

GOVERNANCE RISK RATINGS

Oxford University Hospitals NHS Trust

						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 Jun-12	Qtr to Sep-12	Qtr to Dec-12	Jan-13	Feb-13	Mar-13	Qtr to Mar-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%										
			Patients dying at home / care home	50%										
	1c	Data completeness: identifiers MHMS		97%	0.5	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
	1c	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					
	2b	From point of referral to treatment in aggregate (RTT) – non-admitted	Maximum time of 18 weeks	95%	1.0	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				Returns based on historical data from Oct 2011 sourced from OXPAS for former ORH sites from Oct 2011 due to 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	No	Yes					
Quality	3a	All cancers: 31-day wait for second or subsequent treatment, comprising:	Surgery	94%	1.0	Yes	Yes	Yes	Yes				January position is based on internally validated data uncorrected for shared breaches. Some final validation of the radiotherapy figure remains to be completed.	
			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	No	Yes	Yes				January position is based on internally validated data uncorrected for shared breaches. Some final validation of these figures remains to be completed.	
			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				January position is 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				January position is 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	No	Yes	Yes	No				Performance under target for Dec at 94.58% but delivered for the quarter at 95.86%. January performance was 92.91%.	
	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					
			Having formal review within 12 months	95%										
	3g	Minimising mental health delayed transfers of care		≤75%	1.0	N/A	N/A	N/A	N/A					
	3h	Admissions to inpatient services had access to Crisis Resolution/Home Treatment teams		95%	1.0	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					
3j	Category A call – emergency response within 8 minutes	Red 1	80%	0.5	N/A	N/A	N/A	N/A						
		Red 2	75%		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						
Safety	4a	Clostridium Difficile	Is the Trust below the de minimus	12	1.0	No	No	No	No				71 cases of C Diff YTD against a ceiling of 74 with 6 cases in January.	
			Is the Trust below the YTD ceiling	48		Yes	Yes	Yes	Yes					
	4b	MRSA	Is the Trust below the de minimus	6	1.0	Yes	Yes	Yes	Yes				No cases of MRSA in January and 3 for YTD against a trajectory of 5.	
			Is the Trust below the YTD ceiling	7		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					
B	Non-Compliance with CQC Essential Standards resulting in Enforcement Action		0	4.0	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						
TOTAL						2.5	1.5	0.5	1.0	0.0	0.0	0.0		
						AR	AG	G	AG	G	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 SNA'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							
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							
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							
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.	Yes	No	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							
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							
vii)	Community Services data completeness	Falls 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							
viii)	Any other Indicator weighted 1.0	Breaches the indicator for three successive quarters.	No	No	No	No							
Adjusted Governance Risk Rating						4.0	1.5	0.5	1.0	0.0	0.0	0.0	
						R	AG	G	AG	G	G	G	

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*		Board Action
			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	3	2	3	2	IBP assumes a DH loan to deliver an FRR of 3 at year end but this is not currently included in the forecast.
Weighted Average		100%						3.0	2.8	3.0	2.8	
Overriding rules									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	Unplanned breach of PBC	No			
2	One Financial Criterion at "1"				
3	One Financial Criterion at "2"			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.

Trust Board Integrated Performance Report

January 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

Operational		Standard	Current Data Period	Period Actual	YTD	Forecast next period	Data Quality
Cancer Waits	%patients cancer treatment <62-days urgt GP ref	85%	Dec	86.3%	86%	87.2%	5
	%patients cancer treatment <62-days - Screen	90%	Dec	80%	95.9%	98.4%	5
	% patients treatment <62-days of upgrade	NA	NA				5
	%patients 1st treatment <1 mnth of cancer diag	96%	Dec	96.2%	96.8%	96.6%	5
	%patients subs cancer treatment <31days - Surg	94%	Dec	95.7%	95.7%	96.8%	5
	%patients subs cancer treatment <31-days - Drugs	98%	Dec	100%	99.7%	100%	5
	%patients subs treatment <31days - Radio	94%	Dec	94.4%	96.2%	94.5%	5
	%2WW of an urgt GP ref for suspected cancer	93%	Dec	96.6%	95.6%	96.8%	2
	%2WW urgent ref - breast symp	93%	Dec	96.3%	96.9%	94.6%	2

Workforce		Standard	Current Data Period	Period Actual	YTD	Forecast next period	Data Quality
Head count/Pay costs	Contracted WTE against Plan	9559	Jan	8976.7		8929.9	4
	Bank usage (Displayed in 000s)	NA	Jan	£ -616	£ -5573	£ -585	5
	Agency usage (Displayed in 000s)	NA	Jan	£ -1214	£ -13515	£ -1463	5
	Total costs of staff (000s)	£ -37835	Jan	£ -37096	£ -366834	£ -37191	
Staff Experience	Vacancy rate	5%	Jan	6.1%		5.8%	2
	Sickness absence	3.2%	Jan	3.6%	3.1%	3.4%	2
	Turnover rate	11%	Jan	11.2%		11%	2

Quality		Standard	Current Data Period	Period Actual	YTD	Forecast next period	Data Quality
Outcomes	Hospital Standardised Mortality ratio	100	Jan	96.2	94.3	96.2	4
	Summary Hospital-level Mortality Indicator	1.13	Aug	1	1	1	4
	ANTT Injectables	90%	Dec	97.2%	96.7%	97.6%	
	Proportion of Assisted deliveries	15%	Jan	14.6%	14.6%	14.6%	2
	Proportion of Assisted deliveries	23%	Jan	18.8%	21.3%	21.6%	2
	Proportion of normal deliveries	62%	Jan	66.6%	64.2%	63.7%	2
	Total # of deliveries	NA	Jan	707	7194	711.3	2
	Patient Experience	Monthly numbers of complaints received	NA	Jan	88	716	67.7
Same sex accommodation breaches		0	Q4	5	13	4.3	2
# patients spend >=90% of time on stroke unit		80%	Jan	89.7%	89.8%	93.2%	5
Safety	HCAI - MRSA bacteraemia	1	Jan	0	3	0.3	5
	HCAI - Cdiff	7	Jan	6	71	8	5
	% adult inpatients have had a VTE risk assess	90%	Q4	93.3%	92.3%	92.7%	5
	Number SIRs	NA	Jan	4	37	4.7	2
	Number of Patient Falls with Harm	NA	Jan	0	10	0.3	2
	Patient Falls per 1000 bed days	NA	Jan	14.6	33.7	8.6	3
	Incidents per 100 admissions	NA	Jan	3.5	69.2	7.4	2
	# acquired, avoidable Grd 3/4 pressure Ulcers	NA	Jan	1	25	2	3
Never Events	NA	Jan	1	2	0.3	2	

IPF Red Escalation Report

Debtors > 90 Days as % of Total NHS

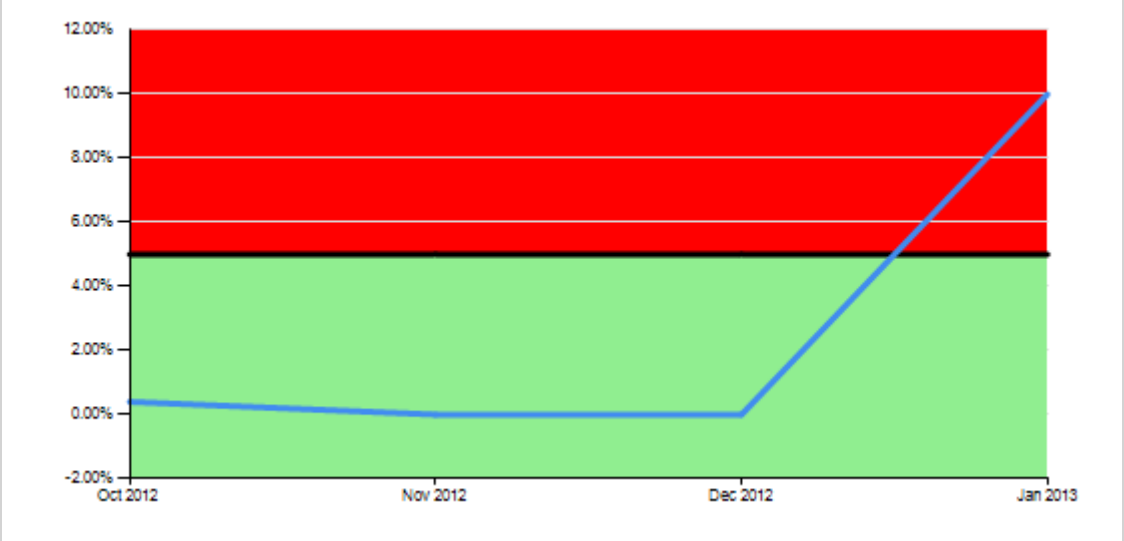
What is driving the reported underperformance?	What actions have we taken to improve performance	Standard	Current Data Period	Period Actual	YTD	Forecast next period
		5%	Jan	10%	2.6%	5%

The January increase in Current Receivables was due to a rise in the amount owed by NHS commissioners, and is seasonal. Invoices for commissioning activity are raised every quarter end and may not always be settled within 30 days, particularly when a commissioner disputes any of the supporting data.

It is expected that most disputes will be resolved, and the outstanding sums paid, by the end of February. Leicestershire County, and Oxfordshire, have already settled £4.3m of the amounts owed by NHS commissioners.

