## Integrated Performance Report – Month 12

<table>
<thead>
<tr>
<th>Status</th>
<th>For report</th>
</tr>
</thead>
<tbody>
<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>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Board Lead(s)</th>
<th>Mr Paul Brennan, Director of Clinical Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Key purpose</td>
<td>Strategy, Assurance, Policy, Performance</td>
</tr>
</tbody>
</table>
Executive Summary

1. Key Highlights on performance
   - The percentage of adult inpatients that had a VTE risk assessment in March achieved in excess of 96% against the standard of 95%.
   - Diagnostic waits over 6 weeks, 19 patients waited over 6 weeks at the end of March, achieving the standard of no more than 1% waiting over 6 weeks.
   - The 18 week RTT Incomplete and Non-Admitted standards were achieved in March at 92.61% and 95.13% against the standards of 92% and 95% respectively.
   - Seven of the eight cancer standards were achieved in January and February 2015 meaning the Trust remains on target to achieve a score of 3 for Q4.
   - MRSA bacteraemia; zero cases reported in March.
   - Zero same sex accommodation breaches reported for March.
   - CDifficile; eight cases reported in March, a total of 61 for the year.

2. Areas of exception on performance
   - A/E 4 hour standard of 95%, outturn for March was 84.9%.
   - The 62 day cancer standard was not achieved in January and February 2015.
   - Delayed Transfers of Care as a percentage of occupied beds is at 10.88% for March against the standard of 3.5%.
   - 18 week RTT Admitted performance was 86.7% against the 90% standard as expected due to the focus on reducing patients waiting over 18 weeks. The Trust achieved the national target to reduce over 18 week incompletes; the outturn was 2,668 against a target of 2,783.
   - Nine adults and one child waited 52 weeks or more for treatment in March.
   - Patients spending >=90% of time on stroke unit was 76.81% against a standard of 80% in March. A total of 82.1% for the year.
   - Staff turnover rate of 13.64%, 3.14% above the standard.
   - Staff sickness absence rate was 3.75%, 0.75% above the standard.
   - The vacancy rate was 5.71%, 0.71% above the standard.

3. Key Standards – in Month 12

3.1. 18 Week RTT, A/E & Cancelled Operations
   3.1.1. A/E 95% of patients seen within 4 hours from arrival/transfer/discharge: Performance at the end of March was 84.9%. An integrated Trust action plan has been agreed and forms part of the Operational Performance: Q4 Outturn report to the February Finance and Performance Committee.
   3.1.2. 18 Week Referral to Treatment [RTT] performance: The RTT admitted standard was subject to an agreed plan fail in March with performance at 86.7% against the 90% target. The incomplete standard was achieved at 92.61% against the 92% target and the non-admitted standard was achieved at 95.13% against the 95% target.
   3.1.3. 10 reported 52 week breaches; of which three patients were admitted in March (one spinal, one cardiology and one Maxillo-Facial patient). Two
patients, were treated in April (one child waiting plastic surgery and one adult cardiology patient) The remaining patients five patients were seen in March as outpatients.

3.2. Activity

3.2.1. Delayed Transfers of Care continue to be a significant concern for the Trust with performance for March at 10.88% against a target of 3.5%. The monthly average for March was 159 delays across the system for Oxfordshire residents.

3.3. Cancer Waits

3.3.1. Cancer waits: 62 day urgent GP referral standard did not achieve in January and February however all other seven cancer standards were achieved.

3.3.2. An action plan to ensure achievement of the 62 day standard in Q1 has been developed and agreed with the Cancer Team.

4. Monitor Assessment

4.1. The forecast score for Q4 is 3.

5. Capacity

5.1. As part of the Winter Plan the Trust was planning to increase acute bed capacity as follows:

<table>
<thead>
<tr>
<th></th>
<th>Capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bedford/Adams JR</td>
<td>4 beds</td>
</tr>
<tr>
<td>F Ward Horton</td>
<td>3 beds</td>
</tr>
<tr>
<td>OCE NOC</td>
<td>10 beds</td>
</tr>
<tr>
<td>John Warin CH</td>
<td>10 beds</td>
</tr>
<tr>
<td>7E</td>
<td>10 beds</td>
</tr>
</tbody>
</table>

5.2. The Bedford/Adams, F Ward and John Warin beds are operational.

5.3. In addition, the Tranche 2 Winter Funds (£560,000) have been used to commission capacity in the private sector. Contracts with four nursing homes to procure 29 beds to release beds on the Post-Acute Unit are in place until 31st March 2015. All beds are operational and in use. The SRG has agreed to extend both the Tranche 1 and 2 winter funding until 30th April 2015.

6. Workforce

6.1. Turnover decreased from 13.73% in February to 13.64% in March and is 3.14% above the KPI target. Reducing staff turnover is a key area of focus. In addition to current recruitment activity, other interventions concerned with improving staff retention include:

- staff engagement and involvement initiatives;
- staff recognition and reward;
- mitigating high cost living;
- development and implementation of multi-professional Education Training Strategy;
- implementation of the Leadership and Talent Development Strategic framework;
- creating and sustaining the right environment.

7.1. The report TME2015.102 was approved by the Trust Management Executive at its meeting on 23rd April 2015 and outlines the revised metrics for monitoring by the Trust Board and Finance & Performance Committee in 2015/2016. The addition of two further metrics, for Diagnostic Test Sign Off and Discharge Summaries sent, was requested.

8. Recommendations

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

Paul Brennan, Director of Clinical Services
Sara Randall, Deputy Director of Clinical Services

April 2015
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.

