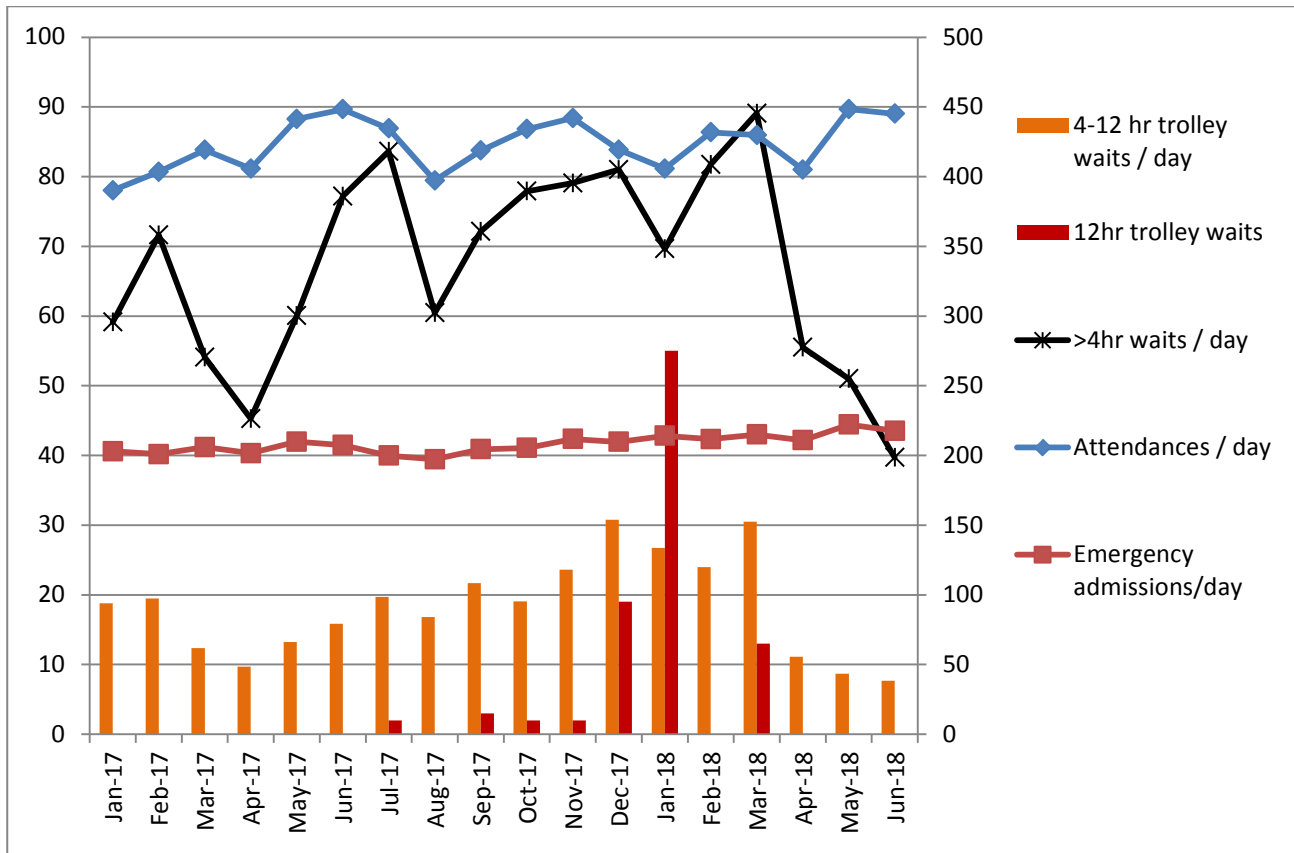
- 3.1. Diagnostic wait performance worsened to 2.52% of patients waiting for over six weeks, breaching the 1% national standard.
- 3.2. In May, a total of 12,662 people waited for diagnostic tests, up from 11,903 in April but very similar to the 12,497 in March. 319 people waited for over six weeks, up from 206 in April.
- 3.3. Waits of over six weeks were concentrated in MRI (114 patients, 3 over 13 weeks); Cardiology echocardiography (where the delays are waits for myocardial perfusion scans due to the availability of isotopes, with 86 patients waiting for over 6 weeks and two for over 13 weeks); and Audiology (58 patients, one over 13 weeks).

