

Trust Board Meeting: 10 July 2013
TB2013.81

Title	Integrated Performance Report – Month 2
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Status	For discussion and to consider whether there is appropriate assurance regarding current and future performance.
History	The report provides a summary of the Trust's performance against a range of key performance indicators as agreed by the Trust Board.

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

Integrated Performance Report Month 2

Executive Summary

1. Key Highlights on performance

- Patients spend $\geq 90\%$ of time on stroke unit, 7.7% above standard.
- RTT Admitted and Non-admitted and Incomplete targets were achieved at Trust level
- RTT Admitted and Non-Admitted at specialty level were achieved in all 19 specialties for Non-Admitted and in 18 out of 19 specialties for Admitted.
- Mixed Sex Accommodation, zero breaches reported.
- The percentage of adult inpatients who had a VTE risk assessment was 95.62% against the 95% standard.
- The 4 Hour standard was achieved in May with performance at 95.2%.

2. Areas of exception on performance

- Clostridium Difficile reported cases were 8, for May, 2 above target.
- The number of acquired and avoidable grade 3/4 pressure ulcers reported in May was 2 a reduction since April.
- Monthly year to date Hospital Standardised mortality Ratio at weekends for emergency admissions has increased by 4.26% from December to February to 101.9% which remains within the expected range.
- Cancer 62 day performance was below the 85% standard at 83.5%. All other cancer standards were achieved.
- Delayed Transfers of Care is 7.1% above target in May which represents a slight reduction of 0.6% compared to April 2013.
- Diagnostic waits for orthopaedic ultrasound and MRI have exceeded the 6 week wait, recovery plans are in place and on track to deliver less than 1% of waits above 6 weeks by the end of June 2013.
- There was one MRSA bacteraemia in May however, this was externally assessed as clinically unavoidable and therefore is not reportable in line with the performance regime.

Key Standards – in month 2

18 Week RTT, A/E & Cancelled Operations

3. **A/E 95% of patients seen within 4 hours from arrival/trans/discharge:** May achieved above the standard at 95.23%. 65 escalation beds have been funded permanently from 1st June. The numbers of patients who are delayed is 7.1% above target causing a significant impact on patient flow.
4. **18 Week Referral to Treatment [RTT] performance:** The Trust achieved all its Trust wide targets for May, and at speciality level for the non-admitted standard. Urology failed the admitted standard at specialty level and Orthopaedics failed at specialty level for incompletes. A recovery plan is progressing for both specialities.
5. **Diagnostic waits waiting 6 weeks or more:** At the end of April 2,500 patients were waiting over 6 weeks for diagnostic tests with over 2,400 of these patients waiting for Orthopaedic MRI and Ultrasound. The total waits reduced to 1,956 in May. Additional mobile scanning capacity has been procured and the Trust is operating MRI scanners seven days a week in order to reduce the delay and achieve the standard by the end of June 2013. In addition the

Trust has been working with the CCG to control demand as there is limited evidence to support the extent of GP direct access referrals for specific scans.

- 6. Cancer performance:** In May the 62 day urgent cancer treatment performance was below the 85% standard at 83.6%.

Activity

- 7. Delayed Transfers of Care** remain a major cause of concern for the Trust, with the in-month level at 10.6% against a target of 3.5% which represents a slight reduction of 0.6% since April. However, this translates into a system-wide year to date average of 142 patient delays. At the week ending 23rd June 2013 107 patients were delayed in the OUH. The Supportive Hospital Discharge Scheme (SHDS) continue to manage an average weekly caseload of 50 patients at home who otherwise would have been recorded as delays.

Finance

Balance Sheet

- 8. Debtors > 90 Days as % of Total NHS** - In line with seasonal trends the total amount owed to the Trust by third parties has fallen by £3.1m in April.
- 9. BPPC by value (%) All** - A review of processes within the Accounts Payable department has been initiated. It is expected that the results will set out recommendations as to how performance can be improved in the rest of 2013/14.

Workforce

- 10. Sickness Absence** – sickness absence has fallen from 3.3 to 3.2% and is expected to fall in the summer months seasonal reduction.
- 11. Turnover Rate** – In the context of the Workforce Strategy a KPI of 10% has been set for 2013/14. To achieve the target over a rolling twelve month period c100 WTE would need to be retained relative to the previous period. A number of detailed actions are being taken both corporately and locally e.g. theatres, to improve staff retention. However, it is recognized that these actions will take a while to have a real impact on the KPI, therefore the anticipated trajectory is that the Trust will see a movement towards 10% in the third quarter.

Monitor Compliance Framework (Foundation Trust Indicators)

- 12.** 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 Amber/Green

- 13.** All cancers: 62 day wait for first treatment.

Finance Overall Risk Rating = 3 Green

- 14.** Planned surplus for the year is less than 1%

15. Liquidity - Year to date includes modelled working capital. Forecast outturn also includes FT loan.

Recommendations

16. The Trust Board is asked to discuss the Integrated Performance Report for Month 2 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

July 2013

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

						Insert YES, NO or N/A (as appropriate)								
Area	Ref	Indicator	Sub Sections	Thresh- old	Weight- ing	Historic Data			Current Data				Board Action	
						Qtr to Sep-12	Qtr to Dec-12	Qtr to Mar-13	Apr-13	May-13	Jun-13	Qtr to Jun-13		
Effectiveness	1a	Data completeness: Community services comprising:	Referral to treatment information	50%	1.0	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
			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	N/A	N/A	N/A			
Patients dying at home / care home			50%	N/A	N/A	N/A	N/A	N/A	N/A	N/A				
1c	Data completeness: identifiers MHMDS		97%	0.5	N/A	N/A	N/A	N/A	N/A	N/A	N/A			
1d	Data completeness: outcomes for patients on CPA		50%	0.5	N/A	N/A	N/A	N/A	N/A	N/A	N/A			
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	Yes	Yes	Yes		Yes			Reporting based on live data reintroduced in May 2013 following data quality issues within Cerner Millennium.	
	2d	Certification against compliance with requirements regarding access to healthcare for people with a learning disability		N/A	0.5	No	No	Yes	Yes	Yes				
Quality	3a	All cancers: 31-day wait for second or subsequent treatment, comprising:	Surgery	94%	1.0	Yes	Yes	Yes	Yes	Yes			Based on internally validated data uncorrected for shared breaches.	
			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	No	Yes	Yes	No	No			Based on internally validated data uncorrected for shared breaches.	
			From NHS Cancer Screening Service referral	90%										
	3c	All Cancers: 31-day wait from diagnosis to first treatment		96%	0.5	Yes	Yes	Yes	Yes	Yes			Based on internally validated data uncorrected for shared breaches.	
	3d	Cancer: 2 week wait from referral to date first seen, comprising:	all urgent referrals	93%	0.5	Yes	Yes	Yes	Yes	Yes			Based on internally validated data uncorrected for shared breaches.	
			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	Yes	No	No	Yes			85.17% in April and 96.12% in May.	
	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	N/A				
			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	N/A				
	3h	Admissions to inpatients services had access to Crisis Resolution/Home Treatment teams		95%	1.0	N/A	N/A	N/A	N/A	N/A				
3i	Meeting commitment to serve new psychosis cases by early intervention teams		95%	0.5	N/A	N/A	N/A	N/A	N/A					
3j	Category A call – emergency response within 8 minutes	Red 1	80%	0.5	N/A	N/A	N/A	N/A	N/A					
		Red 2	75%	0.5	N/A	N/A	N/A	N/A	N/A					
3k	Category A call – ambulance vehicle arrives within 19 minutes		95%	1.0	N/A	N/A	N/A	N/A	N/A					
Safety	4a	Clostridium Difficile	Is the Trust below the de minimus		1.0	No	No	No	Yes	Yes			8 cases in April with 11 cases ytd against a trajectory of 11.	
			Is the Trust below the YTD ceiling	70		Yes	Yes	Yes	Yes	Yes				
	4b	MRSA	Is the Trust below the de minimus	0	1.0	Yes	Yes	Yes	Yes	Yes			One case in May; this was assessed as unavoidable by Oxfordshire CCG and is not therefore recorded against the zero cases target.	
			Is the Trust below the YTD ceiling	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	1.0	2.0	1.0	0.0	0.0		
						AG	G	AG	AR	AG	G	G		

