

Trust Board Meeting in Public: Wednesday 8 May 2019  
TBC2019.52

<b>Title</b>	<b>Integrated Performance Report: Month 12</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 Chief Operating Officer			
<b>Key purpose</b>	Strategy	Assurance	Policy	<b>Performance</b>

## Executive Summary

<p>1. In March 2019, the Trust's four-hour wait performance was 85.86%. This was an improvement of 6.59% when compared to March 2019 but was below the trajectory of 90% agreed with NHS Improvement.</p> <p>2. No one waited for over 12 hours from a decision to admit to admission.</p>
<p>3. On 31<sup>st</sup> March 2019, 49,706 people were waiting on incomplete elective pathways for care at OUH. This was a decrease in waiting list size when compared to February 2019. The list size was 441 below its level on 31 March 2018, so trajectory was achieved</p> <p>4. 82.84% of people on the list were waiting for less than 18 weeks, below the 92% national standard which was last met by OUH and the NHS in England in February 2016.</p> <p>5. Over 52-week waits reduced from 39 in February to 8 in March. This is below the NHS Improvement requirement to halve our position.</p>
<p>6. Five out of the eight cancer waiting time standards were met in February; this is a slight improvement from our reported position in January 2019 and below our submitted trajectory to NHS Improvement.</p>
<p>7. At Trust level we have not achieved the DM01 diagnostic standard (1%) at 2.01% (291 patients) of patients were waiting more than 6 weeks at the end of March. This represents a deterioration in position when compared to February which was 1.6 % breach (232 patients). The main area with increased volumes of breach when compared to previous month is MRI.</p>
<p>8. There were 41 nationally-reportable breaches of the single-sex accommodation standard in March.</p>
<p><b>Recommendation</b></p> <p>9. The Board is asked to <b>receive</b> the Integrated Performance Report for Month 12.</p>

**Integrated Performance Report: Month 12 (March 2019)****1. Key Headlines on Performance**

- 1.1. The Trust's four-hour wait performance was 85.86% in March 2019. This was 6.59% better than in March 2018. Performance during 2018/19 has been above 2017/18's in each month since May but since August has been below the trajectory level agreed with NHS Improvement.
- 1.2. The GP streaming service at the John Radcliffe treated 528 attenders in March. Two patients waited for longer than four hours.
- 1.3. No patient waits were reported in March of over 12 hours in OUH's Emergency Departments from a Decision to Admit (DTA).
- 1.4. Emergency admissions in the March 2019 were 3% higher at the JR site compared to March 2018. More significantly, the HGH site saw emergency admissions that were 21% higher than the same period in 2018.
- 1.5. Supporting flow in our JR and HGH sites, we have seen a 3% improvement on numbers of discharges in March 2019 compared to March 2018. In addition the HGH site improved level of discharges by 30% in March 2019 compared to same period in 2018.
- 1.6. Bed occupancy levels at the JR and HGH sites for adults remained at 99-100%. Childrens had spells of 99-100% at the JR site.
- 1.7. Safe staffing levels mean that essential beds remain closed on both sites
- 1.8. On 31<sup>st</sup> March 2019, 49,706 people were waiting on incomplete elective pathways for care at OUH. This was a decrease in waiting list size of 561 from February and 441 from the 31<sup>st</sup> March 2018 level, therefore achieving ahead of our requirement.
- 1.9. 82.84% of people on the list were waiting for less than 18 weeks, below the 92% national standard which was last met by OUH and the NHS in England in February 2016
- 1.10. Over 52-week waits reduced from 39 in February to 8 at the end of March.
- 1.11. Five out of the eight cancer waiting time standards were achieved in February 2019. Access standards for two week waits were maintained. Action continues to be taken to provide additional capacity to treat cancer patients within the national standards and to identify improvements to pathways of care.
- 1.12. In March:
  - 1.12.1. There were no cases of MRSA bacteraemia and three cases of Clostridium difficile.
  - 1.12.2. The proportion of births taking place involving Caesarean section remained above target but the proportion of assisted deliveries reduced.
  - 1.12.3. 88% of patients admitted with acute stroke spent at least 90% of their time on a stroke unit, slightly below the national standard, but an improvement from February. Pressures on available beds meant that patients were transferred from the Stroke Units to other beds to create capacity for patients with newly diagnosed strokes. In addition we are experiencing capacity constraints for community stroke.

- 1.12.4. 0.53% of elective admissions were cancelled on the day of surgery and 8.51% of these patients were not rebooked within 28 days.
- 1.12.5. 91.58% of patients received harm-free care (without experiencing pressure sores, a fall, a urinary tract infection or venous thromboembolism). This was lower than the year to date, which is at 93.3%.
- 1.12.6. There were 41 nationally-reportable breaches of the single-sex accommodation standard, taking the year-to-date total to 805.
- 1.12.7. 97.88% of adult inpatients received a VTE assessment, above the national standard of 95%.

## 2. Urgent Care and Four Hour Waits

### *Performance*

- 2.1. In March 2019, 2,032 patients waited for over four hours and performance improved to 85.86%. This was 6.59% better than in March 2018. The Trust's four-hour wait performance remained below the trajectory level (90%) agreed with NHS Improvement.
- 2.2. The GP streaming service at the John Radcliffe treated 528 attenders in March. Two waited for longer than four hours.
- 2.3. In March there were:
  - 2.3.1. 464 ED attendances per day, 34 (7.9%) up on March 2018.
  - 2.3.2. 237 emergency admissions per day, 26 (10.2%) higher than a year before.
  - 2.3.3. 66 breaches of the 4 hour standard per day on average. The trajectory figure for performance would have been met if there had been no more than 46.4 breaches per day and the 95% national standard would have been met with no more than 23.2 per day.
  - 2.3.4. There have been no reported patient waits of over 12 hours in OUH's Emergency Departments from a Decision to Admit (DTA), for the last 12 months.
  - 2.3.5. 12 waits per day of 4-12 hours from a DTA, down from 31 in March 2018.