The old debt relating to Buckinghamshire Healthcare relates to disputes over salary recharges and has been escalated to the relevant Division for resolution.

The amount owed by South Central SHA is a claim for financial support towards the additional costs being incurred by the Trust to support its Foundation Trust (FT) application. The SHA is challenging the amount claimed.



Expected date to meet standard	Lead Director
31 March 2013	Director of Finance & Procurement

IPF Red Escalation Report

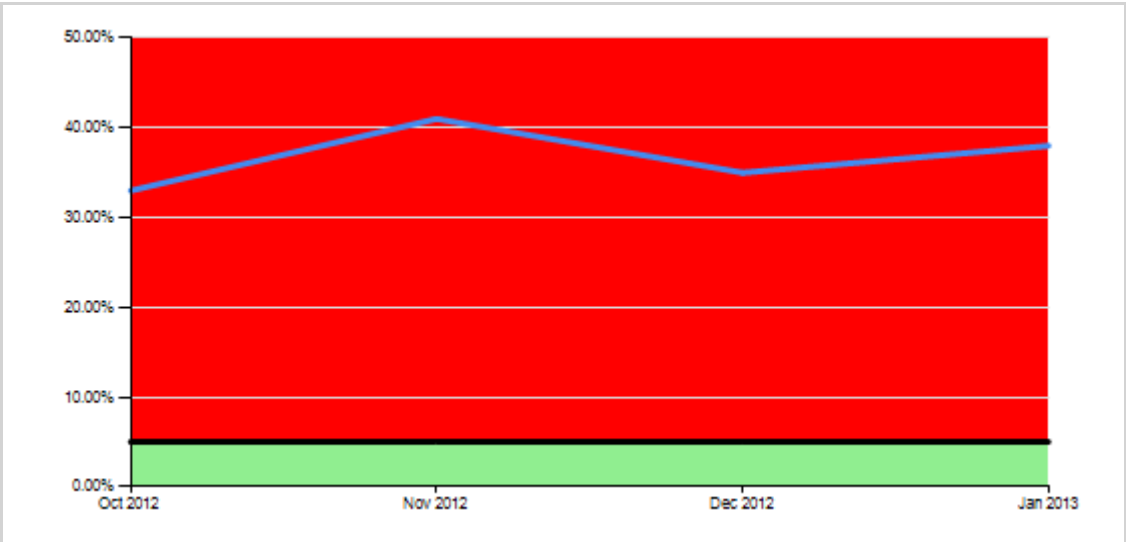
Debtors > 90 Days as % of Total Non-NHS

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%	Jan	38%	36.8%	35%

There are some very old non-NHS and private patient debts which have been a matter of on-going discussions between the Trust and the third parties which, once resolved, will improve the performance measure quickly.

The Trust continues to manage payments due to the University of Oxford, and will do so until the disputes over the aged debt of £0.9m are resolved.

The aged debt due from Jersey Hospital has been settled.



Expected date to meet standard	Lead Director
Not until 2013/14 at the earliest	Director of Finance & Procurement

Not until 2013/14 at the earliest

Director of Finance & Procurement

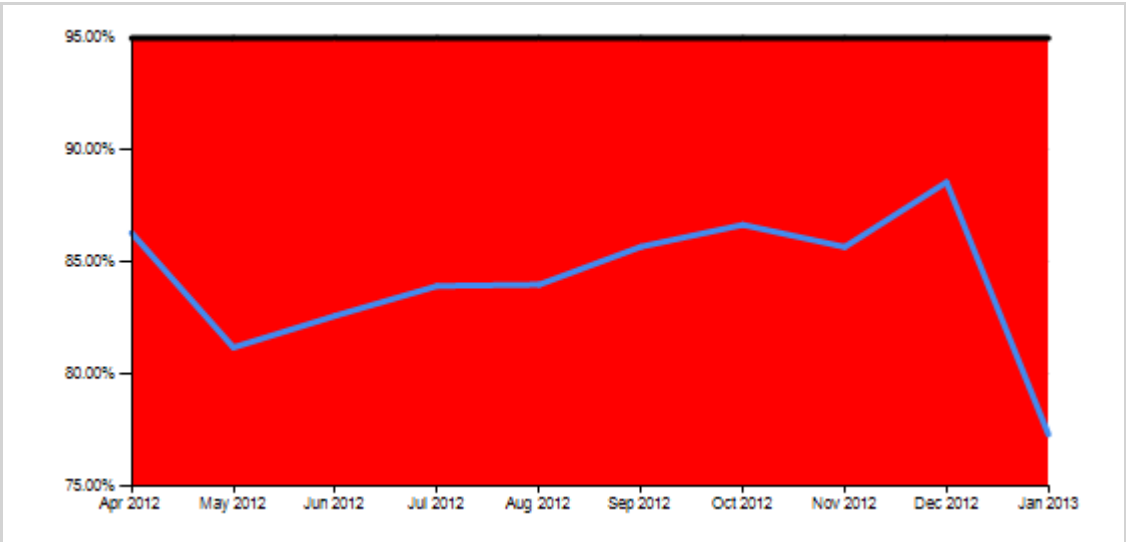
IPF Red Escalation Report

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%	Jan	77.3%	84.1%	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 led to a steady improvement in performance over the past six months. The unexpected fall in performance is being reviewed by the Finance Departments to see what may have caused this and to rectify the position.



Expected date to meet standard	Lead Director
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It is not likely that the Trust will meet this target until 2013/14 at the earliest

Director of Finance & Procurement

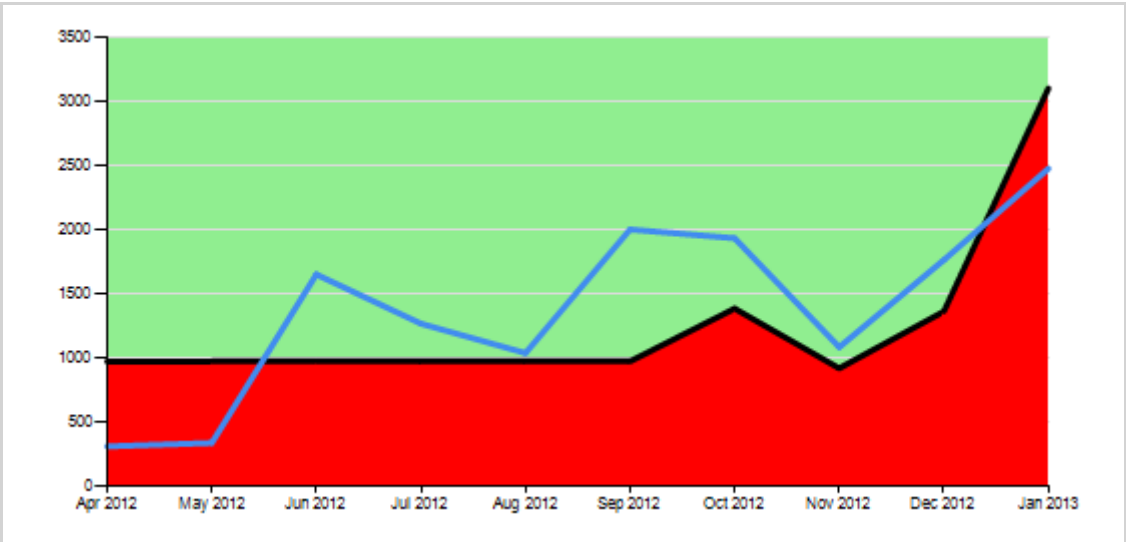
IPF Red Escalation Report

Capital Programme 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
		3108	Jan	2482.4	13915.4	3159

There has been slippage on some schemes against plan.

A review of all schemes has been carried out and some projects which were originally planned for 2013/14 have been brought forward into the final few weeks of 2012/13 to ensure any spend against the Trust’s Capital Resource Limit is minimized.



Expected date to meet standard	Lead Director
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31 March 2013	Director of Clinical Services / Director of Estates & Facilities (depending on the scheme)
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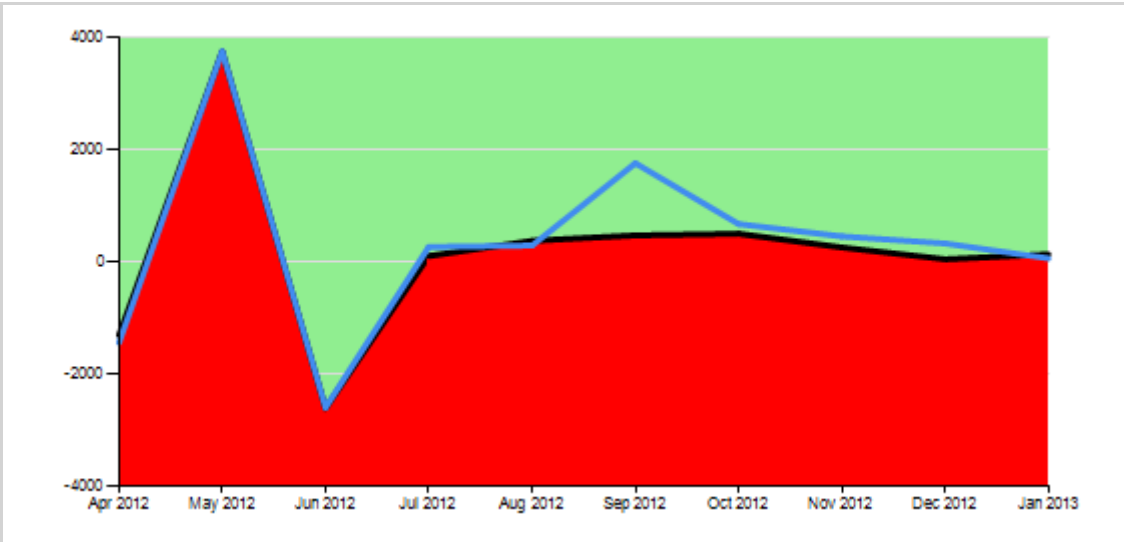
IPF Red Escalation Report

Net Income Compared to Plan (Displayed in £000s)

What is driving the reported underperformance?	What actions have we taken to improve performance	Standard	Current Data Period	Period Actual	YTD	Forecast next period
		145	Jan	73.3	3649	-110

This was an issue only for the current month as the Trust remains on track to achieve its net income target for the year.