## 4. Urgent Care and Four Hour Waits

### *Performance*

- 4.1. In June 2018, 1,191 patients waited over four hours from arrival to admission, transfer or discharge from OUH's Emergency Departments, continuing the reduction seen since March. The Trust's four-hour wait performance improved to 91.08%, bringing it above the trajectory level for the month agreed with NHS Improvement though still below the national standard of 95%.
- 4.2. Emergency admissions ran at an average of 218 per day in June, well above the 207 per day in June 2017 and the 211 per day in April 2018.
- 4.3. Total attendances ran at 445 per day in June 2018, similar to the 448 per day in May.
- 4.4. The GP streaming service at the John Radcliffe treated 499 attendances in June, all but two within four hours.
- 4.5. During June, there were (on average) 40 breaches of the 4 hour standard per day, compared to 51 in May and 55.5 in April. 17.5 fewer per day would have been needed to achieve 95%.
- 4.6. In June:
  - 4.6.1. No waits were reported of over 12 hours in OUH's Emergency Departments from a Decision to Admit.
  - 4.6.2. 421 people (a mean of 13.6 per day) waited for over four hours and were discharged without being admitted. These 'non-admitted breaches' have accounted for 35-40% of breaches in recent months and were 37% of breaches in May.
  - 4.6.3. 230 people waited for 4-12 hours for admission after a decision to admit. This averaged eight patients per day. The equivalent figure in March was 31.
  - 4.6.4. Children and young people accounted for two over-4 hour waits in June, well below the mean of 8.25 breaches per day in May.
  - 4.6.5. People classified as 'Minor' attendances (not requiring multiple investigations, imaging or interventions such as resuscitation) accounted for a mean of less than one breach every two days.
- 4.7. Non-admitted breaches tend to occur in the evenings and early mornings and analysis of these waits is informing staffing proposals for the Emergency Departments on both sites. Maintaining such waits at a significantly reduced level will be a crucial part of sustaining improved performance on the 4 hour standard.
- 4.8. Delayed transfers of care affected 49 patients at the end of May 2018, down from 74 in April. 2,106 bed days were used by delayed patients at OUH during the month, down by 127 bed days (5.6%) from April.
- 4.9. The chart below illustrates improvement since March in the number of 4 hour waits per day and in waits following a decision to admit.

Figure 1: Emergency activity and waiting times, January 2017 - June 2018 (Source: monthly reports to NHS England)



**4 hour trajectory**

4.10. The trajectory agreed by Executive Directors and sent to NHS Improvement is as follows.

Table 4: 4 hour wait trajectory for OUH, 2018/19 (planned figures in shaded cells)

4 hour waits	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
>4 hour waits	1,890	1,930	1,915	1,890	1,570	1,290
Attendances	12,598	14,159	13,919	13,940	12,744	13,002
Performance	85.0%	86.4%	86.2%	86.4%	87.7%	90.1%
	86.3%	88.63%	91.08%			

	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
>4 hour waits	1,320	1,330	1,310	1,290	1,230	689
Attendances	13,927	13,722	13,453	13,020	12,513	13,795
Performance	90.5%	90.3%	90.3%	90.1%	90.2%	95.0%



**Improvement actions**

- 4.11. Following input from Hunter Healthcare, the Urgent Care improvement programme is being actioned through an Urgent Care Delivery Group chaired by the Chief Nurse; employing programme management methodology, supported by the Trust's Transformation Team; and exception reporting to Trust Management Executive, Trust Board and the Oxfordshire A&E Delivery Board.
- 4.12. The Urgent Care improvement programme is focusing on seven areas of delivery, to:
- 4.12.1. Embed systematic delivery of the new front door model & hold to close account to enable flow
  - 4.12.2. Demand, capacity and flow
  - 4.12.3. Embed the Integrated Bed Management function
  - 4.12.4. Roll out Board Round standards and content with use of delay coding Trust-wide
  - 4.12.5. Implement Systematic Stranded Patient Review
  - 4.12.6. Implement a working "Home First" or "Discharge to Assess (D2A)" model pre-Winter 2018/9
- 4.13. System-wide governance arrangements are also being revised.

