

Trust Board Meeting in Public: Wednesday 12 September 2018  
TB2018.86

|              |   |
|--------------|---|
| <b>Title</b> | <b>Integrated Performance Report: Month 4</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

1. In July 2018, 1,682 patients waited for over four hours from arrival to admission, transfer or discharge from OUH's Emergency Departments. This was 491 more than in June and the Trust's four-hour wait performance deteriorated from 91.08% in June to 88.13% in July. In August, 1,616 patients waited four hours or more and the four hour standard was met for 87.02%. August was the first month in 2018/19 that the planned ('trajectory') performance level was not met.
  2. Pressures in July and August have been felt by surgical emergency services and by services on the Churchill and John Radcliffe sites affected by a total of over 100 beds being temporarily closed due to shortages of nursing staff.
  3. Since March, no one has waited over 12 hours from a decision to admit to admission.
  4. On 31 July 2018, 8,040 of 54,050 patients on incomplete elective care pathways at OUH were waiting for over 18 weeks. Performance against the national 92% standard reduced by 0.4% to 85.12%.
  5. Over 52-week waits in Gynaecology rose from 157 in June to 165 in July. Another 33 patients were waiting for over 52 weeks for treatment in other specialties.
  6. Two cancer waiting time standards were not met in June: those for 62 day waits to first treatment after urgent GP referral and for 62 days to first treatment after a screening service referral.
  7. The increase in Urology referrals seen following the National 'Be Clear on Cancer' campaign has led to longer waits. Pressure also continues on capacity in Gynaecological Oncology. Actions are being taken in both tumour site groups to secure additional capacity to treat patients within the national standard.
  8. In July, diagnostic wait performance improved to 2.67% of patients waiting for over six weeks, though this was still outside the 1% national standard.
  9. 4.1% of people waiting for an MRI scan waited for longer than six weeks but the position improved in audiology and for myocardial perfusion scans (cardiology).
  10. The national standard for VTE assessment was met in June 96.89% against the 95% standard, as was the standard for providing care for inpatients with stroke on a dedicated stroke unit at 90.74% against the 85% standard.
- Recommendation**
11. The Board is asked to **receive** the Integrated Performance Report for Month 4.

## Integrated Performance Report: Month 4 (July 2018)

### 1. Key Headlines on Performance

- 1.1. In July 2018, 1,682 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 from 91.08% to 88.13%. In August, 1,616 patients waited four hours or more and the four hour standard was met for 87.02%.
- 1.2. During July and August, no-one waited for over 12 hours in the Emergency Departments from a Decision to Admit to admission.
- 1.3. RTT Incomplete performance was 85.12% in July, compared to 85.53% in June.
- 1.4. The total number of people on the waiting list (on incomplete RTT pathways) reduced by 71 to 54,050. The number waiting for over 18 weeks grew by 206 (2.6%) and waits of over 52 weeks grew by 11 to 198, 165 of which were in Gynaecology.
- 1.5. Last-minute cancellations affected 0.64% of elective admissions in July, up from 0.47% in June. 7.27% of patients cancelled were not rebooked within 28 days, an improvement on June and below the 12.1% in the period since 1 April.
- 1.6. In July, diagnostic wait performance improved to 2.67% of patients waiting for over six weeks, though this was still a breach of the 1% national standard.
- 1.7. In June (the latest month for which waiting time information is available), two cancer waiting time standards were not met: the standard for 62 day waits to first treatment after urgent GP referral and the standard for 62 days to first treatment after a screening service referral.
- 1.8. During July:
  - 1.8.1. There were no cases of MRSA bacteraemia.
  - 1.8.2. There were 5 cases of Clostridium difficile.
  - 1.8.3. 96.89% of inpatients received a VTE risk assessment in June, maintaining OUH performance above the 95% standard which has been met since December 2014.
  - 1.8.4. 90.74% of patients with acute stroke spent at least 90% of their time on a stroke unit, above the national 85% standard.
  - 1.8.5. There were 52 nationally-reportable breaches of the single-sex accommodation standard.

### 2. Urgent Care and Four Hour Waits

#### *Performance*

- 2.1. In July 2018, 1,682 patients waited over four hours from arrival to admission, transfer or discharge from OUH's Emergency Departments, 491 more than in June and Trust's four-hour wait performance deteriorated slightly from 91.08% in June to 88.13% in July.
- 2.2. During July, there were (on average) 54 breaches of the 4 hour standard per day, compared to 40 in June. In August, the number of breaches reduced to

1,616 or an average of 52 per day, but with a lower number of attendances, performance reduced to 87.02%. This took the Trust's four-hour wait performance below the trajectory level for the month agreed with NHS Improvement for the first time in 2018/19.

- 2.3. The GP streaming service at the John Radcliffe treated 527 attendances in July, all within four hours. 567 attendances were seen in August and eight waited longer than four hours.
- 2.4. In July and August:
- 2.4.1. The number of ED attendances peaked in July at 472, well above the 419 in December. It reduced to 402 in August.
- 2.4.2. Emergency admissions per day were high in July at 222, again compared to December's 210, reducing in August to 207.
- 2.4.3. Four hour breaches averaged 56 per day in July, as in April, reducing to 52 per day in August. These levels are well below the 89 experienced in March. In August, the trajectory figure would have been met if there had been no more than 49 breaches per day and the 95% national standard would have been met with no more than 20 breaches per day.
- 2.4.4. No waits were reported of over 12 hours in OUH's Emergency Departments from a Decision to Admit (DTA).
- 2.4.5. 331 people waited for 4-12 hours for admission in July after a DTA. This averaged 10.8 patients per day. The equivalent figure in May was 230. In August, 446 people (14.4 per day) waited 4-12 hours after a DTA.
- 2.5. Delayed transfers of care affected 63 patients at the end of July 2018, up from 44 in June. 2,156 bed days were used by delayed patients at OUH during the month, again up from the 1,620 in June. Of these bed days, 1,636 (75.9%) involved Oxfordshire residents.