No specific additional actions have been taken in response to the one-off result in the month although any concerns will be raised in the monthly performance meetings with Divisions.



Expected date to meet standard	Lead Director
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31 March 2013	Director of Finance & Procurement
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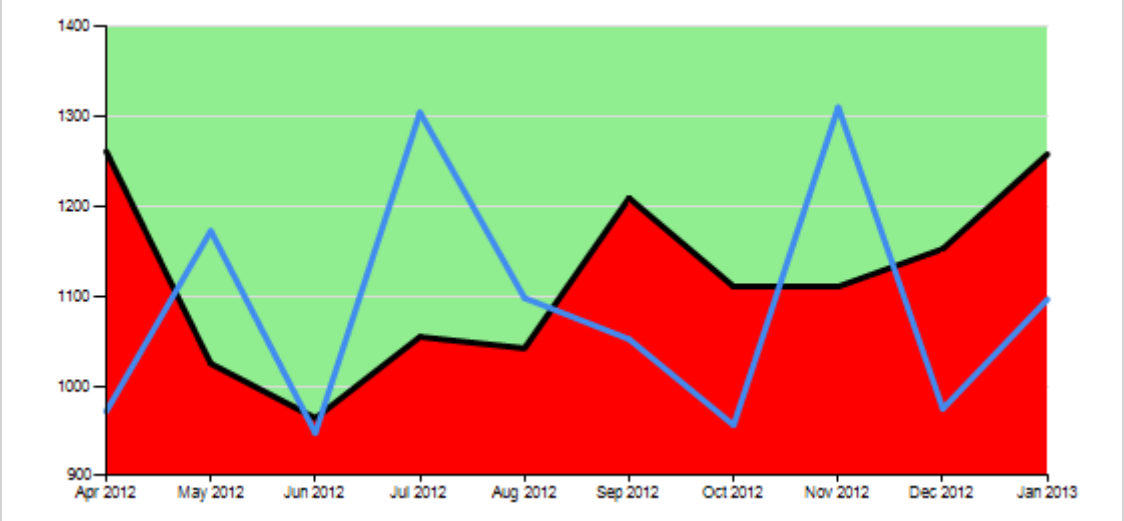
IPF Red Escalation Report

PPs/Overseas and RTA Income Compared to Plan (£000s)

What is driving the reported underperformance?	What actions have we taken to improve performance	Standard	Current Data Period	Period Actual	YTD	Forecast next period
		1258	Jan	1096.5	10885.1	1153

Although private patient income remains below plan year-to-date, there has been an upward trend in the monthly income earned since July 2012 and the variance is now less than 1.5% below plan. The chart shows how erratic PP income can be.

All Divisions are examining their processes to ensure private patients are correctly & separately identified. The administrative functions for PP are being transferred from being within a central corporate department to one where responsibilities sit in the Divisions in February 2013. Debt collection will move to the central Finance Department at the same time.



Expected date to meet standard	Lead Director
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31 March 2013	Director of Finance & Procurement
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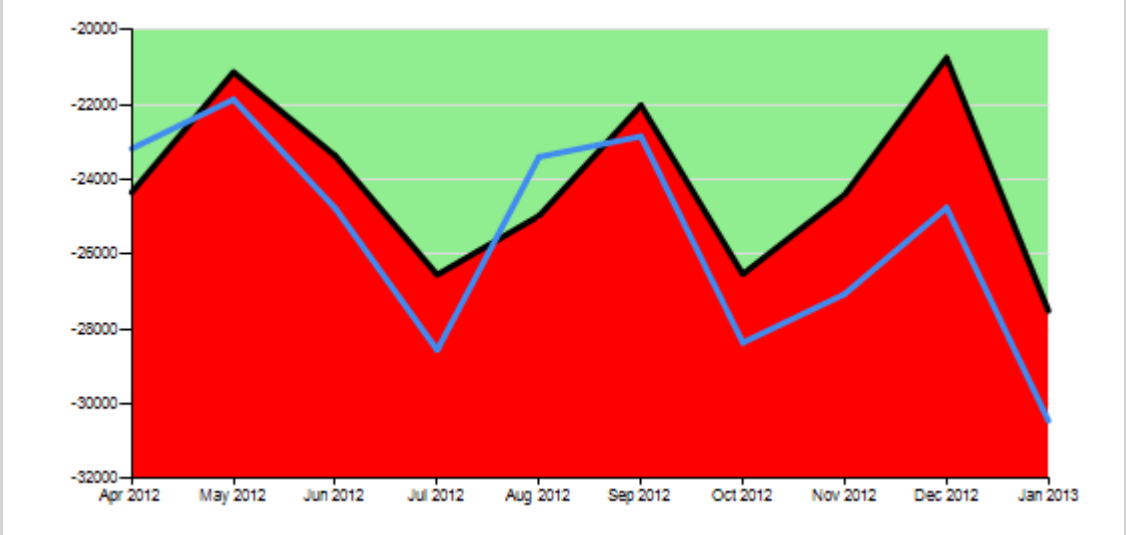
IPF Red Escalation Report

Non-Pay Compared to Plan (Displayed in £000s)

What is driving the reported underperformance?	What actions have we taken to improve performance	Standard	Current Data Period	Period Actual	YTD	Forecast next period
		-27513	Jan	-30449	-255201	-20955

The Trust’s level of activity over-performance is generating additional non-pay expenditure, which represents 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 £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.

Expenditure targets have been set for all Divisions and their year-end forecasts against these targets are reviewed at monthly performance management meetings.



Expected date to meet standard	Lead Director
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It is likely that the over-performance on activity will mean that non-pay expenditure remains above plan for the remainder of the year, with Divisions focusing on achieving the stretch targets set for them.

Director of Finance & Procurement

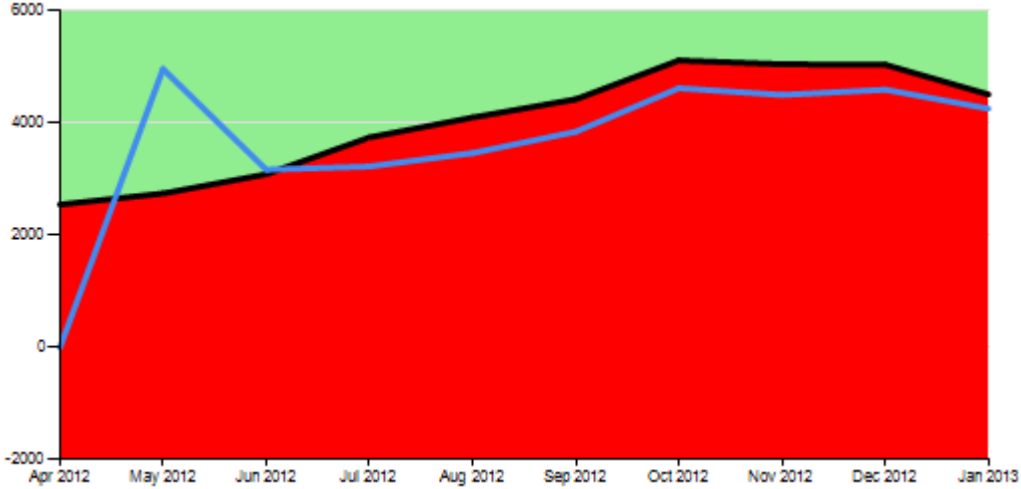
IPF Red Escalation Report

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
		4515	Jan	4262.2	36685.3	3916

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 £0.1m of the original savings plan is currently categorised as being medium risk and which is considered still to be possibly deliverable in 2012/13.

Performance against savings is monitored at Divisional monthly performance reviews. The Trust is strengthening the process for identifying and delivering CIP plans for 2013/14 and 2014/15.