RAG RATING :

- GREEN** = Score less than 1
- AMBER/GREEN** = Score greater than or equal to 1, but less than 2
- AMBER / RED** = Score greater than or equal to 2, but less than 4
- RED** = Score greater than or equal to 4

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 breaches the cumulative year-to-date trajectory for three successive quarters	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 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	No	No	No		Currently 2 failures during a 12 month period (Qtr to Jun-12 and Qtr to Mar-13)				
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: 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 either Red 1 or Red 2 targets for a third successive quarter	N/A	N/A	N/A	N/A	N/A						
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	N/A						
viii)	Any other Indicator weighted 1.0	Breaches the indicator for three successive quarters.	No	No	No	No	No						
Adjusted Governance Risk Rating						1.5	0.5	1.0	2.0	1.0	0.0	0.0	
						AG	G	AG	AR	AG	G	G	

FINANCIAL RISK RATING

Oxford University Hospitals NHS Trust

Criteria	Indicator	Weight	Risk Ratings					Insert the Score (1-5) Achieved for each Criteria Per Month				Board Action
			5	4	3	2	1	Reported Position		Normalised Position*		
								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	3	2	3	Year to date month 1 planned deficit. Planned 1% surplus for the year.
Liquidity	Liquid ratio days	25%	60	25	15	10	<10	3	4	3	4	Year to date includes modelled working capital facility. Forecast outturn also includes FT loan.
Weighted Average		100%						3.0	3.5	3.0	3.5	
Overriding rules												
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	Unplanned breach of PBC	No			
2	One Financial Criterion at "1"				
3	One Financial Criterion at "2"				
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.



Trust Board Integrated Performance Report

May 2013

At A Glance report

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.





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).

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

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

Escalation report

Graph Legend

	Underachieving
	Standard
	Plan/ Target
	Performance

ORBIT Reporting

OUH - At A Glance 2013-14



Operational		Standard	Current Data Period	Period Actual	YTD	Forecast next period	Data Quality	
Access Standards	RTT - admitted % within 18 weeks	90%	May-13	92.9%	93%	93%	3	
	RTT admitted - median wait	11.1	May-13	6.65	6.71	6.7	2	
	RTT 95th centile for admitted pathways	23	May-13	21.58	20.92	21	3	
	RTT - # specialties not delivering the admitted standard	0	May-13	1		1	3	
	RTT - non-admitted % within 18 weeks	95%	May-13	97.2%	96.7%	96.7%	2	
	RTT - non-admitted - median wait	6.6	May-13	4.98	5.1	5.1	2	
	RTT - 95th percentile for non-admitted RTT	18.3	May-13	16.55	17.04	17	3	
	RTT - # specialties not delivering the non-admitted standard	0	May-13	0		0	2	
	RTT - incomplete % within 18 weeks	92%	May-13	93.6%	93.4%	93.4%	2	
	RTT - #waiting on incomplete RTT pathway	NA	May-13	39144		38382	2	
	% Diagnostic waits waiting 6 weeks or more	1%	May-13	16.5%	18.2%	18.2%	2	
	% <=4 hours A&E from arrival/trans/discharge	95%	Q1 13-14	90.7%	90.7%		2	
	Ambulance Handovers within 15 minutes	0%	May-13	82.1%	75.3%	75.3%		
	Number of attendances at A/E depts in a month	NA	May-13	10286	20331	10165.5	2	
	Last min cancellations - % of all elec admissions	0.8%	May-13	1.6%	1.5%	1.5%	2	
	Activity	Total on Inpatient Waiting List	NA	May-13	11301			3
		# on Inpatient Waiting List dates less than 18 weeks	NA	May-13	8954			3
# on Inpatient Waiting List waiting between 18 and 35 weeks		NA	May-13	1672			3	
# on Inpatient Waiting List waiting 35 weeks & over		NA	May-13	598			3	
% Planned Inpat WL patients with a TCI date		NA	May-13	28.8%			3	
No of GP written referrals		NA	May-13	12665	25519	12759.5	3	
Other refs for a first outpatient appointment		NA	May-13	7641	15690	7845	3	
1st outpatient attends following GP referral		NA	May-13	9655	18521	9260.5	2	
Total number of first outpatient attendances		NA	May-13	16887	32987	16493.5	2	
Non-elective FFCEs		NA	May-13	5643	10976	5488	2	
Number of Elective FFCEs - admissions		0	May-13	2045	3901	1950.5	3	
Number of Elective FFCEs - daycases		0	May-13	6671	13117	6558.5	3	
Total number of delayed discharges		0	May-13	115	234	117	2	
DTOCs as % of Occupied beds		3.5%	Q1 13-14	10.6%	10.6%	10.6%	2	
Theatre Utilisation - Total		75%	May-13	76.4%	75.2%	75.2%	1	
Theatre Utilisation - Elective		80%	May-13	78.3%	77.9%	77.9%	1	
Theatre Utilisation - Emergency		70%	May-13	70.1%	66.7%	66.7%	1	