#### **4 hour trajectory**

- 2.6. OUH's performance trajectory figure was met for July, but was not in August, as shown below.

| <b>OUH 4 hour waits</b>  | <b>Apr-18</b> | <b>May-18</b> | <b>Jun-18</b> | <b>Jul-18</b> | <b>Aug-18</b> |
|--------------------------|---------------|---------------|---------------|---------------|---------------|
| >4 hour waits - plan     | 1,890         | 1,930         | 1,915         | 1,890         | 1,570         |
| >4 hour waits - actual   | 1,665         | 1,581         | 1,191         | 1,682         | 1,616         |
| Attendances - plan       | 12,598        | 14,159        | 13,919        | 13,940        | 12,744        |
| Attendances - actual     | 12,149        | 13,900        | 13,354        | 14,173        | 12,450        |
| Performance - trajectory | 85.0%         | 86.4%         | 86.2%         | 86.4%         | 87.7%         |
| Performance - actual     | <b>86.30%</b> | <b>88.63%</b> | <b>91.08%</b> | <b>88.13%</b> | <b>87.02%</b> |

#### **Local system performance**

- 2.7. During July 2018, Oxford Health's Minor Injuries Units delivered 98.37% 4 hour performance, giving an overall performance of 88.69% for the Oxfordshire A&E Delivery Board.
- 2.8. The 95% national standard has not been met by the NHS in England or by OUH since July 2015.
- 2.9. Oxfordshire's NHS met the 90% trajectory figure set for it in Quarter 1 2018/19 and in July. It will not have been met in August.

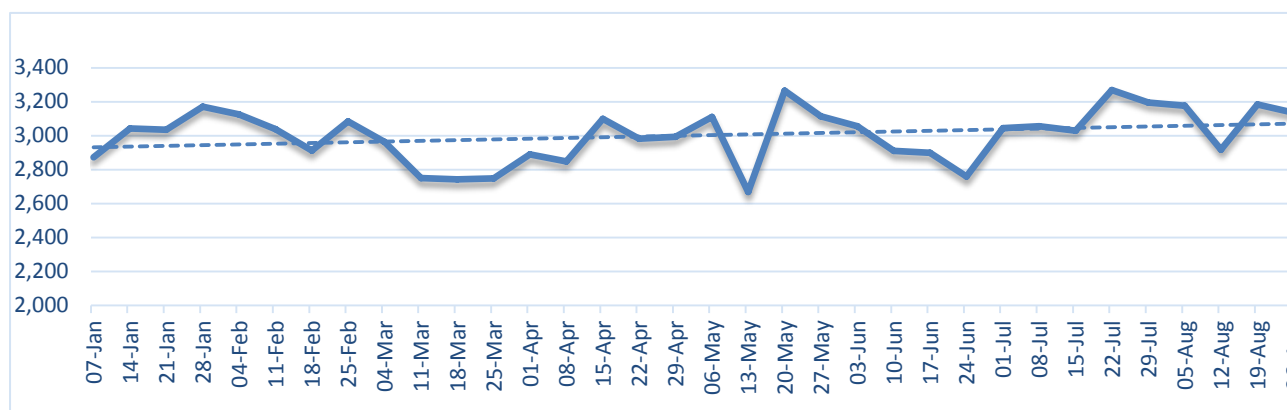
Table 1: Oxfordshire 4 hour wait performance to May 2018

| OUH + Oxford Health      | Apr-18 | May-18 | Jun-18 | Q1     | Jul-18 |
|--------------------------|--------|--------|--------|--------|--------|
| >4 hour waits - actual   | 1,725  | 1,759  | 1,263  | 4,747  | 1,738  |
| Attendances - actual     | 14,802 | 17,910 | 17,269 | 49,981 | 17,607 |
| Performance - trajectory | 90.0%  | 90.0%  | 90.0%  | 90.0%  | 90.0%  |
| Performance - actual     | 88.35% | 90.18% | 92.69% | 90.50% | 90.13% |

**OUH performance detail**

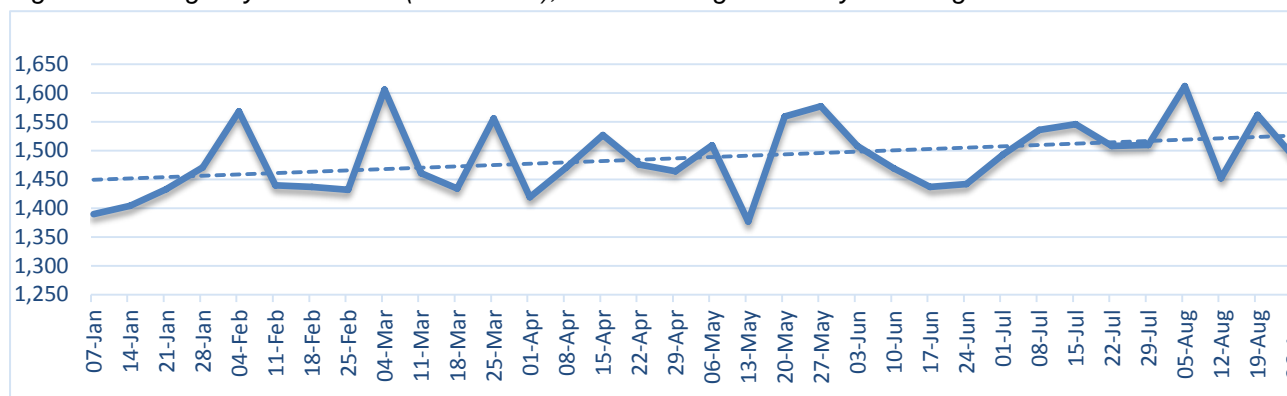
2.10. Having reduced in March and April, Emergency Department attendances rose in May and June and were high in July and early August. The Horton General Hospital saw what is believed to have been its highest ever number of attenders in the second week of July. The Horton team delivered over 93% performance in that week.