<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>
<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>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Rating</th>
<th>Data Quality</th>
</tr>
</thead>
<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>
</tr>
<tr>
<td>Operational Access Standards</td>
<td>Quality Outcomes</td>
</tr>
<tr>
<td>------------------------------</td>
<td>------------------</td>
</tr>
<tr>
<td><strong>Standard</strong></td>
<td><strong>Current Data Period</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Mar-15</strong></td>
</tr>
<tr>
<td><strong>Period</strong></td>
<td><strong>Actual</strong></td>
</tr>
<tr>
<td><strong>Flu vaccine uptake</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Never Events</strong></td>
<td></td>
</tr>
<tr>
<td><strong>RTT - admitted % within 18 weeks</strong></td>
<td>90%</td>
</tr>
<tr>
<td><strong>RTT - non-admitted % within 18 weeks</strong></td>
<td>95%</td>
</tr>
<tr>
<td><strong>RTT - inpatient % within 18 weeks</strong></td>
<td>5%</td>
</tr>
<tr>
<td><strong>RTT - waiting on incomplete RTT pathway</strong></td>
<td>NA</td>
</tr>
<tr>
<td><strong>RTT - admitted - median wait</strong></td>
<td>11.1</td>
</tr>
<tr>
<td><strong>RTT - non-admitted - median wait</strong></td>
<td>6.6</td>
</tr>
<tr>
<td><strong>RTT 75th percentile for admitted pathway</strong></td>
<td>23</td>
</tr>
<tr>
<td><strong>RTT 75th percentile for non-admitted RTT</strong></td>
<td>18.3</td>
</tr>
<tr>
<td><strong>RTT - # specialties not delivering the admitted standard</strong></td>
<td>0</td>
</tr>
<tr>
<td><strong>RTT - # specialties not delivering the non-admitted standard</strong></td>
<td>0</td>
</tr>
<tr>
<td><strong>Diagnosed with waiting 6 weeks or more</strong></td>
<td>1%</td>
</tr>
<tr>
<td><strong>Zero tolerance RTT waits AP</strong></td>
<td>0</td>
</tr>
<tr>
<td><strong>Zero tolerance RTT waits IP</strong></td>
<td>0</td>
</tr>
<tr>
<td><strong>Zero tolerance RTT waits FP</strong></td>
<td>0</td>
</tr>
<tr>
<td><strong>Number of attendances at A&amp;E dept in a month</strong></td>
<td>NA</td>
</tr>
<tr>
<td><strong>% &lt;=4 hours A&amp;E from arrival/trans/discharge</strong></td>
<td>95%</td>
</tr>
<tr>
<td><strong>Last min cancellations - % of all EL admissions</strong></td>
<td>0.5%</td>
</tr>
<tr>
<td><strong>% patients not rebooked within 28 days</strong></td>
<td>0%</td>
</tr>
<tr>
<td><strong>Zero Urgent cancellations - 2nd time</strong></td>
<td>0</td>
</tr>
<tr>
<td><strong>Urgent cancellations</strong></td>
<td>0</td>
</tr>
<tr>
<td><strong>Total on Inpatient Waiting List</strong></td>
<td>NA</td>
</tr>
<tr>
<td><strong># on Inpatient Waiting List dates less than 18 weeks</strong></td>
<td>NA</td>
</tr>
<tr>
<td><strong># on Inpatient Waiting List waiting between 18 and 35 weeks</strong></td>
<td>NA</td>
</tr>
<tr>
<td><strong># on Inpatient Waiting List waiting 15 weeks &amp; over</strong></td>
<td>NA</td>
</tr>
<tr>
<td><strong>% Planned IP Wks patients with a TCI date</strong></td>
<td>NA</td>
</tr>
<tr>
<td><strong>No of GP written referrals</strong></td>
<td>0</td>
</tr>
<tr>
<td><strong>Total number of first outpatient attendances</strong></td>
<td>0</td>
</tr>
<tr>
<td><strong>1st outpatient attends following GP referral</strong></td>
<td>0</td>
</tr>
<tr>
<td><strong>Other refs for 1st outpatient appointment</strong></td>
<td>0</td>
</tr>
<tr>
<td><strong>Non-selective FFCEs</strong></td>
<td>0</td>
</tr>
<tr>
<td><strong>Number of Elective FFCEs - admissions</strong></td>
<td>0</td>
</tr>
<tr>
<td><strong>Number of Elective FFCEs - day cases</strong></td>
<td>0</td>
</tr>
<tr>
<td><strong>Delayed transfers of care: number (snapshot)</strong></td>
<td>0</td>
</tr>
<tr>
<td><strong>Delayed transfers of care as % of occupied beds</strong></td>
<td>0.5%</td>
</tr>
</tbody>
</table>
## Operational

<table>
<thead>
<tr>
<th>Activity</th>
<th>Standard</th>
<th>Current Data</th>
<th>Period Actual</th>
<th>YTD</th>
<th>Forecast next period</th>
<th>Data Quality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Theatre Utilisation - Total</td>
<td>75%</td>
<td>Mar-15</td>
<td>71.14%</td>
<td>72.2%</td>
<td>72.4%</td>
<td>2</td>
</tr>
<tr>
<td>Theatre Utilisation - Elective</td>
<td>80%</td>
<td>Mar-15</td>
<td>75.13%</td>
<td>75.8%</td>
<td>76.3%</td>
<td>2</td>
</tr>
<tr>
<td>Theatre Utilisation - Emergency</td>
<td>70%</td>
<td>Mar-15</td>
<td>58.11%</td>
<td>60.3%</td>
<td>58.8%</td>
<td>2</td>
</tr>
</tbody>
</table>