Quality		Standard	Current Data Period	Period Actual	YTD	Forecast next period	Data Quality	
Outcomes	Hospital Standardised Mortality ratio*	100	Feb-13	99.46			5	
	Monthly YTD HSMR at weekends for emergency admission*	100	Feb-13	101.9				
	Summary Hospital-level Mortality Indicator**	1.13	Sep-12	0.96			5	
	Proportion of Assisted deliveries	15%	May-13	16.2%	15.2%	15.2%	2	
	Proportion of C-Section deliveries	23%	May-13	22.8%	21.5%	21.5%	2	
	Proportion of normal deliveries	62%	May-13	61%	63.2%	63.2%	3	
	Total # of deliveries	NA	May-13	702	1360	680	2	
	Maternal Deaths	NA	May-13	0	0	0		
	30 day emergency readmission rate	0%	May-13	3.4%	3.5%	3.5%		
	Medication errors causing serious harm	1	May-13	0	0	0		
	Number of CAS Alerts received by Trust during	NA	May-13	12	16			
	Number of CAS alerts that breached during last month	0	May-13	0	6			
	Number of CAS Alerts with a deadline during the last month	NA	May-13	12	19			
	Medications reconciled within 24 hours of pt admission	NA	Apr-13	76.2%	76.2%	76.2%		
	Dementia CQUIN no of patients admitted to each area who have had a dementia screening	NA	Apr-13	51.9%	51.9%	51.9%		
	Patient Experience	Monthly numbers of complaints received	NA	May-13	66	144	72	2
		Patient Satisfaction- Response rate (friends & family -ED)	0%	May-13	4.6%	8.9%	8.9%	
Patient Satisfaction -Response rate (friends & family -Inpatients)		0%	May-13	17.7%	19.6%	19.6%		
Net promoter (friends & family -ED)		NA	May-13	42	47	47		
Net promoter (friends & family -Inpatients)		NA	May-13	75	75.5	75.5		
Same sex accommodation breaches		0	Q1 13-14	0	0	0	2	
Safety	# patients spend >=90% of time on stroke unit	80%	May-13	87.7%	90.1%	90.1%	5	
	HCAI - MRSA bacteraemia	0	May-13	1	1	0.5	5	
	HCAI - Cdiff	6	May-13	8	11	5.5	5	
	% adult inpatients have had a VTE risk assess	95%	Q1 13-14	95.4%	95.4%	95.4%	5	
	Number SIRIs	NA	May-13	9	12	6	5	
	Number of Patient Falls with Harm	8	May-13	3	7	3.5	2	
	Patient Falls per 1000 bed days	NA	May-13	0.01	0.01	0	2	
	Incidents per 100 admissions	NA	May-13	0.04	0.06	0.1	2	
	# acquired, avoidable Grd 3/4 pressure Ulcers	NA	May-13	2	7	3.5	5	
	% of Patients receiving Harm Free Care	0%	May-13	92.1%	91.9%	91.9%		
Never Events	NA	May-13	0	0	0	5		

Operational		Standard	Current Data Period	Period Actual	YTD	Forecast next period	Data Quality
Cancer Waits	%patients cancer treatment <62-days urgt GP ref	85%	Apr-13	80.6%	80.6%	80.6%	5
	%patients cancer treatment <62-days - Screen	90%	Apr-13	93.6%	93.6%	93.6%	5
	% patients treatment <62-days of upgrade	0%		0%			5
	%patients 1st treatment <1 mnth of cancer diag	96%	Apr-13	96.2%	96.2%	96.2%	5
	%patients subs cancer treatment <31days - Surg	94%	Apr-13	95.3%	95.3%	95.3%	5
	%patients subs cancer treatment <31-days - Drugs	98%	Apr-13	100%	100%	100%	5
	%patients subs treatment <31days - Radio	94%	Apr-13	97.5%	97.5%	97.5%	5
	%2WW of an urgt GP ref for suspected cancer	93%	Apr-13	96%	96%	96%	5
	%2WW urgent ref - breast symp	93%	Apr-13	100%	100%	100%	5

Workforce		Standard	Current Data Period	Period Actual	YTD	Forecast next period	Data Quality
Head count/Pay costs	Contracted WTE against Plan	0	May-13	9507.8			4
	Bank usage (Displayed in 000s)	NA	May-13	£ 655	£ 1813	£ 906	5
	Agency usage (Displayed in 000s)	NA	May-13	£ 1694	£ 4358	£ 2179	5
	Total costs of staff (000s)	£ -38995	May-13	£ -38398	£ -77399	£ -38699	5
Staff Experience	Sickness absence***	3%	May-13	3.2%			3
	Turnover rate	11%	May-13	11.3%			3

* This measure is collected on a year to date basis and displays the latest available values
 ** This measure is collected for a 12 month period preceding the latest period shown
 *** Sickness absence figures shown in period actual reflect the financial year to date

Year: 2013-14

Directorate: Ambulatory,Anaesthetics, Critical care & Theatres,Assurance,Biomedical Research,Cardiac Medicine,Cardiac, Vascular & Thoracic Surgery,Central Trust Services,Children's,CRS Implementation,Division of Cardiac, Vascular & Thoracic,Division of Children's & Women's,Division of Corporate Services,Division of Critical Care, Theatres, Diagnostics and Pharmacy,Division of Emergency, Medicine, Therapies & Ambulatory,Division of Musculoskeletal and Rehabilitation,Division of Neurosciences, Trauma & Specialist Surgery,Division of Operations & Service Improvement,Division of Research & Development,Division of Surgery & Oncology,Emergency Medicine & Therapies,Emergency Medicine and Therapies, Estates and Facilities,Finance and Procurement,Gastroenterology, Endoscopy and Theatres (CH),Generic Strategic Change,Generic Teaching, Training and Research,Horton Management,Human Resources and Admin,MARS -Research & Development,Medical Director,Networks,Neurosciences,Nursing Midwifery,DHIS Telecoms & Med Records,Oncology,Orthopaedics,Pathology & Laboratories,Pharmacy, Planning & Communications,Private Patients,Radiology & Imaging,Rehabilitation & Rheumatology,Renal, Transplant & Urology,Specialist Surgery,Strategic Change,Surgery,Teaching Training and Research,Trauma,Trust wide R&D,Trust-wide only,Unknown,Women's

Division: Division of Cardiac, Vascular & Thoracic,Division of Children's & Women's,Division of Corporate Services,Division of Critical Care, Theatres, Diagnostics and Pharmacy,Division of Emergency, Medicine, Therapies & Ambulatory,Division of Musculoskeletal and Rehabilitation,Division of Neurosciences, Trauma & Specialist Surgery,Division of Operations & Service Improvement,Division of Research & Development,Division of Surgery & Oncology,Trust-wide only,Unknown

Finance		Standard	Current Data Period	Period Actual	YTD	Forecast next period	Data Quality
Balance Sheet	Debtors > 90 Days as % of Total debtors	5%	May-13	37%		15%	5
	BPPC by value (%) All	95%	May-13	80.4%	81.9%	85%	5
Capital	Capital Programme Compared to Plan	1066	May-13	762	1420	1067	5
Cash & Liquidity	Cash Held at Month End cf. Plan (€000s)	72156	May-13	78752		75485	5
	Liquidity Ratio (Score)	2	May-13	3		2	5
I&E	Net Income Compared to Plan (Displayed in €000s)	245.02	May-13	310.41	-362.73	2040.8	5
	Pay Compared to Plan (Displayed in €000s)	-38994.67	May-13	-38397.65	-	-39012.9	5
					77398.6		
	CIP Performance Compared to Plan	3033	May-13	2932.68	5642	3426	5
	EBITDA Compared to Plan	5712	May-13	5674	10551	7507	5
	Break Even Surplus Compared to Plan	453	May-13	521	84	2249	5
	EBITDA Margin (Score)	3	May-13	3		3	5
	EBITDA Achieved (Score)	5	May-13	5		5	5
	NRAf net return after financing	3	May-13	3		3	5
	I&E Surplus Margin (Score)	2	May-13	2		2	5

Debtors > 90 Days as % of Total debtors

What is driving the reported underperformance?	What actions have we taken to improve performance	Standard	Current Data Period	Period Actual	YTD	Forecast next period
		5%	May-13	37%		15%

A number of non-NHS and private patient debts have been a matter of on-going discussions between the Trust and the third parties which, once resolved, will improve this performance measure

In line with seasonal trends the total amount owed to the Trust by third parties has fallen by £3.1m in April.