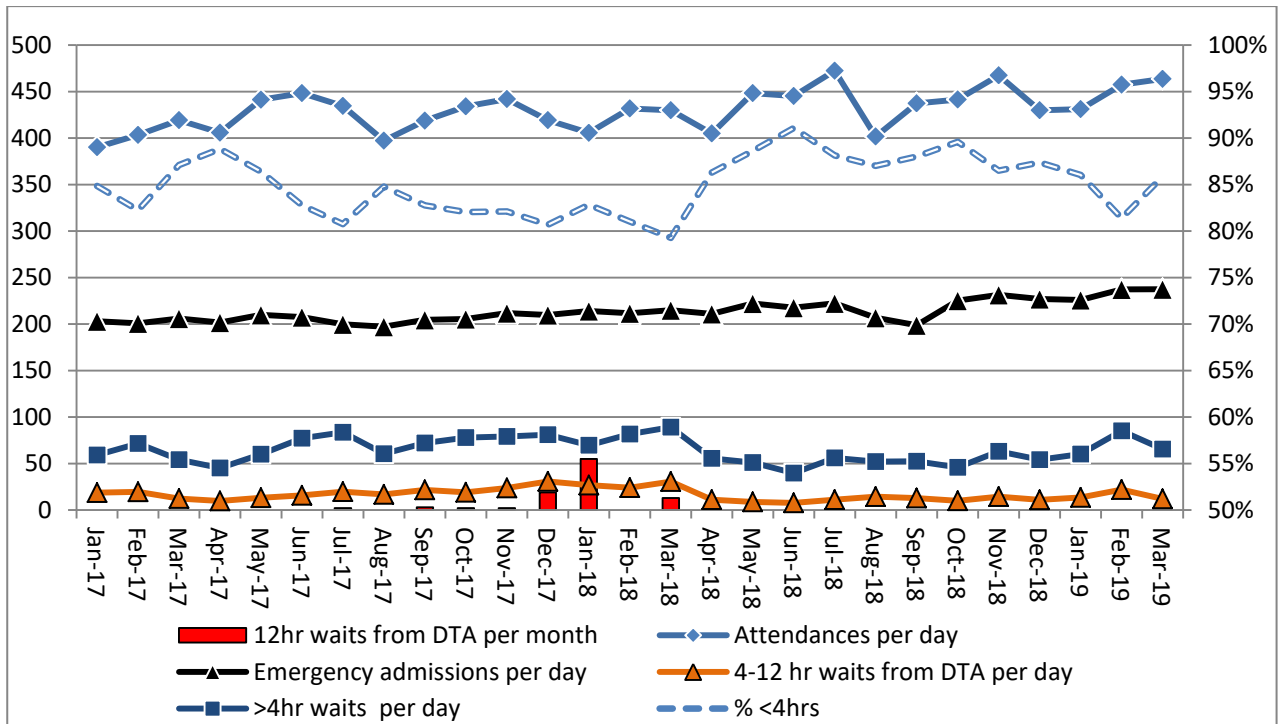


Figure 1: OUH Emergency Department attendances, waits and emergency admissions from January 2017

**Admissions and discharges**

Emergency admissions in the period October 2018 – March 2019 were 9% higher than in the same period the previous year. The rise is visible in the chart below. The rise in February and subsequently March led to our highest average emergency admission per day across the month

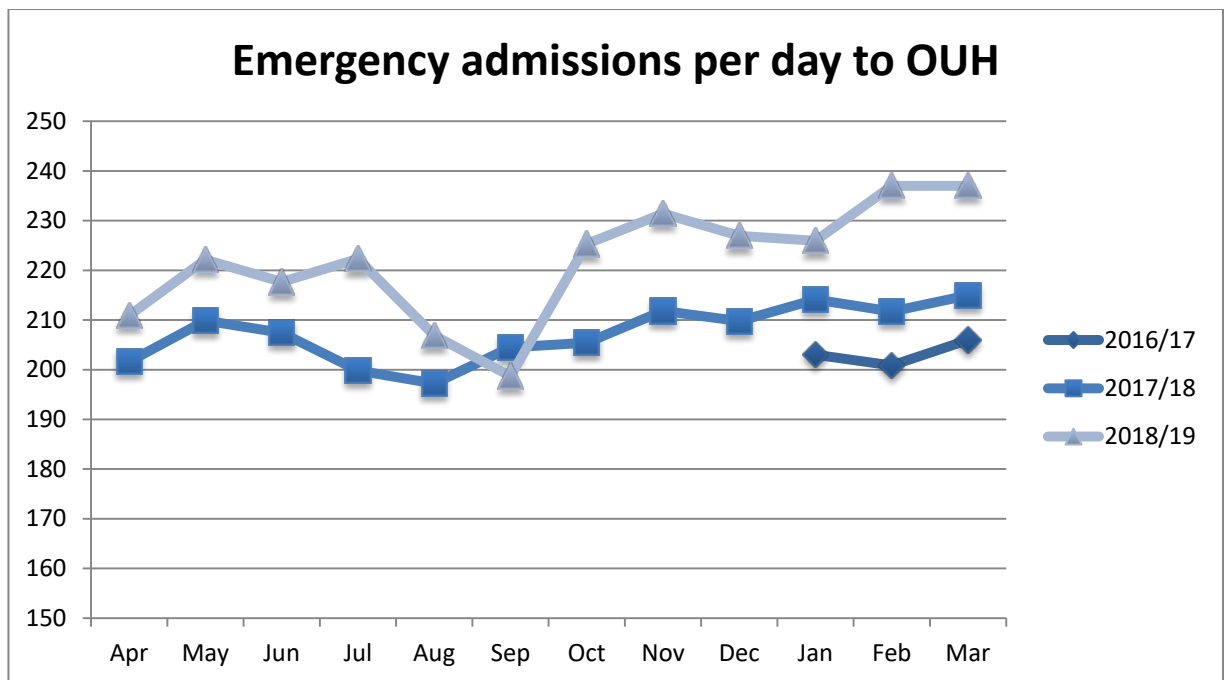


Figure 2: Emergency admissions per day to OUH, April 2018 – Mar 2019

2.4. Emergency admissions to the JR site in March 2019 were slightly under the assumptions made in the Winter Plan. JR experienced a 3% growth in emergency admissions in March 2019 rather than the predicted 6% in our plans. We reported in

month 11 that patients stranded over 21+days increased at JR in February with LOS rising as a consequence, leading to a higher bed demand than January 2019. This continued in month 12 with no real reduction. Overall, discharge levels were 3% up on the same period last year. Adult occupancy levels remained at c100%, with childrens hitting periods of 99-100% occupancy. Delays for discharge were predominantly related to the HART service and community beds. Not all beds were able to be sustained open due to safe staffing levels.

- 2.5. Emergency admissions to the HGH site in March 2019 were significantly above the assumptions made in the Winter Plan. HGH experienced 21% growth compared to the predicted 6% in our plans. We reported in month 11 that patients stranded over 21+days saw an increase in February, with a significant shift in LOS as a consequence, resulting in a higher bed demand than January 2019. This continued into month 12. However, overall discharges improved significantly, with 30% more discharges in March 2019, when compared to March 2018. Despite this level of improvements in discharge, the sheer demand increase, meant that occupancy levels in adults was c99-100% for the majority of the month. Not all beds were able to be sustained open due to safe staffing levels
- 2.6. Breaches of the four-hour standard where the patient was not admitted rose from a low of 11.1 per day in the weeks of Christmas and New Year to 41.7 per day in the first week of February. This was followed by a reduction through the remainder of February and continued into March until a small increase in the last week of the month.

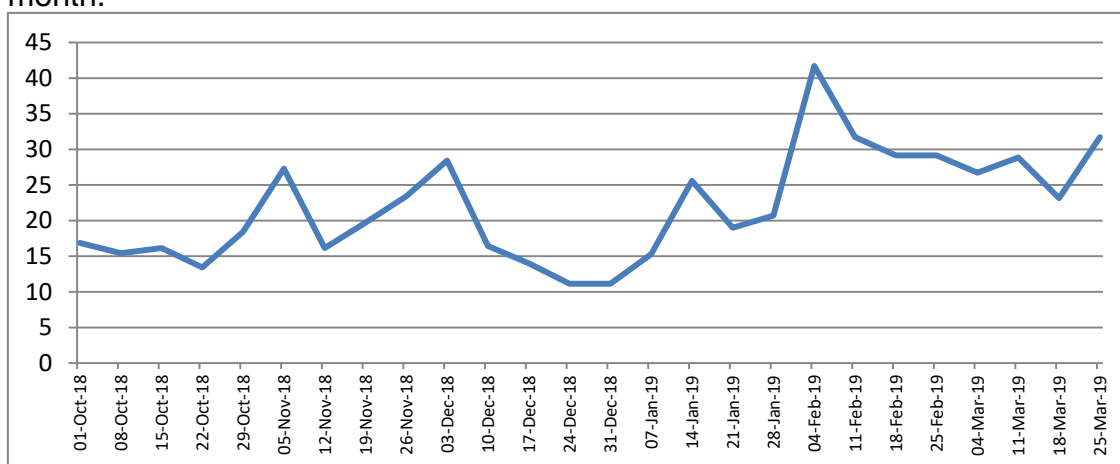


Figure 3: Non-admitted 4hr breaches per day from October 2018

- 2.7. The daily number of beds occupied Trust-wide rose steadily during January and even further into February from its Christmas low. Very high levels of acute bed occupancy continued to be experienced at both the John Radcliffe and Horton

General sites.

