Oxford University Hospitals
NHS Foundation Trust

Trust Board Meeting in Public: Wednesday 9 May 2018

TB2018.45

Title	**Integrated Performance Report: Month 12**

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)	Ms Sara Randall, Acting Director of Clinical Services			
Key purpose	Strategy	Assurance	Policy	**Performance**

Executive Summary

1. In March 2018, 2,762 patients waited over four hours from arrival to admission, transfer or discharge from OUH's Emergency Departments. The Trust's four-hour wait performance reduced to 79.27%.

2. High levels of bed occupancy continued to be experienced.

3. On 31 March 2018, 7,456 of 50,147 patients on incomplete pathways at OUH were waiting for over 18 weeks. The total list size grew by 1,562 from February and waits of over 18 weeks grew by 654 (9.6%).

4. Performance against the national RTT Incomplete standard of 92% reduced again from 86.0% in February to 85.13% in March.

5. OUH ended the year 2017/18 having delivered 3.8% more day case admissions than planned, 13.1% fewer inpatient admissions and 0.15% fewer outpatient attendances.

6. Over 52-week waits in Gynaecology rose again to 164 (having been 70 in December). Another six patients were waiting for over 52 weeks for services associated with their Gynaecological treatment and a further 11 patients were waiting for over 52 weeks in seven other specialties.

7. In March 2018, the percentage of patients receiving planned care with 18 weeks of referral reduced further to 85.13%. A slightly higher percentage of people who were admitted for treatment received in within 18 weeks in March than in February.

8. Seven of the eight national cancer standards were met in February, with the 62 days from urgent GP referral to first treatment falling below the standard at 81.4%.

9. All patients receiving an anti-cancer drug regimen (chemotherapy) following diagnosis did so within the national standard in February 2018 as in previous months.

10. Performance on the six-week standard for diagnostic waits was outside the national standard in March 2018 at 2.07%, with particular pressures in Audiology, Cardiology and MRI.

11. The national standard for VTE assessment was met in March, but the standard for providing care for inpatients with stroke on a dedicated stroke unit was not.

Recommendation

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

Integrated Performance Report: Month 12 (March 2018)

1. Key Headlines on Performance

1.1. In March 2018, 2,762 patients waited over four hours from arrival to admission, transfer or discharge from OUH's Emergency Departments. The Trust's four-hour wait performance reduced to 79.27%.

1.2. During March, 13 patients waited for over 12 hours in the Emergency Department from a Decision to Admit to admission.

1.3. Bed occupancy remained high, despite success in keeping beds open on the John Radcliffe site.

1.4. RTT Incomplete performance was 85.13% in March. Over 52-week waits in Gynaecology rose further to 164 and 17 patients were waiting for over 52 weeks in twelve other specialties. Of these, six patients in three specialties were waiting for care subsequent to a referral to Gynaecology.

1.5. Diagnostic wait performance worsened to 2.07% of patients waiting for over six weeks in March, breaching the 1% national standard. The number of people waiting for over six weeks rose from 98 in February to 259 in March.

1.6. Last-minute cancellations affected 1.08% of elective admissions in March, slightly below the peak of 1.12% in January. 9.89% 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.

1.7. The 62 days from urgent GP referral to first treatment cancer waiting time standard was not met in February, although performance against this and other cancer wait standards continued to be at or above the national average .

1.8. There were no cases of MRSA bacteraemia during January, February or March. There were 4 cases of Clostridium difficile in March, taking the annual total to 72, above the expected maximum of 64.

1.9. 70% of OUH's front-line clinical staff had been vaccinated against influenza by early February 2018, meeting the national CQUIN standard.

1.10. There were 48 newly-acquired category 2, 3 or 4 pressure ulcers in OUH care during February 2018 (the latest month reported). Levels have reduced since a peak of 97 in January 2017.

1.11. 97.08% of inpatients received a VTE risk assessment in March 2018, maintaining OUH performance above the 95% standard which has been met since December 2014.

1.12. In March 2018, the proportion of patients with acute stroke spending at least 90% of their time on a stroke unit fell to 62%, well below the 85% standard which had been met since November 2017.

1.13. There were no nationally-reportable breaches of the single-sex accommodation standard in March 2018.

2. Cancer

Overall position on national cancer standards

2.1. Seven of the eight national standards were met in February 2018. The standard for 85% of patients referred by a GP with suspected cancer receiving their first treatment within 62 days was not met.

2.2. Performance by month since November is shown below, with February's figures shown against those for NHS England.

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

Standard		OUH performance				England
		Nov-17	Dec-17	Jan-18	Feb-18	Feb-18
At least 93% of patients referred from a GP with suspected cancer will be seen within 2 weeks of referral.	**93.0%**	96.9%	95.3%	95.7%	97%	95.2%
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%**	99.3%	100%	100%	94.9%	94.1%
At least 96% of patients will receive first definitive treatment within 31 days of a decision to treat.	**96.0%**	96.1%	96.7%	**93.6%**	97.5%	97.6%
At least 85% of patients will receive their first treatment within 62 days of referral from a GP.	**85.0%**	**81.7%**	87%	**81.9%**	**81.4%**	**80.8%**
At least 94% of patients will receive subsequent treatment with surgery within 31 days of decision to treat.	**94.0%**	96.0%	96.6%	95.2%	95.4%	95.4%
At least 98% of patients will receive subsequent treatment with anti-cancer drug regimen within 31 days of decision to treat.	**98.0%**	100%	100%	100%	100%	99.6%
At least 94% of patients will receive subsequent radiotherapy within 31 days of a decision to treat.	**94.0%**	99.1%	100%	97.3%	98.2%	97.7%
At least 90% of patients will receive their first treatment within 62 days following referral from a screening service.	**90.0%**	95.7%	92.3%	97%	90%	**88%**

First definitive treatment within 31 days of a decision to treat

2.3. Of 313 patients receiving first definitive treatment in February 2018, 8 waited for longer than 31 days, performance of 97%. Performance by tumour site is shown below. Three patients waited longer than 62 days for first Gynaecological oncology treatment (down from four in January). The three breaches which took place in Urological were the lowest number since April 2017.

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

Tumour site	OUH performance						England
	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Feb-18
Breast	100%	100%	100%	98%	100%	100%	98.2%
Head & Neck	**95.2%**	**91.7%**	**80.0%**	**91.7%**	**86.2%**	95.7%	**94.9%**
Lung	100%	97.1%	**87.0%**	96.2%	**83.3%**	100%	98.1%
Lower GI	100%	100%	100%	100%	97.1%	96.7%	97.5%
Urological	**94.1%**	**93.8%**	**92.8%**	**89.1%**	**90.6%**	95%	96%
Skin	100%	100%	97.7%	100%	100%	100%	97.8%

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

2.4. In February 2018, of 156 referrals for which OUH was accountable, 29 did not receive their first treatment within 62 days of urgent referral from a GP, 4.5 breaches lower than January 2018.

2.5. 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.

2.6. 81.4% of patients therefore received their first treatment within 62 days.

2.7. Comparison with the England position on key tumour sites is given below where available. The Urological, Head and Neck, Gynaecological oncology, Lung and Lower GI tumour site groups continued to account for most breaches, with some improvement in Lower GI and Gynaecological and some worsening in Head & Neck, Lung and Upper GI.

