

Trust Board Meeting: Thursday 6th September 2012
 TB2012.88

Title	Interim Integrated Performance Report Month 4
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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(s)	Mr Paul Brennan, Director of Clinical Services			
Key purpose	Strategy	Assurance	Policy	Performance

Interim Integrated Performance Report Month 4

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 4 against the key performance indicators agreed by the Trust Board.

Good performance

- Aseptic Non Touch Technique (ANTT) when preparing and administering injectable medicines, is 8.12% above target this month
- MRSA continues to be below target
- Stroke Indicator achieved 5% above target
- VTE risk assessments 1.7% above target
- Zero breaches maintained for Same Sex Accommodation
- RTT Admitted and Non-admitted targets were achieved at Trust level

Concerns around Performance

- One Never event related to retained items following surgery
- A&E 4 hour wait Q1 was 89.95 %, Q2 YTD has improved to 94.7%
- DToC is 4.9% above target, 72 escalation beds continue to be open
- 18 week RTT target at speciality level was not achieved for Neurosurgery and ENT
- Poor Data Quality post EPR implementation impact on the ability to report both internally and externally.

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 = 1.5 **Amber/Green**

3. Areas of concern:

- Not compliant with requirements regarding access to healthcare for people with a learning disability - will be compliant by September
- A&E performance for Q2 YTD is 94.7% against the 95% target.

Finance Overall Risk Rating = 3 **Green**







4. Areas of concern:

- Accounts receivable (including PP) outstanding over 90 days are 16% of the total in July and down from June which was 18%
- Accounts payable outstanding over 90 days are 9% of the total in July and unchanged from June.

5. More detail is found in the main report.

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 4	Position since Month 3
Access	Cancer waiting times	8	Upload to the Open Exeter system takes place during w/c 3 September 2012 for July data. The validated position from June 2012 shows all standards achieved.	
	18 weeks, ED and cancelled operations	13	4	
	Activity	16	3	
Finance	Balance Sheet	8	6	
	Capital	1	0	
	Cash & Liquidity	2	0	
	Income and expenditure	15	4	
Quality	Safety	9	0	No change
	Outcomes	7	0	No change
	Patient Experience	3	0	No change
Workforce	Head count/pay	5	1	No change
	Statutory & Mandatory Competence Compliance	25	0	No change
	Staff experience	3	1	No Change

Targets/Plans

8. For numeric, percentile and financial metrics:
- Green = at or better than the target,
 - Amber = within 5 % of target,
 - Red = more than 5% away from the target.
9. For percentage metrics:
- Green = at or better than the target,
 - Amber = within 5 percentage points of the target,
 - Red = more than 5 percentage points away from the target.

10. Where national targets exist, these have been used, but where these targets do not exist, local targets have been developed. Some metrics do not have a target at all, and these are colour coded grey throughout the report.
11. There are some exceptions to the above rule on RAG thresholds, primarily for the indicators that are covered in the Operating Plan performance assessment scoring. Where possible, the thresholds between 'achieving', 'under achieving' and 'fail' will relate to 'green', 'amber' and 'red'.

Performance Month 4, July: Exception Report on the **RED Rated Indicators**

12. The main Integrated Performance Report shows detailed performance of each indicator since April, the narrative explains the key issues and actions taken for resolution.
13. This month, as part of the strengthening of the Trust's data quality processes, each indicator has had a data quality assessment completed by each of the data quality indicators. Each assessment comprises two elements:

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

Rating	Required Evidence
1	Standard operating procedures and data definitions are in place.
2	As 1 plus: Staff recording the data have been appropriately trained.
3	As 2 plus: The department/service has undertaken its own audit.
4	As 2 plus: A corporate audit has been undertaken.
5	As 2 plus: An independent audit has been undertaken (e.g. by the Trust's internal or external auditors).

13.2 A traffic-light rating to assess the quality of the data as per the table below:

Rating	Data Quality
Green	Satisfactory
Amber	Data can be relied upon but minor areas for improvement identified.
Red	Unsatisfactory/significant areas for improvement identified.

14. This assessment process will be refined over the coming months and will be monitored through the data quality group.

Activity

15. Analysing the data in EPR to understand the operational and data quality issues is very complex and time consuming. Data validation is being progressed, urgently prioritising outpatient and inpatient primary treatment lists (PTLs) to ensure the data is correct. Weekly EPR meetings are being held with Divisional General Managers, the Information Team, OHIS, the EPR Project team and suppliers to focus on outpatient and inpatient PTLs and to prioritise validation, training and fixes to improve data quality and reporting.

16. Critically, each division has established contingency plans to ensure all patients are seen in a timely way.
17. Until the data validation has been completed the RAG rating has been removed on activity indicators A001 – A016.
18. Total waiting list size and duplicate encounters are now starting to reduce. Fortnightly Performance meetings are being held between the Divisions and the Director of Clinical Services.
19. **Delayed Transfers of Care** remain a major cause of concern for the Trust, at 8.4% this still remains in excess of the target of 3.5%. The Trust has had escalation beds open all year. An escalation agreement has been in place with the Trust and Oxford Health since 29 June 2012. Significant work is on-going with partner organisations to redesign bed based services.

18 weeks, A/E & Cancelled Operations

20. **18 Week RTT** performance standards were achieved at Trust-wide level but not by speciality for Neurosurgery and ENT “admitted” and Neurosurgery “non-admitted”. Recovery plans are in place to deliver the standards by October. The Trust is only partially reporting for diagnostics in Radiology and Audiology. Full reporting for all diagnostics will take place by 1 December 2012 following completion of validation, retraining and correction.
21. **A&E 4 hour standard** started reporting real time in April, with formal agreement that the 95% target would be met from June. Performance for Quarter 1 was 89.9% with the Quarter 2 position at the end of July at 93.6% and has improved to 94.7% as of 26 August 2012. The lack of decision makers remains a significant issue, particularly around middle grade doctors, and active recruitment is ongoing with Human Resources.
22. For hospital cancellations and patients rebooked within 28 days the EPR data has not been validated due to disruption by EPR implementation.