**Local system performance**

- 4.14. During May 2018, Oxford Health's Minor Injuries Units delivered 95.56% 4 hour performance, giving an overall performance of 90.18% for the Oxfordshire A&E Delivery Board.
- 4.15. The 90% trajectory had not been achieved by Oxfordshire since April 2017. The 95% national standard has not been met by the NHS in England or by OUH since July 2015.

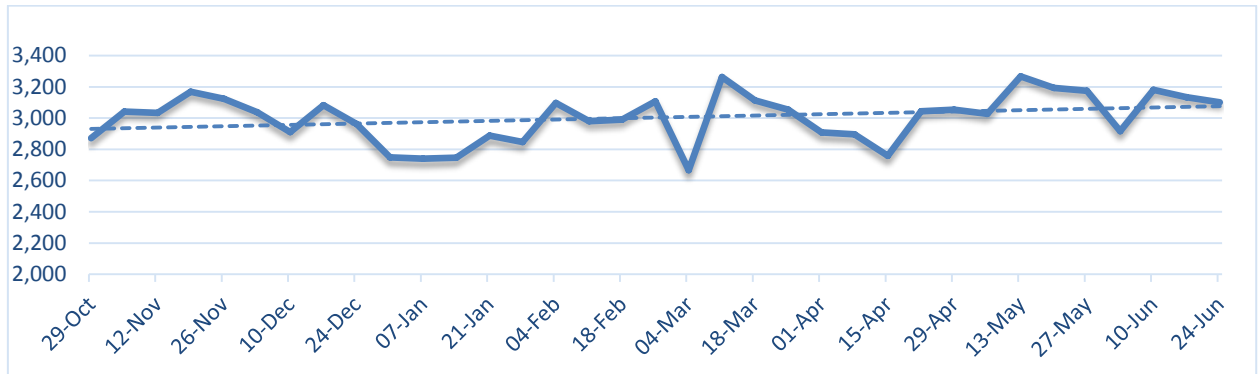
*Table 5: Oxfordshire 4 hour wait performance to May 2018*

<b>OUH + Oxford Health</b>	<b>Apr-18</b>	<b>May-18</b>
>4 hour waits - actual	1,725	1,759
Attendances - actual	14,802	17,910
Performance - trajectory	90.00%	90.0%
Performance - actual	<b>88.35%</b>	<b>90.18%</b>

**OUH performance detail**

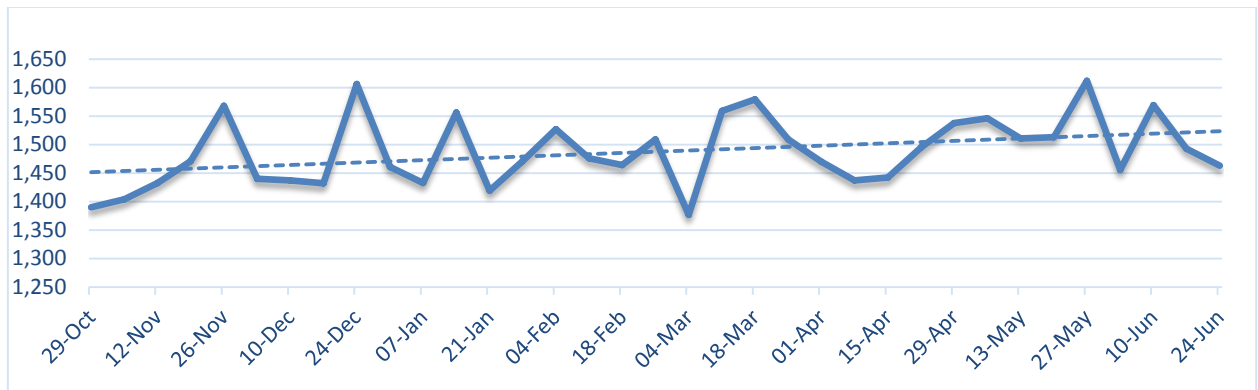
- 4.16. Having reduced in March and April, Emergency Department attendances rose in May and June.