Figure 1: ED attendances, weeks ending 7 January – 26 August 2018



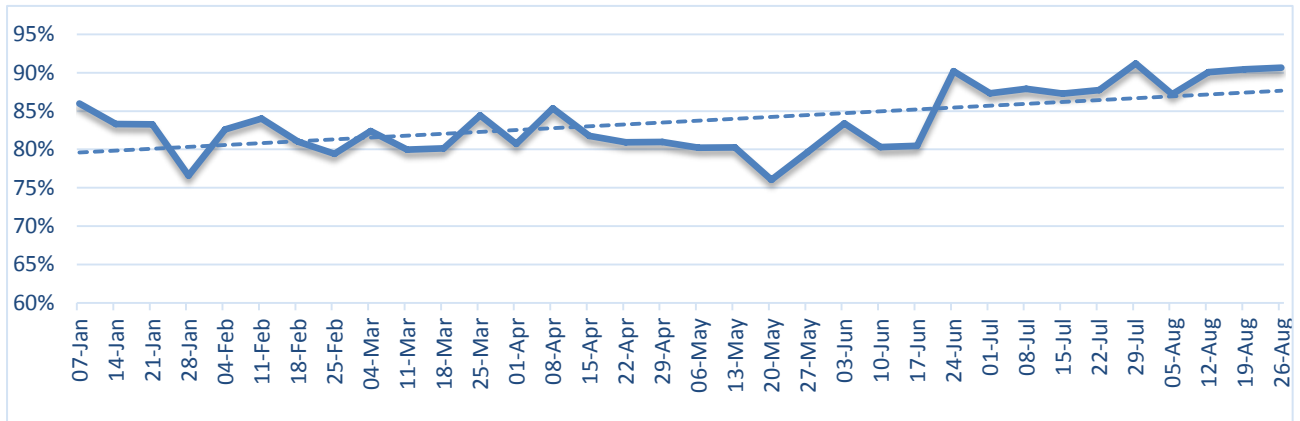
2.11. Emergency admissions continue their underlying growth, with considerable variation, including a peak in early August.

Figure 2: Emergency admissions (all sources), weeks ending 7 January – 26 August 2018



2.12. Four hour wait performance was above 85% throughout July and August, with the lowest performance in August coinciding with a week of higher admissions.

Figure 3: Performance against 4 hour standard, OUH, weeks ending 7 January – 26 August 2018



2.13. Breaches of the four hour standard where the person involved was not admitted have reduced from a peak in March. In early August these non-admitted breaches ran at about 15 per day and for the month as a whole, they accounted for some 29% of breaches.

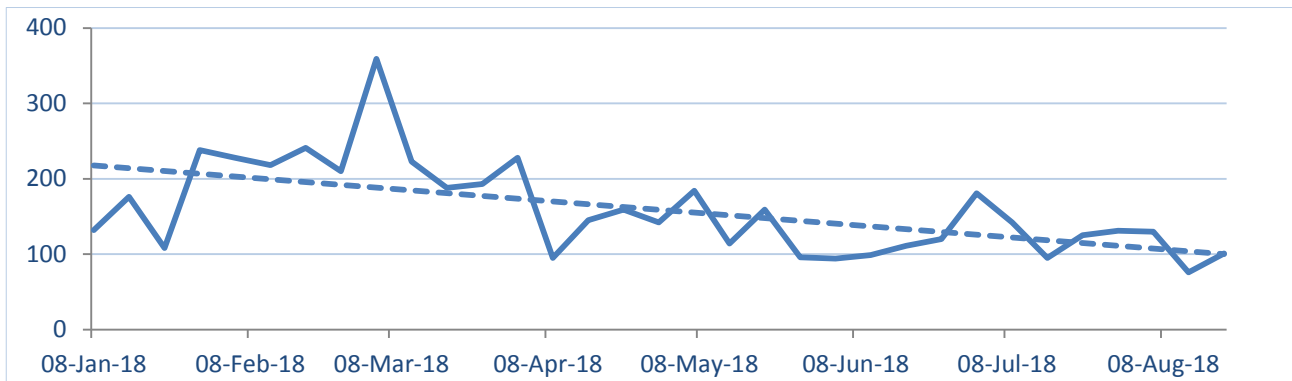


Figure 4: Non-admitted 4 hour breaches per week, weeks ending 8 January – 20 August 2018

2.14. Four-hour breaches involving patients classified as ‘Minor’ (not requiring imaging, multiple diagnostics or complex medical intervention) have also reduced since March, but with a peak in the last week of June. In early August, these averaged 3-4 per day and for the month as a whole, some 1.9% of breaches.