Finance

Balance Sheet

23. **Debtors > 90 Days as % of Total NHS** - the Accounts Receivables team is now fully staffed and older debts targeted for resolution and clearance.
24. **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.

Income & Expenditure

25. **Pay** - 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.
26. **Non-Pay** - Part of the non-pay overspend relates to “pass through” drugs the cost of which is recovered from commissioners (if not subject to marginal rates). Some procurement-related

savings have been allocated to Divisions in July and there is also some evidence that actual costs incurred may have been higher in the first three months of the year than was originally estimated. This will be subject to review at Divisional performance meetings.

27. **Agency Staff** - The Trust has spent £7m on bank and agency staff in the first quarter of the year. This is £1.1m higher than for the first three months of 2011/12. All Divisions have been asked to examine their controls over the use of these staff. A significant component of agency usage is linked to EPR which is funded via a central budget.
28. **Bank Staff** - Expenditure on bank staff in the month was lower than in July 2011, but year-to-date expenditure remains slightly higher than in 2011/12. All Divisions have been asked to examine their controls over the use of these staff.
29. **CIP Performance** - 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.
30. **Never Event** - one event reported in July related to retained items following surgery.
31. Further work is progressing to add in additional indicators supported by the Medical Director and Chief Nurse.
32. For headcount refer to paragraphs 27 and 28 above.

Conclusions

33. The Trust Board is asked to note the Interim Integrated Performance Report for Month 4 showing headline performance and consider whether there is appropriate assurance regarding current and future performance.
34. The Trust Board is asked to note Data Quality assessments have been made on each indicator.

Paul Brennan, Director of Clinical Services

Sara Randall, Deputy Director of Clinical Services

September 2012

GOVERNANCE RISK RATINGS

Oxford University Hospitals NHS Trust

Insert YES (target met in month), NO (not met in month) or N/A (as appropriate)
See separate rule for A&E

See 'Notes' for further detail of each of the below indicators

Area	Ref	Indicator	Sub Sections	Thresh- old	Weight- ing	Historic Data			Current Data				Comments where target not achieved			
						Qtr to Dec-11	Qtr to Mar-12	Qtr to Jun-12	Jul 12	Aug-12	Sep-12	Qtr to Sep-12				
Effectiveness	1a	Data completeness: Community services comprising:	Referral to treatment information	50%	1.0	N/a	N/a	N/a	N/a				Yes			
			Referral information	50%												
			Treatment activity information	50%												
	1b	Data completeness, community services: (may be introduced later)	Patient identifier information	50%	N/a	N/a	N/a	N/a					Yes			
Patients dying at home / care home			50%	N/a	N/a	N/a	N/a					Yes				
1c	Data completeness: identifiers MHMDS			97%	0.5	N/a	N/a	N/a	N/a				Yes			
1c	Data completeness: outcomes for patients on CPA			50%	0.5	N/a	N/a	N/a	N/a				Yes			
Patient Experience	2a	From point of referral to treatment in aggregate (RTT) – admitted	Maximum time of 18 weeks	90%	1.0	Yes	Yes	Yes	Yes					Yes		
	2b	From point of referral to treatment in aggregate (RTT) – non-admitted	Maximum time of 18 weeks	95%	1.0	Yes	Yes	Yes	Yes					Yes		
	2c	From point of referral to treatment in aggregate (RTT) – patients on an incomplete pathway	Maximum time of 18 weeks	92%	1.0	No	Yes	Yes	Yes					Yes	Due to data quality issues within Cerner Millennium, incomplete pathway returns are based on historical data from Oct 2011 sourced from OXPAS for former ORH sites	
	2d	Certification against compliance with requirements regarding access to healthcare for people with a learning disability		N/A	0.5	No	No	No	No					No	By Sept 2012 OUH will be compliant with three elements of these requirements with action plans in place to address the remainder in the coming months.	
Quality	3a	All cancers: 31-day wait for second or subsequent treatment, comprising:	Surgery	94%	1.0	Yes	Yes	Yes							All targets delivered on aggregate across Q1 despite some marginal in-month failures.	
			Anti cancer drug treatments	98%												
			Radiotherapy	94%												
	3b	All cancers: 62-day wait for first treatment:	From urgent GP referral for suspected cancer	85%	1.0	Yes	Yes	Yes								
			From NHS Cancer Screening Service referrals	90%												
	3c	All Cancers: 31-day wait from diagnosis to first treatment			96%	0.5	Yes	Yes	Yes						Both targets delivered on aggregate across Q1 despite failure of all cancers target in April.	
	3d	Cancer: 2 week wait from referral to date first seen, comprising:	all urgent referrals	93%	0.5	Yes	Yes	Yes								
			for symptomatic breast patients (cancer not initially suspected)	93%												
	3e	A&E: From arrival to admission/transfer/discharge	Maximum waiting time of four hours		95%	1.0	Yes		No	No				No	Reporting against four hour target was temporarily paused due to data quality issues, restarting in June. July figure was 93.56% with an overall 89.95% for Q1.	
	3f	Care Programme Approach (CPA) patients, comprising:	Receiving follow-up contact within 7 days of discharge		95%	1.0	N/a	N/a	N/a	N/a					Yes	
			Having formal review within 12 months		95%											
	3g	Minimising mental health delayed transfers of care			≤7.5%	1.0	N/a	N/a	N/a	N/a					Yes	
	3h	Admissions to inpatient services had access to Crisis Resolution/Home Treatment teams			95%	1.0	N/a	N/a	N/a	N/a					Yes	
3i	Meeting commitment to serve new psychosis cases by early intervention teams			95%	0.5	N/a	N/a	N/a	N/a					Yes		
3j	Category A call – emergency response within 8 minutes			75%	1.0	N/a	N/a	N/a	N/a					Yes		
3k	Category A call – ambulance vehicle arrives within 19 minutes			95%	1.0	N/a	N/a	N/a	N/a					Yes		
Safety	4a	Clostridium Difficile	Are you below the ceiling for you monthly trajectory	Enter contractual ceiling	1.0	Yes	Yes	No	Yes					Yes	28 cases against a trajectory of 24 for Q1 but 5 cases against trajectory 8 in July.	
	4b	MRSA	Are you below the ceiling for you monthly trajectory	Enter contractual ceiling	1.0	Yes	Yes	Yes	Yes					Yes		
	CQC Registration															
	A	Non-Compliance with CQC Essential Standards resulting in a Major Impact on Patients			0	2.0	No	No	No	No					No	
	B	Non-Compliance with CQC Essential Standards resulting in Enforcement Action			0	4.0	No	No	No	No					No	
C	NHS Litigation Authority – Failure to maintain, or certify a minimum published CNST level of 1.0 or have in place appropriate alternative arrangements			0	2.0	No	No	No	No					No		
TOTAL						1.5	0.5	2.5	1.5	0.0	0.0	1.5				

