

Trust Board Meeting: Wednesday 22 January 2014
TB2014.7

Title	Integrated Performance Report – Month 8
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Status	For Information
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 8

Executive Summary

1. Key Highlights on performance

- Patients spend $\geq 90\%$ of time on stroke unit, 7.69% above standard
- There were zero Medication errors causing serious harm reported in November
- Zero MRSA bacteraemia reported in November which, a total of 3 for the year to date all have been reviewed and classified as unavoidable
- Mixed Sex Accommodation, four breaches reported in October, zero reported in November.
- RTT Non-admitted target was achieved at Trust level
- All Cancer standards were achieved in October except for 62 day wait to first treatment and 31 day standard for subsequent treatment in radiotherapy.
- The percentage of adult inpatients that have had a VTE risk assessment was 95.41%.
- Total Theatre utilization was 1.41% above target on November.
- Diagnostic waits over 6 weeks have now reduced to 110 patients compared to the position in April when 2,500 patients were waiting over 6 weeks.

Areas of exception on performance

- Clostridium Difficile reported cases were 6, for November, with a year to date total of 37.
- The 4 hour A/E standard was achieved for Q2 at 95.6% and in October at 95.8%, but failed at 93.8% for November.
- Delayed Transfers of Care is 6.9% above target in November which represents a slight decrease of 0.4%.
- RTT Admitted 88.06% and Incompletes at 91.32% targets were not achieved at Trust level.
- Eleven patients waited over 52 weeks, nine patients for orthopaedic surgery, one maxilla-facial surgery and one paediatric spinal patients.
- Staff Turnover rate has increased slightly, 0.35% above target in November.
- Staff sickness absence rate is 0.34% above target for November.

Key Standards – in month 8

18 Week RTT, A/E & Cancelled Operations

2. **A/E 95% of patients seen within 4 hours from arrival/transfer/discharge:** The Trust achieved the 4 hour target for Q2 which was 95.6% and in October at 95.8%. However the Trust failed the target in November at 93.8% and in December at 94.05%, ultimately Q3 performance failed at 94.08%. It has been extremely challenging over the last couple of months due to an increase in A/E attendances and delays to patients being discharged home.
3. **18 Week Referral to Treatment [RTT] performance:** The Trust achieved non-admitted Trust wide target for November, however, failed the admitted standard with performance at 88.06% against the 90% target rate. The Trust failed the incomplete standard of 92% with performance at 91.32%.
4. **Diagnostic waits waiting 6 weeks or more:** 110 patients are waiting over 6 weeks, a slight increase of 6 patients since last month, of which 79 patients are waiting for an MRI scan.

The total waiting list for diagnostics has reduced from 8273 in September to 7788 in November a reduction 485 patients. Work is continuing to reduce numbers in December.

5. **Cancer performance:** All cancers – two standards failed in October, 62 day wait for first treatment failed due to low numbers and patient choice and the 31 day standard for subsequent treatment – radiotherapy due to planned software instalment. The six other key cancer standards were all achieved.

Activity

6. **Delayed Transfers of Care** remain a major cause of concern for the Trust, with the in-month level at 10.34% against a target of 3.5% which represents a decrease of 0.46% since October. This translates to an average system-wide and Trust level of delays for Oxfordshire residents of 143 and 100 respectively in November 2013.

Quality

7. **Dementia CQUIN patients admitted who have had dementia screen - Screening** - Speciality reporting has been trialled in the Trauma, Neurosurgery & Specialist Surgery Division in November with new ward level breakdowns being rolled out within Medicine. There is varied compliance with the completion of cognitive screening on different ward and these trends are beginning to be explored to refine systems. The changes to data collection has enabled more sensitive reporting with high 95%+ of physical case notes being reviewed November figures of 59% show the improvement reported in October has been sustained.

Finance

Balance Sheet

8. **Debtors > 90 Days as % of Total NHS** - Debt Recovery Clinic continues to maintain finance team focus on historic debt and rigor in process improvements.
9. **Pay Compared to Plan** - Pay costs are being driven by the continuing high use of bank & agency staff, and additional payments made to medical staff to work weekend sessions that is required to meet waiting list and activity targets. The Trust has introduced a number of workforce measures to try and reduce usage and cost of agency staff, and has also initiated recruitment drives to replace temporary staff with permanent employees.
10. **CIP Performance Compared to Plan** - 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.
11. **EBITDA Achieved** - The Trust currently believes it will meet its key financial targets for the year but that there are key risks which, if they materialise, could change this assessment. It will be important for the Trust to maintain a tight grip on its expenditure over the remainder of the year.

Workforce

12. **Sickness Absence** - The Trust continues to manage sickness absence proactively across the divisions with close engagement between HR, Occupational Health and line managers. The First Care initiative will “go live” in March 2014. A project manager will commence in January 2014. First Care is an absence management system that will assist managers with

improving attendance. Training for managers will commence in January and will be combined with training in the new absence policy.

13. **Turnover Rate** – A workshop with senior clinical managers from the divisions was held in November where lean methodology was applied to expedite the recruitment process. A review of high retention impact initiatives was undertaken which will inform a Recruitment & Retention Strategy

Recommendations

14. The Trust Board is asked to discuss the Integrated Performance Report for Month 8 showing headline performance and consider whether there is appropriate assurance regarding current and future performance.

Paul Brennan
Director of Clinical Services

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January 2014