Expected date to meet standard **Lead Director**

A number of key partners are likely to want to resolve any outstanding matters before their own financial year end (on 31 July 2013).

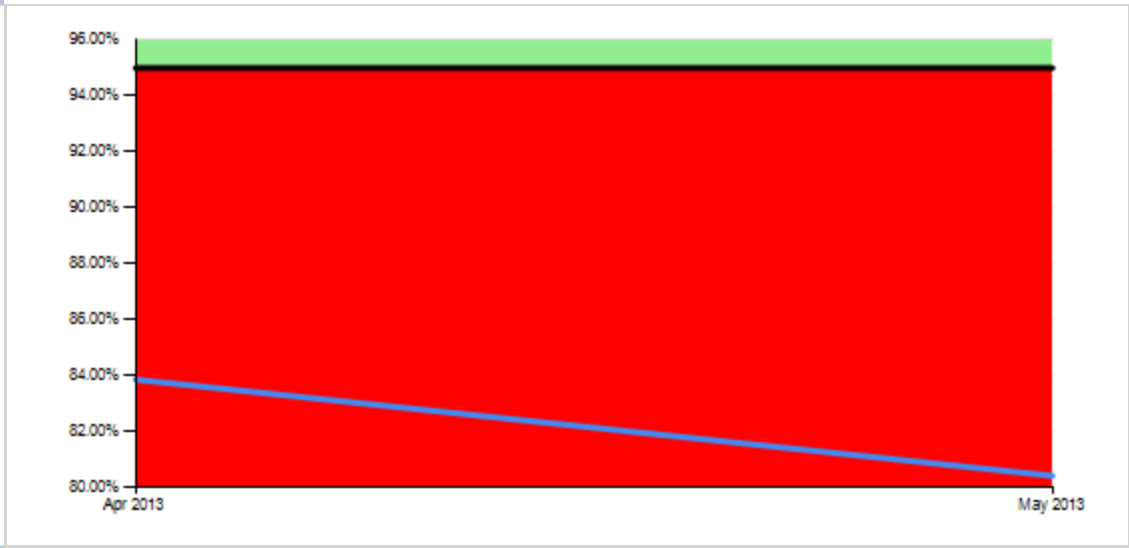
Director of Finance & Procurement

BPPC by value (%) All

What is driving the reported underperformance?	What actions have we taken to improve performance	Standard	Current Data Period	Period Actual	YTD	Forecast next period
		95%	May-13	80.4%	81.9%	85%

The Trust has not achieved this standard for some considerable time and hence a review of the “cradle to grave” processes involving Procurement, Accounts Payable and the spending departments is being undertaken to see what the underlying issues may be.

A review of processes within the Accounts Payable department has been initiated. It is expected that the results will set out recommendations as to how performance can be improved in the rest of 2013/14.



Expected date to meet standard **Lead Director**

Q3 Director of Finance & Procurement

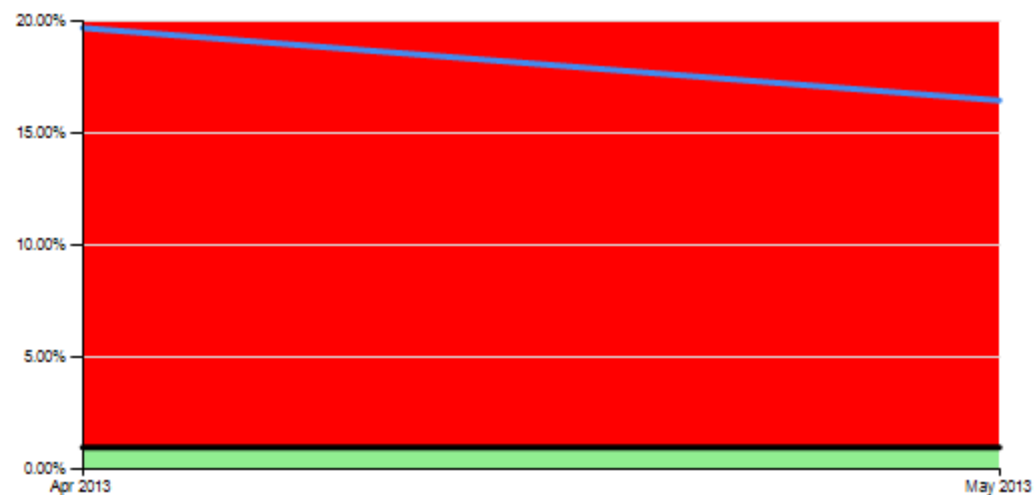
% Diagnostic waits waiting 6 weeks or more

What is driving the reported underperformance?	What actions have we taken to improve performance	Standard	Current Data Period	Period Actual	YTD	Forecast next period
		1%	May-13	16.5%	18.2%	18.17%

There continue to be two areas of significant numbers waiting over 6 weeks, these are, and MRI and non-obstetric ultrasound. However, a significant reduction in the number waiting over 6 weeks was achieved across all services (544 patients). Further reductions are expected during June as the department have been providing a significant amount of extra capacity.

There has been a 3.2% reduction since last month. **Non-obstetric ultrasound** - additional capacity has been sourced to reduce the patients waiting over 6 weeks.

Additional capacity has been sourced and action to limit demand via the MSK Hub rather than direct to radiology has been implemented. Both recovery plans are on track to deliver a maximum 1% wait over six weeks by the end of June.



Expected date to meet standard	Lead Director
June 2013	Director of Clinical Services

June 2013	Director of Clinical Services
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% <=4 hours A&E from arrival/trans/discharge

What is driving the reported underperformance?	What actions have we taken to improve performance	Standard	Current Data Period	Period Actual	YTD	Forecast next period
		95%	Q1 13-14	90.7%	90.7%	

ED performance against the four hour standard continues to be challenging, though since overall pressure on the hospitals has dropped ED performance has recovered. However, this is variable, and whilst most weeks are showing an achieving position this has not yet been sustained for more than 4 weeks running. The weeks since the end of May have mostly achieved with one week dipping below 94%.

The 4 hour standard was met in May and June 95.23% and 96.34% respectively.

The Emergency Department (ED) Action Plan has been revised and recommendations have been incorporated into ii from ECIST and King's Fund Reports. An internal Urgent Care Programme Team has been formed chaired by Director of Clinical Services with clinical membership from all the Divisions to give ensure that the action plan and recommendations are implemented.