RAG RATING :

GREEN	= Score of 1 or under
AMBER/GREEN	= Score between 1 and 1.9
AMBER / RED	= Score between 2 and 3.9
RED	= Score of 4 or above

Overriding Rules - Nature and Duration of Override at SHA's Discretion

i)	Meeting the MRSA Objective	Greater than six cases in the year to date, and either: Breaches the cumulative year-to-date trajectory for three successive quarters Breaches its full year objective	No	No	No	No				No					
ii)	Meeting the C-Diff Objective	Greater than 12 cases in the year to date, and either: Breaches the cumulative year-to-date trajectory for three successive quarters Breaches its full year objective Reports important or significant outbreaks of C.difficile, as defined by the Health Protection Agency.	No	No	No	No				No					
iii)	RTT Waiting Times	Breaches: The admitted patients 18 weeks waiting time measure for a third successive quarter The non-admitted patients 18 weeks waiting time measure for a third successive quarter The incomplete pathway 18 weeks waiting time measure for a third successive quarter	No	No	No	No				No					
iv)	A&E Clinical Quality Indicator	Fails to meet the A&E target twice in any two quarters over a 12-month period and fails the indicator in a quarter during the subsequent nine-month period or the full year.	No	No	Yes	No				No	For Qtr to Jun-12: 2 failures during a 12 month period (Qtr to Dec-10, Qtr to Mar-11) and a failure in following 9 months (Qtr to Jun-12)				
v)	Cancer Wait Times	Breaches either: the 31-day cancer waiting time target for a third successive quarter the 62-day cancer waiting time target for a third successive quarter	No	No	No	No				No					
vi)	Ambulance Response Times	Breaches either: the category A 8-minute response time target for a third successive quarter the category A 19-minute response time target for a third successive quarter	N/a	N/a	N/a	N/a				Yes	Note: error in formula for autocompletion of quarter. This indicator is not applicable to OUH.				
vii)	Community Services data completeness	Fails to maintain the threshold for data completeness for: referral to treatment information for a third successive quarter service referral information for a third successive quarter, or, treatment activity information for a third successive quarter	N/a	N/a	N/a	N/a				Yes	Note: error in formula for autocompletion of quarter. This indicator is not applicable to OUH.				
viii)	Any indicator weighted 1.0	Breaches the indicator for three successive quarters.	No	No	No	No				No					
Number of Overrides Triggered						0.0	0.0	1.0	0.0	0.0	0.0	2.0			

FINANCIAL RISK RATING

Oxford University Hospitals NHS Trust

Insert the Score (1-5) Achieved for each Criteria Per Month

Criteria	Indicator	Weight	Risk Ratings					Reported Position		Normalised Position*		Comments where target not achieved
			5	4	3	2	1	Year to Date	Forecast Outturn	Year to Date	Forecast Outturn	
Underlying performance	EBITDA margin %	25%	11	9	5	1	<1	3	3	3	3	
Achievement of plan	EBITDA achieved %	10%	100	85	70	50	<50	5	5	5	5	
Financial efficiency	Net return after financing %	20%	>3	2	-0.5	-5	<-5	3	3	3	3	
	I&E surplus margin %	20%	3	2	1	-2	<-2	2	2	2	2	Planned surplus for the year is less than 1%, therefore this scores a 2.
Liquidity	Liquid ratio days	25%	60	25	15	10	<10	2	2	2	2	Liquidity includes a £56m working capital facility that would be available to the Trust once it is an FT.
Weighted Average		100%						2.8	2.8	2.8	2.8	
Overriding rules								3	3	3	3	
Overall rating								3	3	3	3	

Overriding Rules :

Max Rating	Rule				
3	Plan not submitted on time	No			
3	Plan not submitted complete and correct	No			
2	PDC dividend not paid in full	No			
2	One Financial Criterion at "1"				
3	One Financial Criterion at "2"		3	3	3
1	Two Financial Criteria at "1"				
2	Two Financial Criteria at "2"				

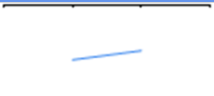












* Trust should detail the normalising adjustments made to calculate this rating within the comments box.

Performance Framework (Trust Summary) July 2012

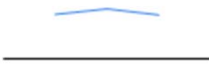
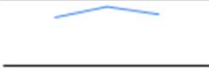
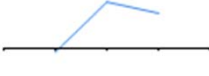





This report outlines the number of indicators that have achieved, under-achieved or failed a target for the latest period. The number of indicators without a target are also presented alongside for information.