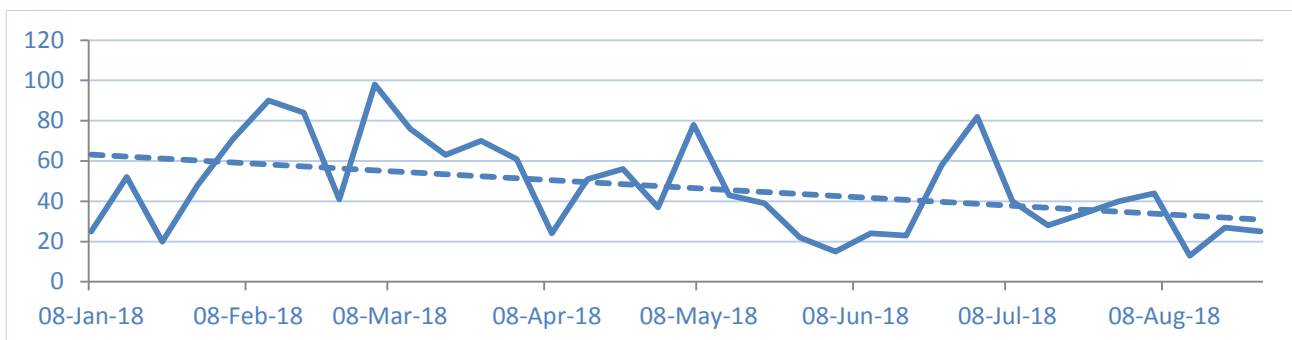


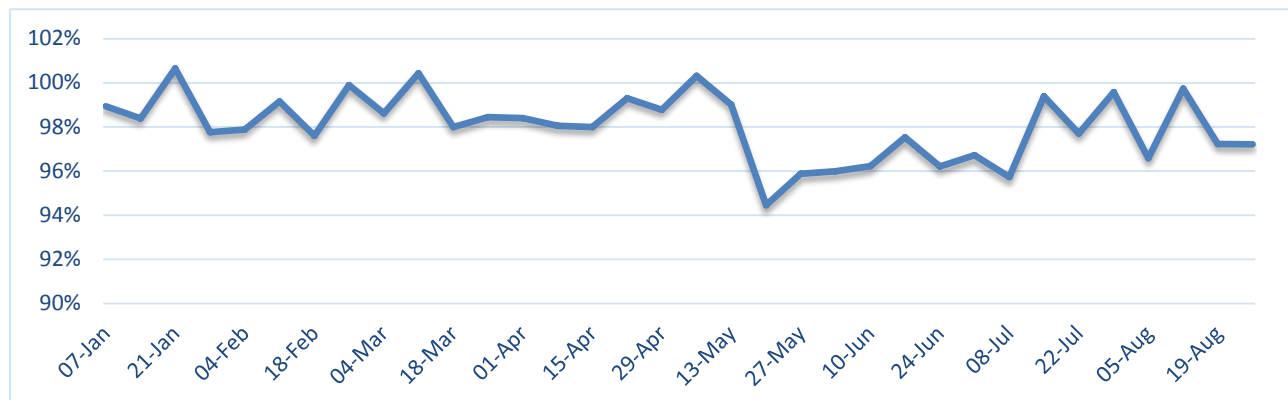
Figure 5: 4 hour breaches per week classified as Minor, weeks ending 8 January – 20 August 2018

2.15. ‘General and acute’ bed occupancy (excluding day case, maternity and neonatal beds) has been above 94% since last October.

2.16. Having reduced in late May, bed occupancy rose in July, driven by a reduction in available beds. 581 bed days (across all services, not specifically urgent care) were

lost to safe staffing-related bed closures in the first week of July, rising to 882 in one week of August, the equivalent of 126 closed beds.

Figure 6: % bed days occupied, OUH General and Acute beds, after safe staffing bed reductions



### 3. Referral to Treatment Time (RTT)

#### **Performance**

- 3.1. On 31 July 2018, 8,040 of 54,050 patients on incomplete elective care pathways at OUH were waiting for over 18 weeks.
- 3.2. 85.12% of people awaiting elective care were waiting for less than 18 weeks.
- 3.3. Over 52-week waits in Gynaecology rose from 157 in June to 165 in July. Another 33 patients were waiting for over 52 weeks for treatment in other specialties.
- 3.4. RTT Incomplete performance remained below the national standard of 92%. It reduced slightly from 85.53% in June 2018.

#### **Component waits**

- 3.5. 2,523 people completing RTT Admitted pathways in July 2018 were treated within 18 weeks (72.17%). 57 completed treatment after more than 52 weeks, up from 41 in June. 40 of the 57 were admitted to Gynaecology after more than 52 weeks.
- 3.6. 10,942 patients whose RTT Non-admitted clock stopped in July 2018 were within 18 weeks (85.45%). 32 patients on the Non-admitted pathway completed treatment after more than 52 weeks, 22 in Gynaecology.

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

- 3.7. The number of over-18 week waits in Gynaecology was stable in July, but the total number of people waiting in the service rose by 4.2% in July, with continuing pressure on outpatient services.
- 3.8. Other specialties with over 100 people waiting for over 18 weeks in July on incomplete pathways were as follows.

Table 2: Specialties reported to UNIFY with &gt;100 people waiting on incomplete pathways, July 2018

| Treatment function       | % waiting <18 weeks | Number waiting >18 weeks |
|--------------------------|---------------------|--------------------------|
| Gynaecology              | 65.09%              | 1,446                    |
| Ear, Nose & Throat (ENT) | 68.36%              | 1,077                    |
| Ophthalmology            | 82.03%              | 852                      |
| Trauma & Orthopaedics    | 85.99%              | 684                      |
| Urology                  | 84.81%              | 296                      |
| Plastic Surgery          | 79.02%              | 260                      |
| Gastroenterology         | 91.26%              | 225                      |
| Dermatology              | 92.44%              | 223                      |
| Neurology                | 91.56%              | 124                      |

### Trajectories

3.9. Waiting list and activity trajectories were sent to NHS Improvement for 2018/19.

3.10. The trajectory for four hour waits was met in April-July. The increased trajectory figure for August was not met. The trajectory then rises to above 90%.

Table 3: OUH 4 hour wait trajectory 2018/19 (plan figures in shaded cells)

| Four hour waits          | Apr-18 | May-18 | Jun-18 | Jul-18 | Aug-18 |
|--------------------------|--------|--------|--------|--------|--------|
| >4 hour waits - plan     | 1,890  | 1,930  | 1,915  | 1,890  | 1,570  |
| >4 hour waits - actual   | 1,665  | 1,581  | 1,191  | 1,682  | 1,616  |
| Attendances - plan       | 12,598 | 14,159 | 13,919 | 13,940 | 12,744 |
| Attendances - actual     | 12,149 | 13,900 | 13,354 | 14,173 | 12,450 |
| Performance - trajectory | 85.0%  | 86.4%  | 86.2%  | 86.4%  | 87.7%  |
| Performance - actual     | 86.30% | 88.63% | 91.08% | 88.13% | 87.02% |

3.11. The trajectory for improvement against the 62 day cancer standard is shown below. Performance in June dropped below the expected trajectory.