Figure 2: ED attendances, weeks ending 29 October 2017 – 24 June 2018



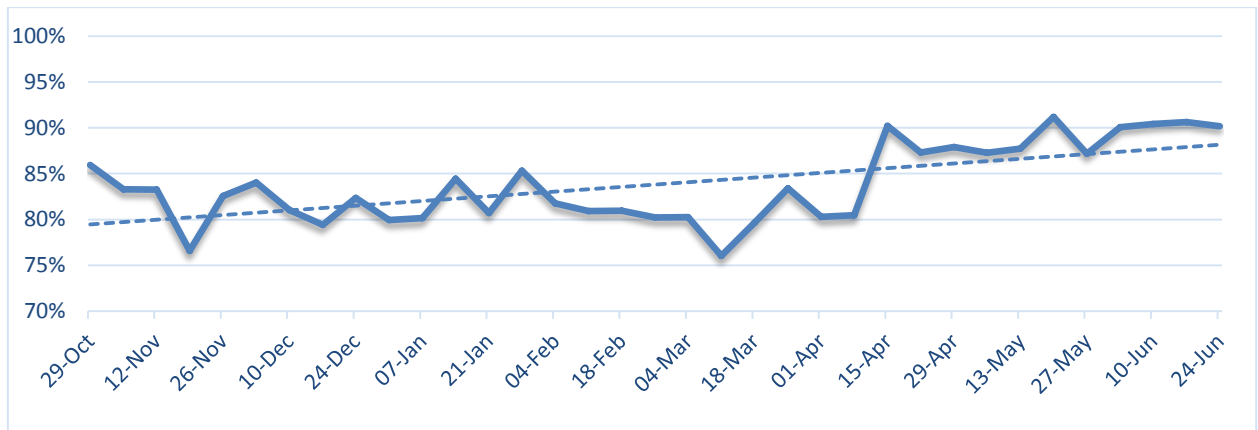
4.17. Emergency admissions followed a similar pattern, with a rise in late May.

Figure 3: Emergency admissions (all sources), weeks ending 29 October 2017 – 24 June 2018



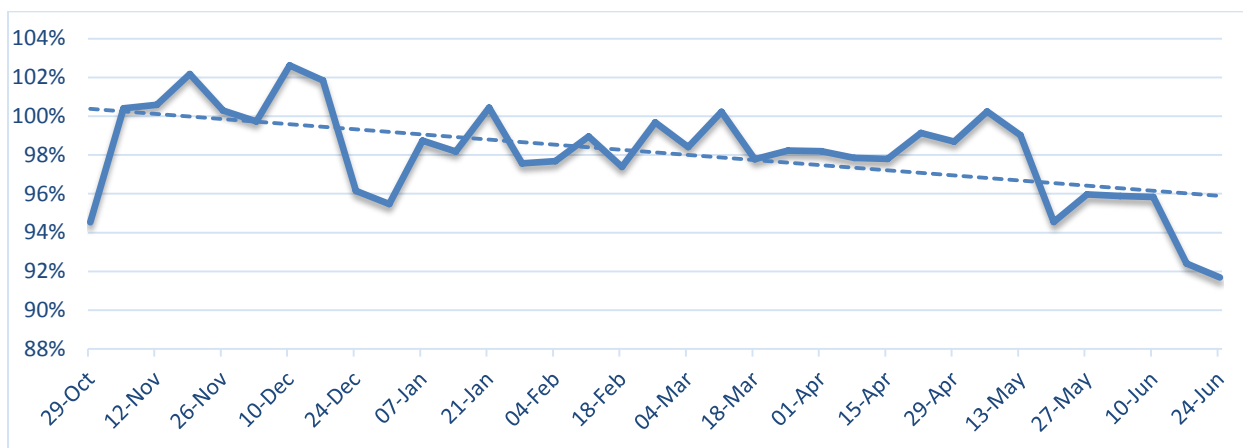
4.18. Performance has been above 85% since mid-April and above 90% during June.

Figure 4: Performance against 4 hour standard, OUH, weeks ending 29 October 2017 – 24 June 2018



4.19. ‘General and acute’ bed occupancy (excluding day case, maternity and neonatal beds) was above 95% from October to mid-May, with a recent reduction to just above 90%. This is still higher than the 88% quoted in a recent NHS Improvement analysis suggesting that at above this level, the percentage of people seen, treated and discharged or admitted within 4 hours was adversely affected.

