

Trust Board Meeting: Wednesday 12 March 2014
TB2014.31

Title	Integrated Performance Report – Month 10
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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 10

Executive Summary

1. Key Highlights on performance

- Patients spend $\geq 90\%$ of time on stroke unit, 11.84% above standard
- There were zero Medication errors causing serious harm reported in January
- One MRSA bacteraemia reported in January which, brings the total to 4 for the year to date all have been reviewed and classified as unavoidable
- All Cancer standards were achieved in December except for 62 day wait to first treatment and 31 day standard for subsequent treatment in radiotherapy and surgery.
- The percentage of adult inpatients that have had a VTE risk assessment was 95.46%.
- Last minute cancellations for elective surgery, reduced to 0.71%, just below the standard of 0.8%.
- Diagnostic waits over 6 weeks 250 patients waiting at the end of January, an increase of 44 patients compared to December, 1.67% above the standard.

2. Areas of exception on performance

- Clostridium Difficile reported cases were 7, for January, with a year to date total of 52.
- Medication reconciliation completed within 24 hours of admission 4.02% below standard, an improvement of 5.06% since December.
- Mixed Sex Accommodation, five breaches reported in January which, brings the total to nine for the year to date.
- The 4 hour A/E standard was achieved for Q2 at 95.6% but failed for Q3 at 94.05% and in January at 89.29%.
- Delayed Transfers of Care is 8.07% above target in January which represents an increase of 0.69%.
- RTT Admitted 86.76%, Non-admitted 94.6% and Incompletes at 89.31% targets were not achieved at Trust level.
- Eleven incomplete 52 week breaches, all adult orthopaedic spinal patients. Three have been given admission dates. One non-admitted breach.
- Staff Turnover rate has slightly decreased by 1.37% but remains above target in January.
- Staff sickness absence rate has slightly decreased, 0.3% above target for January.

Key Standards – in month 10

18 Week RTT, A/E & Cancelled Operations

3. **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% but failed for Q3 at 94.05% and failed the target in January at 89.29%. February has continued to be very challenging with increased A/E attendances and delays to patients being discharged home.

4. **18 Week Referral to Treatment [RTT] performance:** The Trust has planned to fail the trust-wide RTT standards for the next three months whilst ensuring those patients who have waited over 18 weeks are treated. Therefore, the RTT admitted standard failed with performance at 86.76% against the 90% target, and just failed the non-admitted standard achieving 94.6% against the 95% target, finally the incomplete standard of 92% failed with performance at 89.32%. The Trust has planned to meet the trust-wide standards by the end of April 2014.
5. **Diagnostic waits waiting 6 weeks or more:** 250 patients are waiting over 6 weeks, a slight since December. 42 patients are waiting over 6 weeks for sleep studies and 96 patients are waiting for an MRI scan. Work is continuing to reduce numbers in February.
6. **Cancer performance:** All cancers – three standards failed in December; 62 day wait for first treatment failed due to low numbers and patient choice; the 31 day standard for subsequent treatment – radiotherapy due to planned software instalment and recruitment of radiographers; the 31 day standard for subsequent treatment – surgery failed due lack of surgical capacity and due to patient choice. The five other key cancer standards were all achieved. A robust Cancer Action plan is in place with improvement trajectories for each standard.

Activity

7. **Delayed Transfers of Care** remain a major cause of concern for the Trust, at the end of January the number of delays was at 11.87% against a target of 3.5% which represents an increase of 1.07% since October. This translates to an average system-wide and Trust level of delays for Oxfordshire residents of 123 and 158 respectively in January 2014.

Quality

8. **Same Sex Accommodation breaches** - Clinically unjustified mixed sex accommodation breach on EAU at the Horton. This resulted in five patients being accommodated in a mixed sex bay. This was a result of a breakdown in communication between Operational Managers and the Nursing Team and all issues have now been resolved with assurance that there will not be a recurrence.
9. **MRSA bacteraemia** - The fourth unavoidable MRSA bacteremia to date. The patient required intravenous fluids and had problems with vascular access. Re-assess the standard of practice for all staff who administer intravenous medication.

Finance

Balance Sheet

10. **Debtors > 90 Days as % of Total NHS** - Debt Recovery Clinic continues to maintain finance team focus on historic debt and rigor in process improvements.
11. **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.

12. **CIP Performance compared to Plan** - 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.
13. **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 and Divisions have been set expenditure targets against which their performance will be monitored.

Workforce

13. **Sickness Absence** - The Trust will be implementing the First Care absence management system in April 2014. Implementation of this is already underway. Training for managers will be held in February/ March and will also include training on the new absence management procedure. A number of the Health & Wellbeing initiatives are being implemented.
14. **Turnover Rate** – The Trust is focusing efforts upon retention, having taken action to address recruitment, with improved time to hire and Vacancy Fill rates. A number of high impact initiatives have been reviewed in conjunction with Divisional representatives and senior managers. The Trust will be reviewing the results of the 2013 Staff Survey and divisional plans will be developed to ensure issues raised are addressed.

Recommendations

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

Paul Brennan
Director of Clinical Services

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March 2014