

**Trust Board Committee Meeting: Wednesday 8<sup>th</sup> July 2015**  
**TB2015.82**

<b>Title</b>	<b>Integrated Performance Report – Month 2</b>
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<b>Status</b>	For report
<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>	Mr Paul Brennan, Director of Clinical Services			
<b>Key purpose</b>	Strategy	Assurance	Policy	<b>Performance</b>

## Integrated Performance Report Month 2

### Executive Summary

#### 1. Key Highlights on performance

- The percentage of adult inpatients that had a VTE risk assessment in April and May was 96.47% and 97.36% respectively against the standard of 95%.
- Performance against the 4 Hour standard was 96.38% in May.
- Diagnostic waits over 6 weeks, 18 patients waited over 6 weeks at the end of May, achieving 0.16% against the standard of no more than 1% waiting over 6 weeks.
- The 18 week RTT Incomplete and Non-Admitted standards were achieved in May at 93.2% and 95.13% against the standards of 92% and 95% respectively.
- Six of the eight cancer standards were achieved in April 2015.
- Zero same sex accommodation breaches reported for May.
- Patients spending  $\geq 90\%$  of time on stroke unit was 86.89% against a standard of 80% in May.
- MRSA bacteraemia; no cases were reported in May.
- CDifficile; four cases were reported in May against the standard of 5.

#### 2. Areas of exception on performance

- Four adults waited 52 weeks or more for treatment in May.
- Delayed Transfers of Care as a percentage of occupied beds is at 11.14% for May against the standard of 3.5%.
- 18 week RTT Admitted performance was 87.81% against the 90% standard as expected due to the focus on reducing patients waiting over 18 weeks.
- The 62 day urgent GP and screening standards achieved 78.4% and 83.33% against the standards of 85% and 90% respectively.
- Staff turnover rate is 13.71%, which is 3.21% above the target rate.
- Staff sickness absence rate was 3.73%, 0.73% above the standard.

#### 3. Key Standards

##### 3.1. 18 Week RTT, A/E and Cancer

3.1.1. **4 Hour 95% of patients seen within 4 hours from arrival/transfer/discharge:** Performance at the end of May was 96.38%.

3.1.2. **18 Week Referral to Treatment [RTT] performance:** The RTT admitted standard was subject to an agreed plan fail in May with performance at 87.81% against the 90% target. The incomplete standard was achieved at 93.2% against the 92% target and the non-admitted standard was achieved at 95.13% against the 95% target.

3.1.3. **Six of the eight Cancer Standards** were achieved in April 2015; the 62 day standard was not achieved although performance was in line with the agreed trajectory. The 62 day screening standard was also not achieved in April but current indications are that this will standard will be achieved in May and for Q1.

### 3.2. Activity

3.2.1. **Delayed Transfers of Care** continue to be a significant concern for the Trust with performance for May at 11.14% against a target of 3.5%. The monthly average for May was 152 delays across the system for Oxfordshire residents.

### 4. Monitor Assessment

4.1. Performance in Q1 to date is in line with the Trust's trajectory for a score of 3.

### 5. Workforce

5.1. Turnover increased from 13.51% in April to 13.71% in May and is 3.21% above the KPI target. Reducing staff turnover remains a key area of focus.

### 6. Additional Appendices

6.1. There are two new reports attached in appendix 2 and 3 respectively, the Efficiency and Utilisation report focusing on length of stay, patient flow and detail on the delayed discharges. The Quarterly monitoring report has been added for completeness.

### 7. Recommendations

The Trust Board Committee is asked to receive the Integrated Performance Report for Month 2.

**Paul Brennan**  
**Director of Clinical Services**  
**June 2015**

Report prepared by:  
Sara Randall  
Deputy Director of Clinical Services

# Trust Board Integrated Performance Report

May 2015

## 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
	Current Year Performance
	Previous Year Performance

**APPENDIX A: Efficiency and Utilisation IPR report May-15**

**Patients staying greater than 21 days and discharged in month**

\* Excluding EAU, Discharge lounge, SEU, ITU (Adult, Neuro, Cardiac & Paeds)

			April	May	June	July	August	September	October	November	December	January	February	March
OUH	2015-16	Average Number of ward transfers	0.7	0.1										
		Number of patients with more than 3 ward stays in one spell	120	111										

This indicator attempts to record the number of ward moves that are thought to be less clinically appropriate. Wards where a definite clinical decision has been made to move the patient to, such as ITUs, Transfer Lounge, Emergency Admissions Units have been removed from the analysis.