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

Tumour site group	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	% <62 days Feb-18	England % Feb-18
Urological	3	6.5	6	7.5	8	7.5	**84%**	**76.3%**
Head & Neck	3.5	6	4	3.5	6	5	**16.7%**	**64.8%**
Gynaecological	4.5	4	5.5	2.5	3	4	**75%**	**75.4%**
Lung	3	3.5	4	2.5	1.5	5.5	**15.4%**	**72.4%**
Lower GI	10.5	6	6	2	6	1.5	**85%**	**73.6%**
Upper GI	2.5	2.5	2	1	3	2.5	**77.3%**	**72.5%**
Haematological	0	1	1	1	0	1	**83.3%**	**76.9%**
Skin	0	1.5	2.5	0.5	0.5	0.5	**98.5%**	**95.5%**
Sarcoma	0	1	0	0	1.5	0.5	**0%**	**68.6%**

Tumour site group	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	% <62 days Feb-18	England % Feb-18
Breast	0	0	0	0	0	0	**94.4%**	**91.2%**
All cancers	**28**	**32**	**32**	**20.5**	**33.5**	**29**	**81.4%**	**80.89%**

2.8. With many Head and Neck cancer patients coming from other hospitals across the Thames Valley Cancer Alliance, a proposal has been agreed with Alliance partners that will involve the development of local specialist teams. This is expected to improve patient experience as well as to release capacity within OUH to reduce waiting times to first treatment.

2.9. Agreement has been reached with Great Western Hospital, Swindon, for care in Swindon including follow-up care (which can involve 24 trips per patient to Oxford over a five-year period). The local service provision is expected to equate to a weekly clinic seeing 14 people each week, starting from September 2018.

First treatment within 62 days of screening service referral

2.10. This standard was met in February, with first treatment for two patients starting after 62 days.

Chemotherapy

2.11. Despite concerns raised about staffing levels at the Churchill Hospital, all patients requiring drug treatment continued to receive it within 31 days in February 2018, as in previous months.

Reporting

2.12. As reported to the Board in paper TB2018.27, changes are being made to the system used by the NHS in England to report on cancer wait standards. This will involve being able to report on the 38 day handover date for care responsibility between two providers.

2.13. OUH has been ready to report on this new basis from April 2018, but delays to the national system mean that at present, reporting continues on the same basis as before. No timescale is yet available for this national delay to be resolved.

3. Diagnostic Waits

3.1. Diagnostic wait performance worsened from 0.85% of patients waiting for over six weeks in February 2018 to 2.07% in March, breaching the 1% national standard. The number of people waiting for over six weeks rose from 98 to 259.

3.2. The total number of people waiting for diagnostic tests rose from 10,695 in December to 11,550 in February and again to 12,497 in March, with particular growth in MRI and non-obstetric ultrasound (also the investigations performed for most people).

3.3. Waits of over six weeks were in the areas shown below. Waits worsened for Audiology (where 26 patients were waiting for over seven weeks for assessment); Cardiology echocardiography (with two patients waiting for over 12 weeks, where the delays are in fact waits for myocardial perfusion scans due to the availability of isotopes); Flexi sigmoidoscopy, where two patients were waiting for between nine and 12 weeks; MRI (with one patient waiting for 9-10 weeks); and Sleep studies, where 16 patients were waiting for longer than ten weeks.

Table 4: Diagnostic waits of over six weeks, % and number of patients waiting, January – March 2018

	% >6 weeks			Waiting >6 weeks		
	Jan-18	Feb-18	Mar-18	Jan-18	Feb-18	Mar-18
Audiology - Audiology Assessments	7.24	5.19	15.79	21	21	66
Cardiology - echocardiography[1]	43.65	38.74	45.6	55	43	57
Magnetic Resonance Imaging	0.39	0.22	1.15	10	6	36
Respiratory physiology - sleep studies	8.77	12.12	42.86	10	8	33
Colonoscopy	0.81	1.76	6.69	2	5	21
Gastroscopy	1.41	0.75	4.06	6	3	17
Cystoscopy	5.49	4.71	4.37	10	8	10
Flexi sigmoidoscopy	1.36	1.37	3.73	3	3	9
Computed Tomography	0.05	0	0.04	1	0	1
Peripheral neurophysiology	0	1.32	0	0	1	0
Non-obstetric ultrasound	0	0	0	0	0	0
Barium Enema	1.35	0	0	1	0	0

4. Urgent Care and Four Hour Waits

Performance

4.1. In March 2018, 2,762 patients waited over four hours from arrival to admission, transfer or discharge from OUH's Emergency Departments, 469 more than in February. The Trust's four-hour wait performance reduced to 79.27% and remained below the trajectory level of 90% and the national standard of 95%.

4.2. In the full year from 1 April 2017 to 31 March 2018, Emergency Department attendances were up by 2.83% on 2016/17. Attendances in March 2018 were up 2.55% on March 2018. Emergency Admissions were up by 4.37% in March and up by 2.13% for the year.

4.3. Emergency admissions ran at an average of 215 per day in March, slightly above the 212 per day in February 2018 and significantly above the 206 in March 2017.

4.4. Attendances ran at 430 per day in March 2018 compared to 432/day in February 2018 and 419/day in March 2017. The growth in attendances per day rose ahead of what was seen in England as a whole in January-March 2018 (406-430 at OUH compared to 406-419 in England).

4.5. During March, despite high levels of bed occupancy, no waits were reported of over 12 hours in OUH's Emergency Departments from a Decision to Admit.

4.6. The number of patients medically fit for discharge (stranded patients, 7 days) constituted 47-57% of OUH's General & Acute beds throughout February and early March, being at the upper end of this range from 11 - 15 February.

4.7. Delayed transfers of care affected 70 patients at the end of March 2018, with 7 Northamptonshire residents experiencing delay accounting for 11.6% of the 2,239 bed days used by delayed patients at OUH during the month.

[1] Delay awaiting myocardial perfusion scans.

4.8. A Staff Incentive Scheme was used to assist in keeping adult inpatient beds operational at the John Radcliffe including additional beds on John Warin Ward, Cardiac and Neuro wards and Ward 5F and the avoidance of weekend bed closures so as to maximise capacity in the hospital. Six Neuro beds were closed at the JR in the second half of February and during March.

4.9. Following the nationally-mandated closure of elective capacity, non-urgent, non-cancer elective inpatient care was re-started on 5 February 2018 at the Churchill Hospital and Nuffield Orthopaedic Centre and in most services at the John Radcliffe, with activity in the West Wing being phased in from 12 February.

Improvement actions

4.10. As part of work coordinated with input from Hunter Healthcare, changes were made on 15 January 2018 to the functioning of the Emergency Assessment Unit and Short Stay wards on the John Radcliffe site. The impact of these changes is being evaluated on improving flow through the Trust's emergency assessment beds, particularly for patients requiring observation for up to 12 hours, 24-hour inpatient stay or stays of 1-3 days within medical or Short Stay beds.

4.11. Review with Hunter of work done within OUH since October 2017 has indicated that there have been improvements in communications, roles and process (such as in escalation); the creation of a Trust-wide (rather than Divisional) bed management function; some improvements in the use of Board Rounds on wards; improvements in discharge planning and involvement; and the introduction of lead physicians into Short Stay Wards.

4.12. Hunter have recommended a series of follow-up actions to address issues including:

4.12.1. Bringing together and making consistent OUH's planning and oversight of urgent care improvement projects.

4.12.2. Developing a single Trust plan for urgent care improvement.

4.12.3. Simplifying governance of urgent care activities at Executive Director level and below.

4.12.4. Improving visibility of system-wide daily operational intelligence.

4.12.5. Improving 'delivery groups' across the Oxfordshire health and social care system.

4.13. A sixteen-week programme has been agreed to improve urgent care flow, with a focus on simplifying and improving the discharge process while addressing the issues above.