### Cancer Waits

| % patients cancer treatment <62 days urgent GP ref | 85% | Feb-15 | 76.54% | 77.3% | 77.1% | 5 |
| % patients cancer treatment <62 days - Screen | 90% | Feb-15 | 90% | 93.1% | 90.3% | 5 |
| % patients treatment <62 days of upgrade | 0% | Feb-15 | No Data Available | No Data Available | No Data Available | 5 |
| % patients list treatment <1 month of cancer diag | 96% | Feb-15 | 98.36% | 95.8% | 97% | 5 |
| % patients sub treatment <31 days - Surg | 94% | Feb-15 | 98.88% | 95.6% | 97.1% | 5 |
| % patients sub treatment <31 days - Drugs | 98% | Feb-15 | 100% | 100% | 100% | 5 |
| % patients sub treatment <31 days - Radio | 94% | Feb-15 | 99% | 90.9% | 98.3% | 5 |
| % of urgent GP ref for suspected cancer | 93% | Feb-15 | 97.69% | 94.6% | 97% | 5 |
| % of urgent ref - breast symp | 93% | Feb-15 | 98.55% | 95.5% | 98.5% | 5 |

** This measure is collected for a 12 month period preceding the latest period shown.

Year: 2014-15

** Directorate: Acute Medicine & Rehabilitation, Ambulatory Medicine, Assessorial Medical (Endoscopy, Cardiac & Thoracic Surgery), Central Trust Services, Chief Nurse Patient Services & Education, Children’s, Clinical Care, Pre-operative Assessment, Plan, Audit & Research/CTO, Radiology, Division of Clinical Support Services, Division of Corporate Services, Division of Medicine, Rehabilitation & Cardiac, Division of Neuroscience, Diagnostics, Trauma & Specialist Surgery, Division of Operations & Service Improvement, Division of Research & Development, Emergency of Surgery & Oncology, Estates and Facilities, Finance and Procurement (Econometrics), Radiology and Theatres (ID), Health Management, Human Resources and Safety, Legacy Core, Vascular & Thoracic Surgery, LegisColl, Legacy Division of Cardiac, Vascular & Thoracic Legacy Division of Neuroscience, Diagnostics, Children’s, Critical Care & Therapeutics, IDN, Medical Director, Maternity, Neurosurgery, OGH, Vascular & MRF, Oncology, Diagnostic & Haematology, Oncology, Diagnostic & Haematology, Orthopaedics, Pathology & Laboratories, Pharmacy, Planning & Communications, Private Patients, Radiology & Imaging, Patient, Transplant & Urology, Specialist Surgery, Strategic Change, Surgery, Imaging Training and Research, Pharmacy, Anesthesiology, and similar services, Transact, Trust wide R&D, Trust wide only, Unknown, Women’s,

## Finance

### Capital

<table>
<thead>
<tr>
<th>Capital Programme Compared to Plan</th>
<th>Standard</th>
<th>Current Data</th>
<th>Period Actual</th>
<th>YTD</th>
<th>Forecast next period</th>
<th>Data Quality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capital servicing capacity (times)</td>
<td>1.75</td>
<td>Mar-15</td>
<td>1.75</td>
<td>1.75</td>
<td>1.75</td>
<td>5</td>
</tr>
</tbody>
</table>

### Financial Risk

- Liquidity ratio (days) defined as Working Capital balance *360/Annual Operating Expenses: 

### I&E

- OP Performance Compared to Plan: 
  95% | Mar-15 | 92.16% | 92.16% | 92.16% | 92.16% | 5 |

### Workforce

#### Headcount/Pay costs

<table>
<thead>
<tr>
<th>Workforce Headcount/Pay costs</th>
<th>Standard</th>
<th>Current Data</th>
<th>Period Actual</th>
<th>YTD</th>
<th>Forecast next period</th>
<th>Data Quality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Worked WTE against Plan</td>
<td>0%</td>
<td>Mar-15</td>
<td>97%</td>
<td>97%</td>
<td>97%</td>
<td>4</td>
</tr>
<tr>
<td>Bank usage</td>
<td>0%</td>
<td>Mar-15</td>
<td>1.29%</td>
<td>1.29%</td>
<td>1.29%</td>
<td>5</td>
</tr>
<tr>
<td>Agency usage</td>
<td>0%</td>
<td>Mar-15</td>
<td>5.73%</td>
<td>5.73%</td>
<td>5.73%</td>
<td>5</td>
</tr>
<tr>
<td>Total cost of staff</td>
<td>0%</td>
<td>Mar-15</td>
<td>99.43%</td>
<td>99.43%</td>
<td>99.43%</td>
<td>5</td>
</tr>
</tbody>
</table>

### Staff Experience

<table>
<thead>
<tr>
<th>Staff Experience</th>
<th>Standard</th>
<th>Current Data</th>
<th>Period Actual</th>
<th>YTD</th>
<th>Forecast next period</th>
<th>Data Quality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vacancy rate</td>
<td>5%</td>
<td>Mar-15</td>
<td>9.71%</td>
<td>9.71%</td>
<td>9.71%</td>
<td>3</td>
</tr>
<tr>
<td>Absence</td>
<td>3%</td>
<td>Mar-15</td>
<td>4.73%</td>
<td>4.73%</td>
<td>4.73%</td>
<td>5</td>
</tr>
<tr>
<td>Turnover rate</td>
<td>10.5%</td>
<td>Mar-15</td>
<td>10.3%</td>
<td>10.3%</td>
<td>10.3%</td>
<td>3</td>
</tr>
<tr>
<td>Medical Appraisals</td>
<td>0%</td>
<td>Q2 18-15</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>1</td>
</tr>
<tr>
<td>Non Medical Appraisals</td>
<td>0%</td>
<td>Q4 14-15</td>
<td>70.59%</td>
<td>70.59%</td>
<td>70.59%</td>
<td>4</td>
</tr>
</tbody>
</table>

### Statutory and Mandatory Competence Compliance

<table>
<thead>
<tr>
<th>Statutory and Mandatory Competence Compliance</th>
<th>Standard</th>
<th>Current Data</th>
<th>Period Actual</th>
<th>YTD</th>
<th>Forecast next period</th>
<th>Data Quality</th>
</tr>
</thead>
<tbody>
<tr>
<td>% staff with up to date statutory and mandatory training</td>
<td>0%</td>
<td>Q1 14-15</td>
<td>83%</td>
<td>83%</td>
<td>83%</td>
<td>4</td>
</tr>
</tbody>
</table>
What is driving the reported underperformance?

