

**Trust Board Meeting: Wednesday 14 May 2014**  
**TB2014.54**

<b>Title</b>	<b>Integrated Performance Report</b>
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<b>Status</b>	For Information
<b>History</b>	The report provides a summary of the Trust's performance against a range of key performance indicators as agreed by the Trust Board.

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

## Integrated Performance Report Month 12

### Executive Summary

#### 1. Key Highlights on performance

- Patients spend  $\geq 90\%$  of time on stroke unit, 9.87% above standard
- Zero MRSA bacteraemia reported in March which, brings the total to 5 for the year all have been reviewed and classified as unavoidable.
- There were 9 Clostridium difficile cases reported in March, bring the total to 64 cases reported for the year which was within the target set for the Trust.
- The percentage of adult inpatients that have had a VTE risk assessment was 95.55%
- Medication reconciliation completed within 24hours of admission; 5.53% above standard, an improvement of 8.79% since February.
- Mixed Sex Accommodation; zero breaches reported in March, which brings the total to seventeen for the year.
- Last minute cancellations for elective surgery, reduced to 0.23%, just below the standard of 0.8%.
- Diagnostic waits over 6 weeks 152 patients waiting at the end of March, a decrease of 16 patients compared to February.

#### 2. Areas of exception on performance

- There was one medication error causing serious harm reported in March, a total of two for the year.
- The 4 hour A/E standard was achieved for Q2 at 95.6% but failed for Q3 at 94.05% and Q4 at 90.65% with a year to date position 93.2%.
- Delayed Transfers of Care is 6.13% above target in March which represents a slight increase of 0.06% since February, with a year to date position of 10.5%.
- RTT Admitted 79.92%, Non-admitted 93.45% and Incompletes at 91.19% targets were not achieved at Trust level.
- Twenty-three patients waited 52 week or more for treatment in March, all requiring spinal orthopaedic surgery.
- Key cancer standards were not achieved in February – 62 day wait for first treatment and Radiotherapy.
- Vacancy rate has reduced by 0.43% and remains 0.51% above standard.
- Staff Turnover rate has slightly reduced by 0.1% and remains 1.35% above target in March.
- Staff sickness absence rate has slightly reduced to 3.27% in March, 0.27% above standard.

### Key Standards – in month 12

#### 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 Q4 at 90.65%. The monthly performance was 89.29% for January, 89.58% for February and 90.65% for March. The year-end position was 93.23% compared to

92.89% in 2012/13. April continued to be challenging with the monthly performance at 90.9%.

4. **18 Week Referral to Treatment [RTT] performance:** The Trust has planned to fail the trust-wide RTT standards for the last quarter Q4 whilst ensuring those patients who have waited over 18 weeks are treated. Therefore, the RTT admitted standard performance was 79.92% against the 90% target and the non-admitted standard was 93.45% against the 95% target. The Trust has planned to meet the Trust-wide standards by the end of April 2014.
5. **Twenty-three reported 52 week breaches;** twenty-two adult orthopaedic spinal patients. Three non-admitted clock stops; three admitted clock stops and seventeen incomplete pathways open; of which three do not have admission dates. One paediatric spinal patient who has an admission date.
6. **Diagnostic waits waiting 6 weeks or more:** 152 patients are waiting over 6 weeks, a decrease of 16 since February, which equates to 1.66% of the waiting list against the national standard of 1%. There are three main areas of increased waits which are; nuclear cardiology & echocardiography (17 patients), Neurophysiology (24 patients) and MRI scans (88 patients). Work is progressing to reduce waiting times.
7. **Cancer performance:** All cancers – two standards failed in February; 62 day wait for first treatment failed due to low numbers, late referrals from other trusts and patient choice and the 31 day standard for subsequent treatment – radiotherapy due to planned software instalment and recruitment of radiographers. The seven other key cancer standards were all achieved. A robust Cancer Action plan is in place with improvement trajectories for each standard.

### Activity

8. **Delayed Transfers of Care** remain a major cause of concern for the Trust, at the end of March the number of delays was at 9.63% against a target of 3.5% which represents a decrease of 1.17% since October. The week ending 30<sup>th</sup> March 2014 the average system-wide had 140.4 and Trust level of 100.5 delays for Oxfordshire residents.

### Quality

9. **Medication errors causing serious harm** – one medication incident has been reported as causing serious harm, a divisional investigation has been initiated.

### Finance

#### Balance Sheet

10. **Debtors > 90 Days as % of Total NHS** - There has been progress in reducing debtors greater than 90 days across all categories, with an overall year on year reduction of £1m.

11. **Break Even Surplus Compared to Plan** – Although the Trust's performance in the month of March was slightly behind, the Trust generated its break even target surplus for the year.
12. **EBITDA Achieved** - Although the Trust was slightly behind plan in the achievement of its EBITDA target at the end of the year, it met all its financial duties. The shortfall on EBITDA was due to "technical" reasons identified, and reported on, earlier in the year.

### Workforce

13. **Sickness Absence** – The FirstCare absence management system has been introduced and went live from 1<sup>st</sup> April 2014. As well as training new managers in FirstCare, over 700 existing managers were also trained in the new absence procedure. More efficient processes and better information for managers will assist in reducing absence levels. A number of the Health & Wellbeing initiatives are being implemented.
14. **Turnover Rate** – Turnover has fallen marginally against the previous month. A recruitment and retention strategy is currently being developed. Following the annual staff survey, focus groups have been conducted and Divisional action plans will be finalized in May.
15. **Vacancy rate** – Recruitment processes have been reviewed to improve time to recruit. To support this, a new candidate tracking system, TRAC has been introduced.

### Recommendations

The Trust Board is asked to discuss the Integrated Performance Report for Month 12 showing headline performance and consider whether there is appropriate assurance regarding current and future performance.

**Paul Brennan**  
**Director of Clinical Services**

**May 2014**

Report prepared by:

Sara Randall  
Deputy Director of Clinical Services