Local system performance

4.14. Oxford Health's Minor Injuries Units delivered 97.47% 4 hour performance in March 2018, giving an overall performance of 82.33% for the Oxfordshire A&E Delivery Board. This was 2.27% below the level across England for all types of A&E.

4.15. The 90% trajectory has not been achieved by Oxfordshire since April 2017. The 95% national standard has not been met by the NHS in England or OUH since July 2015.

Table 5: Oxfordshire 4 hour wait performance to February 2018

OUH + Oxford Health	Q1	Q2	Q3	Jan-18	Feb-18	Mar-18
>4 hour waits - actual	5,775	6,834	7,461	2,239	2,343	2,830

OUH + Oxford Health	Q1	Q2	Q3	Jan-18	Feb-18	Mar-18
Attendances - actual	49,700	47,851	48,615	15,500	14,661	16,015
Performance - trajectory	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%
Performance - actual	**88.38%**	**85.72%**	**84.65%**	**85.55%**	**84.02%**	**82.33%**

OUH performance detail

4.16. Emergency Department attendances reduced in March following a peak after wintry weather in the week ending 4 March but rose again in the week ending 22 April.

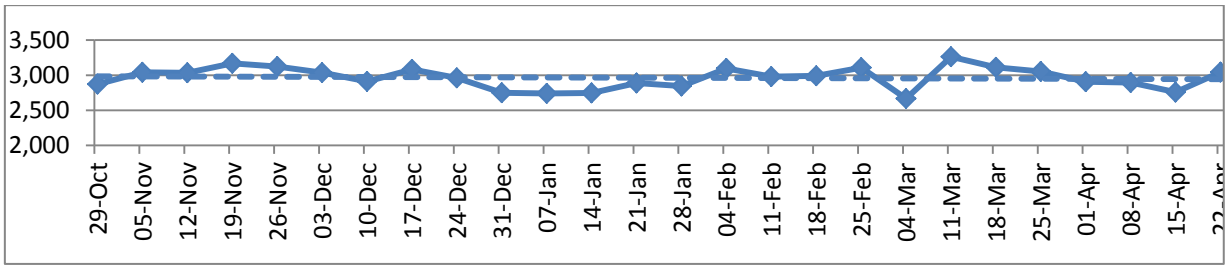


Figure 1: ED attendances, weeks ending 29 October 2017 – 22 April 2018

4.17. Emergency admissions followed a similar pattern but with a peak for two weeks following wintry weather in early March.

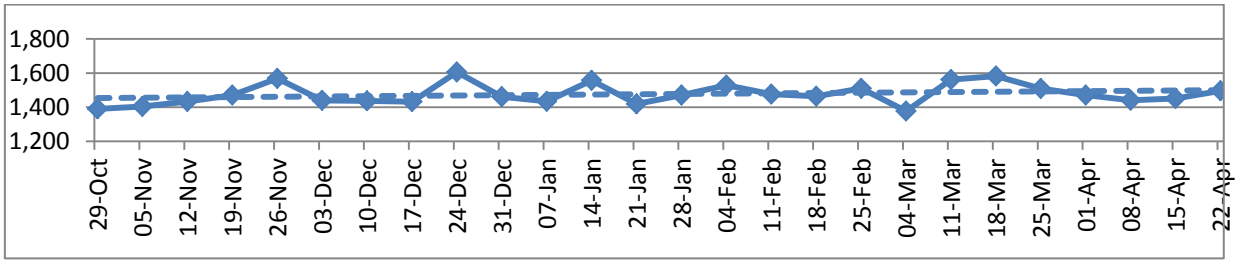


Figure 2: Emergency admissions (all sources), weeks ending 29 October 2017 – 22 April 2018

4.18. Delayed transfers continued below 100, with 70 patients delayed on 29 March and 63 on 12 April.

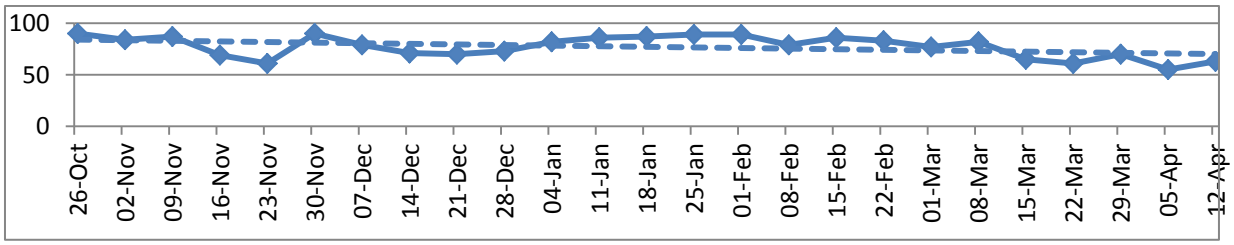


Figure 3: Delayed transfers of care, OUH beds, Oct-17-Apr-18 (weekly snapshot, all commissioners)

4.19. 'General and acute' bed occupancy Trust-wide (excluding day case, maternity and neonatal beds) has been above 95% since October, with staffing-related bed closures primarily affecting the Churchill site since Christmas.

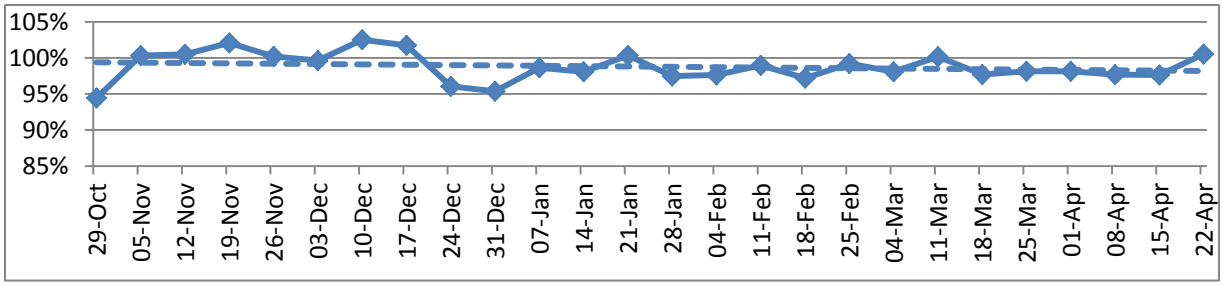


Figure 4: % bed days occupied, OUH General and Acute beds, after safe staffing bed reductions

4.20. OUH's length of stay on discharge showed a small increase in elective (excluding day cases) and a small reduction in non-elective length of stay in March 2018.

Table 6: Average length of stay on discharge from OUH beds, August 2017 - March 2018

Type of admission	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Elective	3.33	3.85	3.82	3.87	3.88	3.87	4.09
Non-elective	3.79	3.85	3.96	3.92	4.29	4.22	4.02
Non-elective non-emergency[2]	4.52	4.63	5.03	4.24	3.72	3.86	3.74

4.21. Analysis of when patients are discharged from OUH beds indicates that discharges at weekends ran at below 60% of weekday levels except in December, when weekend figures were potentially aided by Christmas Day falling on a Monday.