Although the Trust did not achieve its planned retained surplus it generated the “break even” surplus against which its financial performance is measured.

The main adverse variance was the one-off net effect of the “impairment” arising from the District Valuer’s (DV) assessment of the value of the Trust’s estate as at 31 March 2015. This is a technical accounting adjustment and is removed when the Trust’s financial performance is measured against its break even duty.

What actions have we taken to improve performance?

None. The Trust met its financial targets for the year.

Expected date to meet standard

N/A

Lead Director

Director of Finance & Procurement
RTT 95th centile for admitted pathways

<table>
<thead>
<tr>
<th>What is driving the reported underperformance?</th>
<th>What actions have we taken to improve performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>March’s reporting period saw a slight increase in the 95th percentile of admitted waits. This reflects the continued drive to treat the longest waiting patients first.</td>
<td>Regular performance meetings with the Clinical Divisions and the Director of Clinical Services to ensure the sustainable recovery plans are being implemented to reduce and treat those patients waiting over 18 weeks.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Standard</th>
<th>Current Data Period</th>
<th>Period Actual</th>
<th>YTD</th>
<th>Forecast next period</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>23</td>
<td>Mar-15</td>
<td>25.45</td>
<td>25.99</td>
<td>25.96</td>
</tr>
</tbody>
</table>

Expected date to meet standard

<table>
<thead>
<tr>
<th>Lead Director</th>
</tr>
</thead>
<tbody>
<tr>
<td>End of March for Trust level with risk limited to Orthopaedics and Spinal.</td>
</tr>
</tbody>
</table>
### IPF Red Escalation Report FY 2014-15

#### RTT - # specialties not delivering the admitted standard

<table>
<thead>
<tr>
<th>What is driving the reported underperformance?</th>
<th>What actions have we taken to improve performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eight services did not achieve the admitted standard in March and are as follows:</td>
<td>Regular performance meetings are being held with the Clinical Divisions and the Director of Clinical Services to ensure the sustainable recovery plans are being implemented to reduce and treat those patients waiting over 18 weeks.</td>
</tr>
<tr>
<td>1. Trauma &amp; Orthopaedics</td>
<td></td>
</tr>
<tr>
<td>2. Ear, Nose &amp; Throat</td>
<td></td>
</tr>
<tr>
<td>3. Ophthalmology</td>
<td></td>
</tr>
<tr>
<td>4. Neurosurgery</td>
<td></td>
</tr>
<tr>
<td>5. Plastic Surgery</td>
<td></td>
</tr>
<tr>
<td>6. Gynaecology</td>
<td></td>
</tr>
<tr>
<td>7. Dermatology</td>
<td></td>
</tr>
<tr>
<td>8. Other services</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Standard</th>
<th>Current Data Period</th>
<th>Period Actual</th>
<th>YTD</th>
<th>Forecast next period</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Mar-15</td>
<td>8</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Expected date to meet standard

<table>
<thead>
<tr>
<th>Expected date to meet standard</th>
<th>Lead Director</th>
</tr>
</thead>
<tbody>
<tr>
<td>June for Trust level standard with risk limited to Orthopaedics and Spinal.</td>
<td>Director of Clinical Services</td>
</tr>
</tbody>
</table>
### RTT - # specialties not delivering the non-admitted standard

<table>
<thead>
<tr>
<th>What is driving the reported underperformance?</th>
<th>What actions have we taken to improve performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Six services did not achieve the non-admitted standard in March and are as follows:</td>
<td>The Trust-wide standard was met for March 2015.</td>
</tr>
<tr>
<td>1. Trauma &amp; Orthopaedics</td>
<td></td>
</tr>
<tr>
<td>2. Ear, Nose &amp; Throat</td>
<td></td>
</tr>
<tr>
<td>3. Ophthalmology</td>
<td></td>
</tr>
<tr>
<td>4. Urology</td>
<td></td>
</tr>
<tr>
<td>5. Neurosurgery</td>
<td></td>
</tr>
<tr>
<td>6. Cardiology</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Standard</th>
<th>Current Data Period</th>
<th>Period Actual</th>
<th>YTD</th>
<th>Forecast next period</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>Mar-15</td>
<td>6</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Expected date to meet standard

- **Lead Director**

<table>
<thead>
<tr>
<th>Trust-wide standard met.</th>
<th>Director of Clinical Services</th>
</tr>
</thead>
</table>
## Zero tolerance RTT waits AP

<table>
<thead>
<tr>
<th>What is driving the reported underperformance?</th>
<th>What actions have we taken to improve performance</th>
</tr>
</thead>
</table>
| There were 3 patients (waiting over 52 weeks) were admitted and treated in March. The services were:  
  - Spinal Surgery (1)  
  - Maxillo Facial surgery (1)  
  - Cardiology (1) | There is an action plan in place to reduce the number of patients waiting. |