A clinically led breach meeting is held weekly, chaired by the Clinical Director for Emergency Medicine & Therapies inviting clinicians from relevant directorates to review their breaches and proactively mitigate against future breaches.



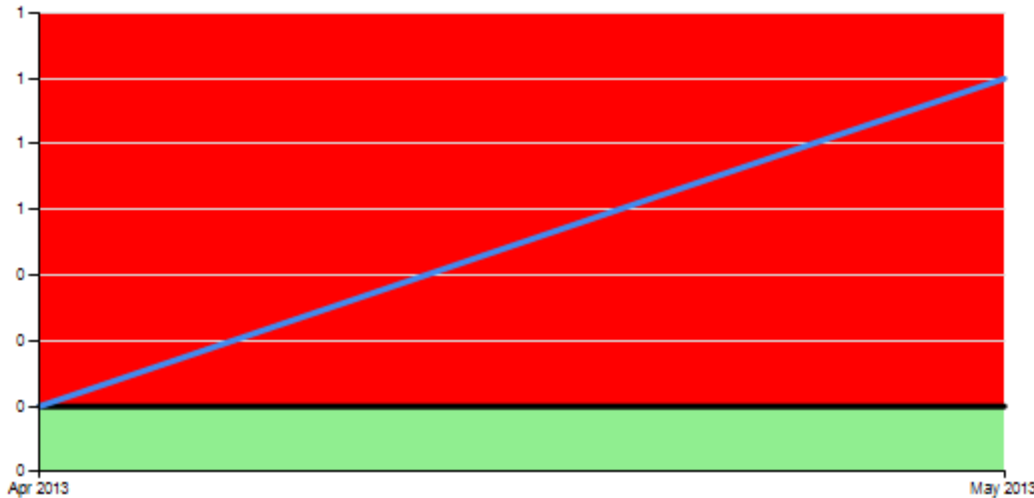
Expected date to meet standard **Lead Director**

Q2 Director of Clinical Services

DTOCs as % of Occupied beds

What is driving the reported underperformance?	What actions have we taken to improve performance	Standard	Current Data Period	Period Actual	YTD	Forecast next period
<p>Total number of delays has decreased only marginally again from 119 at the end of April to 115 at the end of May. This is still unacceptably high, and maintains the high position of 10.6% of occupied beds.</p> <p>Problems still exist in discharging patients from the Acute sites to community beds.</p> <p>Since the end of May the DToC position has improved a little further, and at the snapshot date of 20 June there were 97 delayed patients in the OUH.</p>	<p>65 escalation beds have been permanently funded from 1 June 2013.</p> <p>Supportive Hospital Discharge Scheme is open to 50 patients.</p> <p>Daily whole system teleconference calls remain in place. Weekly discussions with COO continue.</p>	3.5%	Q1 13-14	10.6%	10.6%	10.64%
<p>Expected date to meet standard</p>	<p>Lead Director</p>					
<p>On-going</p>	<p>Director of Clinical Services</p>					

HCAI - MRSA bacteraemia

What is driving the reported underperformance?	What actions have we taken to improve performance	Standard	Current Data Period	Period Actual	YTD	Forecast next period
<p>An unavoidable MRSA bacteraemia identified in a patient in hospital for rehabilitation.</p> <p>The OUH Trust continues to have zero avoidable MRSA bacteraemia since 1st April 2013.</p>	<p>All other patients on the ward screened for MRSA, none found to be positive.</p>	0	May-13	1	1	0
<p>Expected date to meet standard</p>		<p>Lead Director</p>				
<p>N/A</p>	<p>Medical Director</p>					

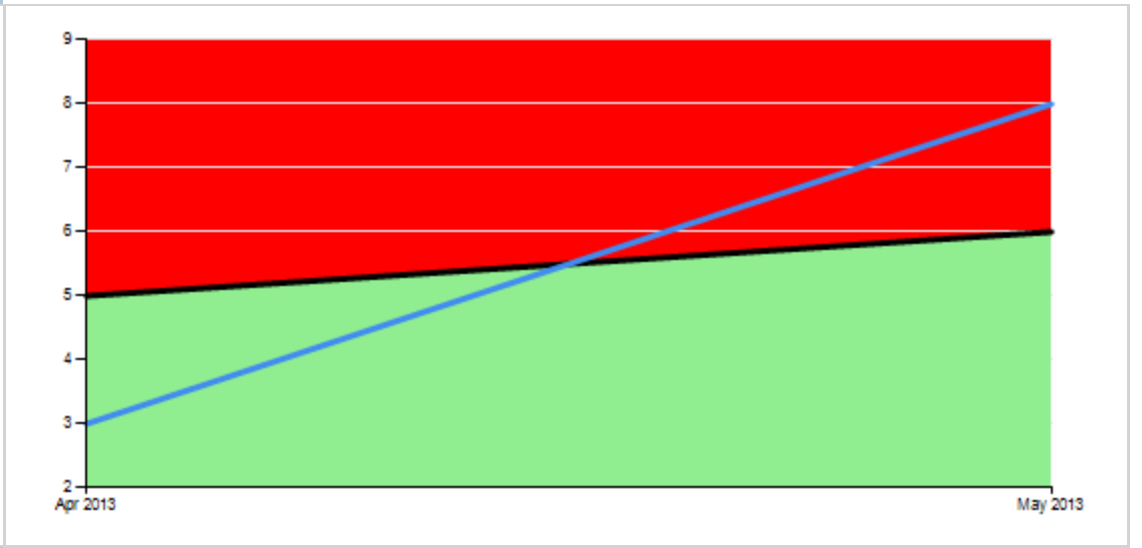
HCAI - Cdiff

What is driving the reported underperformance?	What actions have we taken to improve performance	Standard	Current Data Period	Period Actual	YTD	Forecast next period
		6	May-13	8	11	6

The number of cases of Clostridium Difficile identified per month will fluctuate from a small number (under objective) one month to an increase the following month (over that month's allowance).

The OUH Trust remains within its objective to date i.e. The total number of cases in April and May is 11.

One case will be discussed with OCCG for removal which will bring the total number of cases for April and May down to 10.