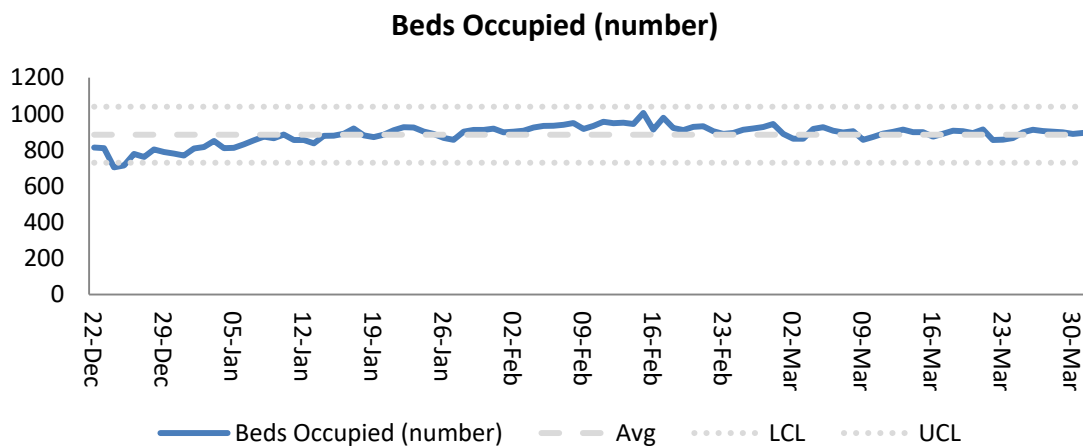


Figure 4: General and acute beds occupied at midnight, OUH, daily

2.8. The number of people in OUH beds for over 21 days (termed ‘Super Stranded’ by NHS Improvement) reduced from 223 in January 2017 to 146 on 2 December. It rose again in January 2019 and this sustained at this level in February 2019 and March 2019.

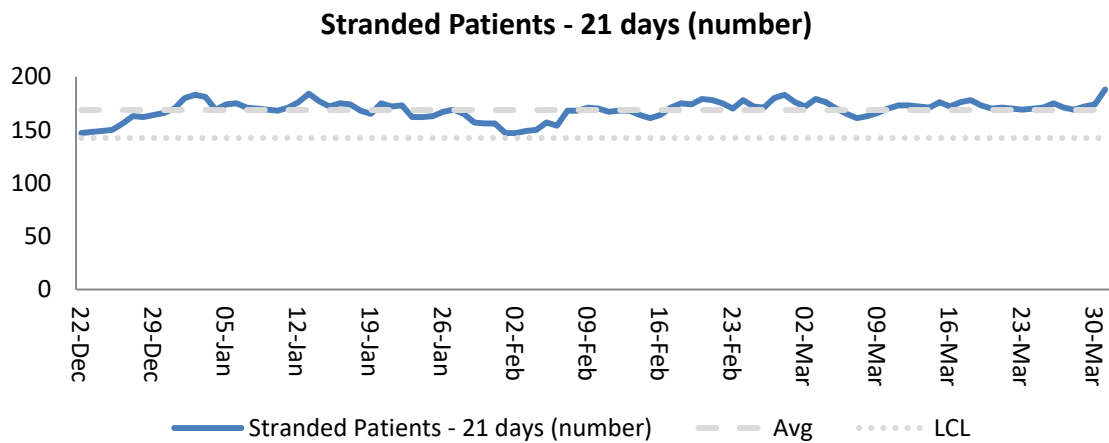


Figure 5: Daily number of patients discharged from OUH beds with a LOS 21 days or more

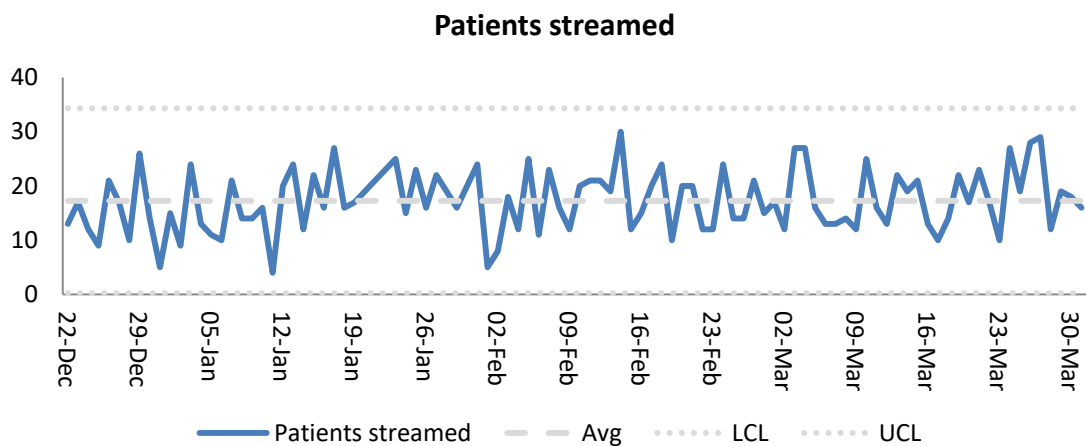


Figure 6: Number of people streamed per day to GP urgent care, John Radcliffe

## **Key actions**

2.9. Key actions in place are:

- 2.9.1. Work has commenced on the agreed expansion of the John Radcliffe ED, extra space to be in place for Winter 2019/20.
- 2.9.2. A review of 7% increase in A&E attendances at HGH site, which is well above usual 3% increases. In addition Emergency Admission growth, notably February and March which have increased by 18% and 30% respectively when compared to previous year. This will be presented to the new system Urgent Care Board.
- 2.9.3. Urgent Care Improvement programme has agreed focus of work for 2019/20, including:
  - 2.9.3.1. Delivery of the HART Improvement Plan.
  - 2.9.3.2. Implement Discharge to Assess.
  - 2.9.3.3. Further improve the acute pathways in adult and children's.
  - 2.9.3.4. Urgent Care Out of Hours.
  - 2.9.3.5. Same Day Emergency Care.
  - 2.9.3.6. OPEL escalation and response.
  - 2.9.3.7. Daily reporting to support programme.
- 2.9.4. Developing the Winter Plan for 2019/20 – what is required to deliver 92% occupancy over winter, being worked up to inform the plan.