Integrated Performance Framework							
Access		Finance		Quality		Workforce	
Activity Page 11		Balance Sheet Page 14		Outcomes Page 17		Head count/Pay costs Page 19	
Cancer Waits Page 12		Capital Page 14		Safety Page 18		Statutory and Mandatory Competence Compliance Pages 20 - 21	
18 weeks, A/E and cancelled operations Page 10		Cash & Liquidity Page 14		Patient Experience Page 17		Staff Experience Page 19	
Narrative on page 13		I&E Page 15		Narrative on page 18		Narrative on page 19	
		Narrative on page 16					

Colour	Description
	Target Achieved
	Target Under-achieved
	Target Failed
	No Target
NA	No Data Available/ Not Applicable


			Access											
18 weeks, A/E and cancelled operations				In Period				Year To Date			Forecast	Variance From Plan	Data Quality	
Indicator Information			Included in (Framework)	Latest Period	Actual	Plan	Variance		Actual	Plan	Variance		Evidence / RAG	
A&E	Q067	% of patients who spent 4 hours or less in A&E from arrival, transfer or discharge - AESitrep4	Operating Framework, Monitor Framework &	Q2	93.56%	95%	-1.44%	R	90.81%	95%	-4.19%	R		2
Activity	Q069	Number of attendances at A/E depts in a month - AEAttend	Operating Framework	Jul	10027				41932					2
Cancellations	A033	Last minute elective cancellations for treatment/surgery as a percentage of all elective admissions - CancelRate	None	Jul	12.45%	0.8%	11.65%	R	12.38%	0.8%	11.58%	R		2
	A036	% patients rebooked within 28 days - CancelFail	None	Jul	37.77%	5%	32.77%	R	37.09%	5%	32.09%	R		2
Elective Access	Q064	% Diagnostic waits waiting 6 weeks or more - DiagWaits2	Operating Framework	Jul	5.51%	1%	4.51%	R	2.99%	1%	1.99%	A		2
RTT - Admitted	Q050	RTT - admitted % within 18 weeks - 18Adm	Operating Framework & Monitor	Jul	91.24%	90%	1.24%	G	90.63%	90%	0.63%	G		3
	Q051	admitted - median wait - RTTAdmM	None	Jul	7.14				7.54					2
	Q052	95th percentile for admitted waiting no longer - RTTAdm95	None	Jul	23.28	23	0.28	A	23.42	23	0.42	A		3
RTT - Incompletes	Q056	RTT - incomplete % within 18 weeks - 18Incomp	Operating Framework	Jul	95.57%	92%	3.57%	G	95.63%	92%	3.63%	G		2
	Q058	Numbers waiting on incomplete referral to treatment pathway - InCompPath	Operating Framework & Monitor Framework	Jul	34578									2
RTT - Non-admitted	Q053	RTT - non-admitted % within 18 weeks - 18NonAdm	Operating Framework & Monitor	Jul	98.16%	95%	3.16%	G	97.35%	95%	2.35%	G		2
	Q054	95th percentile for non-admitted no longer than - RTTNonAdm95	None	Jul	15.32	18.3	-2.98	G	15.79	18.3	-2.51	G		3
	Q055	non-admitted - median wait - RTTNonAdmM	None	Jul	2.73				3.19					2

Activity				In Period				Year To Date				Forecast Outturn	Variance From Plan	Data Quality Evidence / RAG	
Indicator Information			Included in (Framework)	Latest Period	Actual	Plan	Variance	Actual	Plan	Variance					
Activity	A001	No of GP written referrals - GPRefWrit	Operating Framework	Jul	12567			48705						3	
	A002	Other referrals for a first outpatient appointment - FAOther	Operating Framework	Jul	8810			33548						3	
	A003	First outpatient attendances following GP referral - FAGP	Operating Framework	Jul	9210			35384						2	
	A004	Total number of first outpatient attendances - FA	Operating Framework	Jul	15831			60594						2	
	A016	Non-elective FFCes - FFCENE	Operating Framework	Jul	6460			23094						2	
	A017	Number of Elective FFCes - admissions - FFCEAdm	Operating Framework	Jul	1763	1904	-141	G	6902	7617	-715	G			3
	A018	Number of Elective FFCes - daycases - FFCEDC	Operating Framework	Jul	4686	5396	-710	G	17357	21582	-4225	G			3
	Delayed Discharges	A023	Total number of delayed discharges - DelPat	None	Jul	90	39	51	R	410	156	254	R		
A052		Delayed Transfers of Care as a Percentage of Occupied beds - DTC	Operating Framework	Q2	8.41%	3.5%	4.91%	R	9.52%	3.5%	6.02%	R			2
Elective Access	Q060	Total on Inpatient Waiting List - EALTotal	None	Jul	22869										3
	Q061	Total on Inpatient Waiting List dates within 17 weeks - EAL17	None	Jul	10902										3
	Q062	Total on Inpatient Waiting List waiting over 35 weeks - EAL35	None	Jul	2138										3
	Q063	% of Planned Inpatient Waiting List patients with a TCI date - EALTCI	None	Jul	20.69%										3
Theatre Utilisation	A029	Total Utilisation rate - TURate	None	Jul	75.29%	80%	-4.71%	A	75.09%	80%	-4.91%	A			
	A030	Elective - TUEL	None	Jul	79.87%	80%	-0.13%	A	79.83%	80%	-0.17%	A			
	A031	Emergency - TUEM	None	Jul	62.96%	80%	-17.04%	R	62.46%	80%	-17.54%	R			
	A032	Labour Theatre - TULT	None	NA											