Expected date to meet standard	Lead Director
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N/A	Medical Director
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Sickness absence***

What is driving the reported underperformance?	What actions have we taken to improve performance	Standard	Current Data Period	Period Actual	YTD	Forecast next period
		3%	May-13	3.2%		

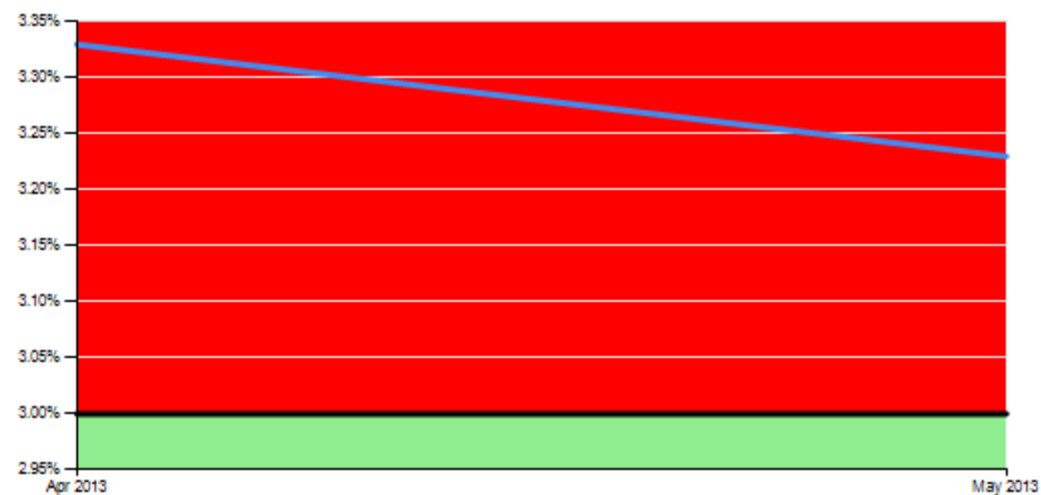
Sickness absence has fallen from 3.3 to 3.2%. In the same period last year the Trust reported 3.1%.

Absences due to colds/flu are significantly higher in the first two month of 2013/2014.

A challenging Key Performance Indicator (KPI) of 3% has been set for 2013/2014.

Sickness is seasonal and will be expected to fall in the summer months.

Sickness is closely monitored by line managers with the support of HR and Occupational Health. In addition, the delivery of the Health and Wellbeing Strategy and the appointment of a Health and Wellbeing Specialist and involvement in the "Go Active" campaign amongst other initiatives should provide a beneficial effect upon absence rates.



Expected date to meet standard	Lead Director
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Second quarter 2013/2014.	Director of Workforce.
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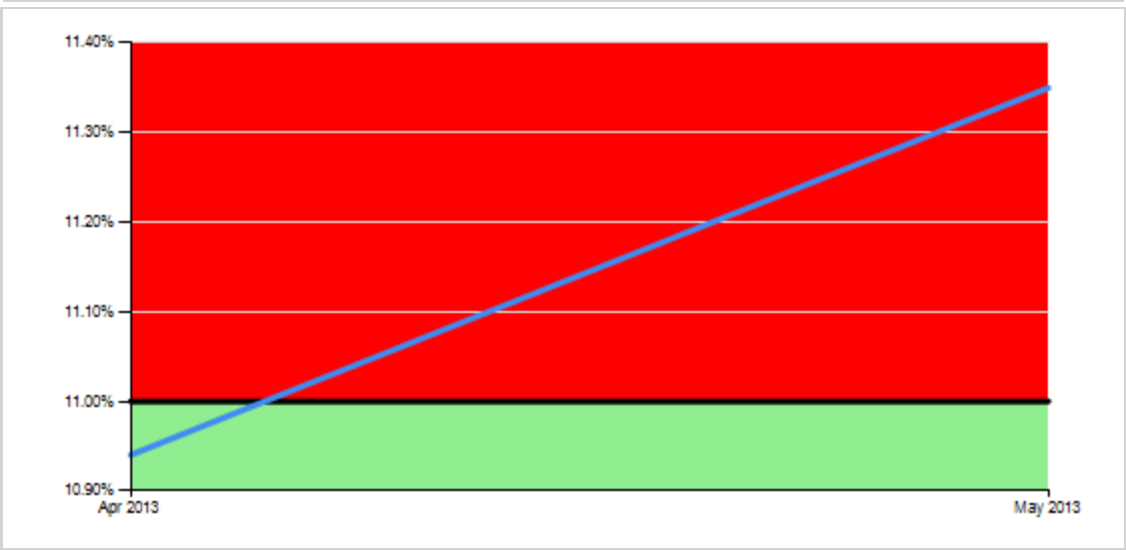
Turnover rate

What is driving the reported underperformance?	What actions have we taken to improve performance	Standard	Current Data Period	Period Actual	YTD	Forecast next period
		11%	May-13	11.3%		

Increase volume of leavers.
 May 2013 has seen a significant rise in the number of leavers when compared to April 2013.

The Trust has set a challenging KPI of 10% for 2013/2014 to deliver on a planned basis and an action plan is in place to facilitate.

A number of groups have been setup to look at retention eg. Theatres, however such initiatives will take some while to deliver. It is envisaged that a reduction in turnover rates will not be realized until the third quarter.



Expected date to meet standard **Lead Director**

Third quarter 2013/2014. Director of Workforce.

CIP Performance Compared to Plan

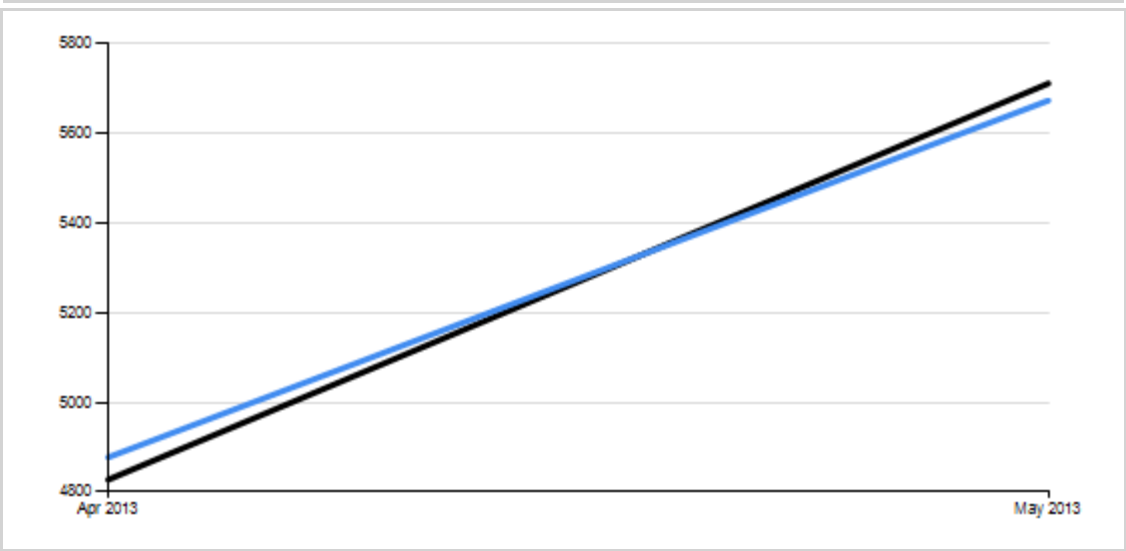
What is driving the reported underperformance?	What actions have we taken to improve performance	Standard	Current Data Period	Period Actual	YTD	Forecast next period									
		3033	May-13	2932.7	5642	3426									
Higher than planned activity levels are resulting in slippage on some savings schemes.	Performance is monitored regularly by the CIP Programme Board. Where it is believed that some schemes may not deliver the full level of planned savings then schemes originally due to start in 2014/15 are being re-evaluated to see whether they can be brought forward into 2013/14.	<table border="1"> <caption>Line Chart Data</caption> <thead> <tr> <th>Month</th> <th>Standard</th> <th>Actual</th> </tr> </thead> <tbody> <tr> <td>Apr 2013</td> <td>2800</td> <td>2700</td> </tr> <tr> <td>May 2013</td> <td>3033</td> <td>2932.7</td> </tr> </tbody> </table>					Month	Standard	Actual	Apr 2013	2800	2700	May 2013	3033	2932.7
Month	Standard	Actual													
Apr 2013	2800	2700													
May 2013	3033	2932.7													
Expected date to meet standard	Lead Director														
Q2	Director for Finance & Procurement														