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

### ***Performance***

- 3.1. On 31<sup>st</sup> March 2019, 49,706 people were waiting on incomplete elective pathways for care at OUH. This was a decrease of 441 pathways when compared to March 2019, meaning that we achieved ahead of the agreed target waiting list size of 50,147.
- 3.2. 82.84% of people on the list were waiting for less than 18 weeks, which is below the 92% national standard and a small decrease when compared to the 83.02% in February 2019. 8,531 people were waiting for over 18 weeks for treatment.
- 3.3. The number of patients waiting over 52-week waits reduced again from 39 in February 2019 to 8 in March 2019. As shown in the chart below:
  - 3.3.1. Over 52-week waits delivered below the NHSi request to halve 52 week wait position, but did not achieve goal of zero by the end of March
  - 3.3.2. There was a small decrease in the overall size of the waiting list, and delivering ahead of the NHSi requirement of 50,147.



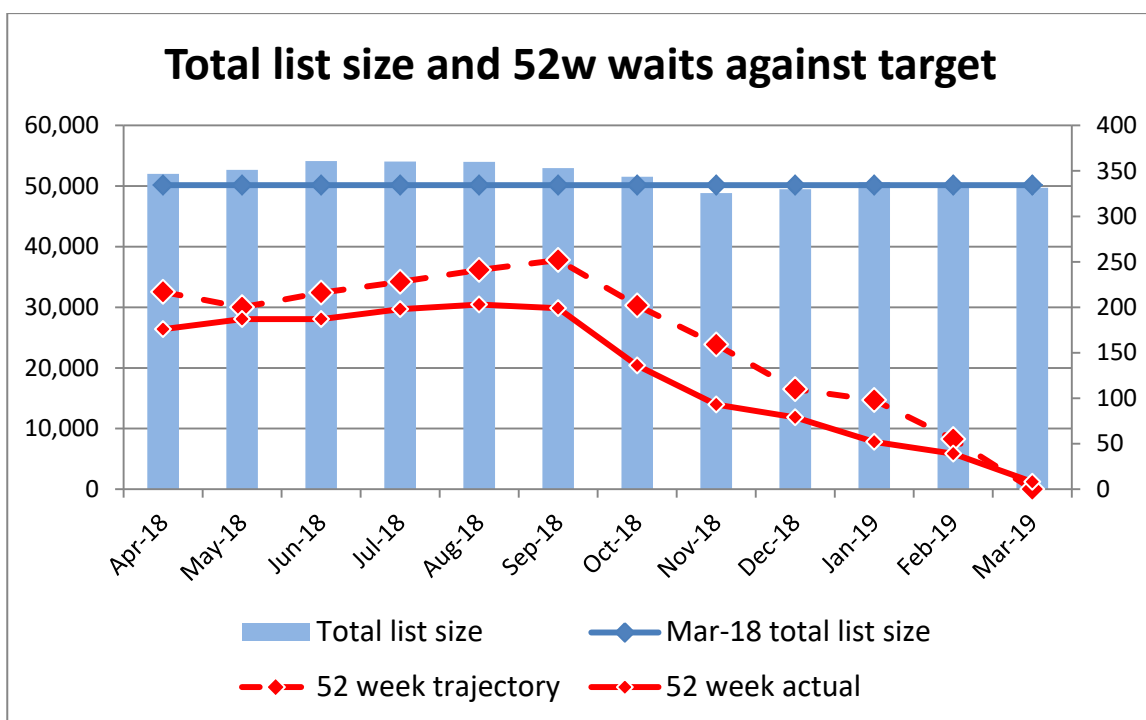


Figure 7: RTT Incomplete waiting list size and over 52 week waits, OUH, from April 2018

**Long waiting patients**

3.4. Services have continued to work hard to treat their longest-waiting patients with a significant reduction in numbers being reported since its peak during August 2018.

3.4.1. Services with over-52 week waits in March were as follows.

Specialty	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Cardiology			1				
Clinical Neurophysiology		2					
Colorectal Surgery	3	4	2				
Dermatology		1				1	
Endoscopy (General Surgery)				1			
ENT	1	1	2	1	2		1
General Surgery					1		
Gynaecology	158	105	66	55	33	21	1
Interventional Radiology	3	1					
Maxillo Facial Surgery	1		1	1	1	1	
Neurosurgery	1						
Ophthalmology	4	4		1			
Paediatric ENT		1					
Paediatric Spinal Surgery	2						
Paediatric Trauma and Orthopaedics		1	2	1	1		
Physiotherapy	4	1				1	
Plastic Surgery						3	1
Spinal Surgery Service	6			3			
Trauma and Orthopaedics	3	4	4	2			
Unknown							

Upper Gastrointestinal Surgery	2	1	3	4	4	1	
Urology	10	10	12	10	9	11	5
Vascular Surgery	1				1		
<b>Grand Total</b>	<b>199</b>	<b>136</b>	<b>93</b>	<b>79</b>	<b>52</b>	<b>39</b>	<b>8</b>

Figure 8: Waits on incomplete RTT pathways of over 52 weeks by specialty

### Key actions

3.5. Key actions in place are as follows.

- 3.5.1 Weekly performance meetings continue to help specialties manage their longest waiting patients and to help unblock issues that arise. The meetings focus on both outpatient waits with associated action plans and patient level tracking for the longest waiting patients.
- 3.5.2 A harm review process remains in place to review all patients waiting over 52 weeks (from nationally submitted data).
- 3.5.3 A management team has been created to oversee the JR2 theatre refresh programme, this will help to ensure that theatre sessions are prioritised with minimal impact to patient waiting times. Theatre sessions continue to run over weekends, where possible.

## 4. Diagnostic Waits

- 4.1. During March our performance for the diagnostic waiting time standard deteriorated with 291 patients waiting over 6 weeks for their diagnostic tests. . Our submitted performance was 2.01%. The national standard is 1%.
- 4.2. The main contributing factor continues to be MRI testing, where 226 patients waited over 6 weeks. Progress with delivery of the improvement initiatives continues to be monitored.
- 4.3. All waits of over six weeks are shown below.

		Mar-19		
		<6 weeks	Over 6 weeks <13 weeks	13 plus Weeks
Imaging	Magnetic Resonance Imaging	3663	204	22
	Computed Tomography	2174	1	1
	Non-obstetric ultrasound	4741	0	0
	Barium Enema	830	0	0
	DEXA Scan	128	0	0
Physiological Measurement	Audiology - Audiology Assessments	239	5	0
	Cardiology - echocardiography	476	3	0
	Cardiology - electrophysiology	2	0	0
	Neurophysiology - peripheral neurophysiology	120	0	0
	Respiratory physiology - sleep studies	243	29	8
	Urodynamics - pressures & flows	145	0	0
Endoscopy	Colonoscopy	374	3	0

	Flexi sigmoidoscopy	333	2	0
	Cystoscopy	257	5	1
	Gastroscopy	402	7	0
	<b>Total</b>	<b>14127</b>	<b>259</b>	<b>32</b>

Figure 9: Diagnostic waits of over 6 weeks by modality March 2019

## 5. Cancer

### Overall position on national cancer standards

5.1. Three cancer waiting time standards were not met during February 2019. There was a rise in all breast referrals during January and again in February. The cohort of patients receiving 1<sup>st</sup> definitive treatment within 31 days was slightly improved when compared to January, with breaches being seen within Urology, Upper Gastro Intestinal and Sarcoma. The cancer standards that were not met were;

- 5.1.1. 96% of patients to receive first definitive treatment within 31 days of a decision to treat; and
- 5.1.2. 90% of patients will receive their first treatment within 62 days following referral from a screening service
- 5.1.3. 85% of patients to receive their first treatment within 62 days of urgent GP referral

5.2. Performance against the two week wait standard has shown a slight deterioration, but has still achieved the national standard.

