

Trust Board Meeting: Wednesday, 9 January 2013
TB2013.10

Title	Integrated Performance Report Month 8
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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 8

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

Good performance

- Aseptic Non Touch Technique (ANTT) when preparing and administering injectable medicines, is 98%, 8% above target this month
- VTE risk assessments remains 3.2% above target
- A/E 4 hour wait has been above the 95% target, for Q2 was 96% and Q3 95.86% despite 2000 more A/E attendances in December. The final quarter is always the most challenging of the year.
- RTT Admitted and Non-admitted targets were achieved at Trust level and at speciality level for non-admitted.
- All Cancer standards were met for October 2012.

Concerns around Performance

- Same sex accommodation breaches eight reportable breaches for Q3 but none in November.
- DToC is 3.54% above target, a continued reduction since last month, escalation beds continue to be open
- 18 Week RTT Admitted target at individual speciality level was not achieved for General Surgery
- Bank and Agency spend has increased this month.

Overall Performance has improved in month 8.

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 = 0.5 Green







3. A/E 4 hour wait has achieved for Q2 96% and Q3 95.86% against a target of 95%.
4. Cancer Targets met for October and the same data has been extrapolated for November pending due data validation through the external Exeter system
5. Non-compliance with requirements regarding access to healthcare for people with a learning disability . The Trust is implementing action plans to ensure compliance and currently delivers 3 of 6 standards and partially meets the remainder. Full compliance expected from December.

Finance Overall Risk Rating = 3 Green

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

Trust Summary

8. 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.
9. 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 8 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 8	Position since Month 7
Access	Cancer waiting times	8	0	
	18 weeks, ED and cancelled operations	15	3	
	Activity	17	4	No change
Finance	Balance Sheet	5	1	
	Capital	1	0	No change
	Cash & Liquidity	2	0	No change
	Income and expenditure	13	3	
Quality	Safety	9	1	No change
	Outcomes	7	0	
	Patient Experience	3	1	No change
Workforce	Head count/pay	4	1	No change
	Staff Experience	3	2	
	Statutory & Mandatory Compliance	1	0	No change

18 Week RTT, A/E & Cancelled Operations

10. **18 Week Referral to Treatment [RTT] performance:** The Trust achieved all its Trust wide targets for November. However at an individual speciality level for 'admitted' patients, General Surgery performed below 90% for the month. A review of the recovery plan has been undertaken and the speciality will achieve the required 90% by January 2013.
11. For hospital cancellations and patients rebooked within 28 days validation has commenced.

Activity

12. Data Quality EPR meetings are moving to alternate weeks from January. Significant progress has been made in resolving outstanding problems with the Inpatient Patient Treatment Lists and Diagnostic Wait data now been handed over as business as usual and fully reporting externally. Outpatient Patient Treatment List and cancellations have started validation
13. Critically, each division has established contingency plans to ensure all patients are seen in a timely way.
14. Until the data validation has been completed the RAG rating has been removed on activity indicators A001 – A016.
15. **Delayed Transfers of Care** remain a major cause of concern for the Trust, with the in-month level at 7.04% against a target of 3.5%. This equates to a system-wide monthly average number of delays of 105 in November 2012 which represents a major improvement on the position in March 2012 where delays averaged 191. The Supported Discharge Team is operating with an average of 42 patients per week and the Single Point of Access and new system wide discharge pathways were implemented on 3 December 2012.

Cancer waits

16. **All Cancer Standards** were achieved in October 2012.

Finance

Balance Sheet

17. **Debtors > 90 Days as % of Total Non-NHS** - The amount of debt owed as recorded on the Accounts Receivable system (A/R) has reduced every month since July. £0.8m of the amount owed by non-NHS organisations and over 90 days old is owed by the University of Oxford. A meeting was held with University representatives on 13 December with the aim of resolving these debts. The Trust continues to manage payments due to the University and will do so until the disputes over the aged debt are resolved.
18. **Better Payment Practice Code (BPPC)** - Performance in November was above the average for the year-to-date and there has been a steady upwards trend over the past few months.

Income & Expenditure

19. **Other income as % of Plan** – Other income is only below plan because spend on R&D is behind plan and therefore £3.9m income has been deferred. "Other" income for non-R&D activities is ahead of plan year-to-date.
20. **Pay as % of Plan** – The Trust's level of activity for elective, non-elective and out-patient work is in aggregate £11.3m, or 4.2%, higher than plan for the year-to-date with non-elective activity in particular over-performing. The Trust has spent £10.75m on agency staff in the first eight months of the year. If it is assumed that the cost of using an agency member of staff is only 20% higher than employing them on the payroll then this means the use of agency staff has resulted in £2.2m additional expenditure year-to-date. In practice, the relative cost of agency staff is likely to be greater than this. The Trust's pay-related savings schemes are approximately £3.8m behind plan after the first eight months of the year.
21. **Non-Pay as % of Plan** - The Trust's level of activity over-performance as described above. Non-pay costs represent approximately one third of cost and are variable to a significant degree; the over-performance on elective, non-elective and out-patient activities would result in £4.8m additional non-pay spend on a proportionate basis. Expenditure on "pass through" drugs and devices was £2.4m greater than plan after the first eight months of the year (October = £1.2m). This increases the level of income recovered concomitantly. The Trust's non-pay savings schemes were approximately £3.3m behind plan at the end of November.
22. **CIP Performance as % of Plan** - As previously reported the high level of bed occupancy within the Trust means that the full level of planned savings from ward closures will not be realised in the current year. Other than this only £0.2m of the original savings plan is currently categorised as being high risk and which is considered possibly still to be deliverable in 2012/13.

Quality

23. **Same sex accommodation breaches** - eight in total at the Horton in EAU due to significant increase in ED activity and capacity pressures. No breaches reported in November
24. **CDI- CDIFF** - There was an increased incidence in the number of cases identified in November. Out of the ten cases, six had active disease, seven were treated empirically and one was admitted with it but the sample was not sent until four days after admission. Two patients died with active disease and both of these cases were investigated as SIRI's.

Workforce

25. **Vacancy Rate** - The vacancy rate does not represent an absolute position of staffing levels as temporary workforce employed to part cover vacancy posts.
26. **Sickness Absence** - Year to date sickness absence continues to stabilise. Historical patterns of absence usually start to show an increase in the winter period.

Conclusions

27. The Trust Board is asked to note the Integrated Performance Report for Month 8 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

January 2013