Figure 5: % bed days occupied, OUH General and Acute beds, after safe staffing bed reductions



## 5. Referral to Treatment Time (RTT)

### Performance

- 5.1. On 31 May 2018, 7,555 of 52,657 patients on incomplete pathways at OUH were waiting for over 18 weeks.
- 5.2. RTT Incomplete performance improved slightly from 85.13% in March to 85.25% in April and 85.65% in May against the national standard of 92%. The number of people waiting for over 18 weeks reduced slightly and while the number of >52 week waits rose above the level in March, the rate of growth was slower than expected.

### Component waits

- 5.3. 2,578 people completing RTT Admitted pathways in May 2018 were treated within 18 weeks (71.75%). 46 completed treatment after more than 52 weeks, down from 58 in April. 33 of the 46 were admitted to Gynaecology after more than 52 weeks.
- 5.4. 10,968 patients whose RTT Non-admitted clock stopped in May 2018 were within 18 weeks (87.41%). 35 patients on the Non-admitted pathway completed treatment after more than 52 weeks, 22 in Gynaecology.
- 5.5. 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 reported nationally and shown below.

Table 6: Incomplete Pathways with Decision to Admit and New Pathways by treatment function, May 2018, sorted to show largest number of New pathways first

Treatment function	Incomplete Pathways with a Decision to Admit	New pathways
Ophthalmology	1,514	1,548
Trauma & Orthopaedics	1,374	1,492
Dermatology	56	1,330
Cardiology	169	893
Gynaecology	1,146	881
Gastroenterology	379	800
Ear, Nose & Throat (ENT)	378	777
Urology	393	774
Thoracic Medicine	27	605
General Surgery	401	572

<i>Treatment function</i>	<i>Incomplete Pathways with a Decision to Admit</i>	<i>New pathways</i>
Neurology	12	499
Rheumatology	3	451
Plastic Surgery	464	414
Neurosurgery	150	170
Geriatric Medicine	7	146
Cardiothoracic Surgery	62	85
General Medicine	4	37
Other	2,351	9,154
<b>Grand Total</b>	<b>8,890</b>	<b>20,628</b>

### **Specialty waits and long waits**

- 5.6. Gynaecology's >18 week waits increased by 10 during May, much lower growth than in previous months but still adding to the challenge for 2018/19.
- 5.7. Other specialties with over 100 people waiting for over 18 weeks in May were as follows:

*Table 7: Specialties with >100 people waiting on incomplete pathways, May 2018*

<b>Treatment function</b>	<b>% &lt;18 weeks</b>	<b>Number &gt;18 weeks</b>
Gynaecology	<b>66.09%</b>	1,383
Ear, Nose & Throat (ENT)	<b>70.88%</b>	979
Trauma & Orthopaedics	<b>80.38%</b>	726
Ophthalmology	<b>85.33%</b>	706
Urology	<b>86.94%</b>	259
Plastic Surgery	<b>78.95%</b>	248
Dermatology	<b>92.82%</b>	198
Gastroenterology	<b>91.88%</b>	170
Cardiology	<b>90.21%</b>	143
Neurology	<b>91.86%</b>	116
Neurosurgery	<b>80.74%</b>	110
<b>Trust total</b>	<b>85.65%</b>	<b>7,555</b>

### **Trajectories**

- 5.8. Waiting list and activity trajectories have been sent to NHS Improvement for 2018/19.
- 5.9. The 4 hour wait trajectory is shown above.
- 5.10. The trajectory for improvement against the 62 day cancer standard is shown below.

*Table 8: Cancer 62 days from urgent GP referral trajectory, 2018/19 (plan figures in shaded cells)*

<b>Cancer 62 days</b>	<b>Apr-18</b>	<b>May-18</b>	<b>Jun-18</b>	<b>Jul-18</b>	<b>Aug-18</b>	<b>Sep-18</b>
Waits of >62 days: plan	33.0	39.5	46.5	46.5	44.5	39.0
Waits of >62 days: actual	33.0					
Total seen: plan	165.0	192.0	182.0	180.0	180.0	173.0
Total seen: actual	165.0					
Performance %: plan	80.0%	79.4%	74.5%	74.2%	75.3%	77.5%
Performance %: actual	<b>80.0%</b>					

<i>[continued]</i>	<b>Oct-18</b>	<b>Nov-18</b>	<b>Dec-18</b>	<b>Jan-19</b>	<b>Feb-19</b>	<b>Mar-19</b>
Waits of >62 days: plan	36.0	34.0	26.0	32.0	25.0	26.0
Waits of >62 days: actual						
Total seen: plan	190.0	180.0	165.0	182.0	173.0	182.0
Total seen: actual						
Performance %: plan	81.1%	81.1%	84.2%	82.4%	85.5%	85.7%
Performance %: actual						

5.11. For elective care waits (RTT incomplete pathways) in May:

5.11.1. The total list size grew more than expected, there having been more 'clock starts' in April than planned.

5.11.2. The number of people waiting for over 18 weeks reduced by 117 (1.5%), bringing it slightly below the expected level.