5.3. Performance by month since August is shown below.

Standard	OUH						
	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
At least 93% of patients referred from a GP with suspected cancer will be seen within 2 weeks of referral.	97.57%	97.94%	98.11%	97.03%	96.81%	97.45%	96.9%
At least 93% of patients referred from a GP with breast symptoms but not suspected cancer will be seen within 2 weeks of referral.	96.21%	96.38%	98.73%	95.86%	94.29%	87.79%	94.7%
At least 96% of patients will receive first definitive treatment within 31 days of a decision to treat.	94.67%	90.04%	93.40%	96.05%	89.35%	90.83%	92.3%
At least 94% of patients will receive subsequent treatment with surgery within 31 days of decision to treat.	91.01%	94.00%	92.16%	96.88%	95.12%	95.24%	100%
At least 98% of patients will receive subsequent treatment with anti-cancer drug regimen within 31 days of decision to treat.	100%	100%	100%	100%	100%	100%	100%
At least 94% of patients will receive subsequent radiotherapy within 31 days of a decision to treat.	98.31%	95.41%	91.76%	95.65%	94.33%	96.30%	97.5%

At least 85% of patients will receive their first treatment within 62 days of referral from a GP.	68.06%	71.00%	71.23%	76.35%	70.82%	65.44%	63.9%
At least 90% of patients will receive their first treatment within 62 days following referral from a screening service.	96.15%	80.00%	58.33%	88.89%	94.74%	57.14%	56.5%

Figure 10: OUH performance against national cancer standards

**Patients referred from a GP with suspected cancer will be seen within 2 weeks**

5.4. This standard was met in February 2019. 50 patients waited for longer than two weeks. The highest number of breaches took place within our Urological Service.

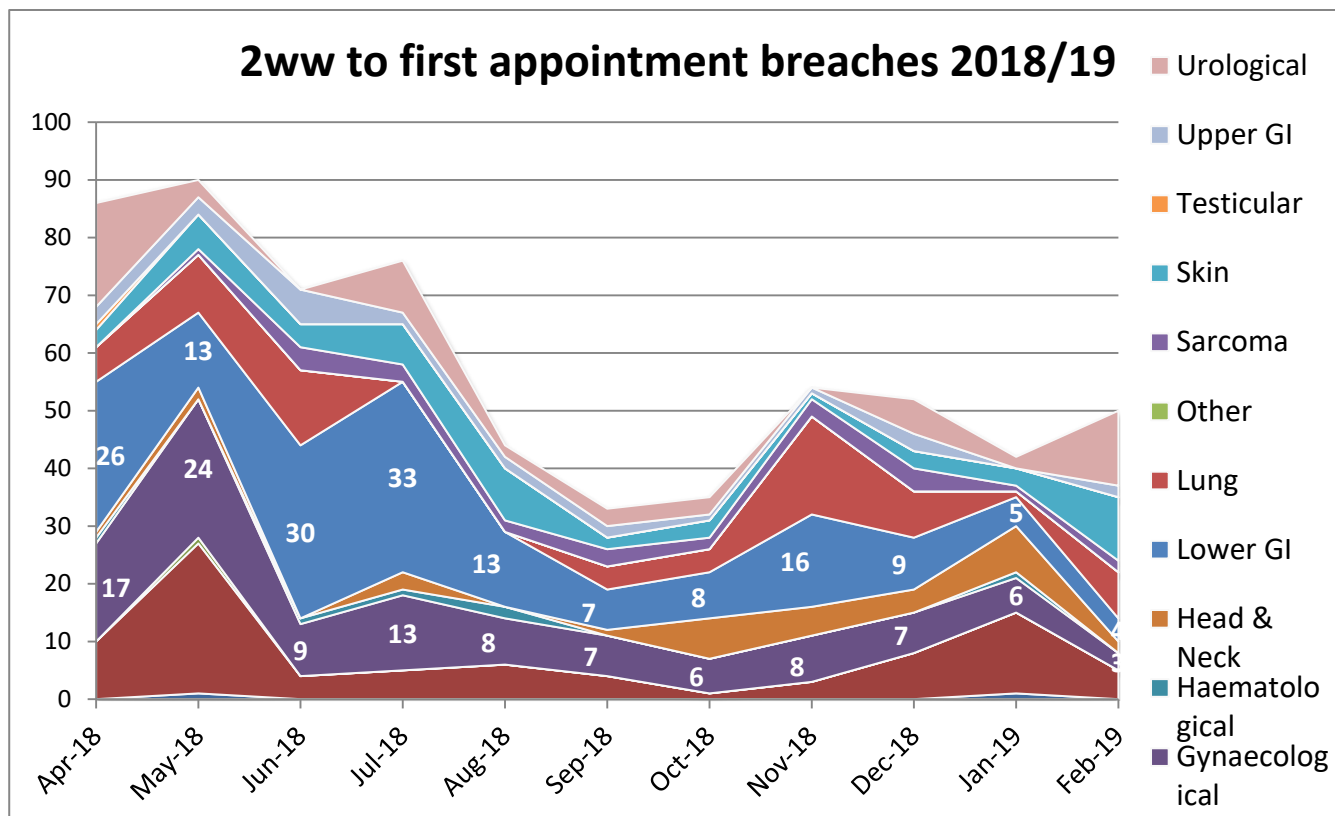


Figure 11: Breaches of the two week wait standard by tumour site group from April 2018

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

5.5. Of 313 patients receiving first definitive treatment during February 2019, 24 waited for longer than 31 days, performance of 92.3%. This standard was not met (96%) but was a slight improvement, when compared to January 2019.

5.6. Urological patients waiting for over 31 days reduced to 24 which is an improved position when compared with January 2019.

31d first treatment breaches

Month	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
Brain CNS	0	0	0	0	0	0	0	0	0	0	0
Breast	0	0	0	1	0	0	3	1	0	1	0
Children's	0	0	0	0	0	0	0	0	0	0	0

Gynaecological	3	1	2	3	4	5	0	0	1	1	2
Haematological	0	0	0	1	0	0	1	0	0	0	0
Head & Neck	0	1	0	2	2	1	0	1	0	4	2
Lower GI	1	1	0	0	2	2	0	0	0	0	3
Lung	1	2	2	1	2	1	0	0	2	2	0
Other	1		0	0	0	0	0	0	0	0	0
Sarcoma	1	0	0	0	0	0	1	0	0	1	2
Skin	1	0	0	0	0	2	0	0	0	1	1
Upper GI	0	0	0	0	0	0	3	0	0	0	0
Urological	16	8	8	6	8	16	11	11	30	22	14
Total	24	13	12	14	18	27	19	13	33	32	24

Figure 12: People not receiving first definitive treatment within 31 days of decision to treat