Table 4: Cancer 62 days from urgent GP referral trajectory, 2018/19 (plan figures in shaded cells)

| Cancer 62 days            | Apr-18 | May-18 | Jun-18 |
|---------------------------|--------|--------|--------|
| Waits of >62 days: plan   | 33.0   | 39.5   | 46.5   |
| Waits of >62 days: actual | 33.0   | 38.5   | 59.0   |
| Total seen: plan          | 165.0  | 192.0  | 182.0  |
| Total seen: actual        | 165.0  | 194.5  | 214.0  |
| Performance %: plan       | 80.0%  | 79.4%  | 74.5%  |
| Performance %: actual     | 80.0%  | 80.2%  | 72.4%  |

3.12. For elective care waits (RTT incomplete pathways) in July:

3.12.1. Total list size reduced from its June peak but remained 3,178 (7.4%) higher than expected and 3,903 (7.8%) above its level on 31 March 2018.

3.12.2. The number of 'clock starts' was below plan in July but was 2,004 (2.5%) above plan in the year to date.

3.12.3. The number of people waiting for over 18 weeks grew by 279 (3.6%).

3.12.4. Completed pathways for admitted and non-admitted care were both above plan.



Table 5: RTT trajectories, 2018/19

| Referral to Treatment: incomplete pathways    |        | Mar-18 | Apr-18 | May-18 | Jun-18 | Jul-18 |
|---|--------|--------|--------|--------|--------|--------|
| Number of incomplete RTT pathways <=18 weeks  | Plan   | 42,691 | 42,560 | 42,790 | 42,911 | 42,832 |
|   | Actual | 42,691 | 44,342 | 45,102 | 46,287 | 46,010 |
| Number of incomplete RTT pathways >18 weeks   | Plan   | 7,456  | 7,464  | 7,580  | 7,848  | 8,265  |
|   | Actual | 7,456  | 7,672  | 7,555  | 7,834  | 8,040  |
| Number of incomplete RTT pathways >52 weeks   | Plan   | 181    | 217    | 200    | 216    | 228    |
|   | Actual | 181    | 176    | 187    | 187    | 198    |
| Number of completed admitted RTT pathways     | Plan   |        | 2,576  | 2,954  | 3,053  | 2,873  |
|   | Actual |        | 3,398  | 3,593  | 3,408  | 3,496  |
| Number of completed non-admitted RTT pathways | Plan   |        | 6,649  | 8,811  | 8,738  | 8,884  |
|   | Actual |        | 11,426 | 12,548 | 12,138 | 12,805 |
| Number of New RTT pathways (clock starts)     | Plan   |        | 16,965 | 21,159 | 20,385 | 20,647 |
|   | Actual |        | 19,717 | 20,628 | 20,914 | 19,901 |

#### 4. Cancer

##### Overall position on national cancer standards

- 4.1. Two cancer waiting time standards were not met in June: the standard for 62 days to first treatment after urgent GP referral and the standard for 62 day waits to first treatment after referral from a screening service. The two week breast symptomatic standard was met again, with breaches reducing from 16 in May to 6 in June.
- 4.2. There was a distinct worsening in the percentage of people receiving first treatment within 62 days, with the number of people waiting longer than 62 days for first treatment increasing in the Gynaecological Oncology and particularly in the Urological tumour site groups.
- 4.3. Performance by month since March is shown below. National performance on the 62 day standard from GP referral reduced from 84.5% in March to 79.2% in June.

Table 6: OUH performance against national cancer standards

| Standard   |       | OUH performance |        |        |        | England |
|--|-------|-----------------|--------|--------|--------|---------|
|  |       | Mar-18          | Apr-18 | May-18 | Jun-18 | Jun-18  |
| At least 93% of patients referred from a GP with suspected cancer will be seen within 2 weeks of referral.                         | 93.0% | 95.65%          | 95.06% | 95.53% | 95.66% | 91.1%   |
| 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% | 96.97%          | 93.43% | 89.87% | 95.20% | 83.5%   |
| At least 96% of patients will receive first definitive treatment within 31 days of a decision to treat.                            | 96.0% | 98.51%          | 92.96% | 96.22% | 96.42% | 97.3%   |

| Standard  |              | OUH performance |               |               |               | England      |
|---|--------------|-----------------|---------------|---------------|---------------|--------------|
|   |              | Mar-18          | Apr-18        | May-18        | Jun-18        | Jun-18       |
| At least 85% of patients will receive their first treatment within 62 days of referral from a GP.                             | <b>85.0%</b> | <b>81.31%</b>   | <b>80%</b>    | <b>80.21%</b> | <b>72.43%</b> | <b>79.2%</b> |
| At least 94% of patients will receive subsequent treatment with surgery within 31 days of decision to treat.                  | <b>94.0%</b> | 100.00%         | <b>93.14%</b> | 94.23%        | 94.44%        | 94.2%        |
| 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> | 98.00%          | 98.50%        | 98.21%        | 100%          | 99.4%        |
| At least 94% of patients will receive subsequent radiotherapy within 31 days of a decision to treat.                          | <b>94.0%</b> | 97.88%          | 98.20%        | 97.21%        | 97.09%        | 96.9%        |
| At least 90% of patients will receive their first treatment within 62 days following referral from a screening service.       | <b>90.0%</b> | 94.34%          | <b>83.30%</b> | <b>86.96%</b> | <b>83.87%</b> | <b>89.3%</b> |

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

4.4. Of 335 patients receiving first definitive treatment in June 2018, 12 waited for longer than 31 days, performance of 96.42%. Eight breaches were in Urological, two in Gynaecological and two in Head & Neck. The total reduced from 13 in May and the standard was met.