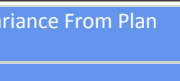


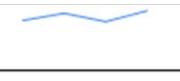
Cancer Waits				In Period					Year To Date				Forecast	Variance From Plan	Data Quality
Indicator Information			Included in (Framework)	Latest Period	Actual	Plan	Variance		Actual	Plan	Variance				Evidence / RAG
Cancer 2 week waits	Q072	Percentage of patients seen within two weeks of an urgent GP referral for suspected cancer - CancerUrgFirst0	Operating Framework, Monitor Framework & Outcomes Framework	Jun	96.15%	93%	3.15%	G	94.32%	93%	1.32%	G		2	
	Q073	Percentage of patients seen within two weeks of an urgent referral for breast symptoms where cancer is not initially suspected - CancerBreast0	Operating Framework, Monitor Framework & Outcomes Framework	Jun	96.36%	93%	3.36%	G	98.58%	93%	5.58%	G		2	
Cancer 31 day waits	Q004	Percentage of patients receiving first definitive treatment within one month of a cancer diagnosis - CancerAll0	Operating Framework, Monitor Framework & Outcomes Framework	Jun	96.53%	96%	0.53%	G	96.82%	96%	0.82%	G		5	
	Q005	Percentage of patients receiving subsequent treatment for cancer within 31-days where that treatment is Surgery - CancerSurgerv0	Operating Framework, Monitor Framework & Outcomes Framework	Jun	95.38%	94%	1.38%	G	94.88%	94%	0.88%	G		5	
	Q006	Percentage of patients receiving subsequent treatment for cancer within 31-days where that treatment is an Anti-Cancer Drug Regime - Canceranti0	Operating Framework, Monitor Framework & Outcomes Framework	Jun	100%	98%	2%	G	98.92%	98%	0.92%	G		5	
	Q007	Percentage of patients receiving subsequent treatment for cancer within 31-days where that treatment is a Radiotherapy Treatment Course - CancerRadio0	Operating Framework, Monitor Framework & Outcomes Framework	Jun	99.5%	94%	5.5%	G	98.39%	94%	4.39%	G		5	
Cancer 62 day waits	Q001	Percentage of patients receiving first definitive treatment for cancer within 62-days of an urgent GP referral for suspected cancer - CancerUrgTreat0	Operating Framework, Monitor Framework & Outcomes Framework	Jun	89.63%	85%	4.63%	G	87.95%	85%	2.95%	G		5	
	Q002	Percentage of patients receiving first definitive treatment for cancer within 62-days of referral from an NHS Cancer Screening Service - CancerNatScr0	Operating Framework, Monitor Framework & Outcomes Framework	Jun	100%	90%	10%	G	95.89%	90%	5.89%	G		5	
	Q003	Percentage of patients receiving first definitive treatment for cancer within 62-days of a consultant decision to upgrade their priority status - CancerCons0	Operating Framework & Outcomes Framework	NA										5	




Issue:	Action Plan:
<p>A&E 4 hour wait (% of patients who spent 4 hours or less in A&E from arrival, transfer or discharge) : real time reporting started in April, with formal agreement that the 95% target would be met in June. Underperformance of ED 4 hour performance. Q2 performance has improved on the performance set in Q1, and is now standing at Q2 94.7% as at 26 August 2012.</p>	<p>Lack of critical decision makers at middle grade level impacts directly on performance. Recruitment is on-going working closely with HR and International Recruitment companies. An additional 3.4 wte ENP have been funded for the Horton. A detailed action plan to secure improved performance and ensure the Trust achieves the 4 hour standard has been developed and is being implemented. Daily meetings to review breaches are in place which include the weekend.</p> <p>Timescale: The action plan has clear timescales for delivery of the target within Q2.</p>
<p>Diagnostic Waits (% diagnostic waits waiting 6 weeks or more): Data quality is still a significant issue with waiting time information for the diagnostic tests sourced from Millennium (eg endoscopy, urology, gynaecology). Significant growth in over 6 week waiters within radiology has deteriorated the Trust's position on this metric. Growth in the number of 6 week waiting breaches in CT, MRI and non-obstetric ultrasound.</p>	<p>Data Quality issues are a priority to resolve a detailed plan of validation is currently under way for the inpatient waiting list requiring fixes in to EPR, new workflows and retraining. The outpatient and diagnostic component waits are currently under review. Critically, all Divisions have manual procedures in place to ensure that all patients are been treated in a timely way. Fully diagnostic reporting will be in place from 1/12/12, a recovery plan is in place to deliver non-obstetric ultrasound by the end of December.</p> <p>Timescale: Full diagnostic reporting from 1/12/12. Recovery plan for Non-Obstetric US end of December.</p>
<p>Cancellations (last minute elective cancellations for treatment/surgery as a % of all elective admissions): Unvalidated last minute Hospital Cancellations for Inpatients and Daycase operations, and</p> <p>Cancellations (% patients re-booked within 28 days): Unvalidated readmissions within 28 days for patients cancelled at the last minute.</p>	<p>As part of the Outpatient and Inpatient validation and retraining both hospital cancellations and readmissions will be validated by the 1/12/12.</p> <p>Timescale: 1/12/12</p>
<p>RTT Admitted (% within 18 weeks and 95th percentile for admitted waiting no longer): Patients admitted for treatment within 18 weeks during July (Q050), 2 specialties failed to achieve the 90% standard that was required for July reporting period, Neurosurgery and ENT. The deteriorating 95th percentile waiting time for admitted patients during July (Q052).</p>	<p>A recovery plan is in place for both ENT and Neurosurgery with a combination of additional operating list at the JR and Manor in order to meet the target by October.</p> <p>Timescale: 1/10/12.</p>
<p>RTT Non-Admitted (% within 18 weeks): Non-admitted patients seen within 18 weeks, one specialty failed to achieve the 95% standard required for the July reporting period, Neurosurgery.</p>	<p>Neurosurgery missed the target by 2.1% a recovery plan is in place to deliver by end of August which includes e-clinics.</p> <p>Timescale: 1/9/12.</p>
<p>RTT Incomplete (% within 18 weeks and numbers waiting on incomplete RTT): - no change from previous update. Historical data for ORH still being reported due to DQ issues.</p>	<p>Data Quality issues are a priority to resolve a detailed plan of validation is currently under way clinical & operational services are prioritising the work required.</p> <p>Timescale: 31/12/12.</p>
<p>Delayed Discharges (total number of delayed discharges and Delayed Transfers of Care (DTCs) as % of occupied beds): these remain a major cause of concern for the Trust, 8.4% remains in excess of the target 3.5%. The number of delayed patients in the OUH beds is running at approximately 50 to 60 patients higher than the target level. This has slightly reduced on the position reported last month, but still well above the set target.</p>	<p>Escalation agreement in place for the Trust and Oxford Health 29 June. Supported Discharge Team will be at full capacity by the end of October 2012. The Trust and Other providers such as Social Services, Oxford Health, PCT are working together to redesign clinical and non-clinical bed based services - ACE Board work streams plus DToC Plan.</p> <p>Timescale: Ongoing.</p>
<p>Elective Access (total on IP waiting list, total on IP waiting list with dates within 17 weeks and total on IP list waiting over 35 weeks): Total number of patients on the Inpatient and Daycase waiting list, and the number of long waiting patients is not yet fully validated.</p>	<p>Validation has commenced and the PTL dropped in size ~1,000 patients during by the first 2 weeks of validation.</p> <p>Timescale: 1/12/12.</p>
<p>Emergency (TUEM): Emergency theatre utilisation is well below the target level of 80%.</p>	<p>Significant vacancies within theatre staffing, actively recruiting. External company Newton have been engaged to work with staff in improving sessional productivity.</p> <p>Timescale: Ongoing.</p>

