

Trust Board Meeting: Thursday 1 November 2012
TB2012.103

Title	Operational Performance Report Month 6
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Status	A paper for noting by the Trust Board outlining current performance and the issues impacting on the integrity and quality of the data.
History	This is a regular report to the Trust Management Executive, Finance & Performance Committee and Trust Board

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

Summary

The Board is asked to note the following key points on the attached data sheet:

1	The report continues to be provided on a restricted basis although it should be noted that all performance figures contained in the report are validated and reflect actual performance except for RTT incompletes which reflects the reported position for October 2011 and diagnostics which excludes PAS recorded data; for example endoscopy.
2	The Quarter 2 outturn position for Emergency Department 4hr turnround, was 96%. Performance has been above the 95% threshold for nine consecutive weeks and the position for Q3 has further improved to 98.3% at 14 th October 2012.
3	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. All specialties achieved the 95% threshold for 'non-admitted' patients.
4	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.
5	<p>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.</p> <p>The Trust has had escalation beds open all year and the average number of escalation beds open in September was 66. The Supported Discharge Team will be at full capacity by the end of November 2012 and will be able to manage a total caseload of 80 patients with 40 new patients being managed by the service each week provided the 14 day discharge agreement is adhered to.</p>
6	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.