4.5. Performance by tumour site is shown below.

Table 7: Performance by tumour site: beginning first definitive treatment within 31 days of diagnosis

| Tumour site    | OUH performance |              |              |              |              |              |              |              |
|----------------|-----------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
|                | Nov-17          | Dec-17       | Jan-18       | Feb-18       | Mar-18       | Apr-18       | May-18       | Jun-18       |
| Breast         | 100%            | 98.0%        | 100%         | 100%         | 100%         | 100%         | 100%         | 100%         |
| Gynaecological | 95.8%           | <b>93.8%</b> | <b>85.7%</b> | <b>86.4%</b> | <b>78.9%</b> | <b>87.5%</b> | <b>95.2%</b> | <b>91.3%</b> |
| Head & Neck    | <b>80%</b>      | <b>91.7%</b> | <b>86.2%</b> | <b>95.7%</b> | <b>91.3%</b> | 100%         | <b>93.8%</b> | 100%         |
| Lower GI       | 100%            | 100%         | 97.1%        | 96.7%        | 100%         | 96.9%        | 97.7%        | 100%         |
| Lung           | <b>87%</b>      | 96.2%        | <b>83.3%</b> | 100%         | <b>92.9%</b> | <b>94.4%</b> | <b>85.7%</b> | <b>90.9%</b> |
| Skin           | 97.7%           | 100%         | 100%         | 100%         | 100%         | 98.3%        | 100%         | 100%         |
| Urological     | <b>92.8%</b>    | <b>89.1%</b> | <b>90.6%</b> | <b>95%</b>   | <b>92.1%</b> | <b>82.6%</b> | <b>91.7%</b> | <b>91.4%</b> |

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

4.6. In June 2018, of 214 referrals for which OUH was accountable, 59 did not receive their first treatment within 62 days of urgent referral from a GP. Both figures are unusually large, reflecting a significant growth in referrals in the Urological tumour site group following recent publicity on 'Be Clear on Cancer' campaign and the importance of early diagnosis.

- 4.7. Overall, 72.4% of patients received their first treatment within 62 days, with much lower figures in Gynaecological, Urological and Lung tumour sites, as shown below.
- 4.8. 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.
- 4.9. Comparison with the England position on key tumour sites is given below. The rapid growth in Gynaecological Oncology and Urological breaches is evident.
- 4.10. Breaches in Gynaecological Oncology and Urological tumour sites continue to be related to treatment capacity (in outpatients and in theatre).

Table 8: 62-day breaches by tumour site and % receiving first treatment within 62 days of urgent GP referral with suspected cancer

| Tumour site group  | Jan-18      | Feb-18    | Mar-18      | Apr-18    | May-18      | Jun-18    | % <62 days Jun-18 | England Jun-18 |
|--------------------|-------------|-----------|-------------|-----------|-------------|-----------|-------------------|----------------|
| Breast             | 0           | 1         | 0           | 3         | 2           | 3         | 90.3%             | 92.2%          |
| Gynaecological     | 3           | 4         | 5           | 5         | 4           | 10        | 33.3%             |                |
| Haematological     | 0           | 1         | 1           | 1         | 1           | 2.5       | 70.6%             |                |
| Head & Neck        | 8.5         | 5         | 3           | 4.5       | 3.5         | 1.5       | 76.9%             |                |
| Lower GI           | 6           | 1.5       | 2           | 6         | 2           | 2         | 78.9%             | 70.5%          |
| Lung               | 1.5         | 5.5       | 3.5         | 4         | 5           | 3         | 57.1%             | 72%            |
| Other              | 1.5         | 0         | 0.5         | 0         |             | 0.5       | 80%               |                |
| Sarcoma            | 1.5         | 0.5       | 1           | 0.5       | 0.5         | 0.5       | 85.7%             |                |
| Skin               | 0.5         | 0.5       | 0.5         | 1         | 1           | 0         | 100%              | 96.8%          |
| Upper GI           | 3           | 2.5       | 2.5         | 0.5       | 2           | 1         | 90%               |                |
| Urological         | 8           | 7.5       | 9.5         | 7.5       | 17.5        | 35        | 52.7%             | 68.8%          |
| <b>All cancers</b> | <b>33.5</b> | <b>29</b> | <b>28.5</b> | <b>33</b> | <b>38.5</b> | <b>59</b> | <b>72.4%</b>      | <b>79.2%</b>   |

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

- 4.11. Four of 72 patients receiving surgical care for their cancer in June waited more than 31 days from decision to treat.
- 4.12. 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. Options are also being explored to conduct additional weekend working at the Churchill and to conduct some non-cancer treatment at the Manor Hospital in Headington to release time at the Churchill for cancer treatment.

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

- 4.13. This standard was not met in June. 2.5 breaches of the standard took place, one in Breast and 1.5 in the Lower Gastrointestinal tumour site group.

#### **Reporting**

- 4.14. 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.

4.15. National delays mean that the new method of breach reporting will apply from figures for July 2018, which will be published in October. OUH will be able to report using this new method of breach reporting for the July waiting time figures. In early September the Trust will upgrade its Infoflex cancer information system to the latest version which will capture the necessary additional data fields in a timely way.

## 5. Diagnostic Waits

- 5.1. Diagnostic wait performance improved in July to 2.67% of patients waiting for over six weeks, still breaching the 1% national standard.
- 5.2. In July, a total of 12,349 people waited for diagnostic tests, down from 12,758 in June. 330 people waited for over six weeks, down from 459 in June.
- 5.3. Waits of over six weeks were concentrated in MRI (147 patients, 3 over 13 weeks); Cardiology echocardiography (where the delays are waits for myocardial perfusion scans due to the availability of isotopes, with 34 patients waiting for over 6 weeks a major reduction from the 79 on 30 June and two waiting for over 13 weeks); and Audiology (61 patients, down from 97 in June, and no waits of over 11 weeks).

## 6. Workforce

- 6.1. The Trust's Vacancy rate in July 2018 was 8.79%, 1.08% above the June level and still above the Trust's target of 5%.
- 6.2. At the end of July, 10,726.96 whole time equivalent substantive staff were in post, 40 below June's level, with 1,034 whole time equivalent posts unfilled.
- 6.3. Sickness absence remained at 3.22%, just above the Trust's target level of 3.2%.
- 6.4. The turnover rate reduced slowly to 13.91%, 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.
- 7.2. It should be noted that due to a change in the process for sourcing information from the Trust's Datix system, figures for three indicators ("% Incidents associated with moderate harm or greater", "# newly acquired pressure ulcers (category 2, 3 and 4)" and "Medication errors causing serious harm" have not been updated from the position reported for May 2018. The next report will contain updated information and any revision required to the year to date figure.