Expected date to meet standard	Lead Director
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31 March 2013	Director of Finance & Procurement
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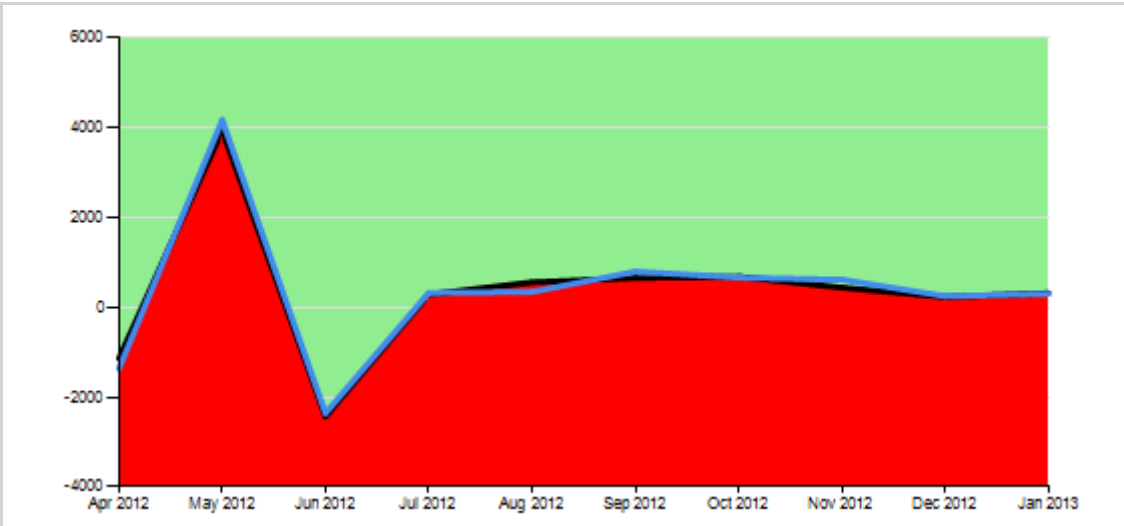
IPF Red Escalation Report

Break Even Surplus 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
		316	Jan	302.1	3729.7	63

This was an issue only for the current month as the Trust remains on track to achieve its planned surplus for the year.

No specific additional actions have been taken in response to the one-off result in the month although any concerns will be raised in the monthly performance meetings with Divisions.



Expected date to meet standard	Lead Director
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31 March 2013	Director of Finance & Procurement
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IPF Red Escalation Report

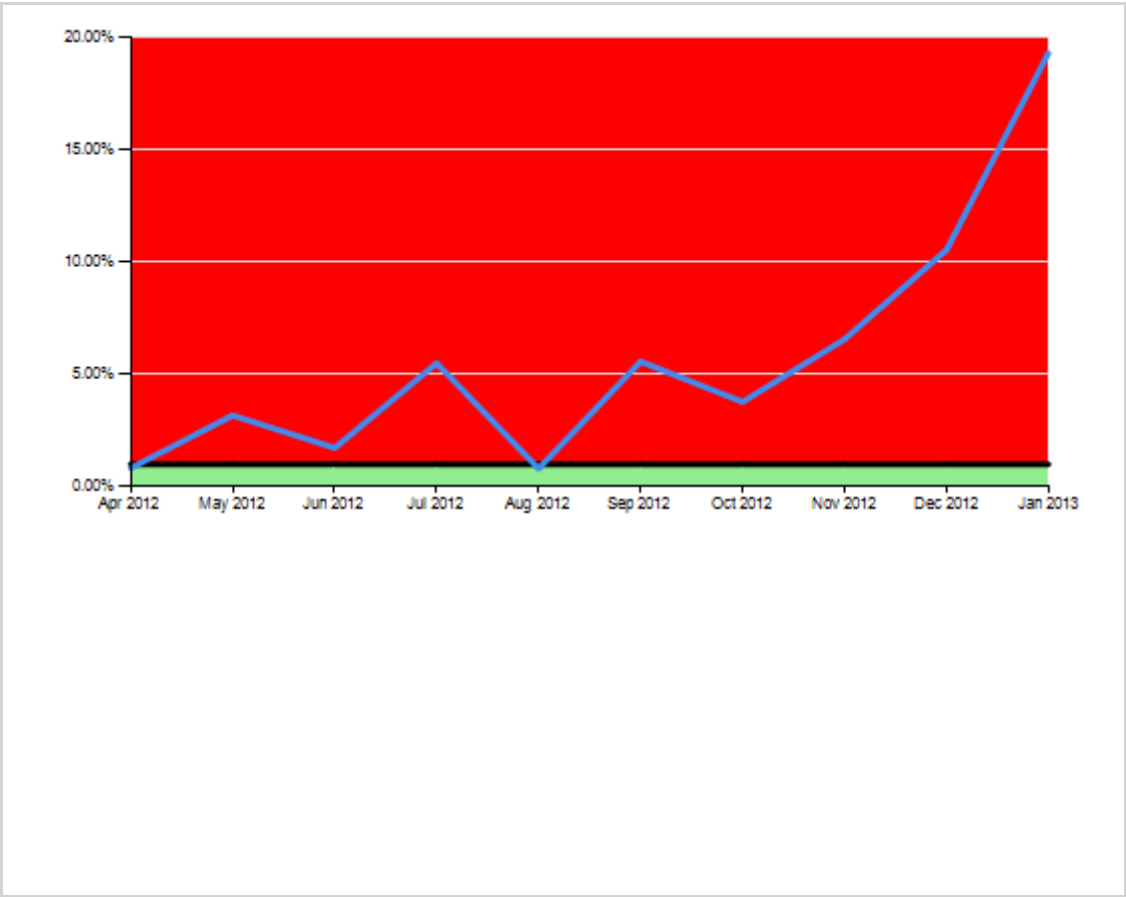
% Diagnostic waits waiting 6 weeks or more

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%	Jan	19.3%	6.6%	12.58%

There are still significant waiting times problems in MRI, orthopaedic MRI, non-obstetric ultrasound, echocardiography and cystoscopy. The number of over 6 week waiters has increased significantly since the December return, a rise of 962 patients equating to 93%, with large numbers of increases in MRI (500 patients), Non-obstetric ultrasound (367 patients), echocardiography (34 patients) and cystoscopy (29 patients). Smaller increases are being seen across other diagnostic tests. Across all 15 tests, there has been a 14% (1,407 patients) increase in the total numbers waiting, the majority of which are MRI and non-obstetric ultrasound. Validation of some of the diagnostic waiting times is still being under taken outside of the Millennium system. This is not likely to be resolved quickly as the Trust is reliant on a system change that requires this to go through the BT system change process.

Non-obstetric ultrasound MSK – improving daily sessional productivity, additional fully resourced capacity in month. Agreeing internal referral criteria to increase capacity. OCCG has written to GPs to review criteria for referral to help reduce demand on service.

MRI – review of capacity within current job plans, prioritising work load within diagnostics, ensuring adherence to current clinical referral protocols, reviewing direct referrals from OCCG to MSK Hub rather than direct to radiology



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

IPF Red Escalation Report

% <=4 hours A&E from arrival/trans/discharge

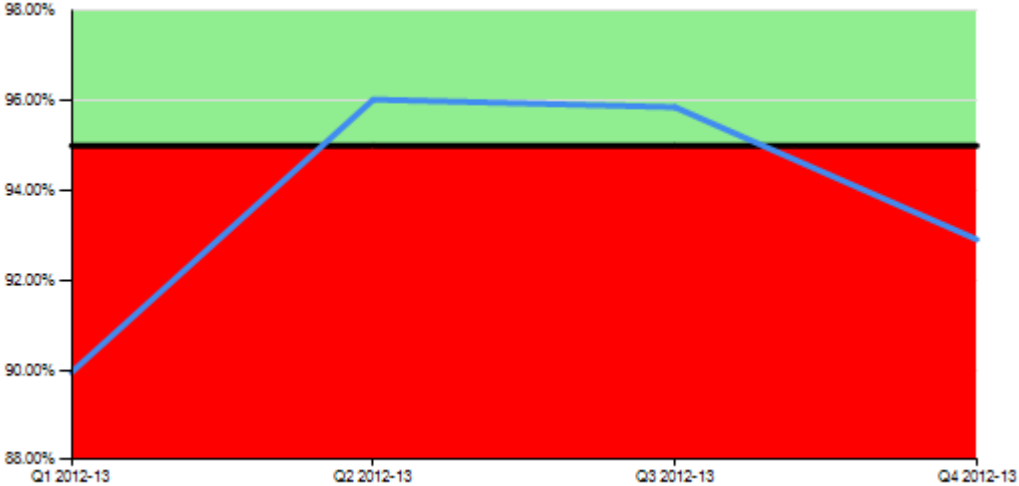
What is driving the reported underperformance?	What actions have we taken to improve performance	Standard	Current Data Period	Period Actual	YTD	Forecast next period
		95%	Q4	92.9%	93.9%	95%

ED performance against the four hour standard has dipped significantly since the end of quarter 3. Weekly performance during quarter 4 to date has ranged from 88% to 95%, with only 1 week, out of the 8 weeks reported quarter to date, seeing the achievement of the 4 hour standard.

It is unlikely that the Q4 position can be recovered during March. This would require an average performance of approximately 99.3% each week to recover the quarter 4 position.

A significant increase in the number of DToCs will be contributing to the slowing of pathways through the hospital during the winter months. A high level of attendances and acuity of patients is a contributing factor.