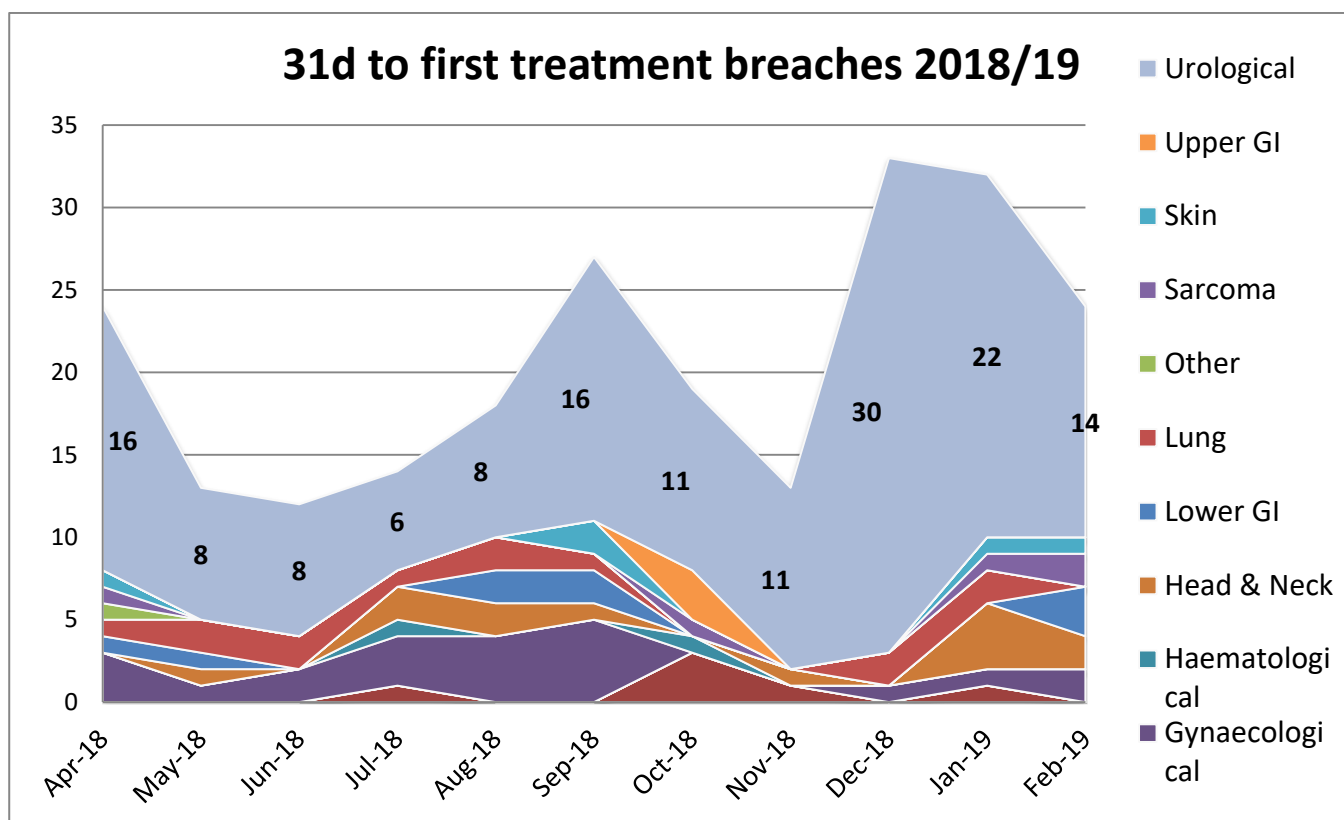


Figure 13: Breaches by tumour site of the 31 days to first treatment standard from April 2018

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

- 5.7. In February 2019, of 165 referrals for which OUH was accountable, 59.5 did not receive their first treatment within 62 days of urgent referral from a GP. The largest number of breaches were seen within the Urological service, with 20 patients not receiving their definitive treatment within 62 days. This is a reduction from January 2019.
- 5.8. This standard was not met. It was last met by OUH in December 2017 and by the NHS in England in December 2015.
- 5.9. 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.
- 5.10. Breaches accountable to OUH are shown below by tumour site.

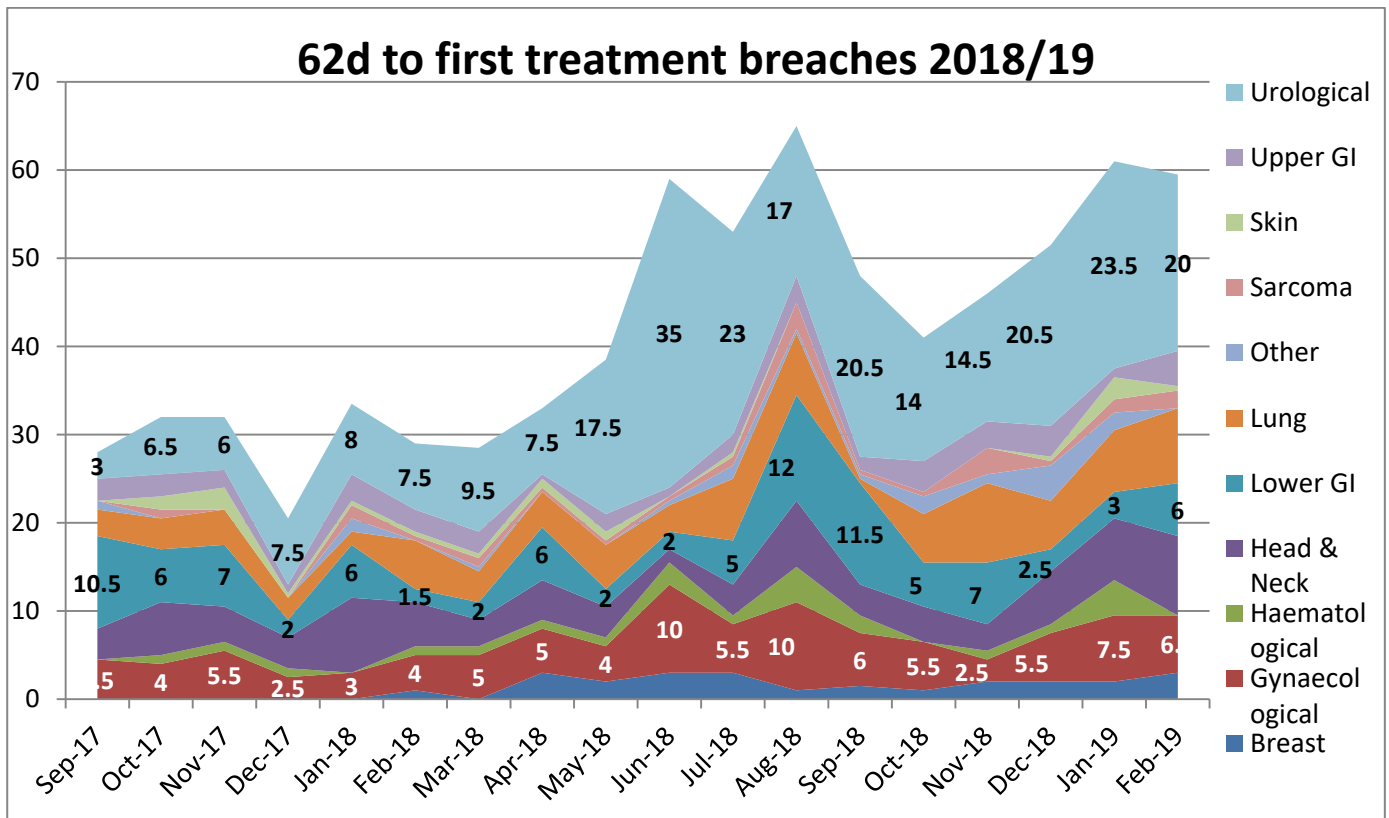


Figure 14: First treatment after 62 days or more from GP referral with suspected cancer

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

5.11. This standard was not met in February 2019. 9.5 out of 22.5 patients in the Breast tumour site group waited for longer than 62 days.