<table>
<thead>
<tr>
<th></th>
<th>Standard</th>
<th>Current Data Period</th>
<th>Period Actual</th>
<th>YTD</th>
<th>Forecast next period</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>Mar-15</td>
<td>3</td>
<td>65</td>
<td>3</td>
</tr>
</tbody>
</table>

### Expected date to meet standard

<table>
<thead>
<tr>
<th>Expected date to meet standard</th>
<th>Lead Director</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quarter 1 2015/16</td>
<td>Director of Clinical Services</td>
</tr>
</tbody>
</table>
# Zero tolerance RTT waits IP

<table>
<thead>
<tr>
<th>What is driving the reported underperformance?</th>
<th>What actions have we taken to improve performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduction in the number of incomplete pathways waiting over 52 weeks, this is to be expected when clearing the longest waiting patients as a priority.</td>
<td>There is an action plan in place to reduce the number of patients waiting. Two patients treated in March and one patient declined treatment and referred back to GP.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Standard</th>
<th>Current Data Period</th>
<th>Period Actual</th>
<th>YTD</th>
<th>Forecast next period</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Mar-15</td>
<td>2</td>
<td>168</td>
<td>2</td>
</tr>
</tbody>
</table>

**Expected date to meet standard**: Quarter 1 2015/16

**Lead Director**: Director of Clinical Services
### Zero tolerance RTT waits NP

<table>
<thead>
<tr>
<th>What is driving the reported underperformance?</th>
<th>What actions have we taken to improve performance</th>
</tr>
</thead>
</table>
| The non-admitted patients treated over 52 weeks during March. The services were:  
  - Spinal Surgery Service (4)  
  - Cardiology (1) | There is an action plan in place to reduce the number of patients waiting. |

<table>
<thead>
<tr>
<th></th>
<th>Standard</th>
<th>Current Data Period</th>
<th>Period Actual</th>
<th>YTD</th>
<th>Forecast next period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expected date to meet standard</td>
<td>Lead Director</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quarter 1 2015/16</td>
<td>Director of Clinical Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**IPF Red Escalation Report FY 2014-15**

**% <=4 hours A&E from arrival/trans/discharge**

<table>
<thead>
<tr>
<th>What is driving the reported underperformance?</th>
<th>What actions have we taken to improve performance</th>
<th>Standard</th>
<th>Current Data Period</th>
<th>Period Actual</th>
<th>YTD</th>
<th>Forecast next period</th>
</tr>
</thead>
<tbody>
<tr>
<td>March performance continues to be very challenging.</td>
<td>The Urgent Care Working group continues to meet weekly, with OCCG, OH, OCC and OUH colleagues to improve patient flow across the system. Escalation is in place with significant focus across all clinical teams to minimize the number of patients waiting over four hours. Urgent care Improvement Plan in place and being progressed.</td>
<td>95%</td>
<td>Q4 14-15</td>
<td>85.42%</td>
<td>89.8%</td>
<td></td>
</tr>
</tbody>
</table>

**Expected date to meet standard**

<table>
<thead>
<tr>
<th>Lead Director</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quarter 2 2015/16</td>
</tr>
</tbody>
</table>
## Delayed transfers of care as % of occupied beds

<table>
<thead>
<tr>
<th>What is driving the reported underperformance?</th>
<th>What actions have we taken to improve performance</th>
<th>Standard</th>
<th>Current Data Period</th>
<th>Period Actual</th>
<th>YTD</th>
<th>Forecast next period</th>
</tr>
</thead>
<tbody>
<tr>
<td>No significant change to performance in March - 10.88% (156 patients).</td>
<td>Daily whole system teleconference calls remain in place, with escalation to Oxfordshire colleagues when system is on RED. Weekly/Daily Urgent Care Summit meeting with OCCG, OH and OCC colleagues to manage system and winter funding arrangements and reprioritize where necessary. Further work is progressing internally to improve the patient flow and discharge process for all patients.</td>
<td>3.5%</td>
<td>Q4 14-15</td>
<td>10.88%</td>
<td>10.5%</td>
<td>10.96%</td>
</tr>
</tbody>
</table>

### Expected date to meet standard

**Expected date to meet standard** | **Lead Director**
--- | ---
This system has not agreed a date to achieve this standard. | Director of Clinical Services
Theatre Utilisation - Emergency

<table>
<thead>
<tr>
<th>What is driving the reported underperformance?</th>
<th>What actions have we taken to improve performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>A 0.1% improvement on January utilisation performance during February.</td>
<td>Internal theatre meetings are in place to review utilisation, work is progressing to develop a standardized approach across the Trust to manage the emergency lists.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Standard</th>
<th>Current Data Period</th>
<th>Period Actual</th>
<th>YTD</th>
<th>Forecast next period</th>
</tr>
</thead>
<tbody>
<tr>
<td>70%</td>
<td>Mar-15</td>
<td>58.11%</td>
<td>60.3%</td>
<td>58.78%</td>
</tr>
</tbody>
</table>

Expected date to meet standard | Lead Director
---|---
Quarter 2 2015/16 | Director of Clinical Services
IPF Red Escalation Report FY 2014-15