5.11.3. The number of >52 week waits rose above March's level.

Table 9: RTT trajectories, 2018/19 (plan figures in shaded cells)

<b>Referral to Treatment</b>	<b>Mar-18</b>	<b>Apr-18</b>	<b>May-18</b>	<b>Jun-18</b>	<b>Jul-18</b>	<b>Aug-18</b>	<b>Sep-18</b>
Number of incomplete RTT pathways <=18 weeks	42,691	42,560	42,790	42,911	42,832	42,758	42,684
	42,691	44,342	52,657				
Number of incomplete RTT pathways >18 weeks	7,456	7,464	7,580	7,848	8,265	8,277	8,481
	7,456	7,672	7,555				
Number of incomplete RTT pathways >52 weeks	181	217	200	216	228	241	252
	181	176	187				
Number of completed admitted RTT pathways		2,576	2,954	3,053	2,873	2,871	2,893
		3,398	3,593				
Number of completed non-admitted RTT pathways		6,649	8,811	8,738	8,884	9,501	9,425
		11,426	12,548				
Number of New RTT pathways (clock starts)		16,965	21,159	20,385	20,647	20,240	19,303
		19,717	20,628				

<b>Referral to Treatment</b>	<b>Oct-18</b>	<b>Nov-18</b>	<b>Dec-18</b>	<b>Jan-19</b>	<b>Feb-19</b>	<b>Mar-19</b>	<b>Year End</b>
Number of incomplete RTT pathways <=18 weeks	42,613	42,560	42,647	42,879	43,191	43,650	<b>43,650</b>
Number of incomplete RTT pathways >18 weeks	8,744	9,056	9,115	9,517	9,780	9,927	<b>9,927</b>
Number of incomplete RTT pathways >52 weeks	202	159	110	98	55	0	0
Number of completed admitted RTT pathways	2,936	3,018	2,368	2,534	2,528	2,653	<b>33,257</b>
Number of completed non-admitted RTT pathways	10,287	11,427	8,584	11,065	7,805	9,021	<b>110,197</b>
Number of New RTT pathways (clock starts)	21,096	21,910	16,557	21,235	18,568	21,919	<b>239,984</b>

## 6. Workforce

- 6.1. The Trust's Vacancy rate in April 2018 was 6.4%, down from 6.97% in March and above the Trust's target of 5%.
- 6.2. At the end of April, 10,760.1 whole time equivalent substantive staff were in post, down from the 10,821 in March. 736.3 WTE posts were vacant.
- 6.3. Sickness absence was 3.26%, above the Trust's target level of 3.2%.
- 6.4. The turnover rate reduced again to 14.09%, remaining above OUH's 12% target.
- 6.5. Costs for bank and agency staffing and financial metrics are reported in the Finance Report.

## 7. Additional information

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

## 8. Benchmarking

- 8.1. Shown in the table below is the Trust's position on national key performance indicators for the latest period for which full data are available for the NHS in England and for Shelford Group teaching hospital trusts.<sup>1</sup>

*Table 10: Key performance indicators for OUH, NHS England and Shelford Group trusts (nationally-published data)*

*Note: NHS England 4 hour performance includes activity provided by non-acute Trusts.*