**Subsequent treatment with surgery or radiotherapy within 31 days of a decision to treat**

5.12. These standards were all reported as met in February 2019.

**Key actions**

5.13. Actions being taken include:

- 5.13.1 In addition to daily huddles, which focus on all patients with a suspected and a confirmed diagnosis of cancer, a patient level discussion takes place at an escalation meeting on a weekly basis to help to unblock performance related issues.
- 5.13.2 Additional workforce has been secured on a temporary basis within the cancer pathways team, a business case for permanent recruitment has been produced. The additional administrative staff will help to balance the increase in demand within cancer services.
- 5.13.3 Tumour site level improvement programmes are in place and being tracked. The improvements are aimed at delivering longer term sustainable change in performance.
- 5.13.4 Additional operating sessions at the Churchill Hospital have continued and will do so on an ongoing basis.

## 6. Workforce

- 6.1. The Trust's vacancy rate in February was 8.08%, up from 7.71% in February and continuing to increase further away from the Trust's target of 5%.
- 6.2. Sickness absence was 3.19%, slightly ahead of the Trust's target level.
- 6.3. The turnover rate was 13.75%, still above OUH's 12% target.
- 6.4. Costs for bank and agency staffing and financial metrics are reported in the Finance Report.

## 7. Benchmarking

- 7.1. 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.
- 7.2. OUH's 4 hour wait performance in March was above the Shelford and marginally below the national means. The Trust continued to perform well on cancer 2 week waits in February. OUH was below the national and Shelford benchmarks on 31 day waits and 62 day wait performance on the GP referral measure remained below both benchmarks. RTT performance continued to be below both benchmarks on 18 week and 52 week waits.

Indicator	Standard	Current Data Period	National	Shelford	OUH
% ≤4 hour waits from Emergency Department attendance to admission/transfer/discharge	95%	Mar-19	86.60%	82.62%	85.86%
<2 week waits to first appointment from urgent GP referral with suspected cancer	93%	Feb-19	93.42%	91.10%	96.90%
<2 week waits to first appointment from urgent referral with breast symptoms	93%	Feb-19	82.52%	87.14%	94.74%
First treatment within 31 days of cancer diagnosis	96%	Feb-19	96.67%	96.31%	92.33%
First cancer treatment within 62 days of urgent referral from screening service	90%	Feb-19	84.21%	80.77%	56.52%
First cancer treatment within 62 days of urgent GP referral	85%	Feb-19	76.14%	73.83%	63.94%
Subsequent cancer treatment in <31 days: surgery	94%	Feb-19	92.80%	94.98%	100.00%
Subsequent cancer treatment in <31 days: drugs	98%	Feb-19	99.36%	99.54%	100.00%
Subsequent cancer treatment in <31 days: radiotherapy	94%	Feb-19	97.32%	97.73%	97.54%
RTT: >52 week waits, Admitted pathways - Average vs OUH total	0	Feb-19	5.8	17.3	30
RTT: >52 week waits, Non-admitted pathways - Average vs OUH total	0	Feb-19	5.7	18.1	22
RTT: >52 week waits, Incomplete pathways - Average vs OUH total	0	Feb-19	10.3	44.3	39
RTT: % <18 week waits, Admitted pathways	90%	Feb-19	70.10%	74.14%	68.19%
RTT: % <18 week waits, Incomplete pathways	92%	Feb-19	86.54%	86.82%	83.02%
RTT: % <18 week waits, Non-admitted pathways	95%	Feb-19	86.97%	86.38%	82.50%

Figure 15: 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

## 8. Trajectories

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

8.2. The trajectory for four hour wait performance was met in April-July. Higher trajectory figures from August were not met.

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

OUH 4 hour waits	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
>4 hour waits - plan	1,890	1,570	1,290	1,320	1,330	1,310	1,290	1,230	1,380
>4 hour waits - actual	1,682	1,616	1,572	1,424	1,893	1,681	1,867	2,384	2,032
Attendances - plan	13,940	12,744	13,002	13,927	13,722	13,453	13,020	12,513	13,795
Attendances - actual	14,173	12,450	13,118	13,685	14,020	13,326	13,362	12,807	14,370
Performance - trajectory	86.4%	87.7%	90.1%	90.5%	90.3%	90.3%	90.1%	90.2%	90.0%
Performance - actual	88.13%	87.02%	88.02%	89.59%	86.50%	87.39%	86.03%	81.39%	85.86%

Figure 16: OUH 4 hour wait trajectory 2018/19

8.3. The 95% national standard has not been met by the NHS in England or by OUH since July 2015

8.4. The trajectory for improvement against the 62 day cancer standard is shown below. Performance since June has been below the expected trajectory.

	April	May	June	July	August	September	October	November	December	January	February
Trajectory	80.0%	79.4%	74.5%	74.2%	75.3%	77.5%	81.1%	81.1%	84.2%	82.4%	85.5%
Actual %	80%	80.2%	72.4%	71.4%	68%	71%	71.2%	76.3%	70.8%	65.4%	63.9%

Figure 17: Cancer 62 days from urgent GP referral trajectory, 2018/19

8.5. For elective care waits (RTT incomplete pathways) in March 2019:

- 8.5.1. Completed pathways for admitted and non-admitted care both remained well above plan
- 8.5.2. The number of people waiting for over 18 weeks reduced by an additional 5
- 8.5.3. The total list size decreased by 561 to be 441 below the list size as it was on 31 March 2018 and therefore achieving ahead of trajectory.
- 8.5.4. The number of over 52 week waits reduced to 8.

Referral to Treatment: incomplete pathways		Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Number of incomplete RTT pathways <=18 weeks	Plan	42,758	42,584	42,363	41,960	41,797	41,379	40,991	40,850
	Actual	45,276	43,915	42,486	40,427	40,532	42,030	41,731	41,175
Number of incomplete RTT pathways >18 weeks	Plan	8,277	8,431	8,619	8,856	8,915	9,217	9,380	9,297
	Actual	8,700	9,036	9,054	8,414	8,934	8,608	8,536	8,531
Number of incomplete RTT pathways >52 weeks	Plan	241	252	202	159	110	98	55	0
	Actual	203	199	136	93	79	52	39	8
Number of completed admitted RTT pathways	Plan	2,871	2,893	2,936	3,018	2,368	2,534	2,528	2,653
	Actual	3,475	3,429	3,839	3,877	2,935	4,128	3,615	3,829
Number of completed non-admitted RTT pathways	Plan	9,501	9,425	10,287	11,427	8,584	11,065	7,805	9,021
	Actual	11,838	11,904	13,627	13,775	10,133	13,186	11,334	11,707