<table>
<thead>
<tr>
<th>%patients cancer treatment &lt;62-days urg GP ref</th>
<th>What is driving the reported underperformance?</th>
<th>What actions have we taken to improve performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>What actions have we taken to improve performance</td>
<td>85%</td>
<td>Feb-15</td>
</tr>
<tr>
<td>Standard</td>
<td>Current Data Period</td>
<td>Period Actual</td>
</tr>
<tr>
<td>76.54%</td>
<td>77.3%</td>
<td>77.09%</td>
</tr>
<tr>
<td>Capacity at ‘front end’ of pathways to see patients within the 2 week target is quite often limited, and demand is very often hugely variable. Capacity and variability in demand impacts on delivery and reduces the time left within the remaining days of the pathway. Patients choosing to wait longer also significantly impacts on the delivery of this particular target to delay which can’t be adjusted for.</td>
<td>Plans in place to increase front end capacity. Working with CCG to increase patient/GP understanding of need to uptake appointments. Working with radiology to match diagnostics to demand.</td>
<td></td>
</tr>
</tbody>
</table>

Expected date to meet standard | Lead Director |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Quarter 2 2015/16</td>
<td>Director of Clinical Services</td>
</tr>
</tbody>
</table>
## Medication errors causing serious harm

<table>
<thead>
<tr>
<th>What is driving the reported underperformance?</th>
<th>What actions have we taken to improve performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>The medication incident that caused serious harm in March 2015 was a haematoma potentially caused by poor administration technique and was dealt with as a SIRI. However Risk Management, with the agreement of OCCG, have confirmed that this be downgraded to low harm.</td>
<td>Investigation with RCA has taken place and learning is being disseminated. The learning points are to be included in the next SIRI report to go to the Quality Committee in June.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Standard</th>
<th>Current Data Period</th>
<th>Period Actual</th>
<th>YTD</th>
<th>Forecast next period</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Mar-15</td>
<td>1</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

Expected date to meet standard  
Lead Director

Medical Director
IPF Red Escalation Report FY 2014-15

**Same sex accommodation breaches**

<table>
<thead>
<tr>
<th>What is driving the reported underperformance?</th>
<th>What actions have we taken to improve performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>In January a male patient (level 2 acuity) was admitted via ED on the stroke pathway. He needed to be nursed, assessed and treated within 4 hours on a Hyper Acute Stroke Unit. The only bed space available was within a female only bay. It was clinically justifiable for him to be nursed in a mixed bay. The female patients were either acuity level 1 or 0. It was therefore not clinically justifiable for the female patients to be in a mixed bay. A UNIFY return of 4 DSSA breaches was submitted.</td>
<td>Reinforcement and clarification that it is not clinically justifiable for patients with acuity level 1 or 0 to be in mixed sex accommodation during the day. It is acceptable during the night however. Full DSSA RCA will be undertaken.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Standard</th>
<th>Current Data Period</th>
<th>Period Actual</th>
<th>YTD</th>
<th>Forecast next period</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Q4 14-15</td>
<td>4</td>
<td>25</td>
<td>5</td>
</tr>
</tbody>
</table>

Expected date to meet standard

- **Lead Director**
  - This will be presented to the Divisional Nurse and Chief Nurse by 1 April 2015.
  - Chief Nurse
### HCAI - Cdiff

<table>
<thead>
<tr>
<th>What is driving the reported underperformance?</th>
<th>What actions have we taken to improve performance</th>
</tr>
</thead>
</table>
| 8 cases of C.diff were reported for March 2015, against a monthly limit set at 5 for the month. All 8 cases were discussed at the monthly Health Economy meeting held in early April 2015 and were deemed unavoidable. The OUH met the C.diff objective for 2014 / 2015 having reported 61 cases against and upper limit of 67. | The following patient management issues were identified as requiring action:  
- Delays in the commencement of oral Vancomycin on suspicion of C.diff infection  
- Improvements in the communication between Nursing and Medical staff when samples have been sent for C.diff testing  
- Prompt isolation of patients on suspicion of a C.diff infection  
- Ensuring that Enhanced cleans are requested as per OUH protocol. |

<table>
<thead>
<tr>
<th>Standard</th>
<th>Current Data Period</th>
<th>Period Actual</th>
<th>YTD</th>
<th>Forecast next period</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Mar-15</td>
<td>8</td>
<td>61</td>
<td>5</td>
</tr>
</tbody>
</table>

The objective for 2015/2016 is 69 cases.
### Sickness Absence

<table>
<thead>
<tr>
<th>What is driving the reported underperformance?</th>
<th>What actions have we taken to improve performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sickness absence continues to track above the Trust’s key performance indicator (KPI) of 3%. Improved data quality and reporting may be influencing the apparent rise in sickness absence.</td>
<td>The absence management procedure has been strengthened along with improved processes and links to Occupational Health. Line Managers are benefitting from the improved data flow and automation of the process. The procurement process is underway to appoint an Employee Assistance Programme (EAP) provider. This will complement the FirstCare System.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Standard</th>
<th>Current Data Period</th>
<th>Period Actual</th>
<th>YTD</th>
<th>Forecast next period</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3%</td>
<td>Mar-15</td>
<td>3.75%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Expected date to meet standard

<table>
<thead>
<tr>
<th>Expected date to meet standard</th>
<th>Lead Director</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q2 2015/16</td>
<td>Director of Organisational Development and Workforce</td>
</tr>
</tbody>
</table>
IPF Red Escalation Report FY 2014-15

Turnover rate

<table>
<thead>
<tr>
<th>What is driving the reported underperformance?</th>
<th>What actions have we taken to improve performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>In recent months Turnover has shown signs of reversing its upward trend.</td>
<td>Actions to reduce the turnover levels are consistent with those taken to reduce vacancy levels.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Standard</th>
<th>Current Data Period</th>
<th>Period Actual</th>
<th>YTD</th>
<th>Forecast next period</th>
</tr>
</thead>
<tbody>
<tr>
<td>10.5%</td>
<td>Mar-15</td>
<td>13.64%</td>
<td></td>
<td>13.69%</td>
</tr>
</tbody>
</table>

In recent months, Turnover has shown signs of reversing its upward trend. Actions to reduce the turnover levels are consistent with those taken to reduce vacancy levels.