Indicator	Standard	Data Period	England	Shelford	OUH
% ≤4 hour waits from Emergency Department attendance to admission/transfer/discharge	95%	May-18	90.37%	86.95%	88.63%
<2 week waits to first appointment from urgent GP referral with suspected cancer	93%	Apr-18	90.84%	92.57%	95.06%
<2 week waits to first appointment from urgent referral with breast symptoms	93%	Apr-18	84.29%	90.74%	93.43%
First treatment within 31 days of cancer diagnosis	96%	Apr-18	97.29%	95.71%	92.96%
First cancer treatment within 62 days of urgent referral from screening service	90%	Apr-18	88.24%	90.03%	83.33%
First cancer treatment within 62 days of urgent GP referral	85%	Apr-18	82.29%	79.39%	80%
Subsequent cancer treatment in <31 days: surgery	94%	Apr-18	94.28%	94.74%	93.14%
Subsequent cancer treatment in <31 days: drugs	98%	Apr-18	99.30%	99.08%	98.53%
Subsequent cancer treatment in <31 days: radiotherapy	94%	Apr-18	97.03%	96.95%	98.24%
RTT: >52 week waits, Admitted pathways - Average vs OUH total	0	Apr-18	6.3	33.7	58
RTT: >52 week waits, Non-admitted pathways - Average vs OUH total	0	Apr-18	6.4	32.3	21
RTT: >52 week waits, Incomplete pathways - Average vs OUH total	0	Apr-18	14.9	72.5	176

<sup>1</sup> Cambridge University Hospitals, Central Manchester University Hospitals, Guy's and St Thomas', Imperial College Healthcare, King's College Hospital, Newcastle-Upon-Tyne Hospitals, OUH, Sheffield Teaching Hospitals, University Hospitals Birmingham and University College London Hospitals.

Indicator	Standard	Data Period	England	Shelford	OUH
RTT: % <18 week waits, Admitted pathways	90%	Apr-18	70.16%	74.73%	71.51%
RTT: % <18 week waits, Incomplete pathways	92%	Apr-18	87.14%	88.44%	85.25%
RTT: % <18 week waits, Non-admitted pathways	95%	Apr-18	87.83%	88.64%	85.28%

## 9. Recommendation

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

**Sara Randall**  
**Acting Director of Clinical Services**  
**May 2018**

Report produced 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
<b>Green</b>	Satisfactory
<b>Amber</b>	Data can be relied upon but minor areas for improvement identified.
<b>Red</b>	Unsatisfactory/significant areas for improvement identified.

Quality	Standard	Current Data Period	Period Actual	YTD	Data Quality	
<b>Outcomes</b>	Summary Hospital-level Mortality Indicator**	NA	Sep-17	0.92		5
	Total number of deliveries	NA	May-18	680	1,311	5
	Proportion of normal deliveries	62%	May-18	63.38%	61.6%	5
	Proportion of Caesarean section deliveries	23%	May-18	20.74%	23.3%	5
	Proportion of assisted deliveries	15%	May-18	15.88%	15.2%	5
	Maternal Deaths	NA	May-18	0	0	4
	30 day emergency readmissions	0%	May-18	3.65%	3.6%	5
	Medication reconciliation completed within 24 hours of admission	80%	May-18	71.84%	72.1%	4
	Medication errors causing serious harm	0	May-18	2	4	5
	Number of CAS alerts closed having breached during the month	0	May-18	0	0	5
	Dementia CQUIN patients admitted who have had a dementia screen	0%	May-18	73%	70.7%	4
Dementia diagnostic assessment and investigation	0%	May-18	100%	100%	4	
<b>Patient Experience</b>	Dementia: Referral for specialist diagnosis	0%	May-18	100%	100%	4
	Friends & Family test response rate (Inpatients)	0%	May-18	21.79%	21.3%	4
	Friends & Family test response rate (Maternity)	0%	May-18	8.11%	8.8%	4
	Friends & Family test response rate (Emergency Departments)	0%	May-18	24.35%	24.9%	4
	Friends & Family test % not likely to recommend (Emergency Departments)	NA	May-18	8.68%	8.2%	4
	Friends & Family test % not likely to recommend (Inpatients)	NA	May-18	1.92%	2.1%	4
	Friends & Family test % not likely to recommend (Maternity)	NA	May-18	0.96%	1%	4
	Friends & Family test % likely to recommend (Emergency Departments)	NA	May-18	85.82%	86.3%	4