Number of New RTT pathways (clock starts)	Plan	20,240	19,303	21,096	21,910	16,557	21,235	18,568	21,919
	Actual	18,240	18,032	19,888	19,000	15,428	20,434	18,056	18,639

Figure 18: RTT trajectories, 2018/19

## 9. Additional information

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

## 10. Recommendation

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

**Sara Randall**  
**Acting Chief Operating Officer**  
**April 2019**

Paper prepared by:

Peter Fry Interim Director of Clinical Services

## 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	Sep-18	0.92		5
	Total number of deliveries	NA	Mar-19	594	7584	5
	Proportion of normal deliveries	62%	Mar-19	60.61%	60.3%	5
	Proportion of Caesarean section deliveries	23%	Mar-19	26.77%	24.8%	5
	Proportion of assisted deliveries	15%	Mar-19	12.63%	14.8%	5
	Maternal Deaths	NA	Mar-19	0	0	4
	30 day emergency readmissions	0%	Mar-19	3.55%	3.6%	5
	Medication reconciliation completed within 24 hours of admission	80%	Mar-19	64.33%	69.6%	4
	Medication errors causing serious harm	0	Feb-19	2	13	5
	Number of CAS alerts closed having breached during the month	0	Mar-19	0	0	5
	Dementia CQUIN patients admitted who have had a dementia screen	0%	Feb-19	75.03%	78.2%	4
	Dementia diagnostic assessment and investigation	0%	Feb-19	100%	100%	4
	Dementia :Referral for specialist diagnosis	0%	Feb-19	100%	100%	4
Patient Experience	Friends & Family test response rate (Inpatients)	0%	Mar-19	18.07%	20.2%	4
	Friends & Family test response rate (Maternity)	0%	Mar-19	13.57%	9.5%	4
	Friends & Family test response rate (Emergency Departments)	0%	Mar-19	19.72%	22.8%	4

	Friends & Family test % not likely to recommend (Emergency Departments)	NA	Mar-19	6.77%	7.4%	4
	Friends & Family test % not likely to recommend (Inpatients)	NA	Mar-19	2.19%	2.1%	4
	Friends & Family test % not likely to recommend (Maternity)	NA	Mar-19	1.44%	0.9%	4
	Friends & Family test % likely to recommend (Emergency Departments)	NA	Mar-19	87.57%	87.9%	4
	Friends & Family test % likely to recommend (Inpatients)	NA	Mar-19	95.85%	95.8%	4
	Friends & Family test % likely to recommend (Maternity)	NA	Mar-19	96.03%	96.5%	4
Safety	Serious Incidents Requiring Investigation	NA	Mar-19	13	111	5
	% of Patients receiving Harm Free Care (Pressure sores, falls, C-UTI and VTE)	0%	Mar-19	91.58%	93.3%	3
	Never Events	NA	Mar-19	1	11	5
	Cleaning Scores: % of inpatient areas with initial score >92%	NA	Mar-19	57.14%	46.1%	5
	Flu vaccine uptake	0%		0%		5
	% of incidents associated with moderate harm or greater	NA	Feb-19	0.92%	0.8%	5
	# newly acquired pressure ulcers (category 2, 3 and 4)	NA	Feb-19	53	585	5

Operational Standards		Standard	Current Data Period	Period Actual	YTD	Data Quality
	RTT: % <18 week waits, Admitted pathways	90%	Mar-19	69.39%	69%	4
	RTT: % <18 week waits, Non-admitted pathways	95%	Mar-19	82.57%	83.5%	4
	RTT: % <18 week waits, Incomplete pathways	92%	Mar-19	82.84%	83.7%	5
	% Diagnostic waits waiting 6 weeks or more	1%	Mar-19	2.02%	2.1%	3
	RTT: >52 week waits, Admitted pathways	0	Mar-19	32	605	4
	RTT: >52 week waits, Incomplete pathways	0	Mar-19	8	1557	4
	RTT: >52 week waits, Non-admitted pathways	0	Mar-19	45	474	4
	Emergency Department attendances	NA	Mar-19	14370	160714	5
	% <=4 hour waits from Emergency Department attendance to admission/transfer/discharge	95%	Mar-19	85.86%	87.2%	5
	Last minute cancellations: % of elective admissions	0.5%	Mar-19	0.53%	0.7%	3
	% patients not rebooked within 28 days	0%	Mar-19	8.51%	7.2%	5
	Urgent cancellations – second time	0	Mar-19	0	0	5
	Urgent cancellations	0	Mar-19	13	238	5

Contract Variations Open	NA	Feb-19	5		
Contract Notices Open	NA	Feb-19	0		
Delayed transfers of care: number (snapshot)*	0	Mar-19	51	583	4
Delayed transfers of care as % of occupied beds*	3.5%	Mar-19	5.63%	5.4%	5
Theatre utilisation – elective	80%	Mar-19	75.18%	75.1%	4
Theatre utilisation – emergency	70%	Mar-19	45.15%	48.6%	4
Theatre utilisation – total	75%	Mar-19	66.76%	68%	4
Results endorsed within seven days	NA	Mar-19	74.47%	74.2%	4
% of discharge summaries sent to GP within 24 hrs	95%	Mar-19	85.57%	86.2%	4
First cancer treatment within 62 days of urgent GP referral	85%	Feb-19	63.94%	72%	4
First cancer treatment within 62 days of urgent referral from screening service	90%	Feb-19	56.52%	80.5%	4
First treatment within 31 days of cancer diagnosis	96%	Feb-19	92.33%	93.3%	4
Subsequent cancer treatment in <31 days: surgery	94%	Feb-19	100%	94.9%	4
Subsequent cancer treatment in <31 days: drugs	98%	Feb-19	100%	99.5%	4
Subsequent cancer treatment in <31 days: radiotherapy	94%	Feb-19	97.54%	96.3%	4
<2 week waits to first appointment from urgent GP referral with suspected cancer	93%	Feb-19	96.9%	96.7%	5
<2 week waits to first appointment from urgent referral with breast symptoms	93%	Feb-19	94.74%	94.2%	5
Same sex accommodation breaches	0	Mar-19	41	805	5
Patients spending >=90% of time on stroke unit	85%	Mar-19	88%	89.5%	5
Time to Surgery (% patients having their operation within the time specified according to their clinical categorisation)	0%	Sep-18	86.75%	92%	3
MRSA bacteraemia	0	Mar-19	0	2	5
Clostridium Difficile incidence	5	Mar-19	3	51	5
% adult inpatients having VTE risk assessment	95%	Mar-19	97.88%	97.5%	5

Workforce		Standard	Current Data Period	Period Actual	YTD	Data Quality
Workforce	Vacancy rate	5%	Mar-19	8.08%		3

<b>Performance</b>	Sickness absence**	<b>3.2%</b>	Mar-19	<b>3.19%</b>		<b>5</b>
	Turnover rate	<b>12%</b>	Mar-19	<b>13.75%</b>		<b>5</b>
	Substantive staff in post against budget	<b>11899.18</b>	Mar-19	<b>10937.26</b>		<b>4</b>
	Temporary Workforce expenditure as a total of Workforce expenditure	<b>6%</b>	Mar-19	<b>9.57%</b>		<b>4</b>
	Nursing and Midwifery Agency Expenditure	<b>0%</b>		<b>0%</b>		<b>5</b>