Expected date to meet standard

- **Q3 2015/16**
  - Lead Director: Director of Organisational Development and Workforce

Year: 2014-15

Division: Division of Children's & Women's, Division of Clinical Support Services, Division of Corporate Services, Division of Medicine, Rehabilitation & Cardiac, Division of Neuroscience, Orthopaedics, Trauma & Specialist Surgery, Division of Operations & Service Improvement, Division of Research & Development, Division of Surgery & Oncology, Estates and Facilities, Finance and Procurement, Gastroenterology, Endoscopy and Theatres (CH), Horton Management, Human Resources and Admin, Legacy Cardiac, Vascular & Thoracic Surgery, Legacy Cardiology, Legacy Division of Cardiac, Vascular & Thoracic, Legacy Division of Musculoskeletal and Rehabilitation, Legacy Rehabilitation & Rheumatology, Legacy Anaesthetics, Critical Care & Theatres, MARS - Research & Development, Medical Director, Networks, Neuroscience, OHIS Telecom & Med Records, Oncology & Haematology, Oncology & Haematology, Orthopaedics, Pathology & Laboratories, Pharmacy, Planning & Communications, Private Patients, Radiology & Imaging, Renal, Transplant & Urology, Specialist Surgery, Strategic Change, Surgery, Teaching Training and Research, Theatres, Anesthetics and Sterile Services, Trauma, Trust wide R&D, Trust-wide only, Unknown, Women's
### Liquidity ratio (days) defined as Working Capital balance *360/Annual Operating Expenses

<table>
<thead>
<tr>
<th>What is driving the reported underperformance?</th>
<th>What actions have we taken to improve performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>The fall in cash, and balance held at the end of the month, were in line with forecast and the trends seen in previous years.</td>
<td>None. The fall in the liquidity ratio was expected.</td>
</tr>
<tr>
<td>The fall occurs both because the Trust processes a significant volume of capital transactions in the final month of the year, and as budget managers approve payables invoices ahead of the year end.</td>
<td>If the Trust’s application to become a Foundation Trust is approved then it plans to take out a loan to improve its liquidity position.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Standard</th>
<th>Current Data Period</th>
<th>Period Actual</th>
<th>YTD</th>
<th>Forecast next period</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>-7</td>
<td>Mar-15</td>
<td>-9.3</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The fall in cash, and balance held at the end of the month, were in line with forecast and the trends seen in previous years.

- The fall occurs both because the Trust processes a significant volume of capital transactions in the final month of the year, and as budget managers approve payables invoices ahead of the year end.

- If the Trust’s application to become a Foundation Trust is approved then it plans to take out a loan to improve its liquidity position.

### Expected date to meet standard

<table>
<thead>
<tr>
<th>Expected date to meet standard</th>
<th>Lead Director</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1 2015/16</td>
<td>Director of Finance &amp; Procurement</td>
</tr>
</tbody>
</table>
## CIP Performance Compared to Plan

<table>
<thead>
<tr>
<th>What is driving the reported underperformance?</th>
<th>What actions have we taken to improve performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>There was slippage on the start of some Divisional and cross-Divisional schemes.</td>
<td>Divisions are aware they have to make up any slippage in 2015/16. There will be significant cost pressures in 2015/16 and savings plans have been drawn up to tackle these.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Standard</th>
<th>Current Data Period</th>
<th>Period Actual</th>
<th>YTD</th>
<th>Forecast next period</th>
</tr>
</thead>
<tbody>
<tr>
<td>95%</td>
<td>Mar-15</td>
<td>92.16%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Expected date to meet standard**

<table>
<thead>
<tr>
<th>Lead Director</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1 2015/16</td>
</tr>
</tbody>
</table>
## IPF Amber Escalation Report FY 2014-15

### RTT - admitted % within 18 weeks

<table>
<thead>
<tr>
<th>What is driving the reported underperformance?</th>
<th>What actions have we taken to improve performance</th>
</tr>
</thead>
</table>
| Admitted performance continues to be a challenge however March performance has improved. This has been achieved in the context of increased elective cancellations due to emergency pressures as well as reduced theatre staffing. | Regular meetings are being held with Divisional Teams and the Director of Clinical Services. Specialties with significant challenges continue to be:  
  - Orthopaedics  
  - Spinal  
  - Ophthalmology  
  - Ear Nose & Throat  
  - Neurosurgery  
  Additional theatres lists are being undertaken and external providers are being used to support some surgical activity. |

<table>
<thead>
<tr>
<th>Standard</th>
<th>Current Data Period</th>
<th>Period Actual</th>
<th>YTD</th>
<th>Forecast next period</th>
</tr>
</thead>
<tbody>
<tr>
<td>90%</td>
<td>Mar-15</td>
<td>86.7%</td>
<td>86.9%</td>
<td>85.68%</td>
</tr>
</tbody>
</table>

### Expected date to meet standard

- **Lead Director**
  - June for Trust level standard with risk limited to Orthopaedics and Spinal.
  - Director of Clinical Services
% patients not rebooked within 28 days

What is driving the reported underperformance?
Additional emergency pressures have imposed delays to rebooking patients.
Staff recruitment remains a significant issue.

What actions have we taken to improve performance?
Clinical teams are focused on forward booking. Recruitment of key critical theatre staff is on-going.