Quality	Standard	Current Data Period	Period Actual	YTD	Data Quality	
	Friends & Family test % likely to recommend (Inpatients)	NA	May-18	96.1%	95.8%	4
Safety	Friends & Family test % likely to recommend (Maternity)	NA	May-18	96.15%	97.3%	4
	Serious Incidents Requiring Investigation	NA	May-18	11	15	5
	% of Patients receiving Harm Free Care (Pressure sores, falls, C-UTI and VTE)	NA	May-18	94%	93.2%	3
	Never Events	NA	May-18	2	2	5
	Cleaning Scores: % of inpatient areas with initial score >92%	NA	May-18	43.55%	46.9%	5
	% of incidents associated with moderate harm or greater	NA	May-18	0.72%	0.6%	5
	# newly acquired category 2, 3 & 4 pressure ulcers	NA	Apr-18	68	68	5

Operational	Standard	Current Data Period	Period Actual	YTD	Data Quality	
Standards	RTT: % <18 week waits, Admitted pathways	90%	May-18	71.75%	71.6%	4
	RTT: % <18 week waits, Non-admitted pathways	95%	May-18	87.41%	86.4%	4
	RTT: % <18 week waits, Incomplete pathways	92%	May-18	85.65%	85.5%	5
	% Diagnostic waits waiting 6 weeks or more	1%	May-18	2.52%	2.1%	3
	RTT: >52 week waits, Admitted pathways	0	May-18	46	104	4
	RTT: >52 week waits, Incomplete pathways	0	May-18	187	363	4
	RTT: >52 week waits, Non-admitted pathways	0	May-18	35	56	4
	Emergency Department attendances	NA	May-18	13,900	26,049	5
	% <=4 hour waits from Emergency Department attendance to admission/transfer/discharge	95%	May-18	88.63%	87.5%	5
	Last minute cancellations: % of elective admissions	0.5%	May-18	0.74%	0.9%	3
	% patients not rebooked within 28 days	0%	May-18	18.18%	14.4%	5
	Urgent cancellations – second time	0	May-18	0	0	5
	Urgent cancellations	0	May-18	27	31	5
	Contract Variations Open	NA	May-18	3		
	Contract Notices Open	NA	May-18	0		
	Delayed transfers of care: number (snapshot)*	0	May-18	49	123	4
	Delayed transfers of care as % of occupied beds*	3.5%	May-18	5.07%	6.3%	5
	Theatre utilisation – elective	80%	May-18	76.14%	74.6%	4
	Theatre utilisation – emergency	70%	May-18	50.37%	49.2%	4
	Theatre utilisation – total	75%	May-18	68.73%	67.3%	4
	Results endorsed within seven days	NA	May-18	75.7%	75.3%	4
	% of discharge summaries sent to GP within 24 hrs	95%	May-18	86.27%	86.1%	4
	First cancer treatment within 62 days of urgent GP referral	85%	Apr-18	80%	80%	4
	First cancer treatment within 62 days of urgent referral from screening service	90%	Apr-18	83.33%	83.3%	4
	First treatment within 31 days of cancer diagnosis	96%	Apr-18	92.96%	93%	4
	Subsequent cancer treatment in <31 days: surgery	94%	Apr-18	93.14%	93.1%	4
	Subsequent cancer treatment in <31 days: drugs	98%	Apr-18	98.53%	98.5%	4
	Subsequent cancer treatment in <31 days: radiotherapy	94%	Apr-18	98.24%	98.2%	4
	<2 week waits to first appointment from urgent GP referral with suspected cancer	93%	Apr-18	95.06%	95.1%	5
	<2 week waits to first appointment from urgent referral with breast symptoms	93%	Apr-18	93.43%	93.4%	5

Operational		Standard	Current Data Period	Period Actual	YTD	Data Quality
	Same sex accommodation breaches	0	May-18	0	0	5
	Patients spending >=90% of time on stroke unit	85%	May-18	93.75%	96.8%	5
	Time to Surgery (% patients having their operation within the time specified according to their clinical categorisation)	0%	May-18	89.16%	93.6%	3
	MRSA bacteraemia	0	May-18	0	0	5
	Clostridium Difficile incidence	6	May-18	2	6	5
	% adult inpatients having VTE risk assessment	95%	May-18	97.31%	97.1%	5

Workforce		Plan	Current Data Period	Period Actual	Data Quality
<b>Workforce Performance</b>	Vacancy rate	5%	May-18	7.06%	3
	Sickness absence**	3.2%	May-18	3.22%	5
	Turnover rate	12%	May-18	13.99%	5
	Substantive staff in post against budget	11,582.8	May-18	10,765.1	4