

Trust Board Meeting: Wednesday 13 March 2013
TB2013.43

Title	Integrated Performance Report Month 10
--------------	---

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	This is a regular monthly report to the Board

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

Integrated Performance Report Month 10 (January 2013)**Executive Summary and exception report:**

1. The format has now been updated for month 10, the first two pages show performance '**at a Glance**' across four domains Operational, Finance, Quality and Workforce. The following pages highlight areas of red and amber exceptions for the month with more detail narrative to explain underperformance and actions taken to improve performance. The metrics will be reviewed in line with the new operating framework for 2013/14.
2. The 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 10 against the key performance indicators agreed by the Trust Board.

Key Highlights on performance

- Aseptic Non Touch Technique (ANTT) when preparing and administering injectable medicines, continues to be above target at 97.2%
- VTE risk assessments 3.3% above target
- Patients spend >=90% of time on stroke unit, 9.7% above target
- Hospital Standardised Mortality ratio for January remains at 96.2; 3.8% better than the expected level of 100%.
- RTT Admitted and Non-admitted targets were achieved at Trust level and at speciality level for admitted.
- All Cancer standards were met for December 2012.

Areas of exception on performance

- A/E 95% of patients seen within 4 hours from arrival to transfer/discharge:-, below target at 92.9% for January. February continued to be extremely challenging as will March.
- DToC is 8.9% above target, Delays have continued to increase during February.
- 18 Week RTT non-admitted target at individual speciality level was not achieved for General Surgery due to a technical recording issue.
- Diagnostic waits for MSK, ultrasound and MRI have exceeded the 6week wait, recovery plans are in place.
- Mixed Sex Accommodation, there were five, short duration, breaches in January.
- Bank and Agency spend has increased this month due to the level of vacancies and escalation beds open.
- Non-Pay above plan due to over-performance on activity will mean that non-pay expenditure remains above plan for the remainder of the year.

Key Standards – in month 10.**18 Week RTT, A/E & Cancelled Operations**

3. **A/E 95% of patients seen within 4 hours from arrival to transfer/discharge:** The target was achieved during Q2 and Q3, but January and February have been extremely challenging. All escalation beds have been opened, and additional staffing is in place, but the number of patients whose discharges have been has risen by 8.9%, which has had significant impact on the flow of the pathway.
4. **18 Week Referral to Treatment [RTT] performance:** The Trust achieved the Trust wide RTT targets for January. However at an individual speciality level for 'non-admitted' patients, one speciality, General Surgery, performed below 95% for the month due to a technical recording requirement following patient validation.
5. **Diagnostic waits:-** significant number waiting over 6 weeks in non-obstetric ultrasound and MRI, recovery plans are in place The trajectory agreed with the Division will reduce over 6 week waits to zero by May 2013 for MRI and June for non-obstetric ultrasound.

Activity

6. Data validation following implementation of EPR has now become part of business as usual.
7. **Delayed Transfers of Care** remain a major cause of concern for the Trust, with the in-month level at 12.4% against a target of 3.5%. This equates to a system-wide monthly average number of delays of 136 in January 2013. At the week ending 17th February system wide delays increased to 184 of which 147 patients were delayed in the OUH. All escalation beds will remain open until the end of March 2013, staffing levels are reviewed daily with matrons and three times a day consultant led ward rounds are in place.

Cancer waits

8. **All Cancer Standards:** Validated returns confirm that all targets were achieved in December 2012. Unvalidated returns suggest that all targets were achieved in January 2013.

Finance

Balance Sheet

9. **Debtors > 90 Days as % of Total Non-NHS income–** This remains an area of weakness for the Trust although the trends in-year show some improvement.

Income & Expenditure

10. **Non-Pay expenditure as % of Plan** - The Trust's level of activity over-performance is generating additional non-pay expenditure. The over-performance on elective, non-elective and out-patient activities would result in £7.2m additional non-pay spend on a proportionate basis. Expenditure on "pass through" drugs and devices was £3.0m greater than plan after the first ten months of the year.

Quality

11. **Same sex accommodation** – five breaches recorded in January to bring the total for the year to thirteen. The breaches were of short duration and occurred in the Emergency Admission Unit at the Horton, which has limited flexibility. Although the admission of 4 female patients into an area already containing a sick male patient, was clinically appropriate, under the reporting rules these counted as breaches,

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. Performance under target for Dec at 94.58% but delivered for the quarter 3 at 95.86%. January performance was 92.91%.
14. 71 cases of C Diff YTD against a ceiling of 74 with 6 cases in January.

Finance Overall Risk Rating = 3 Green

15. Planned surplus for the year is less than 1%
16. Liquidity - IBP assumes a DH loan to deliver an FRR of 3 at year end but this is not currently included in the forecast.

Conclusions

17. The Trust Board is asked to receive the Integrated Performance Report for Month 10

Paul Brennan, Director of Clinical Services

Sara Randall, Deputy Director of Clinical Services

March 2013