Table 7: Discharges from OUH beds by day of the week, August 2017 – March 2018

Day	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Monday	2,370	2,953	2,465	1,853	2,600	1,980	2,456
Tuesday	2,519	3,254	2,813	2,129	3,251	2,664	2,176
Wednesday	2,523	2,469	3,130	2,340	3,129	2,432	2,004
Thursday	2,656	2,580	3,195	2,449	2,657	2,568	3,285
Friday	3,316	2,627	2,727	3,064	2,586	2,544	3,460
Saturday	1,726	1,362	1,457	1,709	1,252	1,368	1,940
Sunday	962	1,161	1,007	1,219	1,041	952	1,135
Total discharges	16,072	16,406	16,794	14,763	16,516	14,508	16,456
Mon-Fri mean	2,677	2,777	2,866	2,367	2,845	2,438	2,676
Sat-Sun mean	1,344	1,262	1,232	1,464	1,147	1,160	1,538
Sat-Sun mean as % of Mon-Fri mean	50.21%	45.43%	42.99%	61.85%	40.30%	47.59%	57.45%

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

[2] A category of admissions including births and transfers from other hospitals.

Table 8: Triggers agreed with Oxfordshire CCG on the 4 hour wait standard

Triggers agreed on 17 May 2017	Measure	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
ED attendances not above 2016/17 outturn on month-by-month basis	% change from same month in 2016/17[3]	**5.90%**	**5.25%**	**4.0%**	**7.05%**	**2.55%**
Emergency admissions not above 16/17 outturn on month-by-month basis	% change from same month in 2016/17[3]	-1.15%	-1.93%	**1.9%**	-0.82%	**4.37%**
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	**90**	73	**89**	**83**	**70**
Saturday and Sunday discharges at least 60% of Monday-Friday average	Weekend discharges as % of Mon-Fri mean	**45.43%**	61.85%	**40.3%**	**47.59%**	**57.45%**

5. Referral to Treatment Time (RTT)

Performance

5.1. On 31 March 2018, 7,456 of 50,147 patients on incomplete pathways at OUH were waiting for over 18 weeks. This represented a growth in the total list size of 1,562 from February and a growth in over 18 week waits of 654 (9.6%).

5.2. RTT Incomplete performance reduced again from 86.0% in February to 85.13% in March.

Component waits

5.3. 2,444 of 3,318 people completing RTT Admitted pathways in March 2018 were treated within 18 weeks (73.66%). This was 3.32% better than in February. 21 completed treatment after more than 52 weeks, 12 of them in Gynaecology.

5.4. 10,247 of 11,899 patients whose RTT Non-admitted clock stopped in March 2018 were within 18 weeks (86.12%). This was 0.03% better than in February. 36 patients on the Non-admitted pathway completed treatment after more than 52 weeks, 18 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.

5.6. Incomplete pathways with a decision to admit rose from 8,593 in February 2018 to 9,043 in March 2018.

5.7. The number of new pathways was up from 887 per working day in January 2018 to 905 per day in February and 933 per day in March.

5.8. The breakdown by treatment function is shown below.

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

Table 9: Incomplete Pathways with Decision to Admit and New Pathways by treatment function, February 2018, sorted to show largest number of New pathways first

Treatment function group	Incomplete Pathways with a Decision to Admit	New pathways
Ophthalmology	1,417	1,465
Dermatology	64	1,174
Trauma & Orthopaedics	1,405	1,082
Gynaecology	1,066	917
Gastroenterology	501	911
Cardiology	140	905
Urology	353	837
Ear, Nose & Throat (ENT)	419	752
General Surgery	478	655
Neurology	13	589
Thoracic Medicine	34	551
Rheumatology	11	480
Plastic Surgery	554	398
Neurosurgery	177	179
Geriatric Medicine	5	126
Cardiothoracic Surgery	73	94
General Medicine	3	28
Oral Surgery	0	0
Other	2,330	8,463
Total	**9,043**	**19,606**

Specialty waits and long waits

5.9. Sixteen specialties had more than 100 people waiting for over 18 weeks on incomplete pathways on 31 March 2018.

5.10. Gynaecology's >18 week waits increased by 80 during March, lower growth than in February but still significant. Long waits are also showing a rising trend in Paediatric ENT, Neurology, Ophthalmology, Orthodontics and Urology.

Table 10: Specialties with >100 people waiting on incomplete pathways, Dec 2017 - Mar 2018

	December 2017		January 2018		February 2018		March 2018	
Treatment function	**% <18 weeks**	**>18wks**	**% <18 weeks**	**>18wks**	**% <18 weeks**	**>18wks**	**% <18 weeks**	**>18wks**
Gynaecology	**68.37**	1,126	**66.37**	1,245	**63.68**	1,344	**62.48**	1,424
Ear, Nose & Throat (ENT)	**74.50**	737	**74.89**	749	**76.37**	723	**76.46**	715
Ophthalmology	**85.65**	574	**86.91**	516	**85.04**	559	**84.13**	656
Trauma & Orthopaedics	**70.51**	854	**70.69**	713	**75.58**	565	**75.29**	619
Maxillofacial surgery	**76.15**	444	**74.47**	419	**76.90**	410	**72.87**	516
Paediatric ENT	**78.28**	207	**74.86**	232	**73.55**	255	**72.37**	284
Dermatology	**93.30**	166	**92.38**	188	**91.47**	210	**91.19**	218

	December 2017		January 2018		February 2018		March 2018	
Treatment function	**% <18 weeks**	**>18wks**	**% <18 weeks**	**>18wks**	**% <18 weeks**	**>18wks**	**% <18 weeks**	**>18wks**
Clinical Genetics	**95.96**	59	**94.38**	86	**91.51**	139	**87.21**	217
Plastic Surgery	**80.72**	213	**79.78**	204	**81.75**	192	**78.70**	213
Spinal Surgery	**75.31**	196	**71.58**	210	**76.08**	172	**74.42**	200
Urology	**92.40**	116	**91.58**	137	**89.64**	169	**90.14**	175
Vascular Surgery	**79.67**	147	**78.95**	120	**80.40**	119	**78.53**	149
Orthodontics	**74.54**	96	**73.39**	99	**72.02**	115	**64.36**	144
Neurosurgery	**86.60**	80	**85.06**	91	**80.34**	129	**79.48**	127
Neurology	**93.68**	84	**94.40**	76	**93.22**	95	**92.21**	113
Endoscopy (Gastro-enterology)	**89.39**	111	**89.08**	99	**89.92**	102	**88.91**	112
OUH total	**86.16**	**6,714**	**86.13**	**6,679**	**86.0**	**6,802**	**85.13**	**7,456**

5.11. The number of patients waiting for over 52 weeks for treatment grew from 90 in December to 157 in January, 176 in February and 181 in March.

5.12. The number of women waiting for over 52 weeks for Gynaecological care jumped from 70 in December to 132 in January and rose to 164 in March. 17 patients were waiting for over 52 weeks in twelve other specialties. Of the six shown as 'Other', four were in Interventional Radiology, one in Clinical Physiology and one in Physiotherapy – all six having received Gynaecological care.

Table 11: >52 week waits (incomplete pathways) by specialty

Specialty	**Sep-17**	**Oct-17**	**Nov-17**	**Dec-17**	**Jan-18**	**Feb-18**	**Mar-18**
Colorectal Surgery	2	2	2	1	2	2	1
Endoscopy (Gastroenterology)						1	
ENT						1	1
General Surgery							1
Gynaecology	57	56	56	70	132	150	164
Maxillofacial Surgery	2	2	3	3	4	2	
Neurosurgery						1	1
Ophthalmology						1	2
Orthopaedics	2	1	2	2	1	1	
Paediatric Neurology		1	1	1	3	1	
Paediatric Rheumatology						1	
Paediatric Surgery	1	1	1	2	2	1	
Paediatric Trauma & Orthopaedics						1	
Plastic Surgery				1	1	2	
Spinal Surgery Service				1	2	2	2
Upper GI Surgery		2	1	2	1	1	1
Urology	2	1	2	2	1	3	2
Vascular Surgery	3	3	1	2		1	
Other		1	4		7	4	6
Total	**70**	**71**	**73**	**90**	**157**	**176**	**181**

Gynaecology

5.13. The charts below show admitted patient activity and waits for admission in Gynaecology during 2017/18.

5.14. Day case admissions ran close to plan throughout the year, with 2,064 of a planned 2,066 admissions provided during the year.