Staffing reviewed on a daily basis to ensure all shifts are filled. Access to additional staffing is variable. Medical staffing has been increased in ED, with additional senior physician support from 3-8pm daily. Extended occupational therapy support in EAU until 8pm. Additional porter in EAU to support transfers to wards. ED escalation area has been opened since January. All additional escalation beds across all sites agreed to remain open and staffed until end of March. Internal teleconference calls at weekend to support urgent care pathway, flow and bed management. Weekly whole system COO discussions regarding increased number of delayed discharges



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

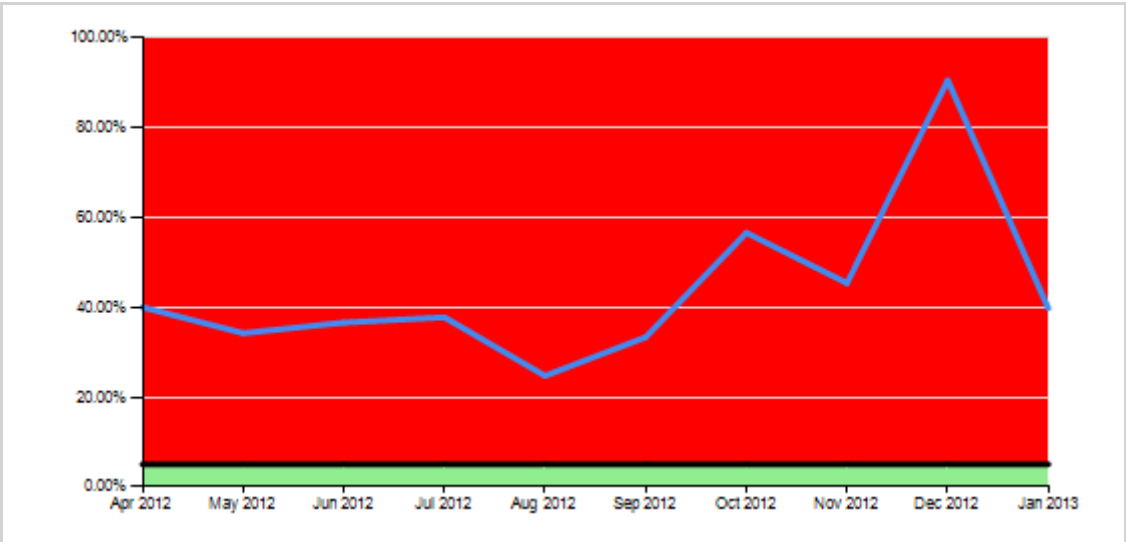
IPF Red Escalation Report

% patients not rebooked within 28 days

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%	Jan	39.7%	34.8%	53.74%

Data has been partly validated from January, but as yet, no method is yet available to enable this validation to be fed back into Millennium. The numbers presented in this report therefore reflect an unvalidated position whilst a 'workaround' process for validation is being developed.

Validation is on-going, however a 'workaround' is under discussion to ensure reporting is robust.



Expected date to meet standard	Lead Director
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April 2013	Director of Clinical Services
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IPF Red Escalation Report

Total number of delayed discharges

What is driving the reported underperformance?	What actions have we taken to improve performance	Standard	Current Data Period	Period Actual	YTD	Forecast next period
		39	Jan	138	939	93

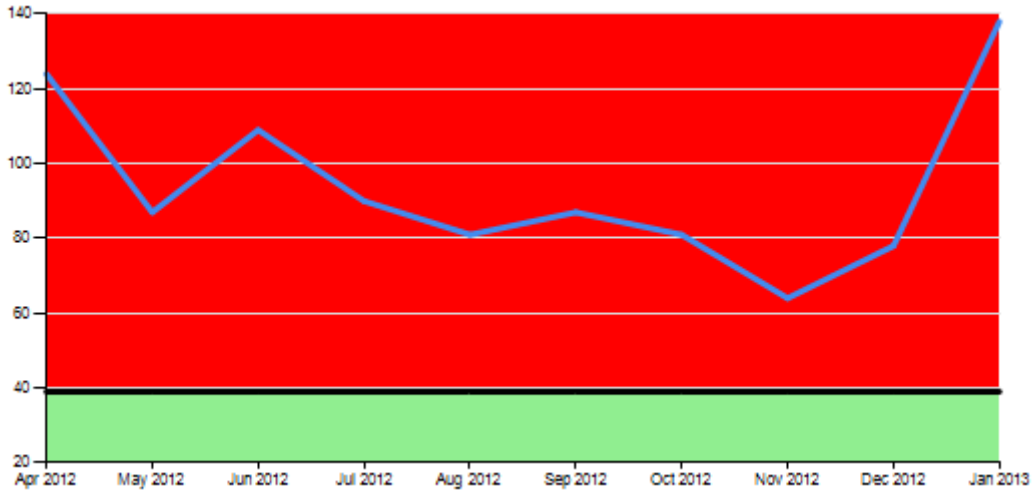
Total number of delays has increased from 78 in December to 138 in January.

Direct impact of winter pressures and a high number of attendances in ED during January has exacerbated the problems. Problems still exist in discharging patients from the Acute sites to community beds.

Since the month of January submission the DToC position has slightly worsened further, and at the snapshot date of 21st February there were 143 delayed patients in the OUH hospitals.

Additional escalation beds have been opened and will remain open until the end of March with some elective work been undertaken in the private sector.

Whole system Director level meetings continue weekly, additional community escalation beds opened to support whole system. Additional funding approved to support winter pressures and escalation.



Expected date to meet standard	Lead Director
On-going	Director of Clinical Services

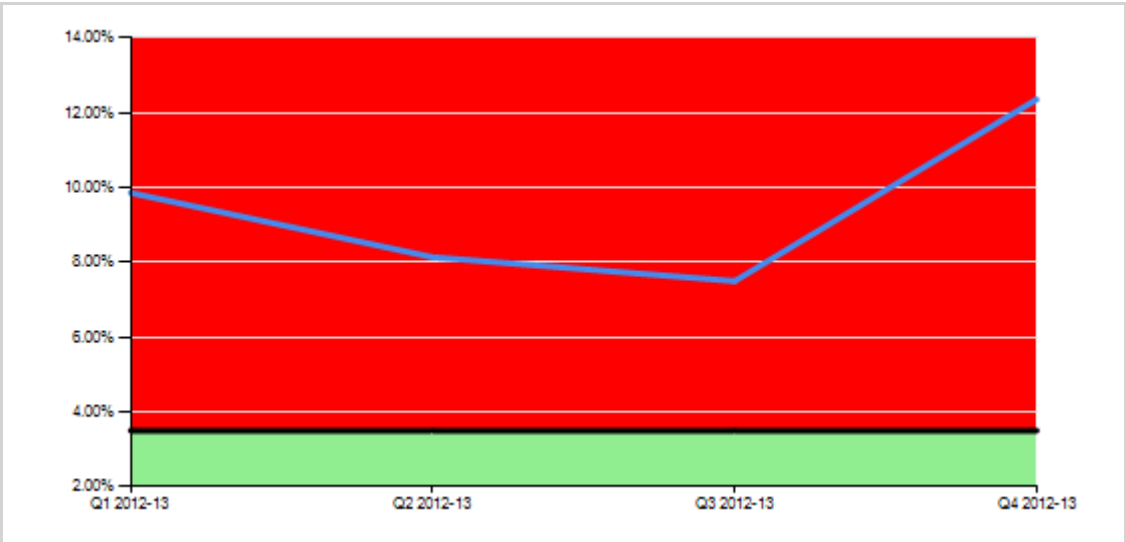
IPF Red Escalation Report

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
		3.5%	Q4	12.4%	8.9%	8.53%

The trend for the DTOCs as a percentage of occupied beds was reducing, until the beginning of quarter 4. This has now increased to 12.4% from December's position of 7.5%.

Additional escalation beds have been opened and will remain open until the end of March with some elective work been undertaken in the private sector.
 Whole system Director level meetings continue weekly, additional community escalation beds opened to support whole system.
 Additional funding approved to support escalation.



Expected date to meet standard	Lead Director
On-going	Director of Clinical Services

On-going

Director of Clinical Services

IPF Red Escalation Report

Theatre Utilisation - Emergency

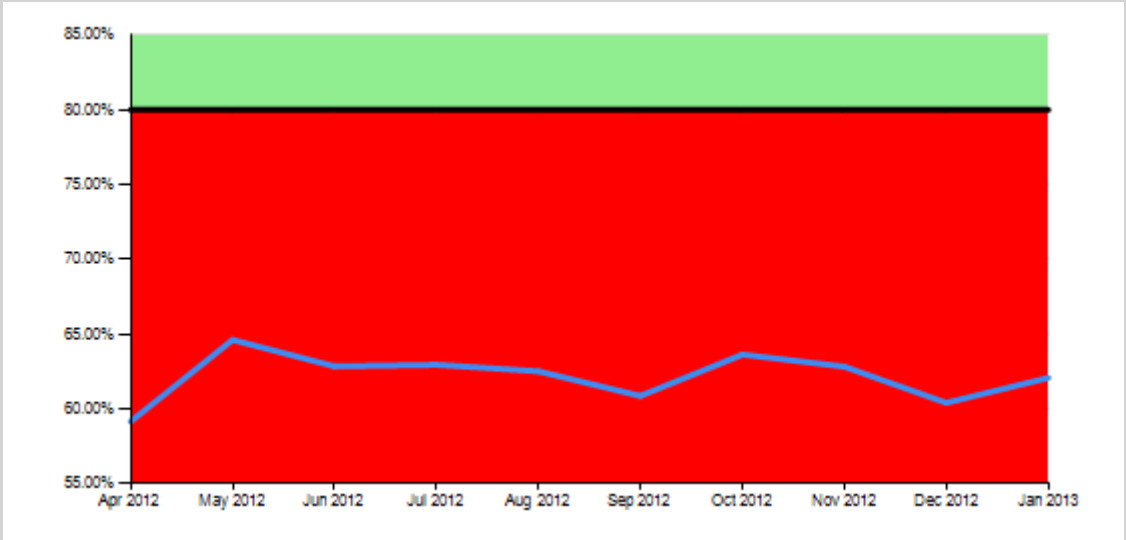
What is driving the reported underperformance?	What actions have we taken to improve performance	Standard	Current Data Period	Period Actual	YTD	Forecast next period
		80%	Jan	62.1%	62.2%	61.76%

Utilisation trend is fairly consistent and varies usually between 60% and 65%. Lower utilization is desirable in emergency theatres, as flexibility is required to be able book patients at short notice.