<table>
<thead>
<tr>
<th>Standard</th>
<th>Current Data Period</th>
<th>Period Actual</th>
<th>YTD</th>
<th>Forecast next period</th>
</tr>
</thead>
<tbody>
<tr>
<td>0%</td>
<td>Mar-15</td>
<td>4.76%</td>
<td>4.8%</td>
<td>4.48%</td>
</tr>
</tbody>
</table>

Expected date to meet standard
Quarter 1 2015/16

Lead Director
Director of Clinical Services
# Theatre Utilisation - Total

<table>
<thead>
<tr>
<th>What is driving the reported underperformance?</th>
<th>What actions have we taken to improve performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>March has seen a 0.84% decrease in total theatre utilization compared with February.</td>
<td>Focus continues on productivity for all clinical teams both on the day and forward booking. Recruitment of key critical theatre staff is ongoing.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Standard</th>
<th>Current Data Period</th>
<th>Period Actual</th>
<th>YTD</th>
<th>Forecast next period</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>75%</td>
<td>Mar-15</td>
<td>71.43%</td>
<td>72.2%</td>
<td>72.33%</td>
</tr>
</tbody>
</table>

**Expected date to meet standard**

<table>
<thead>
<tr>
<th>Lead Director</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quarter 1 2015/16</td>
</tr>
</tbody>
</table>
Theatre Utilisation - Elective

<table>
<thead>
<tr>
<th>What is driving the reported underperformance?</th>
<th>What actions have we taken to improve performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>March has seen a 1.11% decrease in elective theatre utilization compared to February.</td>
<td>Clinical teams are focused on improving booking procedures and maximizing productivity.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Standard</th>
<th>Current Data Period</th>
<th>Period Actual</th>
<th>YTD</th>
<th>Forecast next period</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>80%</td>
<td>Mar-15</td>
<td>75.13%</td>
<td>75.8%</td>
<td>76.39%</td>
</tr>
</tbody>
</table>

Expected date to meet standard | Lead Director
---|---
Quarter 1 2015/16 | Director of Clinical Services
Medication reconciliation completed within 24 hours of admission

<table>
<thead>
<tr>
<th>What is driving the reported underperformance?</th>
<th>What actions have we taken to improve performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>The introduction of ePMA to most clinical areas has fundamentally changed the audit process and data collection. Current audit results for March reflect critical care and W&amp;C areas only.</td>
<td>OUH Information team developing and testing an ePMA related ORBIT report for medicines reconciliation. The action plan for 2015/16 is:</td>
</tr>
<tr>
<td></td>
<td>• Q1 15/16 – Complete and implement ORBIT Medicines Reconciliation Reporting Tool</td>
</tr>
<tr>
<td></td>
<td>• Q2 15/16 – Establish baseline medicines reconciliation results to assess impact of ePMA implementation</td>
</tr>
<tr>
<td></td>
<td>• Q3 15/16 – Review current practice and establish workflow for attaining 80%</td>
</tr>
<tr>
<td></td>
<td>• Q4 15/16 – Achieve 80% medicines reconciliation in pharmacy visited clinical areas</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Standard</th>
<th>Current Data Period</th>
<th>Period Actual</th>
<th>YTD</th>
<th>Forecast next period</th>
</tr>
</thead>
<tbody>
<tr>
<td>80%</td>
<td>Mar-15</td>
<td>76.34%</td>
<td>79.3%</td>
<td>81.88%</td>
</tr>
</tbody>
</table>

Expected date to meet standard

<table>
<thead>
<tr>
<th>Expected date to meet standard</th>
<th>Lead Director</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q4 2015/16</td>
<td>Medical Director</td>
</tr>
</tbody>
</table>
IPF Amber Escalation Report FY 2014-15

<table>
<thead>
<tr>
<th>What is driving the reported underperformance?</th>
<th>What actions have we taken to improve performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of capacity on the Acute Stroke Unit in order to create beds for new admissions. Four patients went to level 4, Adams and Bedford Ward, 9 patients stayed in other wards or ED due to no bed capacity.</td>
<td>Discussions with CCG regarding additional community/rehab beds and expansion of ESD are ongoing. Awaiting contract approval before developing actions.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Standard</th>
<th>Current Data Period</th>
<th>Period Actual</th>
<th>YTD</th>
<th>Forecast next period</th>
</tr>
</thead>
<tbody>
<tr>
<td># patients spend &gt;=90% of time on stroke unit</td>
<td>80%</td>
<td>Mar-15</td>
<td>76.81%</td>
<td>82.1%</td>
<td>76.44%</td>
</tr>
</tbody>
</table>

Expected date to meet standard | Lead Director
---|---
Q2 2015/2016 | Director of Clinical Services
### What is driving the reported underperformance?

- Increases in staff in post have caused the vacancy rate to fall throughout the financial year.
- Vacancies reflect high turnover levels in some areas and difficulties in recruiting to certain staff groups/professions.

### What actions have we taken to improve performance?

- Improving retention is a primary corporate objective which will influence both vacancy and turnover rates.
- Corporate initiatives and divisional actions both reflect the six key principles agreed to address the issues of vacancy and turnover reduction within the Trust. These are:
  - Mitigating high cost of living;
  - Applying targeted recruitment and retention incentives;
  - Widening participation;
  - Improving professional development opportunities and career advancement;
  - Creating and sustaining the right environment.

### Standard Current Data Period Period Actual YTD Forecast next period

<table>
<thead>
<tr>
<th>Standard</th>
<th>Current Data Period</th>
<th>Period Actual</th>
<th>YTD</th>
<th>Forecast next period</th>
</tr>
</thead>
<tbody>
<tr>
<td>5%</td>
<td>Mar-15</td>
<td>5.71%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Expected date to meet standard

- **Q1 2015/16**

- **Lead Director**
  - Director of Organisational Development and Workforce