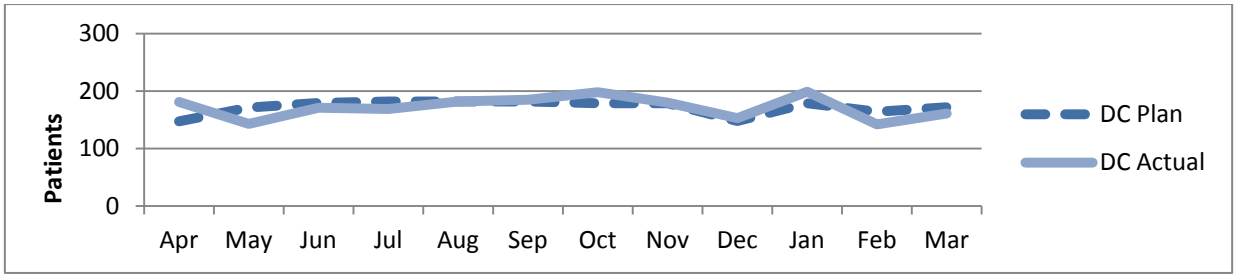


Figure 5: Day case admissions against plan, Gynaecology, April 2017 - March 2018

5.15. Elective inpatient activity ran at or above plan from July - December 2017, by which point the service was 81 episodes (9.3%) ahead of plan.

5.16. From January - March 2018, though, activity dropped and 136 (46.3%) fewer admissions than planned were provided.

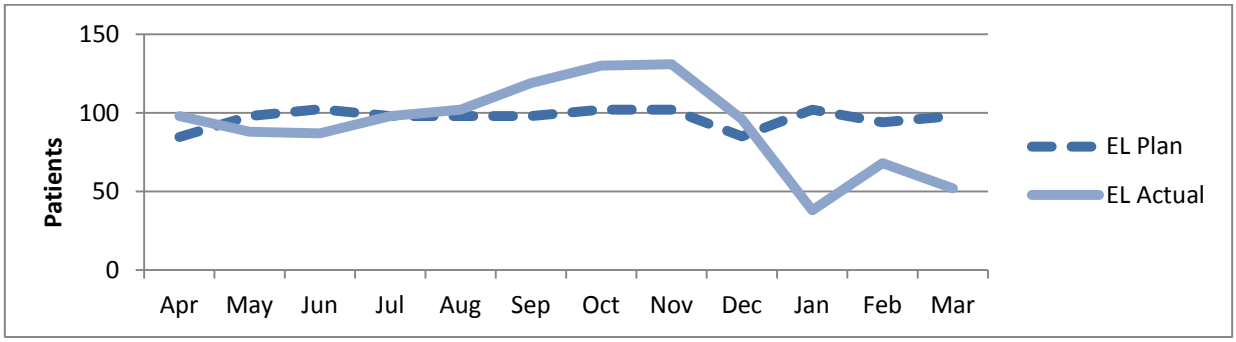


Figure 6: Gynaecology inpatient elective admissions, plan and actual, April 2017 - March 2018

5.17. Waits for admission have risen since January and as can be seen from Figure 7, the recent growth has been in long waits. 164 of the 348 Gynaecology patients waiting beyond 36 weeks for admission on 31 March 2018 were waiting for over 52 weeks.

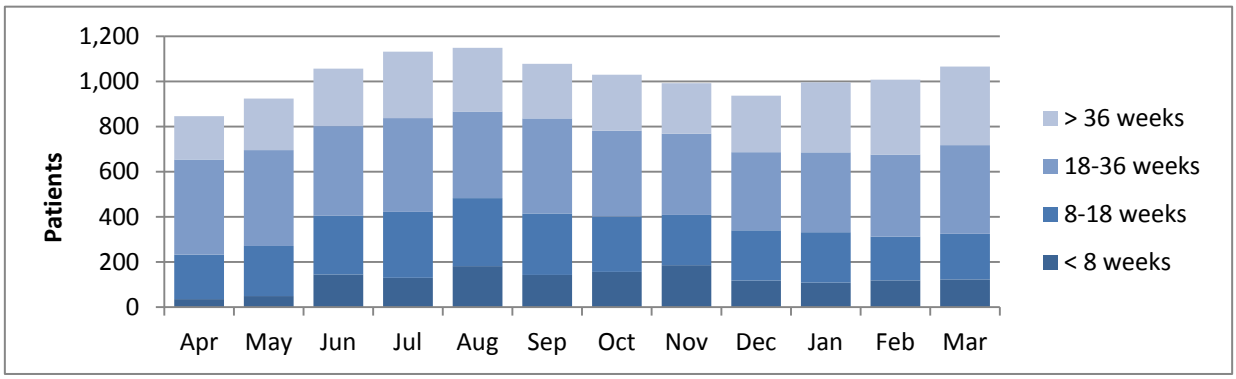


Figure 7: Waits for admission, Gynaecology, April 2017 – March 2018

5.18. Whilst opportunities have been taken to improve productivity and introduce non-surgical pathways, capacity to deliver Gynaecological surgical activity within OUH reduced with the removal of a temporary operating theatre in early January 2018.

5.19. There is an underlying capacity shortfall. GP referrals to the service were also up 3.8% in 2017/18.

5.20. In 2018/19, direct additional funding to tackle long waits is expected to enable some Gynaecology inpatient activity to be provided in operating theatres outside OUH, using OUH's surgeons.

5.21. As early as possible during the coming year, a set of options will need to be brought to the Board to deliver a sufficient and sustainable level of Gynaecology inpatient capacity.

Trust-wide activity

5.22. Taking account of the short-term plan for additional activity agreed in May 2017, OUH had been 44 admissions (0.1%) ahead of plan at the end of September for day case and elective inpatient admissions counted together.

5.23. Loss of elective inpatient activity due to bed closures, adverse weather and the loss of theatre capacity, then the further loss of 793 elective inpatient admissions in January, took the Trust to 3,318 elective inpatient admissions (13.1%) below plan for the year to 31 March.