The target for emergency theatres utilization probably needs to be reset to around 65%.

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.

Escalation beds open across the trust to reduce impact of non-elective admissions and delayed discharges on elective activity.



Expected date to meet standard	Lead Director
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April 2013	Director of Clinical Services
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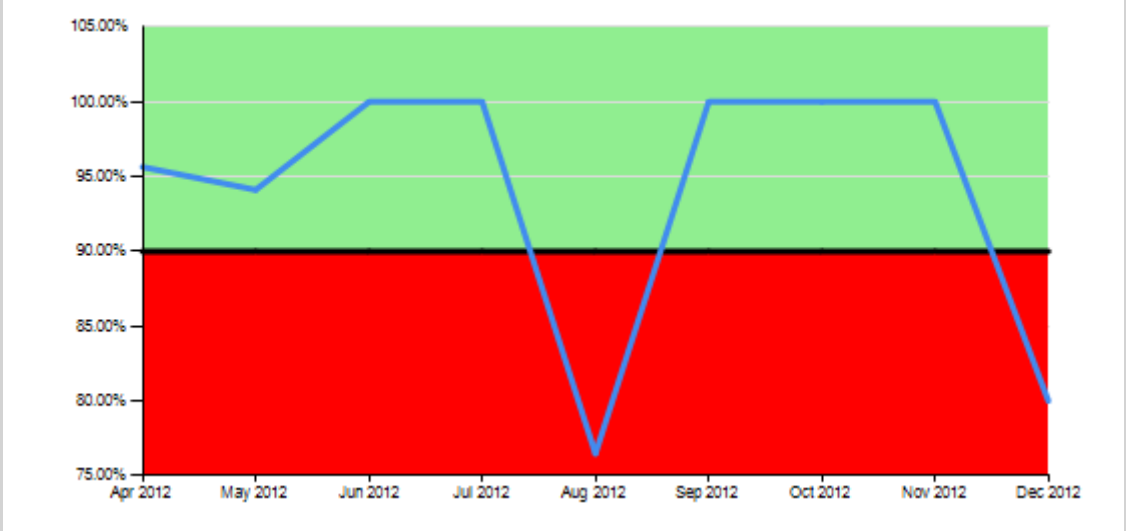
IPF Red Escalation Report

%patients cancer treatment <62-days - Screen

What is driving the reported underperformance?	What actions have we taken to improve performance	Standard	Current Data Period	Period Actual	YTD	Forecast next period
		90%	Dec	80%	95.9%	98.36%

The performance in this measure looks extremely volatile, which is a function of the numbers of patients covered by this standard. The December drop in performance relates to one shared breach with another Trust. A small number of patients did not have their UBRNs uploaded on to 'Open Exeter' therefore were not counted in total numbers.

Pre-check report for all cancer standards will ensure all patients have been assigned UBRNs prior to upload to 'Open Exeter' Investigated whether the Trust can resubmit December's figures to include missing UBRNs. This has not proved possible because the December upload was the final one of the quarter, whilst records submitted in the monthly files can be updated up to the end of the quarter there is no route to change them after this.



Expected date to meet standard	Lead Director
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March 2013	Director of Clinical Services
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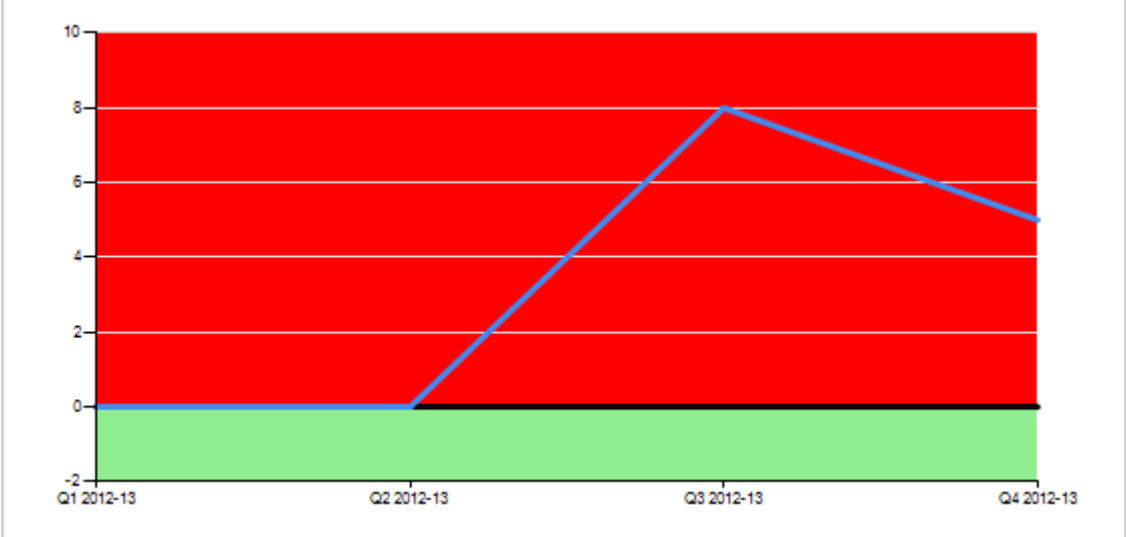
IPF Red Escalation Report

Same sex accommodation breaches

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	Q4	5	13	4

Horton EAU has limited flexibility to manage mixed sex accommodation, one male patient was too ill to move in a bay of five, four female patients required urgent admission.

A Trust wide review of Mixed Sex Accommodation has started with a comprehensive work plan in place to address training & education, governance, RCAs of every breach, trend analysis, communication, and revising trust policy



Expected date to meet standard	Lead Director
April 2013	Chief Nurse

April 2013

Chief Nurse

IPF Red Escalation Report

Vacancy rate

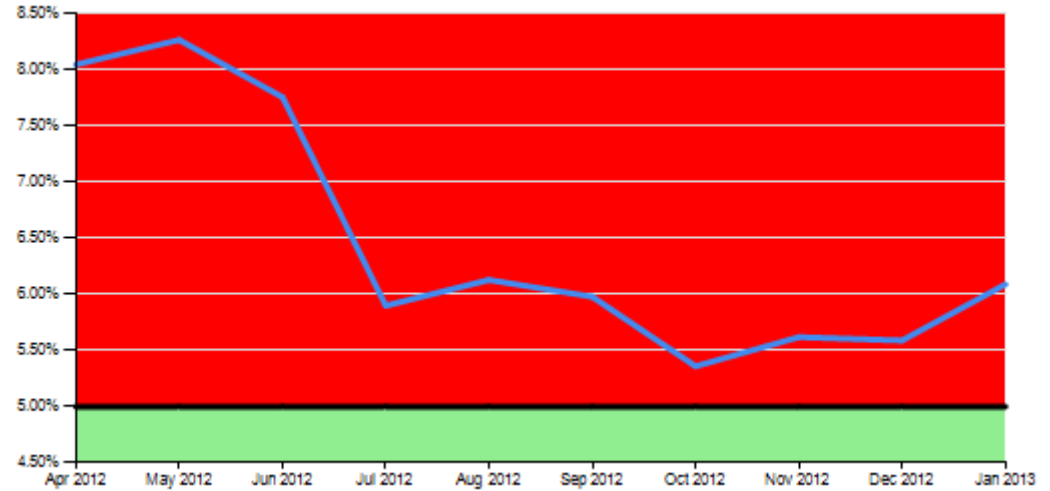
What is driving the reported underperformance?	What actions have we taken to improve performance	Standard	Current Data Period	Period Actual	YTD	Forecast next period
		5%	Jan	6.1%		5.77%

The vacancy rate does not represent an absolute position of staffing levels as temporary workforce employed to part cover vacant posts.

Vacancies continue to be filled as quickly as possible.