Finance														
Balance Sheet				In Period				Year To Date				Forecast	Variance From Plan	Data
Indicator Information			Included in (Framework)	Latest Period	Actual	Plan	Variance	Actual	Plan	Variance	Outturn		Evidence / RAG	
Balance Sheet	F075	Debtor Days - DebtDays	None	Jul	22								5	
	F076	Creditor Days - CredDays	None	Jul	58								5	
	F077	Debtors > 90 Days as % of Total NHS - Debt90NHS	None	Jul	8%	5%	3%	R	8%	5%	3%	R	5	
	F078	Debtors > 90 Days as % of Total Non-NHS - Debt90NonNHS	None	Jul	33%	5%	28%	R	33%	5%	28%	R	5	
	F080	BPPC by value (%) NHS - BPPCNHSVal	None	Jul	74.38%	95%	-20.62%	R	74.38%	95%	-20.62%	R	5	
	F081	BPPC by value (%) Non-NHS - BPPCNonNHSVal	None	Jul	85.1%	95%	-9.9%	R	85.1%	95%	-9.9%	R	5	
	F083	BPPC by volumes (%) NHS - BPPCNHSVol	None	Jul	68.03%	95%	-26.97%	R	68.03%	95%	-26.97%	R	5	
	F084	BPPC by volumes (%) Non-NHS - BPPCNonNHSVol	None	Jul	87.1%	95%	-7.9%	R	87.1%	95%	-7.9%	R	5	
Capital				In Period				Year To Date				Forecast	Variance From Plan	Data
Indicator Information			Included in (Framework)	Latest Period	Actual	Plan	Variance	Actual	Plan	Variance	Outturn		Evidence / RAG	
Capital	F069	Capital Programme as % of Plan - CapProg	None	Jul	1273	845	50.65%	G	5625	2440	130.53%	G		5
Cash & Liquidity				In Period				Year To Date				Forecast	Variance From Plan	Data
Indicator Information			Included in (Framework)	Latest Period	Actual	Plan	Variance	Actual	Plan	Variance	Outturn		Evidence / RAG	
Cash & Liquidity	F072	Cash Held at Month End cf. Plan (£) - CashHeld	None	Jul	56457	41752	35.22%	G	56457	41752	35.22%	G	5	
	F101	Liquidity Ratio (Score) - LiquidRSc	Monitor Framework	Jul	2	2	0	G	2	2	0	G	5	

I&E				In Period					Year To Date				Forecast Outturn	Variance From Plan	Data Quality Evidence / RAG
Indicator Information			Included in (Framework)	Latest Period	Actual	Plan	Variance		Actual	Plan	Variance				
I&E	F030	Net Income as % of Plan (Displayed in £000s) - NetInc	None	Jul	277.4	114	143.41%	G	16.6	-26	163.8%	G		5	
	F031	Commissioning Income as % of Plan (Displayed in £000s) - CommInc	None	Jul	58348.1	55266	5.58%	G	218577.1	211990	3.11%	G		5	
	F032	Private Patients Overseas and RTA Income as % of Plan (Displayed in £000s) - PPOInc	None	Jul	1304.8	1055	23.7%	G	4396.6	4305	2.12%	G		5	
	F033	Other Income as % of Plan (Displayed in £000s) - Oinc	None	Jul	10982.5	11442	-4.02%	R	40730.5	43197	-5.71%	R		5	
	F034	Pay as % of Plan (Displayed in £000s) - Pay	None	Jul	-36425.8	-35789	-1.78%	A	-143801.3	-142881	-0.64%	A		5	
	F035	Non-Pay as % of Plan (Displayed in £000s) - NonPay	None	Jul	-28557.4	-26546	-7.58%	R	-98349	-95381	-3.11%	R		5	
	F036	Net Income as % of Forecast - Plus	None	NA										5	
	F054	Agency Staff as % of Prior Year - AgencyStPY	None	Jul	-1304.2	-881	-48.06%	R	-4991.1	-3949	-26.4%	R		5	
	F055	Bank Staff % of Prior Year - BankStPY	None	Jul	-506.2	-556	8.95%	G	-2026.4	-1984	-2.15%	R		5	
	F060	CIP Performance as % of Plan - CIPPerf	None	Jul	11369.6	12138	-6.33%	R	11369.6	12138	-6.33%	R		5	
	F063	EBITDA as % of Plan - EBITDA	None	Jul	5652.3	5428	4.13%	G	21553.9	21231	1.52%	G		5	
	F066	Break Even Surplus as % of Plan - BrEven	None	Jul	320.7	285	12.53%	G	761.6	651	17.01%	G		5	
	F097	EBITDA Margin (Score) - EBITDAMarSc	Monitor Framework	Jul	3	3	0	G	3	3	0	G		5	
	F098	EBITDA Achieved (Score) - EBITDAAchSc	Monitor Framework	Jul	5	5	0	G	5	5	0	G		5	
	F099	NRAf net return after financing - RetAssSc	Monitor Framework	Jul	3	3	0	G	3	3	0	G		5	
	F100	I&E Surplus Margin (Score) - IESurplusSc	Monitor Framework	Jul	2	2	0	G	2	2	0	G		5	