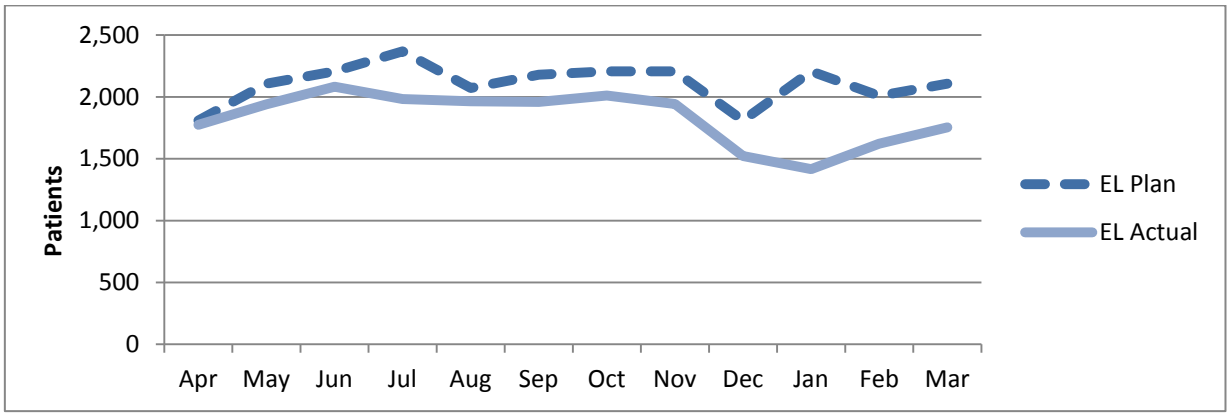


Figure 8: OUH elective inpatient admissions versus plan, April 2017 – March 2018

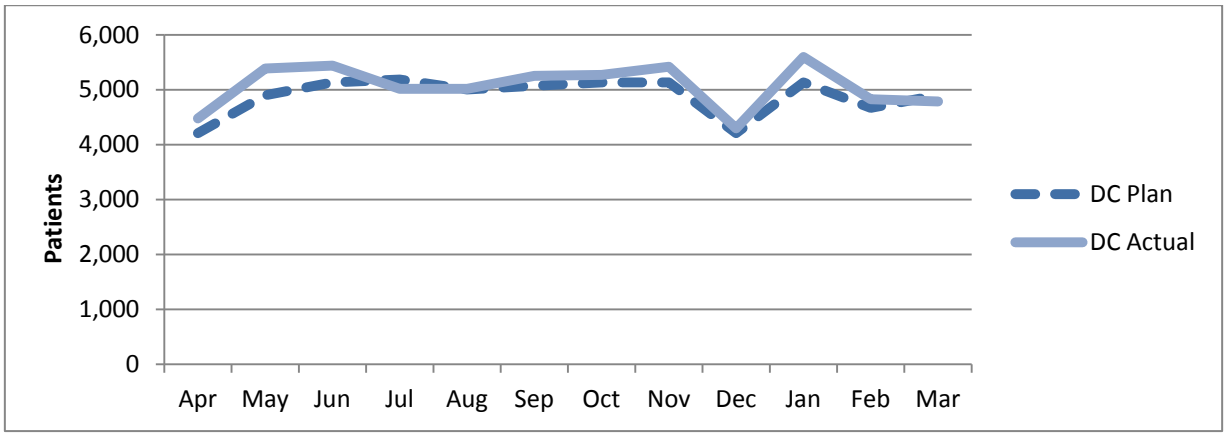


Figure 9: Day case admissions versus plan, April 2017 – March 2018

5.24. The loss of 793 elective inpatient admissions in January was partly offset by 453 more day case admissions than plan and the Trust provided 2,103 (3.8%) more day cases than planned for the year, taking total admissions to 1,215 (1.45%) below plan.

5.25. First outpatient attendances for the year were 472 (0.15%) below plan, with 1,512 fewer attendances than plan taking place in February and March 2018.

5.26. Endoscopies were 1,244 (5.9%) below plan for the year.

Waiting list

5.27. The number of patients waiting for a first outpatient appointment rose from 23,352 in January to 26,531 in March, growth of 13.6%.

5.28. The number of people awaiting admission rose by 6.7% from January to March, with a large increase in March in the number waiting for over 18 weeks.

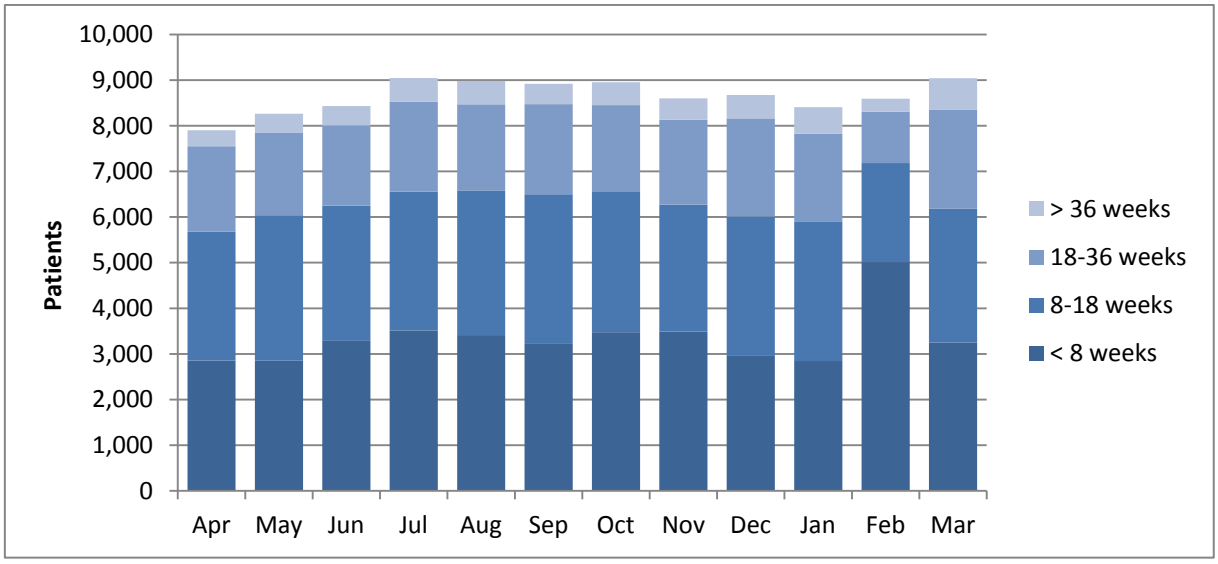
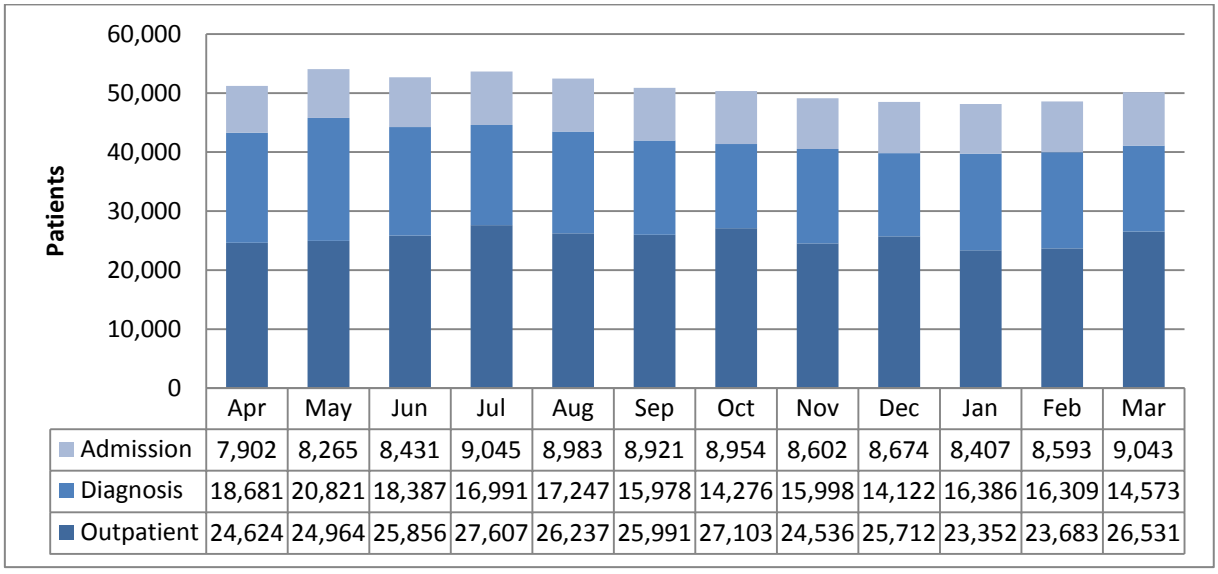


Figure 10: People waiting for admission, April 2017 – March 2018

5.29. The total waiting list size grew by 4.2% between January and March, beginning to reverse the reduction which was achieved between August 2017 and January 2018.