EBITDA Compared to Plan

What is driving the reported underperformance?	What actions have we taken to improve performance	Standard	Current Data Period	Period Actual	YTD	Forecast next period
		5712	May-13	5674	10551	7507

Although the Trust was slightly behind plan in Month 2, its year-to-date position is on plan and "green".

The importance of controlling Divisional costs has been discussed by the Trust Management Executive at its meeting on 20 June.



Expected date to meet standard **Lead Director**

M3 Director for Finance & Procurement

RTT - # specialties not delivering the admitted standard

What is driving the reported underperformance?	What actions have we taken to improve performance	Standard	Current Data Period	Period Actual	YTD	Forecast next period
		0	May-13	1		1
<p>Urology achieved 86.4% of admitted pathways treated within 18 weeks.</p> <p>Orthopaedic Incompletes</p>	<p>The Urology team have centralized their booking procedures, and pooled patient lists to equalize flow across all consultants. The team are continuing to validate all patient waiting lists. Review outpatient templates through profiling project. Actively managing all theatre lists to improve productivity. Additional theatre lists are being booked.</p>					
Expected date to meet standard	Lead Director					
On-going	Director of Clinical services					

Last min cancellations - % of all elec admissions

What is driving the reported underperformance?	What actions have we taken to improve performance	Standard	Current Data Period	Period Actual	YTD	Forecast next period									
		0.8%	May-13	1.6%	1.5%	1.47%									
<p>Since the end of April (1.4%) the performance on cancelled operations has deteriorated slightly to 1.6% of elective admissions in May. This is still unacceptably high.</p>	<p>Weekly validation of the cancellations is on-going, by the divisions less pressure on beds has increased elective activity.</p>	<table border="1"> <caption>Line Chart Data</caption> <thead> <tr> <th>Month</th> <th>Performance (%)</th> <th>Standard (%)</th> </tr> </thead> <tbody> <tr> <td>Apr 2013</td> <td>1.40%</td> <td>0.80%</td> </tr> <tr> <td>May 2013</td> <td>1.60%</td> <td>0.80%</td> </tr> </tbody> </table>					Month	Performance (%)	Standard (%)	Apr 2013	1.40%	0.80%	May 2013	1.60%	0.80%
Month	Performance (%)	Standard (%)													
Apr 2013	1.40%	0.80%													
May 2013	1.60%	0.80%													
Expected date to meet standard	Lead Director														
Q1	Director of Clinical Services														

Theatre Utilisation - Elective

What is driving the reported underperformance?	What actions have we taken to improve performance	Standard	Current Data Period	Period Actual	YTD	Forecast next period
		80%	May-13	78.3%	77.9%	77.92%

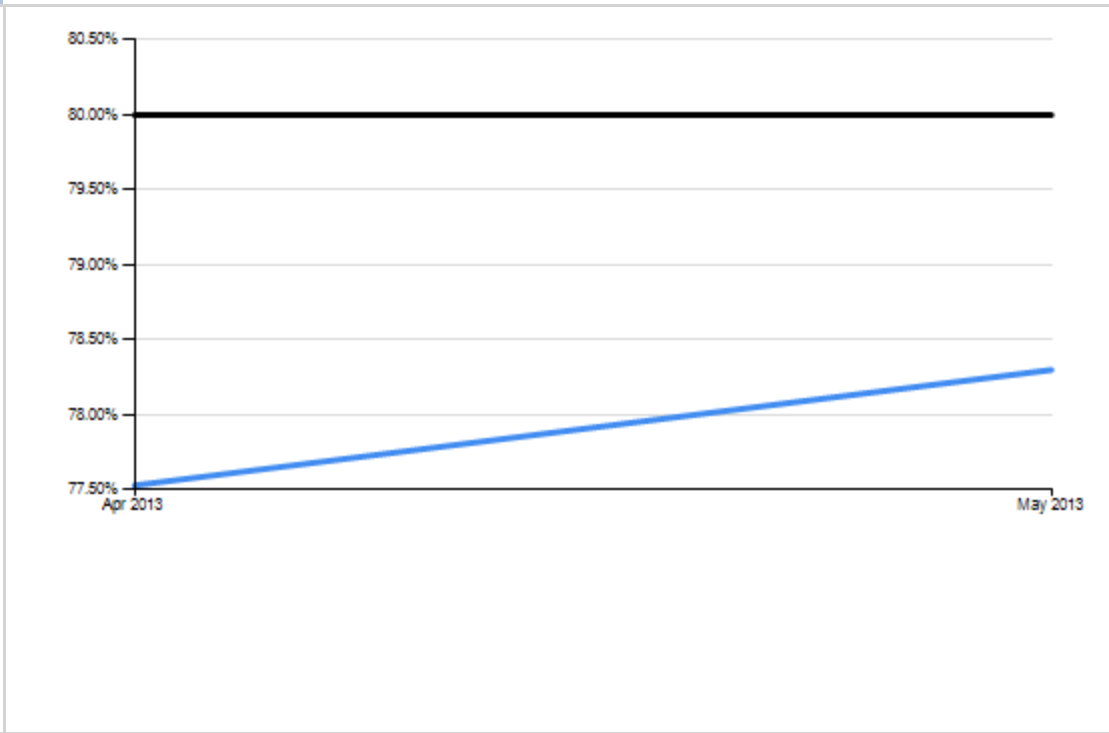
Performance during May has improved by 0.8% to 78.3%. The emphasis placed on lists starting on time by the whole clinical team continues to be an area of focus.

Last minute changes to lists and late notifications of list contents and 'running order' are fairly common. The reasons for this can be entirely valid from a clinical priority perspective. However, poor list planning does contribute adversely to the utilization figure.

Additional issues such as pressured bed capacity makes this standard an extremely difficult one to achieve.

Newton Europe an external consultancy group has been engaged and is actively working to improve sessional activity across all sites. Real time emphasis on booking procedures and start and finish times ensuring maximum productivity.

Early April was particularly challenging due to the increased number of emergency admissions and lack of bed capacity. Theatre booking has also been hampered at times by the refurbishment of JR2 theatres. The Project Board will remain in place to ensure oversight and to ensure improvements are embedded and sustained.