Issue:	Action Plan:
Debtors > 90 Days as % of Total NHS - Debt90NHS Debtors > 90 Days as % of Total Non-NHS - Debt90NonNHS	The Accounts Receivables team is now fully staffed and older debts targeted for resolution and clearance. Timescale: Review at Q2.
BPPC by value (%) NHS - BPPCNHSVal BPPC by value (%) Non-NHS - BPPCNonNHSVal BPPC by volumes (%) NHS - BPPCNHSVol BPPC by volumes (%) Non-NHS - BPPCNonNHSVol	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. Timescale: Review at Q2.
Other Income as % of Plan (Displayed in £000s) - Oinc	The year-to-date adverse variance occurs because of slippage on R&D projects and is offset by compensating underspends on pay and non-pay budgets. Timescale: Ongoing.
Pay as % of Plan (Displayed in £000s) - Pay	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 & agency staff, may result in a year-end pay overspend against plan. Timescale: Ongoing.
Non-Pay as % of Plan (Displayed in £000s) - NonPay	Part of the non-pay overspend relates to "pass through" drugs the cost of which is recovered from commissioners (if not subject to marginal rates). Some procurement-related savings have been allocated to Divisions in July and there is also some evidence that actual costs incurred may have been higher in the first three months of the year than was originally estimated. This will be subject to review at Divisional performance meetings. Timescale: Ongoing.
Agency Staff as % of Prior Year - AgencyStPY	The Trust has spent £7.0m on bank & agency staff in the first quarter of the year. This is £1.1m higher than for the first three months of 2011/12. All Divisions have been asked to examine their controls over the use of these staff. Timescale: Ongoing.
Bank Staff % of Prior Year - BankStPY	Expenditure on bank staff in the month was lower than in July 2011, but year-to-date expenditure remains slightly higher than in 2011/12. All Divisions have been asked to examine their controls over the use of these staff. Timescale: Ongoing.
CIP Performance as % of Plan - CIPPerf	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. Timescale: Ongoing.

			Quality											
Outcomes				In Period				Year To Date				Forecast	Variance From Plan	Data
Indicator Information			Included in (Framework)	Latest Period	Actual	Plan	Variance	Actual	Plan	Variance	Outturn		Evidence / RAG	
ANTT	Q135	ANTT Injectables - ANTT	None	Jul	98.12%	90%	8.12%	G	95.59%	90%	5.59%	G		
Emergency Admissions	Q014	Emergency admissions for acute conditions that should not usually require hospital admission - EmerAdm	Operating Framework & Outcomes Framework	Jul	375				1468					2
HSMR	Q133	Hospital Standardised Mortality ratio - HSMR	Operating Framework & Outcomes Framework	NA										4
Maternity	Q107	Breast Feeding initiation (BFI) - BFI	None	Jun										5
	Q108	Breast Feeding initiation (BFI) - not known - BFIU	None	Jun										5
	Q109	Proportion of normal deliveries - NormalDel	None	Jul	66.35%	60%	6.35%	G	64.11%	60%	4.11%	G		2
PROMS for elective procedures	Q020	Hip replacement - PROMSHip	Operating Framework & Outcomes Framework	Jun	62%				69.33%					
	Q021	Knee replacement - PROMSKnee	Operating Framework & Outcomes Framework	Jun	115%				127.33%					
	Q022	Groin hernia - PROMSGroin	Operating Framework & Outcomes Framework	Jun	93%				68.33%					
	Q023	Varicose - PROMSVar	Operating Framework & Outcomes Framework	Jun	56%				35%					
SHIMI	Q134	Summary Hospital-level Mortality Indicator - SHIMI	Operating Framework & Outcomes Framework	NA										4
Patient Experience				In Period				Year To Date				Forecast	Variance From Plan	Data
Indicator Information			Included in (Framework)	Latest Period	Actual	Plan	Variance	Actual	Plan	Variance	Outturn		Evidence / RAG	
Cleaning Scores	Q136	Cleaning Scores - CleanScore	None	NA										5
Complaints	Q132	Monthly numbers received - CompNo	None	Jul	74				317					2
Same sex accommodation breaches	Q075	Same sex accommodation breaches - AccBreach	Operating Framework & Outcomes Framework	Q2	0	0	0	G	0	0	0	G		2
Stroke Indicator	Q085	Number of patients who spend at least 90% of their time on a stroke unit - StrokeOnUnitM	Operating Framework & Outcomes Framework	Jul	85.71%	80%	5.71%	G	86.21%	80%	6.21%	G		5