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Admission	7,902	8,265	8,431	9,045	8,983	8,921	8,954	8,602	8,674	8,407	8,593	9,043
Diagnosis	18,681	20,821	18,387	16,991	17,247	15,978	14,276	15,998	14,122	16,386	16,309	14,573
Outpatient	24,624	24,964	25,856	27,607	26,237	25,991	27,103	24,536	25,712	23,352	23,683	26,531

Figure 11: People waiting on incomplete pathways by section of wait, April 2017 – March 2018

Risks to delivery of activity plan

5.30. Staffing shortages continue to pose the greatest risk to OUH delivering its planned and commissioned level of elective care. Shortages of ward staff leading to unplanned bed closures, particularly at the Churchill Hospital, and shortages of theatre nurses leading to loss of operating sessions, particularly in the John Radcliffe's West Wing and more recently at the Churchill Hospital, have had an impact on the number of day cases and inpatients provided with elective care across a number of specialties.

5.31. Work to secure theatre capacity has focused 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. Availability of anaesthetic and recovery nurses has improved, but pressure is being experienced in the theatre (scrub) nursing and anaesthetist workforce.

5.32. Since December, pressure on the Trust's urgent care bed stock at the John Radcliffe has also led to some postponements of elective surgery. General medical and Trauma patients being 'outliers' in specialist surgery and Gynaecology beds in particular has added to the impact of staffing pressures.

5.33. The scale of the elective activity growth required to achieve the NHS Constitution standard of 92% within 18 weeks in some specialities continues to be greater than is funded by commissioners or than can be provided in the short term in OUH's facilities. Negotiation has taken place to identify independent sector capacity within Oxfordshire, using surgeons from OUH wherever possible.

5.34. As noted above, the 'run rate' of activity commissioned is not sufficient to meet demand. Short-term funding from commissioners is expected to be used to reduce long waits in Gynaecology and agreement is being sought on affordable plans to reduce long waits in some other services where the run rate is out of balance.

6. Access Standards: Performance Trajectories

6.1. OUH performance to date in 2017/18 against the trajectories in place for the year is shown below.

6.2. Performance against the 4-hour standard was 79.27% in March 2018 and remained below trajectory.

	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
>4 hour waits - plan	1,261	1,328	1,251	1,235	1,209	1,129	646
>4 hour waits - actual	2,164	2,415	2,372	2,511	2,159	2,293	2,762
Attendances - plan	12,610	13,286	12,519	12,350	12,093	11,294	12,925
Attendances - actual	12,562	13,456	13,258	12,998	12,577	12,090	13,326
Performance - trajectory	90.0	90.0	90.0	90.0	90.0	90.0	95.0%
Performance – actual %	**82.77**	**82.05**	**82.11**	**80.68**	**82.83**	**81.03**	**79.27%**

Table 12: Emergency Care: 95% of patients will wait no more than four hours from arrival to admission, transfer or discharge

6.3. The RTT performance trajectory based on existing planned activity (before the Board agreed extra activity for Q2 in May 2017) was met from April 2017 – February 2018.

6.4. The total waiting list size reduced after July 2017 but grew again after January 2018.

	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Over 18 weeks – plan	6,966	7,211	7,459	7,710	7,965	8,223	8,844	8,749
Over 18 weeks – actual	6,384	6,679	6,481	6,196	6,714	6,679	6,802	7,456
Total Number Waiting – plan	51,220	51,690	52,160	52,630	53,100	53,570	54,080	54,510
Total Number Waiting – actual	52,467	50,890	50,333	49,136	48,508	48,145	48,585	50,147
RTT incomplete % – trajectory	86.40	86.05	85.70	85.40	85.00	84.65	84.3%	83.95%
RTT incomplete % – actual	**87.83**	**86.88**	**87.12**	**87.39**	**86.16**	**86.13**	**86.0**	**85.13**

Table 13: RTT incomplete pathways: 92% of patients will wait no more than 18 weeks

6.5. The 62-day cancer standard was met in December, but not in January or February 2018. The number of breaches rose in January to their highest level in 2017/18 but reduced in February.

	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18
>62 days - plan	26	28	25	22	29	32	31	26
>62 days - actual	26.5	29.0	28.0	32.0	32.0	20.5	34.5	29.0
Total patients seen - plan	173	190	170	151	194	214	208	176
Total patients seen - actual	175.5	193.5	191.5	173.5	175	157.5	186	156
Performance – trajectory %	85	85	85	85	85	85	85	85
Performance – actual %	**84.90**	**85.01**	**85.38**	**81.56**	**81.71**	**86.98**	**81.9**	**81.4**

Table 14: Cancer: At least 85% of patients will receive their first treatment within 62 days of GP referral

7. Workforce

7.1. The Trust's Vacancy rate in March 2018 was 6.97%, down slightly from 6.88% in February and above the Trust's target of 5%.

7.2. At the end of March, 10,821 whole time equivalent substantive staff were in post, a small increase from the 10,842 in February. The Trust had planned to have 11,631WTE staff in post in March 2018.

7.3. Sickness absence was 3.26%, above the Trust's target level of 3.2%.

7.4. The turnover rate reduced by 0.07% to 14.24%, remaining above OUH's 12% target.

7.5. Costs for bank and agency staffing and financial metrics are reported in the Finance Report.

8. Additional information

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

9. Benchmarking

9.1. Shown in the table below is the Trust's position on national key performance indicators for the latest period for which data are available for the NHS in England and for Shelford Group teaching hospital trusts.[4]

Indicator	Standard	Data Period	England	Shelford	OUH
% ≤4 hour waits from Emergency Department attendance to admission/transfer/discharge	95%	Mar-18	84.61%[5]	81.95%	79.27%
<2 week waits to first appointment from urgent GP referral with suspected cancer	93%	Feb-18	95.21%	95.62%	96.98%
<2 week waits to first appointment from urgent referral with breast symptoms	93%	Feb-18	94.08%	94.69%	94.89%
First treatment within 31 days of cancer diagnosis	96%	Feb-18	97.56%	96.20%	97.51%
First cancer treatment within 62 days of urgent referral from screening service	90%	Feb-18	87.99%	84.74%	90%
First cancer treatment within 62 days of urgent GP referral	85%	Feb-18	80.96%	79.08%	81.41%
Subsequent cancer treatment in <31 days: surgery	94%	Feb-18	95.39%	95.74%	95.38%
Subsequent cancer treatment in <31 days: drugs	98%	Feb-18	99.65%	99.83%	100%
Subsequent cancer treatment in <31 days: radiotherapy	94%	Feb-18	97.70%	97.83%	98.2%
RTT: >52 week waits, Admitted pathways - Average vs OUH total	0	Feb-18	3.8	24.4	34
RTT: >52 week waits, Non-admitted pathways - Average vs OUH total	0	Feb-18	4.2	15.7	27
RTT: >52 week waits, Incomplete pathways - Average vs OUH total	0	Feb-18	11.8	66.8	176
RTT: % <18 week waits, Admitted pathways	90%	Feb-18	72.69%	76.32%	70.34%
RTT: % <18 week waits, Incomplete pathways	92%	Feb-18	87.57%	88.46%	86%
RTT: % <18 week waits, Non-admitted pathways	95%	Feb-18	88.82%	89.38%	86.09%

Note: NHS England 4 hour performance includes non-acute Trust 'Type 3' activity.

