Trust Board Meeting: Wednesday 8 May 2013
TB2013.65

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<th>Title</th>
<th>Integrated Performance Report Month 12</th>
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<tr>
<td>Status</td>
<td>A paper for discussion.</td>
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<th>Board Lead(s)</th>
<th>Mr Paul Brennan, Director of Clinical Services</th>
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Executive Summary

1. The format has now been updated for month 12, the first two pages show performance ‘at a Glance’ across four domains Operational, Finance, Quality and Workforce. The following pages highlight areas of red and amber exceptions for the month with more detail narrative to explain underperformance and actions taken to improve performance. The metrics are being reviewed by Executive Directors in line with the new operating framework for 2013/14.

2. The metrics included in this report are headline indicators from the Operating Framework 2012/13, Monitor’s Compliance Framework and the NHS Outcomes Framework. The report gives an overview of the Trust’s performance as seen externally via Monitor Compliance Self Certification predictions. The Trust Summary view provides, at a glance, an assessment of how the Trust is performing at month 12 against the key performance indicators agreed by the Trust Board.

Key Highlights on performance

- VTE risk assessments 3.1% better than target.
- Patients spend >=90% of time on stroke unit, 7.5% better than target.
- MRSA bacteraemia, 4 cases reported in year against a trajectory of 7.
- RTT Admitted and Non-admitted targets were achieved at Trust level and across all specialities.
- All Cancer standards were met for February 2013.
- Proportion of C-section deliveries, achieved at 1.8% below the maximum threshold level.
- Sickness absence, 0.2% better than target in March.
- The Trust ended the year £44,000 above plan and therefore met its financial duty to break even and achieved a 0.5% surplus.

Areas of exception on performance

- Quarter 4 performance for the 4 hour ED standard was 89.7% against the target level of 95%.
- The total number of Clostridium Difficile reported cases was 92 for the year, 4 more than the target. 10 cases were reported in March.
- The number of acquired, avoidable grade 3 / 4 pressure ulcers increased by 6 in March, bringing the total to 34 this year.
- Delayed Transfers of Care is 9% worse than target in March, and delays have continued to increase during the last quarter.
- Diagnostic waits for orthopaedic ultrasound and MRI have exceeded the 6 week wait, recovery plans are in place and on track to deliver no waits above 6 weeks in June 2013.
- Bank and Agency spend has increased this month due to the current level of vacancies and the number of escalation beds open.
- Non-Pay above plan due to over-performance on activity.
Key Standards – in Month 12

18 Week RTT, A/E & Cancelled Operations

3. **A/E 95% of patients seen within 4 hours from arrival/trans/discharge:** Q2 and Q3 achieved targets, and below target at 89.7% for Quarter 4. January, February and March have been extremely challenging, with increased ED attendances and admissions. Clinical opinion indicates an increase in complex presentations in the frail elderly patients. Over 100 escalation beds remained open in the last quarter, the number of patients who are delayed remain 9% above target which has had significant impact on flow of the pathway.

4. **18 Week Referral to Treatment [RTT] performance:** The Trust achieved all its Trust wide targets for March including at speciality level for admitted and non-admitted pathways.

5. **Diagnostic waits waiting 6 weeks or more:** At the end of March 2,040 patients were waiting over 6 weeks in orthopaedic non-obstetric ultrasound and MRI. This is a reduction in the “over 6 week waits” and the Division remains on track to achieve zero “over 6 week waits” by June 2013.

Activity

6. **Delayed Transfers of Care** remain a major cause of concern for the Trust, with the in-month level at 12.5% against a target of 3.5%. This equates to a system-wide monthly average number of delays of 136 in January 2013, 177 in February and 178 in March. In addition, the Supported Hospital Discharge Scheme (SHDS) have been managing 50 patients at home who otherwise would have been recorded as delays. If SHDS were removed the net impact would show a significant upwards trend of delays.

Cancer waits

7. **All Cancer Standards:** were achieved in February.