## 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>

8.2. OUH performance remained good on cancer 2 week waits and relatively strong on 31 days waits, but worse than benchmarks on 62 day waits and RTT 18 week and 52 week waits. 4 hour wait performance in July was below the national mean but above the Shelford mean.

*Table 9: 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     |
|--|----------|-------------|---------|----------|---------|
| <2 week waits to first appointment from urgent GP referral with suspected cancer     | 93%      | Jun-18      | 91.10%  | 92.00%   | 95.66%  |
| <2 week waits to first appointment from urgent referral with breast symptoms         | 93%      | Jun-18      | 83.53%  | 90.31%   | 95.20%  |
| First treatment within 31 days of cancer diagnosis                                   | 96%      | Jun-18      | 97.32%  | 96.71%   | 96.42%  |
| First cancer treatment within 62 days of urgent referral from screening service      | 90%      | Jun-18      | 89.29%  | 85.54%   | 83.87%  |
| First cancer treatment within 62 days of urgent GP referral                          | 85%      | Jun-18      | 79.24%  | 78.05%   | 72.43%  |
| Subsequent cancer treatment in <31 days: surgery                                     | 94%      | Jun-18      | 94.24%  | 93.08%   | 94.44%  |
| Subsequent cancer treatment in <31 days: drugs                                       | 98%      | Jun-18      | 99.39%  | 99.10%   | 100.00% |
| Subsequent cancer treatment in <31 days: radiotherapy                                | 94%      | Jun-18      | 96.94%  | 97.51%   | 97.09%  |
| RTT: >52 week waits, Admitted pathways - Average vs OUH total                        | 0        | Jun-18      | 7.0     | 31.1     | 41      |
| RTT: >52 week waits, Non-admitted pathways - Average vs OUH total                    | 0        | Jun-18      | 5.9     | 18.1     | 35      |
| RTT: >52 week waits, Incomplete pathways - Average vs OUH total                      | 0        | Jun-18      | 18.4    | 100.8    | 187     |
| RTT: % <18 week waits, Admitted pathways   | 90%      | Jun-18      | 71.52%  | 75.40%   | 70.69%  |
| RTT: % <18 week waits, Incomplete pathways   | 92%      | Jun-18      | 87.37%  | 88.69%   | 85.53%  |
| RTT: % <18 week waits, Non-admitted pathways   | 95%      | Jun-18      | 88.50%  | 89.10%   | 85.83%  |
| % ≤4 hour waits from Emergency Department attendance to admission/transfer/discharge | 95%      | Jul-18      | 89.30%  | 86.07%   | 88.13%  |

## 9. Recommendation

9.1. The Board is asked to **receive** the Integrated Performance Report for Month 4.

<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.

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

## Quality, Operational and Workforce indicators

**Data Quality Indicator**

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

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

The second component of the overall rating is a traffic-light rating to include the level of data quality found through any auditing / benchmarking as below

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

| Quality   |   | Standard | Current Data Period | Period Actual | YTD    | Data Quality |
|---|---|----------|---------------------|---------------|--------|--------------|
| Outcomes  | Summary Hospital-level Mortality Indicator**                                  | NA       | Dec-17              | 0.93          |        | 5            |
|   | Total number of deliveries  | NA       | Jul-18              | 652           | 2588   | 5            |
|   | Proportion of normal deliveries   | 62%      | Jul-18              | 68.71%        | 62.6%  | 5            |
|   | Proportion of Caesarean section deliveries                                    | 23%      | Jul-18              | 13.96%        | 21.4%  | 5            |
|   | Proportion of assisted deliveries   | 15%      | Jul-18              | 18.4%         | 16.3%  | 5            |
|   | Maternal Deaths   | NA       | Jul-18              | 0             | 0      | 4            |
|   | 30 day emergency readmissions   | 0%       | Jul-18              | 3.71%         | 3.6%   | 5            |
|   | Medication reconciliation completed within 24 hours of admission              | 80%      | Jul-18              | 72.12%        | 72%    | 4            |
|   | Medication errors causing serious harm  | 0        | May-18              | 4             | 6      | 5            |
|   | Number of CAS alerts closed having breached during the month                  | 0        | Jul-18              | 0             | 0      | 5            |
|   | Dementia CQUIN patients admitted who have had a dementia screen               | 0%       | Jun-18              | 78.26%        | 73.19% | 4            |
|   | Dementia diagnostic assessment and investigation                              | 0%       | Jun-18              | 100%          | 100%   | 4            |
|   | Dementia: Referral for specialist diagnosis                                   | 0%       | Jun-18              | 100%          | 100%   | 4            |
| Patient Experience                                      | Friends & Family test response rate (Inpatients)                              | 0%       | Jul-18              | 19.28%        | 20.4%  | 4            |
|   | Friends & Family test response rate (Maternity)                               | 0%       | Jul-18              | 9.83%         | 8.7%   | 4            |
|   | Friends & Family test response rate (Emergency Departments)                   | 0%       | Jul-18              | 22.83%        | 23.8%  | 4            |
|   | Friends & Family test % not likely to recommend (Emergency Departments)       | NA       | Jul-18              | 8.19%         | 8.1%   | 4            |
|   | Friends & Family test % not likely to recommend (Inpatients)                  | NA       | Jul-18              | 2.32%         | 2.1%   | 4            |
|   | Friends & Family test % not likely to recommend (Maternity)                   | NA       | Jul-18              | 0.87%         | 1.1%   | 4            |
|   | Friends & Family test % likely to recommend (Emergency Departments)           | NA       | Jul-18              | 87.44%        | 87.1%  | 4            |
|   | Friends & Family test % likely to recommend (Inpatients)                      | NA       | Jul-18              | 95.63%        | 95.8%  | 4            |
| Friends & Family test % likely to recommend (Maternity) | NA  | Jul-18   | 95.2%               | 96.7%         | 4      |              |
| Safety  | Serious Incidents Requiring Investigation                                     | NA       | Jul-18              | 10            | 33     | 5            |
|   | % of Patients receiving Harm Free Care (Pressure sores, falls, C-UTI and VTE) | 0%       | Jul-18              | 92.74%        | 92.6%  | 3            |
|   | Never Events  | NA       | Jul-18              | 1             | 5      | 5            |
|   | Cleaning Scores: % of inpatient areas with initial score >92%                 | NA       | Jul-18              | 64.29%        | 50.7%  | 5            |
|   | % of incidents associated with moderate harm or greater                       | NA       | May-18              | 0.72%         | 0.6%   | 5            |
|   | # newly acquired pressure ulcers (category 2, 3 and 4)                        | NA       | May-18              | 68            | 136    | 5            |