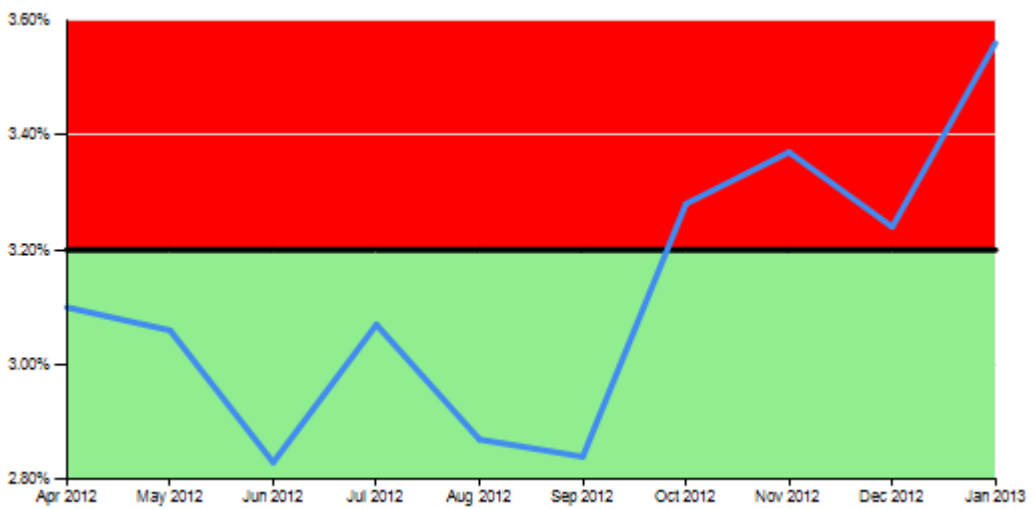
A new KPI has been introduced within recruitment setting an 8 week turnaround period from receipt of VCF to issue of unconditional offer. A specialist recruitment service is being developed for areas/positions with difficulties in recruiting to vacant posts.

2013/14 will see a reduction in the turnover target to 9.5% from 11.0%. Less leavers will have a positive effect on vacancy rates. The staff survey and on line leaver questionnaire will provide valuable information to allow targeted intervention to reduce leaver rates. Values based interviewing will provide a better “fit” of candidate to position thus further minimizing turnover.

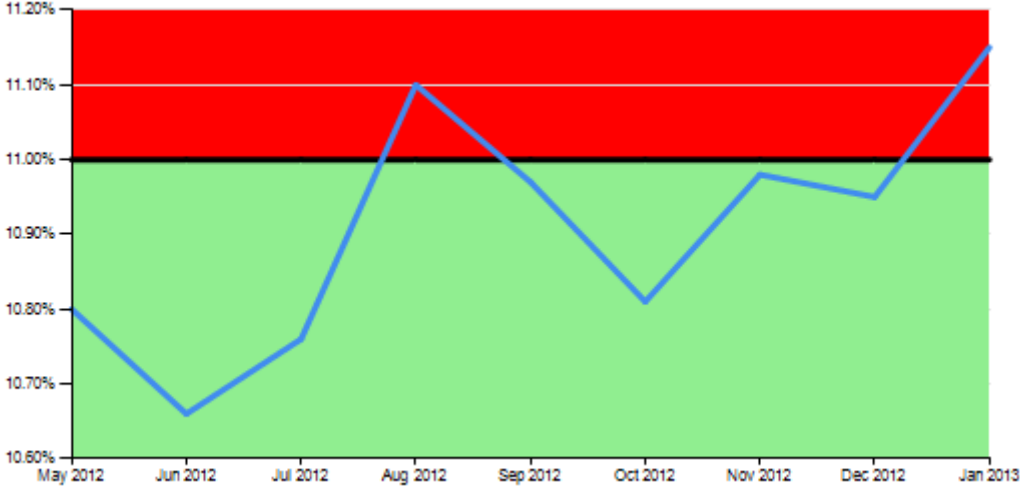


Expected date to meet standard	Lead Director
April 2013	Sue Donaldson

IPF Red Escalation Report

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																						
		3.2%	Jan	3.6%	3.1%	3.39%																						
<p>Seasonal trends, sickness levels for winter months are higher than at any other time in the year.</p> <p>Sickness levels in month are higher than Trust Target but year to date is below the required performance level.</p> <p>It is recommended that the compliance tolerance is amended to reflect year to date against target.</p>	<p>Variable targets to be set in next financial year to recognise seasonality.</p> <p>Sickness will continue to be managed proactively between line managers, HR staff and Occupational Health. Targeted interventions will continue.</p> <p>The appointment of a Health and Wellbeing Specialist will aid the health and wellbeing of staff. The sickness procedure is currently being revised and training planned. Participation in a Department of Health funded project will highlight good practice in 60 Trust to inform future action.</p>	 <table border="1"> <caption>Sickness Absence Data (Estimated from Chart)</caption> <thead> <tr> <th>Month</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>Apr 2012</td><td>3.10%</td></tr> <tr><td>May 2012</td><td>3.05%</td></tr> <tr><td>Jun 2012</td><td>2.82%</td></tr> <tr><td>Jul 2012</td><td>3.08%</td></tr> <tr><td>Aug 2012</td><td>2.88%</td></tr> <tr><td>Sep 2012</td><td>2.85%</td></tr> <tr><td>Oct 2012</td><td>3.28%</td></tr> <tr><td>Nov 2012</td><td>3.38%</td></tr> <tr><td>Dec 2012</td><td>3.25%</td></tr> <tr><td>Jan 2013</td><td>3.60%</td></tr> </tbody> </table>					Month	Percentage	Apr 2012	3.10%	May 2012	3.05%	Jun 2012	2.82%	Jul 2012	3.08%	Aug 2012	2.88%	Sep 2012	2.85%	Oct 2012	3.28%	Nov 2012	3.38%	Dec 2012	3.25%	Jan 2013	3.60%
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Expected date to meet standard	Lead Director																											
April 2013	Sue Donaldson																											

IPF Red Escalation Report

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%	Jan	11.2%		11.03%																				
Intake of staff onto substantive contracts of employment increased by 47.5 WTE Jan 2013 only 20 WTE leaving employment. The increase of 27.5 WTE has arisen within nursing and healthcare assistant recruitment. This supports reduction of the temporary workforce which has been used to manage winter and emergency pressures. Turnover for January 2012 was 12.3% reflecting a better retention rate this year, on a higher staffing complement.	<p>January Workforce Committee set up a sub group to look at turnover.</p> <p>On line exit questionnaires introduced in November 2012. Facilitated by the Picker Institute and will provide important information to target interventions, as will results from the staff survey.</p> <p>Staff engagement. Introduction of values based interviewing, revised induction and new appraisals. Increased engagement will have a positive effect upon how the working environment is viewed by employees.</p> <p>Health and wellbeing strategy implementation.</p>			 <table border="1"> <caption>Turnover Rate Data (Estimated from Chart)</caption> <thead> <tr> <th>Month</th> <th>Turnover Rate (%)</th> </tr> </thead> <tbody> <tr><td>May 2012</td><td>10.80%</td></tr> <tr><td>Jun 2012</td><td>10.65%</td></tr> <tr><td>Jul 2012</td><td>10.75%</td></tr> <tr><td>Aug 2012</td><td>11.10%</td></tr> <tr><td>Sep 2012</td><td>10.95%</td></tr> <tr><td>Oct 2012</td><td>10.82%</td></tr> <tr><td>Nov 2012</td><td>10.98%</td></tr> <tr><td>Dec 2012</td><td>10.95%</td></tr> <tr><td>Jan 2013</td><td>11.20%</td></tr> </tbody> </table>	Month	Turnover Rate (%)	May 2012	10.80%	Jun 2012	10.65%	Jul 2012	10.75%	Aug 2012	11.10%	Sep 2012	10.95%	Oct 2012	10.82%	Nov 2012	10.98%	Dec 2012	10.95%	Jan 2013	11.20%		
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Expected date to meet standard	Lead Director																									
March 31 st 2013	Sue Donaldson																									

Year: 2012-13

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, Generic Strategic Change, Generic Teaching Training and Research, Horton Management, Human Resources and Admin, MARS - Research & Development, Medical Director, Networks, Neurosciences, Nursing Midwifery, OHIS Telecoms & Med Records, Oncology, Orthopaedics, Pathology & Laboratories, Pathology and 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

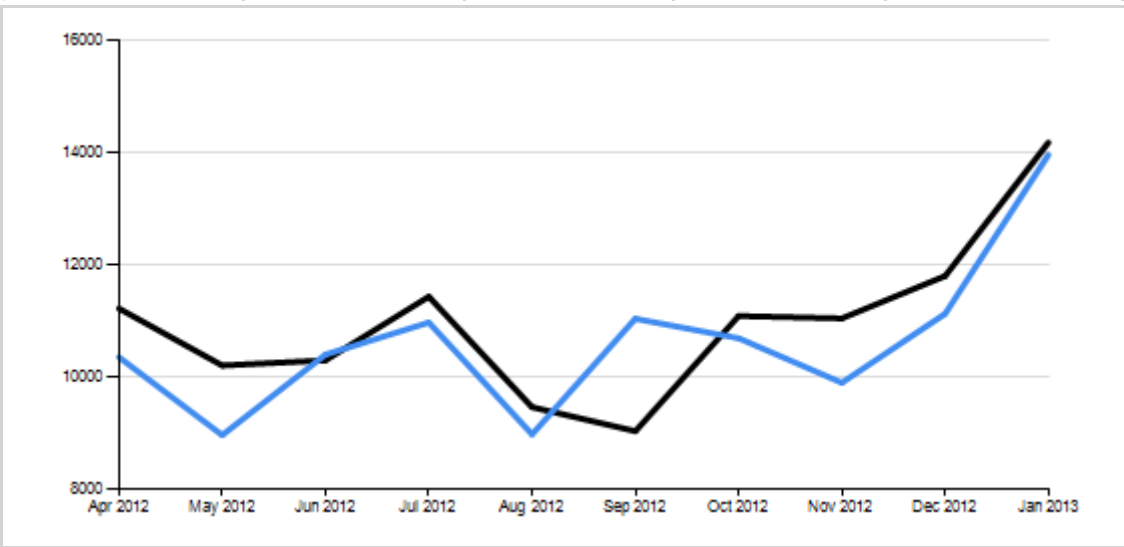
IPF Amber Escalation Report

Other Income Compared to Plan (£000s)

What is driving the reported underperformance?	What actions have we taken to improve performance	Standard	Current Data Period	Period Actual	YTD	Forecast next period
		14191	Jan	13973.5	106489.2	11053

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.