Finance

Balance Sheet

8. **Debtors > 90 Days as % of Total NHS** - The percentage of NHS debts has increased because the overall value owed by NHS bodies has fallen significantly in March 2013 (and therefore the denominator in the calculation is markedly smaller than it was). This is because many NHS bodies have wanted to settle outstanding amounts prior to their legal cessation on 31 March.

Income & Expenditure

9. **PPs/Overseas and RTA Income Compared to Plan** - In February the administrative functions for PP were transferred from being within a central corporate department to one where responsibilities sit in the Divisions. Debt collection moved to
the central Finance Department at the same time. It is expected that debt collection will improve over the coming months now it is part of a centralized function.

10. **Pay Compared to Plan** - The main reason for the overspend is the Trust’s over-performance against contracted levels of activity – the level of activity for patient services ended the year £26.5m, or 4.1%, higher than plan with non-elective activity in particular over-performing. This led to an increase in staff costs, particularly for bank & agency staff where the Trust spent £6.2m more than it did in 2011/12.

11. **Non-Pay as % of Plan** - The Trust’s level of activity over-performance is generating additional non-pay expenditure, which represents approximately one third of cost and are variable to a significant degree. The over-performance on elective, non-elective and out-patient activities would result in £9.0m additional non-pay spend on a proportionate basis. Expenditure on ‘pass through’ drugs and devices was £5.9m greater than plan to the end of the year.

**Quality**

12. **C.diff** - It is unclear as to why there are more cases of C. diff in March 2013. A review of all cases last year will be undertaken with Oxfordshire Commissioning group.

13. **Same sex accommodation breaches** – no further breaches recorded in March therefore the total remains thirteen.

**Workforce**

14. **Vacancy Rate** – Vacancy levels are closer to KPI threshold of 5% after falling from start of year position of 8%. Vacancies continue to be filled as quickly as possible – a KPI of 8 weeks from notice has been introduced. Focused work is also underway on retention – as outlined in previous workforce reports to Trust Board.

15. **Turnover Rate** – Taking into account all leavers over the last 12 months, turnover is 11.3% against a KPI of 11%. The underlying rate of turnover is 11.0% once leavers via ‘managed exit’ programmes are removed. Staff survey results and exit interview analysis have provided insight into reasons for leaving. Focused work continues on retention.

16. **Medical Appraisals** - The number constantly fluctuates due to the number of daily starters and leavers. Non-compliance is 30 (4%) of expected appraisals. The remaining 30 (4%) are being contacted by the Medical Director to ascertain why they have failed to complete an appraisal. This will enable a procedural review and individual intervention to take place as required.

17. **Non-Medical Appraisals** - Managers and employees are not prioritizing appraisals. Activity pressures in some areas are forcing cancellation of appraisals. A new e-based appraisal linked to the Trust values is being piloted and will be rolled out during the first quarter, supported by comprehensive training. It is envisaged the new process, developed with staff and managers, will increase take up and will also improve reporting.
Monitor Compliance Framework (Foundation Trust Indicators)

18. The Trust is required to complete a monthly self-certification against Monitor’s reporting standards to give external stakeholders a view of Trust performance. These predictions are based on historic and current data:

**Governance Risk Rating = 2 Amber/Red**

19. A/E - performance under target for March at 85.73% and 89.67% for Q4 as a whole.

20. C.diff - 92 cases year to date against a ceiling of 88, with 10 cases in March.

**Finance Overall Risk Rating = 3 Green**

21. Planned surplus for the year is less than 1%

22. Liquidity - IBP assumes a Department of Health loan to deliver an FRR of 3 at year end but this is not currently included in the forecast.

Conclusions

23. The Trust Board is asked to discuss the Integrated Performance Report for Month 12 showing headline performance and consider whether there is appropriate assurance regarding current and future performance.

Sara Randall, Deputy Director of Clinical Services

Paul Brennan, Director of Clinical Services

May 2013