| Operational                                   |  | Standard | Current Data Period | Period Actual | YTD   | Data Quality |
|---|--|----------|---------------------|---------------|-------|--------------|
| Standards                                     | RTT: % <18 week waits, Admitted pathways   | 90%      | Jul-18              | 72.17%        | 71.5% | 4            |
|   | RTT: % <18 week waits, Non-admitted pathways   | 95%      | Jul-18              | 85.45%        | 86%   | 4            |
|   | RTT: % <18 week waits, Incomplete pathways   | 92%      | Jul-18              | 85.12%        | 85.4% | 5            |
|   | % Diagnostic waits waiting 6 weeks or more   | 1%       | Jul-18              | 2.67%         | 2.5%  | 3            |
|   | RTT: >52 week waits, Admitted pathways   | 0        | Jul-18              | 57            | 259   | 4            |
|   | RTT: >52 week waits, Incomplete pathways   | 0        | Jul-18              | 198           | 748   | 4            |
|   | RTT: >52 week waits, Non-admitted pathways   | 0        | Jul-18              | 32            | 123   | 4            |
|   | Emergency Department attendances   | NA       | Jul-18              | 14173         | 53576 | 5            |
|   | % <=4 hour waits from Emergency Department attendance to admission/transfer/discharge                                    | 95%      | Jul-18              | 88.13%        | 88.6% | 5            |
|   | Last minute cancellations: % of elective admissions  | 0.5%     | Jul-18              | 0.64%         | 0.7%  | 3            |
|   | % patients not rebooked within 28 days   | 0%       | Jul-18              | 7.27%         | 12.1% | 5            |
|   | Urgent cancellations – second time   | 0        | Jul-18              | 0             | 0     | 5            |
|   | Urgent cancellations   | 0        | Jul-18              | 19            | 64    | 5            |
|   | Contract Variations Open   | NA       | Jul-18              | 0             |       |              |
|   | Contract Notices Open  | NA       | Jul-18              | 0             |       |              |
|   | Delayed transfers of care: number (snapshot)*  | 0        | Jul-18              | 63            | 230   | 4            |
|   | Delayed transfers of care as % of occupied beds*   | 3.5%     | Jul-18              | 6.67%         | 6%    | 5            |
|   | Theatre utilisation – elective   | 80%      | Jul-18              | 74.87%        | 74.2% | 4            |
|   | Theatre utilisation – emergency  | 70%      | Jul-18              | 47.32%        | 49%   | 4            |
|   | Theatre utilisation – total  | 75%      | Jul-18              | 68.01%        | 67.3% | 4            |
|   | Results endorsed within seven days   | NA       | Jul-18              | 74.65%        | 75.3% | 4            |
|   | % of discharge summaries sent to GP within 24 hrs  | 95%      | Jul-18              | 86.54%        | 86.2% | 4            |
|   | First cancer treatment within 62 days of urgent GP referral  | 85%      | Jun-18              | 72.43%        | 77.2% | 4            |
|   | First cancer treatment within 62 days of urgent referral from screening service  | 90%      | Jun-18              | 83.87%        | 84.8% | 4            |
|   | First treatment within 31 days of cancer diagnosis   | 96%      | Jun-18              | 96.42%        | 95.2% | 4            |
|   | Subsequent cancer treatment in <31 days: surgery   | 94%      | Jun-18              | 94.44%        | 93.9% | 4            |
|   | Subsequent cancer treatment in <31 days: drugs   | 98%      | Jun-18              | 100%          | 98.9% | 4            |
|   | Subsequent cancer treatment in <31 days: radiotherapy  | 94%      | Jun-18              | 97.09%        | 97.5% | 4            |
|   | <2 week waits to first appointment from urgent GP referral with suspected cancer   | 93%      | Jun-18              | 95.66%        | 95.4% | 5            |
|   | <2 week waits to first appointment from urgent referral with breast symptoms   | 93%      | Jun-18              | 95.2%         | 92.6% | 5            |
|   | Same sex accommodation breaches  | 0        | Jul-18              | 52            | 201   | 5            |
|   | Patients spending >=90% of time on stroke unit   | 85%      | Jul-18              | 90.74%        | 94.5% | 5            |
|   | Time to Surgery (% patients having their operation within the time specified according to their clinical categorisation) | 0%       | Jul-18              | 92.64%        | 93.4% | 3            |
| MRSA bacteraemia                              | 0  | Jul-18   | 0                   | 0             | 5     |              |
| Clostridium Difficile incidence               | 6  | Jul-18   | 5                   | 16            | 5     |              |
| % adult inpatients having VTE risk assessment | 95%  | Jun-18   | 96.89%              | 97.04%        | 5     |              |

| Workforce             |   | Standard | Current Data Period | Period Actual | Data Quality |
|-----------------------|---|----------|---------------------|---------------|--------------|
| Workforce Performance | Vacancy rate  | 5%       | Jul-18              | 8.79%         | 3            |
|                       | Sickness absence**  | 3.2%     | Jul-18              | 3.22%         | 5            |
|                       | Turnover rate   | 12%      | Jul-18              | 13.91%        | 5            |
|                       | Substantive staff in post against plan                              | 11760.62 | Jul-18              | 10726.96      | 4            |
|                       | Temporary Workforce expenditure as a total of Workforce expenditure | 6%       | Jul-18              | 7.91%         | 4            |