Safety				In Period				Year To Date				Forecast	Variance From Plan	Data
Indicator Information			Included in (Framework)	Latest Period	Actual	Plan	Variance		Actual	Plan	Variance			Evidence / RAG
Falls	Q095	Number of Patient Falls with Harm - Falls	None	Jun	3		3		6		6			2
	Q096	Patient Falls per 1000 bed days - Fall1000	None	May	0.1				2.8					3
HCAI	Q076	MRSA bacteraemia - MRSAInc	Operating Framework, Monitor	Jul	1	1	0	G	1	2	-1	G		5
	Q077	CDI - CDiff	Operating Framework, Monitor	Jul	4	8	-4	G	32	32	0	G		5
Incidents	Q097	Incidents per 100 admissions - Inci100	Operating Framework & Outcomes	Apr	6.4				6.4					2
Never Events	Q131	Never Events - Never	None	Jul	1				1					2
Number SIRIs	Q094	Number SIRIs - SIRI	None	Jul	6				17					2
Pressure Ulcers	Q101	Number of newly acquired, avoidable Grade 3 or 4 pressure Ulcers - PU3and4	Operating Framework & Outcomes	May	0				5					3
VTE risk assessment	Q078	% of all adult inpatients who have had a VTE risk assessment - VTE	Operating Framework & Outcomes	Q2	91.7%	90%	1.7%	G	91.35%	90%	1.35%	G		5

Issue:	Action Plan:
Summary Hospital -level Mortality Indicator (SHIMI)	Figures are provided quarterly as a rolling 12 month average 6 months in arrears. Timescale: Quarterly.
Number of Patient Falls with Harm	June is the latest available data.
One Never event has been reported in July	Retained items following surgery - investigation being completed need to check this statement. Timescale: September.
Number of hospital acquired pressure ulcers	May is the latest available data.

Workforce														
Head count/Pay costs				In Period				Year To Date				Forecast	Variance From Plan	Data
Indicator Information			Included in (Framework)	Latest Period	Actual	Plan	Variance	Actual	Plan	Variance			Evidence / RAG	
Agency usage	W003	Agency usage (Displayed in 000s) - AgencyUs	None	Jul	£ -1304			£ -4991					5	
Bank usage	W002	Bank usage (Displayed in 000s) - BankUs	None	Jul	£ -506			£ -2026					5	
Contracted WTE against Plan	W001	Contracted WTE against Plan - WTE	None	Jul	8740.1	9288	-548	G					4	
Total pay costs	W011	Total costs of staff (to include cost of staff within provider contracts) (Displayed in 000s) - PayCost	Operating Framework	Jul	£ -36426	£ -35362	£ -1064	R	£ -143801	£ -142453	£ -1348	R		
Total workforce (FTEs)	W013	All Hospital and Community Health Services (HCHS) workforce by FTE - WFFTE	Operating Framework	Apr	9037.5								5	
Staff Experience				In Period				Year To Date				Forecast	Variance From Plan	Data
Indicator Information			Included in (Framework)	Latest Period	Actual	Plan	Variance	Actual	Plan	Variance			Evidence / RAG	
Sickness absence	W006	Sickness absence - SickAbs	None	Jul	2.61%	3.2%	-0.59%	G	2.88%	3.2%	-0.32%	G	2	
Turnover rate	W007	Turnover rate - TurnORate	None	Jul	10.76%	11%	-0.24%	G					2	
Vacancy rate	W005	Vacancy rate - VacRate	None	Jul	5.9%	5%	0.9%	R					2	
Issue:							Action Plan:							
Total costs of staff							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 & agency staff, may result in a year-end pay overspend against plan. Timescale: Ongoing.							
High number Vacancy rate							The High Vacancey rate does not represent gap in service delivery as temporary workforce employed to part cover vacant posts.							

Statutory and Mandatory Competence Compliance				In Period				Year To Date			Forecast	Variance From Plan	Data Quality	
Indicator Information			Included in (Framework)	Latest Period	Actual	Plan	Variance		Actual	Plan	Variance			Evidence / RAG
Statutory and Mandatory Competence Compliance	W032	Equality & Diversity - EquDiv	None	Jul	26.1%	35%	-8.9%	A						4
	W033	Fire Safety - Fire	None	Jul	36.4%	35%	1.4%	G						4
	W034	General Health & Safety - GenHealth	None	Jul	28.9%	35%	-6.1%	A						4
	W035	Information Governance (IG) - InfoGov	None	Jul	33.8%	35%	-1.2%	A						4
	W036	Manual Handling (All Staff - Theory) - ManHandAll	None	Jul	33.5%	35%	-1.5%	A						4
	W037	Consent - Consent	None	Jul	0.2%	35%	-34.8%	A						4
	W038	Incident Investigation/Risk Awareness - IncRisk	None	Jul	9.9%	35%	-25.1%	A						4
	W039	Infection Prevention & Control (Clinical) - InfPClin	None	Jul	31.2%	35%	-3.8%	A						4
	W040	Infection Prevention & Control (Non-Clinical) - InfPNon	None	Jul	27.4%	35%	-7.6%	A						4
	W041	Manual Handling (Patient Handling Staff) - ManHandPat	None	Jul	39.5%	35%	4.5%	G						4
	W042	Medicines Management - Controlled Drugs - MedMan	None	Jul	39.3%	35%	4.3%	G						4
	W043	Medicines Management - Controlled Drugs (Doctors) - MedManDoc	None	Jul	2.6%	35%	-32.4%	A						4
	W044	Medicines Management - Hypersensitivity - MenManHyp	None	Jul	26.3%	35%	-8.7%	A						4
	W045	Medicines Management - Methotrexate (Nurses) - MedManMeth	None	Jul	18%	35%	-17%	A						4
	W046	Medicines Management - Safer Use of Insulin - MedManSafe	None	Jul	1.1%	35%	-33.9%	A						4
	W047	Resuscitation - Resus	None	Jul	43.4%	35%	8.4%	G						4
	W048	Safeguarding Adults - SafeAdults	None	Jul	34.9%	35%	-0.1%	A						4