Expected date to meet standard	Lead Director
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Q1	Director of Clinical services
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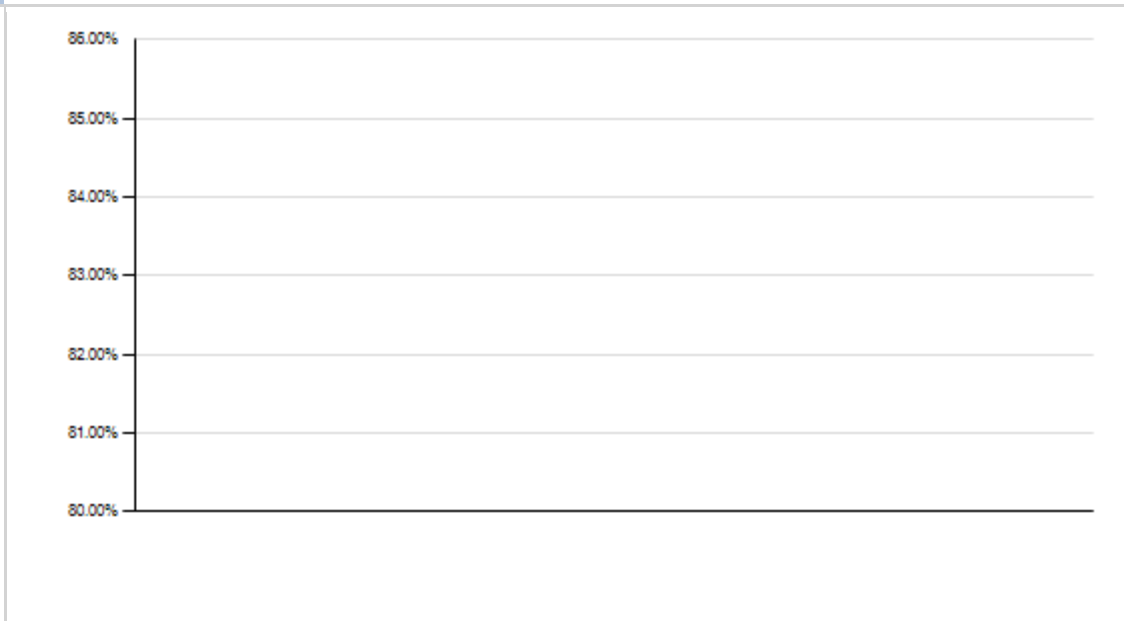
%patients cancer treatment <62-days urgt GP ref

What is driving the reported underperformance?	What actions have we taken to improve performance	Standard	Current Data Period	Period Actual	YTD	Forecast next period
		85%	Apr-13	80.6%	80.6%	80.65%

April saw the 62 days urgent cancer treatment dip below the 85% standard (80.6%).

The main specialty for underachieving is Urology, the Urology team have centralized their booking procedures, and pooled patient lists to equalize flow across all consultants. The team are continuing to validate all patient waiting lists. Review outpatient templates through profiling project. Actively managing all theatre lists to improve productivity. Additional theatre lists are being booked.

The forecast position for May shows an improvement to 83.6% but this remains below the 85% operating standard. The key areas of concern are lung and colorectal and action to further increase capacity and streamline the patient pathway is being implemented.



Expected date to meet standard	Lead Director
Q1	Director of Clinical Services

Q1	Director of Clinical Services
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Monthly YTD HSMR at weekends for emergency admission*

What is driving the reported underperformance?	What actions have we taken to improve performance	Standard	Current Data Period	Period Actual	YTD	Forecast next period
		100	Feb-13	101.9		

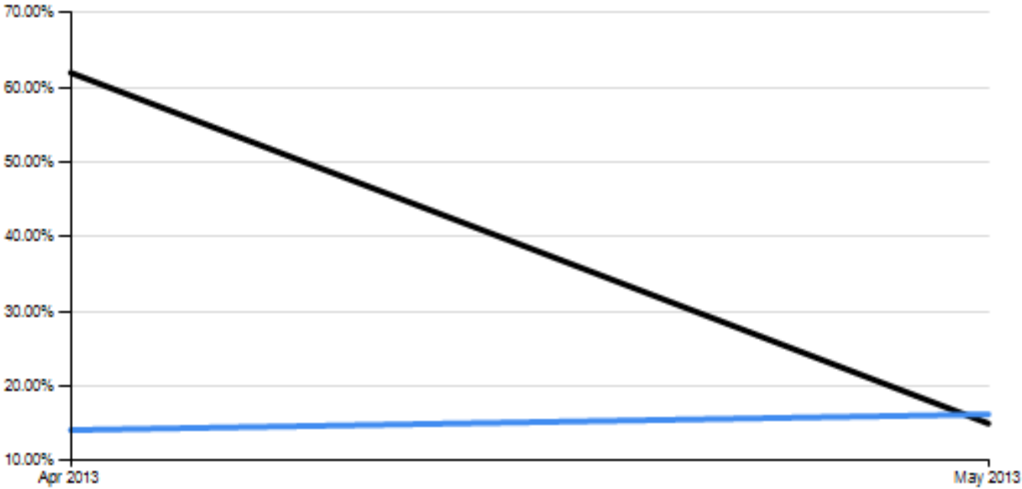
This figure is within the expected range.



Expected date to meet standard	Lead Director
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N/A	Medical Director
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Proportion of Assisted deliveries

What is driving the reported underperformance?	What actions have we taken to improve performance	Standard	Current Data Period	Period Actual	YTD	Forecast next period
The figures do change month on month although these are unusual. There is no clear reason for this month's statistics.	The notes of the women who had an assisted birth are being reviewed to ensure the clinical decision making was appropriate.	15%	May-13	16.2%	15.2%	15.22%
Expected date to meet standard	Lead Director					
June 2013	Director of Clinical Services					

Proportion of normal deliveries

What is driving the reported underperformance?	What actions have we taken to improve performance	Standard	Current Data Period	Period Actual	YTD	Forecast next period												
		62%	May-13	61%	63.2%	63.24%												
<p>The figures do change month on month although these are unusual. There is no clear reason for this month's statistics.</p>	<p>The notes of the women who had an assisted birth are being reviewed to ensure the clinical decision making was appropriate.</p>	<table border="1"> <caption>Line Chart Data</caption> <thead> <tr> <th>Month</th> <th>Standard (%)</th> <th>Period Actual (%)</th> <th>YTD (%)</th> </tr> </thead> <tbody> <tr> <td>Apr 2013</td> <td>62.00</td> <td>~65.00</td> <td>63.20</td> </tr> <tr> <td>May 2013</td> <td>62.00</td> <td>61.00</td> <td>63.20</td> </tr> </tbody> </table>					Month	Standard (%)	Period Actual (%)	YTD (%)	Apr 2013	62.00	~65.00	63.20	May 2013	62.00	61.00	63.20
Month	Standard (%)	Period Actual (%)	YTD (%)															
Apr 2013	62.00	~65.00	63.20															
May 2013	62.00	61.00	63.20															
Expected date to meet standard	Lead Director																	
June 2013	Director of Clinical Services																	