Trust Board Meeting: Wednesday 10\textsuperscript{th} September 2014
TB2014.97

<table>
<thead>
<tr>
<th>Title</th>
<th>Integrated Performance Report – Month 4 (July 2014)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Status</td>
<td>For discussion and to consider whether there is appropriate assurance regarding current and future performance.</td>
</tr>
<tr>
<td>History</td>
<td>The report provides a summary of the Trust’s performance against a range of key performance indicators as agreed by the Trust Board.</td>
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<tr>
<td>Board Lead(s)</td>
<td>Mr Paul Brennan, Director of Clinical Services</td>
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<tr>
<td>Key purpose</td>
<td>Strategy</td>
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Executive Summary

1. Highlights on performance

- Patients spend >=90% of time on stroke unit, 5.25% above the standard.
- Zero same sex accommodation breaches reported in July.
- Zero MRSA bacteraemia reported in July.
- Diagnostic waits over 6 weeks, 101 patients waited over 6 weeks at the end of July, achieving the standard of no more than 1% waiting over 6 weeks.
- 18 week RTT Trust level target achieved for Non-admitted at 95.41%.
- Last minute cancellation rate for elective surgery during July, at 0.46% was below the national limit of 0.5%.

2. Areas of exception on performance

- One medication error causing serious harm was reported in July.
- C difficile; a total of 11 cases were reported in July, 6 cases were apportioned to the Trust and the other 5 were apportioned to the CCG.
- The percentage of adult inpatients that have had a VTE risk assessment was 93.79%, which represents an improvement from June (93.5%) but is still below the required standard of 95%.
- The 4 hour A/E standard was 94.28% in July.
- Cancer waits, four of the eight cancer standards were not achieved in June.
- Delayed Transfers of Care is 6.79% above target in July.
- 18 week RTT for the Admitted target was 89.36% against the 90% standard an improvement from June (89.09%).
- 39 patients waited 52 weeks or more for treatment in July.
- Staff Turnover rate of 11.97%, 1.47% above the standard.
- Staff sickness absence rate was 3.44%, 0.44% above the standard.
- The vacancy rate was 8.2%, 3.2% above the standard.

Performance against Key Standards – in July [Month 4]

18 Week RTT, A/E & Cancelled Operations

3. A/E 95% of patients seen within 4 hours from arrival/transfer/discharge: Performance in July was 94.28% and has continued to improve achieving the standard at 95.10% for the month of August.

4. 18 Week Referral to Treatment [RTT] performance: The RTT admitted and incomplete standards failed in July, with performance at 89.36% and 89.45% against the 90% and 92% targets respectively. The non-admitted standard was achieved.

5. Thirty-nine patients waiting > 52 weeks for treatment: thirty-six adult spinal patients and two adult and one ophthalmology patients requiring treatment; in July seven patients were admitted and six had non-admitted clock stops. Of the remaining patients nine have admission dates, nine are waiting follow-up appointments, six patients remain on an open pathway with two patients being
removed from the waiting list. An action plan has been developed to significantly reduce or possibly eliminate 52 week waits by March 2015, but the mismatch between demand and capacity for complex spinal surgery is a national issue that NHS England has been asked to review.

Activity

6. Delayed Transfers of Care remain a major cause of concern for the Trust, at the end of July the number of delays was at 10.29% against a target of 3.5% which represents a decrease of 0.51% since October 2013. The monthly average for July was 127.2 delays across the system for Oxfordshire residents.

Cancer Waits

7. Cancer waits, four of the eight cancer standards were not achieved in June. Recovery plans are in place which include for; 62 day standard additional capacity, redesigning the urology pathway and treatment options; 31 day standard for Radiotherapy additional seven day working and opening times of the linacs and for 2 week wait plans include additional capacity and education of GPs.

Workforce

8. Vacancy and Turnover Rates – The vacancy rate is 8.2%, which is greater than the Trust’s KPI of 5% and turnover increased to 11.97% in July. National shortages, time lags in recruitment, revised establishments and additional posts will have all contributed to the Trust’s vacancy rate. In July, a recruitment and retention summit was held with a wide range of staff to develop and implementation of a Recruitment and Retention Strategy. In September the Trust will commence its overseas recruitment campaign for qualified nurses. Attendance at recruitment and trade fairs is ongoing and recruitment literature is being reviewed. The expansion of “one stop” recruitment shops is also being evaluated.

Indicator Scoring

9. The red and amber Exception Reports which form the Integrated Performance Report shows detailed performance of each indicator and the narrative explains the key issues and actions taken for resolution.

10. As part of the Trust’s data quality assurance process, each indicator has a data quality assessment completed by each of the data quality indicators. Each assessment comprises of two elements:

1) A rating of 1 to 5 to identify the level of assurance available as per the table below:

<table>
<thead>
<tr>
<th>Rating</th>
<th>Required Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Standard operating procedures and data definitions are in place.</td>
</tr>
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</table>
### Rating Required Evidence

<table>
<thead>
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<th>Rating</th>
<th>Required Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>As 1 plus: Staff recording the data have been appropriately trained.</td>
</tr>
<tr>
<td>3</td>
<td>As 2 plus: The department/service has undertaken its own audit.</td>
</tr>
<tr>
<td>4</td>
<td>As 2 plus: A corporate audit has been undertaken.</td>
</tr>
<tr>
<td>5</td>
<td>As 2 plus: An independent audit has been undertaken (e.g. by the Trust’s internal or external auditors).</td>
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2) A traffic-light rating to assess the quality of the data as per the table below:

**Rating Data Quality**

<table>
<thead>
<tr>
<th>Rating</th>
<th>Data Quality</th>
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<tbody>
<tr>
<td>Green</td>
<td>Satisfactory</td>
</tr>
<tr>
<td>Amber</td>
<td>Data can be relied upon but minor areas for improvement identified.</td>
</tr>
<tr>
<td>Red</td>
<td>Unsatisfactory/significant areas for improvement identified.</td>
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**Recommendations**

The Trust Board is asked to consider the Integrated Performance Report for July 2014 [Month 4].

**Paul Brennan, Director of Clinical Services**

**Sara Randall, Deputy Director of Clinical Services**

**September 2014**