10. Recommendation

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

Sara Randall
Acting Director of Clinical Services
April 2018

Report produced by Jonathan Horbury

[4] 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.

[5] NHS England 4 hour performance includes non-acute Trust 'Type 3' activity.

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	Data Period	Period Actual	YTD	Data Quality
Outcomes	Summary Hospital-level Mortality Indicator**	NA	Sep-17	0.92		5
	Total number of deliveries	NA	Mar-18	649	7497	5
	Proportion of normal deliveries	62%	Mar-18	60.86%	61.9%	5
	Proportion of Caesarean section deliveries	23%	Mar-18	24.81%	22.9%	5
	Proportion of assisted deliveries	15%	Mar-18	14.33%	15.1%	5
	Maternal Deaths	NA	Mar-18	0	0	4
	30 day emergency readmissions	0%	Mar-18	3.84%	3.3%	5
	Medication reconciliation completed within 24 hours of admission	80%	Mar-18	71.36%	72.9%	4
	Medication errors causing serious harm	0	Mar-18	1	16	5
	Number of CAS alerts closed having breached during the month	0	Mar-18	0	1	5
	Dementia CQUIN patients admitted who have had a dementia screen	0%	Mar-18	69.73%	69.6%	4
	Dementia diagnostic assessment and investigation	0%	Mar-18	100%	100%	4
	Dementia :Referral for specialist diagnosis	0%	Mar-18	100%	100%	4
Patient Experience	Friends & Family test response rate (Inpatients)	0%	Mar-18	20.68%	21.1%	4
	Friends & Family test response rate (Maternity)	0%	Mar-18	8.74%	12.4%	4
	Friends & Family test response rate (Emergency Departments)	0%	Mar-18	23.62%	21.2%	4
	Friends & Family test % not likely to recommend (Emergency Departments)	NA	Mar-18	8.68%	8.6%	4
	Friends & Family test % not likely to recommend (Inpatients)	NA	Mar-18	2.53%	1.8%	4

Quality		Standard	Data Period	Period Actual	YTD	Data Quality
	Friends & Family test % not likely to recommend (Maternity)	NA	Mar-18	0.53%	0.9%	4
	Friends & Family test % likely to recommend (Emergency Departments)	NA	Mar-18	86.36%	85.7%	4
	Friends & Family test % likely to recommend (Inpatients)	NA	Mar-18	95.09%	95.9%	4
	Friends & Family test % likely to recommend (Maternity)	NA	Mar-18	97.34%	96.3%	4
Safety	Serious Incidents Requiring Investigation	NA	Mar-18	9	94	5
	% of Patients receiving Harm Free Care (Pressure sores, falls, C-UTI and VTE)	0%	Mar-18	93.13%	93.3%	3
	Never Events	NA	Mar-18	1	8	5
	Cleaning Scores: % of inpatient areas with initial score >92%	NA	Mar-18	38.46%	39.6%	5
	% of incidents associated with moderate harm or greater	NA	Mar-18	0.23%	0.5%	5
	# newly acquired pressure ulcers (category 2, 3 and 4)	NA	Feb-18	48	546	5

Operational		Standard	Data Period	Period Actual	YTD	Data Quality
Standards	RTT: % <18 week waits, Admitted pathways	90%	Mar-18	73.66%	73.6%	4
	RTT: % <18 week waits, Non-admitted pathways	95%	Mar-18	86.12%	86.1%	4
	RTT: % <18 week waits, Incomplete pathways	92%	Mar-18	85.13%	87.7%	5
	% Diagnostic waits waiting 6 weeks or more	1%	Mar-18	2.07%	1%	3
	RTT: >52 week waits, Admitted pathways	0	Mar-18	21	268	4
	RTT: >52 week waits, Incomplete pathways	0	Mar-18	181	1013	4
	RTT: >52 week waits, Non-admitted pathways	0	Mar-18	36	132	4
	Emergency Department attendances	NA	Mar-18	13,326	155,352	5
	% <= 4 hour waits from Emergency Department attendance to admission/transfer/discharge	95%	Mar-18	79.27%	82.8%	5
	Last minute cancellations: % of elective admissions	0.5%	Mar-18	1.08%	0.9%	3
	% patients not rebooked within 28 days	0%	Mar-18	9.89%	9.9%	5
	Urgent cancellations – second time	0	Mar-18	0	0	5
	Urgent cancellations	0	Mar-18	8	191	5

Operational		Standard	Data Period	Period Actual	YTD	Data Quality
	Contract Variations Open	NA	Mar-18	1		
	Contract Notices Open	NA	Mar-18	0		
	Delayed transfers of care: number (snapshot)*	0	Mar-18	70	1,148	4
	Delayed transfers of care as % of occupied beds*	3.5%	Mar-18	6.99%	9.1%	5
	Theatre utilisation – elective	80%	Mar-18	69.99%	73.6%	4
	Theatre utilisation – emergency	70%	Mar-18	44.72%	50.1%	4
	Theatre utilisation – total	75%	Mar-18	62.63%	67.6%	4
	Results endorsed within seven days	NA	Mar-18	77.14%	77.3%	4
	% of discharge summaries sent to GP within 24 hrs	98%	Mar-18	85.31%	83.5%	4
	First cancer treatment within 62 days of urgent GP referral	85%	Feb-18	81.41%	83.7%	4
	First cancer treatment within 62 days of urgent referral from screening service	90%	Feb-18	90%	95.2%	4
	First treatment within 31 days of cancer diagnosis	96%	Feb-18	97.51%	96.6%	4
	Subsequent cancer treatment in <31 days: surgery	94%	Feb-18	95.38%	95.9%	4
	Subsequent cancer treatment in <31 days: drugs	98%	Feb-18	100%	99.9%	4
	Subsequent cancer treatment in <31 days: radiotherapy	94%	Feb-18	98.2%	98%	4
	<2 week waits to first appointment from urgent GP referral with suspected cancer	93%	Feb-18	96.98%	95.9%	5
	<2 week waits to first appointment from urgent referral with breast symptoms	93%	Feb-18	94.89%	98.3%	5
	Same sex accommodation breaches	0	Mar-18	0	25	5
	Patients spending >=90% of time on stroke unit	85%	Mar-18	62%	84.7%	5
	Time to Surgery (% patients having their operation within the time specified according to their clinical categorisation)	0%	Mar-18	96.71%	93.4%	3
	MRSA bacteraemia	0	Mar-18	0	1	5
	Clostridium Difficile incidence	5	Mar-18	4	72	5
	% adult inpatients having VTE risk assessment	95%	Mar-18	97.08%	97.5%	5

Workforce		Standard	Data Period	Period Actual	Data Quality
Workforce Performance	Vacancy rate	**5%**	Mar-18	**6.97%**	**3**
	Sickness absence**	**3.2%**	Mar-18	**3.26%**	**5**
	Turnover rate	**12%**	Mar-18	**14.24%**	**5**
	Substantive staff in post against budget	**11,631**	Mar-18	**10,820.83**	**4**
	Temporary Workforce expenditure as a total of Workforce expenditure	**6%**	Mar-18	**7.43%**	**4**
	Nursing and Midwifery Agency Expenditure	**0%**		**0%**	**5**