

Trust Board Meeting: Thursday 1 November 2012
TB2012.102

Title	Integrated Performance Report Month 6
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Status	The report provides a summary of the Trust's performance against a range of key performance indicators as agreed by the Trust Board.
History	Regular monthly report

Board Lead	Mr Paul Brennan, Director of Clinical Services			
Key purpose	Strategy	Assurance	Policy	Performance

Integrated Performance Report Month 6

Executive Summary

1. The performance 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 6 against the key performance indicators agreed by the Trust Board.

Good performance

- Aseptic Non Touch Technique (ANTT) when preparing and administering injectable medicines, is 97.82% above target this month
- MRSA continues to be below target
- VTE risk assessments 1.89% above target
- Zero breaches maintained for Same Sex Accommodation
- A/E 4 hour wait Q2 was 96%, and has been above the 95% target for nine consecutive weeks – Q3 to date is 98.3%
- RTT Admitted and Non-admitted targets were achieved at Trust level and at speciality level for non-admitted.

Concerns around Performance

- DToC is 4.6% above target, escalation beds continue to be open
- 18 Week RTT Admitted target at individual speciality level was not achieved for Neurosurgery, ENT and General Surgery
- Cancer 62 day wait deteriorated in August
- Bank and Agency spend has increased due to recruitment difficulties
- Poor Data Quality post EPR implementation impact on the ability to report both internally and externally for example reporting on cancellations, 18 week Referral to Treatment time incomplete pathways.

Overall Performance has worsened in month 6.

Monitor Compliance Framework (Foundation Trust Indicators)

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

Governance Risk Rating = **2.5 Amber/RED**

3. Note: A/E 4 hour wait has achieved for Q2 96% against a target of 95%.
4. Areas of concern:
 - Non-compliance with requirements regarding access to healthcare for people with a learning disability
 - Failure to achieve cancer 62 day standard.





Finance Overall Risk Rating = 3 Green


5. Areas of concern:

- Planned surplus for the year is less than 1%
- Liquidity includes a £57m working capital facility that would become available to the Trust once it is an FT.

Trust Summary

6. The Trust summary plots the total number of metrics under each domain that are Red, Amber, Green (RAG) rated at the Trust level. The RAG grading is taken from the current performance period.
7. The report is split into four domain areas, Access, Finance, Quality and Workforce, under which sit a range of specific targets and standards. The breakdown of this for the month 4 report is outlined below, along with the number of indicators reported under each domain and section.

Domain	Section	Number of metrics reported in month	Number of metrics failed in month 5	Position since Month 4
Access	Cancer waiting times	8	1	
	18 weeks, ED and cancelled operations	13	3	
	Activity	16	4	No change
Finance	Balance Sheet	8	6	No change
	Capital	1	0	No change
	Cash & Liquidity	2	0	No change
	Income and expenditure	15	6	
Quality	Safety	9	0	No change
	Outcomes	9	0	No change
	Patient Experience	3	0	No change
Workforce	Head count/pay	5	1	No change
	Statutory & Mandatory	25	4	

Domain	Section	Number of metrics reported in month	Number of metrics failed in month 5	Position since Month 4
	Competence Compliance			
	Staff experience	3	1	

18 Week RTT, A/E & Cancelled Operations

8. **18 Week Referral to Treatment [RTT] performance:** The Trust achieved all its Trust wide targets for September. However at an individual speciality level for ‘admitted’ patients, Neurosurgery, ENT and General Surgery performed below 90% for the month. Improvement plans are in place and the services remain on trajectory to achieve the required 90% for October 2012. The Trust is only partially reporting for diagnostics in Radiology and Audiology. Full reporting for all diagnostics will take place in December using November data following completion of validation, retraining and correction.
9. For hospital cancellations and patients rebooked within 28 days the EPR data has not been validated due to disruption by EPR implementation.

Activity

10. Weekly EPR meetings chaired by the Deputy Director of Clinical Services, are being held between clinical and operational service teams, the Information Team, OHIS, the EPR Project team and the suppliers. Significant progress has been made in resolving outstanding problems with the Inpatient Patient Treatment Lists and Diagnostic Wait data. The work of both in-house and supplier teams have been focussed on the resolution of remaining issues with service usability, data quality and reporting. There are five technical “fixes” outstanding from suppliers.
11. Critically, each division has established contingency plans to ensure all patients are seen in a timely way.
12. Until the data validation has been completed the RAG rating has been removed on activity indicators A001 – A016.
13. **Total waiting list** validation work is on-going the total waiting list has dropped in size by 2070 patients since last month.
14. **Delayed Transfers of Care** remain a major cause of concern for the Trust, with the in-month level at 7.8% against a target of 3.5%. This equates to a system-wide monthly average number of delays equating to 140, with OUH delays averaging 76. Significant work is on-going with partner organisations to redesign bed based services.

Cancer waits

15. **Cancer 62-day wait** validated access data for cancer patients is not yet available for September; submission of data to the national "Exeter" system will take place during the first week of November. In August all cancer standards were achieved with the exception of the cancer 62 day waits.

Finance

Income & Expenditure

16. **Private Patients Overseas and RTA Income as % of Plan** – All Divisions are examining their processes to ensure private patients are correctly & separately identified.
17. **Other income as % of Plan** – Other income is volatile and it is expected that this will come back to plan in M7.
18. **Pay as % of Plan** – Due to the high level of bed occupancy within the Trust it is unlikely that the full level of planned savings from ward closures will be realised in the current year. This may result in a shortfall of £2.3m against the overall savings target for 2012/13 and, together with the continuing high use of bank and agency staff, may result in a year-end pay overspend against plan.
19. **Non-Pay as % of Plan** - Performance meetings are being held with all Divisions to ensure effective controls are in place over non-pay expenditure.
20. **Agency Staff as % of Prior Year and Bank Staff as % of Prior Year** - All Divisions have been asked to examine their controls over the use of these staff.
21. **CIP Performance as % of Plan** – Due to the high level of bed occupancy within the Trust it is unlikely that the full level of planned savings from ward closures will be realised in the current year. Whilst efforts continue to be made to find alternative schemes it is now considered possible that this may result in a shortfall of £2.3m against the overall savings target for 2012/13.

Balance Sheet

22. **Debtors > 90 Days as % of Total NHS** - the Accounts Receivables team is now fully staffed and older debts targeted for resolution and clearance.
23. **Better Payment Practice Code (BPPC)** - the Trust's Procurement and Accounts Payables teams are reviewing existing practices and procedures to see what efficiencies need to be made in the whole procure-to-payment process.

Quality – no red indicators.

Workforce

32 Headcount refer to paragraphs 26 and 28 above.

24. **Statutory and Mandatory Training** - The final definition of the targets and tolerances is still in discussion. The variation reflects the feedback from the divisions and pending revision of the Statutory and Mandatory Policy.

Conclusions

25. The Trust Board is asked to note the Integrated Performance Report for Month 6 showing headline performance and consider whether there is appropriate assurance regarding current and future performance.

Paul Brennan, Director of Clinical Services

Sara Randall, Deputy Director of Clinical Services

October 2012