None required – if R&D is excluded then other income would be £1.6m better than plan and risk rated as “green”.

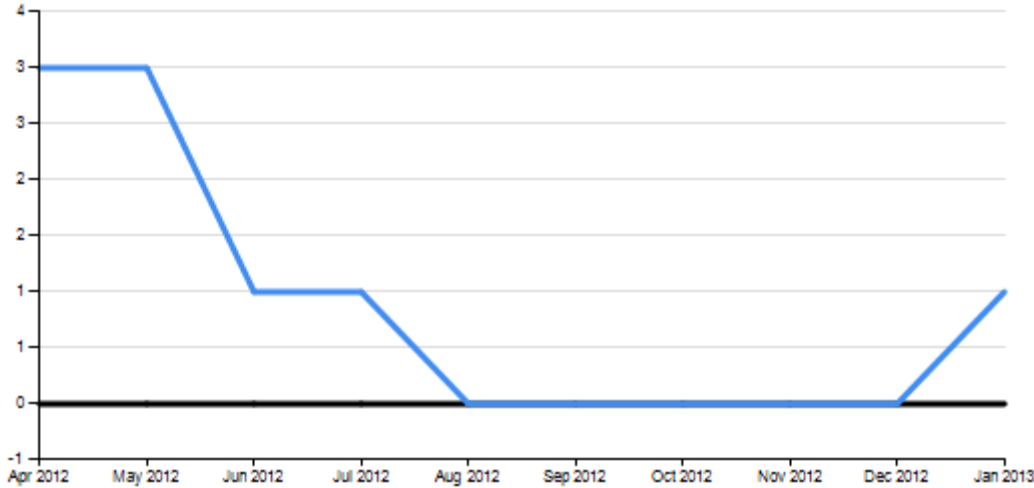


Expected date to meet standard	Lead Director
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N/A	Director of Finance & Procurement
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IPF Amber Escalation Report

RTT - # specialties not delivering the non-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	Jan	1		0																						
<p>The Trust achieved all its Trust wide targets for January. However at an individual specialty level for 'non-admitted' patients, General Surgery performed below 95% (at 92.75%) for the month. Patients wait to be seen was longer than anticipated and when offered dates declined treatment so their clocked then stopped.</p>	<p>Recovery plan in place, additional fully resourced lists have been booked for March, although it has been challenging due to the demand for beds from non-elective admissions in January and February.</p>	 <table border="1" style="display: none;"> <caption>RTT - # specialties not delivering the non-admitted standard</caption> <thead> <tr> <th>Month</th> <th>Value</th> </tr> </thead> <tbody> <tr><td>Apr 2012</td><td>3</td></tr> <tr><td>May 2012</td><td>3</td></tr> <tr><td>Jun 2012</td><td>1</td></tr> <tr><td>Jul 2012</td><td>1</td></tr> <tr><td>Aug 2012</td><td>0</td></tr> <tr><td>Sep 2012</td><td>0</td></tr> <tr><td>Oct 2012</td><td>0</td></tr> <tr><td>Nov 2012</td><td>0</td></tr> <tr><td>Dec 2012</td><td>0</td></tr> <tr><td>Jan 2013</td><td>1</td></tr> </tbody> </table>					Month	Value	Apr 2012	3	May 2012	3	Jun 2012	1	Jul 2012	1	Aug 2012	0	Sep 2012	0	Oct 2012	0	Nov 2012	0	Dec 2012	0	Jan 2013	1
Month	Value																											
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Nov 2012	0																											
Dec 2012	0																											
Jan 2013	1																											
Expected date to meet standard	Lead Director																											
March 2013	Director of Clinical Services																											

IPF Amber Escalation Report

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%	Jan	1.7%	9.3%	1.46%																						
<p>The figure presented for January (1.7%) is slightly higher than the figure for December (1.2%), reflecting the considerable pressure there has been on the hospital during the month.</p>	<p>Weekly validation is on-going by divisions, escalation beds open to minimize impact on elective pathways.</p>	<table border="1" style="display: none;"> <caption>Last min cancellations - % of all elec admissions (Historical)</caption> <thead> <tr> <th>Month</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>Apr 2012</td><td>13.0%</td></tr> <tr><td>May 2012</td><td>12.0%</td></tr> <tr><td>Jun 2012</td><td>11.8%</td></tr> <tr><td>Jul 2012</td><td>12.5%</td></tr> <tr><td>Aug 2012</td><td>20.0%</td></tr> <tr><td>Sep 2012</td><td>20.5%</td></tr> <tr><td>Oct 2012</td><td>1.5%</td></tr> <tr><td>Nov 2012</td><td>1.5%</td></tr> <tr><td>Dec 2012</td><td>1.2%</td></tr> <tr><td>Jan 2013</td><td>1.7%</td></tr> </tbody> </table>					Month	Percentage	Apr 2012	13.0%	May 2012	12.0%	Jun 2012	11.8%	Jul 2012	12.5%	Aug 2012	20.0%	Sep 2012	20.5%	Oct 2012	1.5%	Nov 2012	1.5%	Dec 2012	1.2%	Jan 2013	1.7%
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Expected date to meet standard	Lead Director																											
April 2013	Director of Clinical Services																											

IPF Amber Escalation Report

Theatre Utilisation - Total																												
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%	Jan	75.2%	74.8%	74.38%																						
<p>The emphasis placed on lists starting on time by the whole clinical team is still not optimal. For example, 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.</p>	<p>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. Escalation beds open across the trust to reduce impact of non-elective admissions and delayed discharges on elective activity. January and February have been extremely challenging. Additional elective capacity has been resourced for weekends.</p>	 <table border="1"> <caption>Theatre Utilisation Data (Estimated from Chart)</caption> <thead> <tr> <th>Month</th> <th>Utilisation (%)</th> </tr> </thead> <tbody> <tr><td>Apr 2012</td><td>73.0</td></tr> <tr><td>May 2012</td><td>76.5</td></tr> <tr><td>Jun 2012</td><td>75.2</td></tr> <tr><td>Jul 2012</td><td>75.3</td></tr> <tr><td>Aug 2012</td><td>74.5</td></tr> <tr><td>Sep 2012</td><td>74.0</td></tr> <tr><td>Oct 2012</td><td>75.8</td></tr> <tr><td>Nov 2012</td><td>75.0</td></tr> <tr><td>Dec 2012</td><td>72.5</td></tr> <tr><td>Jan 2013</td><td>75.2</td></tr> </tbody> </table>					Month	Utilisation (%)	Apr 2012	73.0	May 2012	76.5	Jun 2012	75.2	Jul 2012	75.3	Aug 2012	74.5	Sep 2012	74.0	Oct 2012	75.8	Nov 2012	75.0	Dec 2012	72.5	Jan 2013	75.2
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Jan 2013	75.2																											
Expected date to meet standard	Lead Director																											
April 2013	Director of Clinical Services																											

IPF Amber Escalation Report

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%	Jan	79.5%	79.2%	78.68%																					
<p>Last minute cancellations are one significant reason driving the elective theatre list utilization underperformance against the planned level of 80%.</p> <p>The emphasis placed on lists starting on time by the whole clinical team is still not optimal. For example, 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.</p> <p>Additional impact lack of bed capacity</p>	<p>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.</p> <p>Escalation beds open across the trust to reduce impact of non-elective admissions and delayed discharges on elective activity.</p>	<table border="1"> <caption>Monthly Theatre Utilisation Data</caption> <thead> <tr> <th>Month</th> <th>Utilisation (%)</th> </tr> </thead> <tbody> <tr><td>Apr 2012</td><td>78.50</td></tr> <tr><td>May 2012</td><td>80.80</td></tr> <tr><td>Jun 2012</td><td>80.20</td></tr> <tr><td>Jul 2012</td><td>79.80</td></tr> <tr><td>Aug 2012</td><td>78.60</td></tr> <tr><td>Sep 2012</td><td>79.00</td></tr> <tr><td>Oct 2012</td><td>79.80</td></tr> <tr><td>Nov 2012</td><td>79.00</td></tr> <tr><td>Dec 2012</td><td>77.50</td></tr> <tr><td>Jan 2013</td><td>79.50</td></tr> </tbody> </table>				Month	Utilisation (%)	Apr 2012	78.50	May 2012	80.80	Jun 2012	80.20	Jul 2012	79.80	Aug 2012	78.60	Sep 2012	79.00	Oct 2012	79.80	Nov 2012	79.00	Dec 2012	77.50	Jan 2013	79.50
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Expected date to meet standard	Lead Director																										
April 2013	Director of Clinical Services																										

Year: 2012-13

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, Generic Strategic Change, Generic Teaching Training and Research, Horton Management, Human Resources and Admin, MARS - Research & Development, Medical Director, Networks, Neurosciences, Nursing Midwifery, OHIS Telecoms & Med Records, Oncology, Orthopaedics, Pathology & Laboratories, Pathology and 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.

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