**Number of Elective FFCEs - Admissions**

			April	May	June	July	August	September	October	November	December	January	February	March
OUH	2015-16	Total number of first outpatient attendances	18247	17556										
		1st outpatient attends following GP referral	10362	9942										
		Other refs for a first outpatient appointment	9066	8384										
		Elective inpatients and Day Cases	8172	8504										
		Non-elective FFCEs	5730	5873										

These figures are sourced from the official Monthly Activity Return (MAR) submitted to Unify each month. For the first 2 months of 15/16 activity continues to grow compared with previous years, particularly in non-elective and emergency admissions, which are already 3% higher than they were at the same stage in 14/15.

**Average LOS on Discharge Spells**

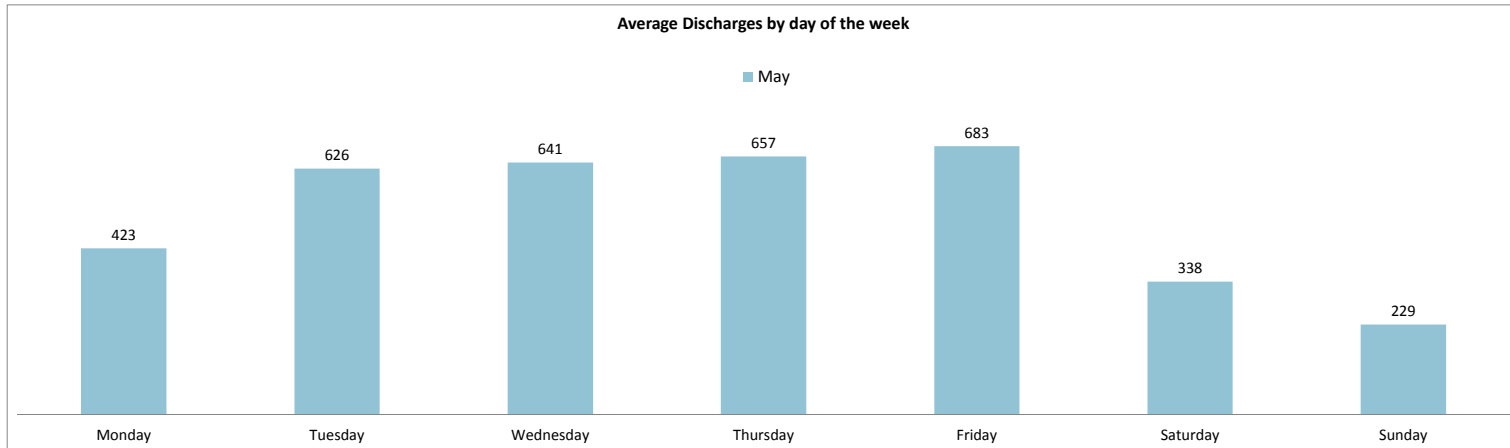
			April	May	June	July	August	September	October	November	December	January	February	March
OUH	Number of patients	0-2 Days	12398	13024										
		2-5 days	1522	1605										
		5-7 Days	468	513										
		7-14 days	741	731										
		14+ Days	626	611										
		Total number of patients	15755	16484										
	Number of bed days	0-2 Days	4869	4948										
		2-5 days	5749	6046										
		5-7 Days	3024	3115										
		7-14 days	7635	7501										
		14+ Days	18402	18345										
		Total number of Bed days	39679	39955										
	Average LOS	Average LOS Elective	3.93	4.29										
		Average LOS Non-elective	4.73	4.33										
		Average LOS Non-elective non- emergency	3.22	3.33										
Day case		0.00	0.00											
Average LOS (excluding daycases)		4.25	4.10											

The table shows the profile of stays for all admitted patients to all sites of the hospitals across the OUH. It is quite stark that just under 4% of the patients admitted to the hospitals accounts for nearly 46% of all bed days\* consumed. Conversely, 79% of admitted patients account for 12% of all bed days consumed. The trend on length of stay is generally down. All PODs are showing a reduced length of stay for the first two months of 15/16 compared with the same period for 14/15. \* bed days are counted for each midnight stay.

**Discharge Profile**

Average number of Discharges in Month by Day of Discharge

		April	May	June	July	August	September	October	November	December	January	February	March
<b>O.U.H.</b>	<b>Average Number of patients</b>	Day of the week											
	Monday	486	423										
	Tuesday	594	626										
	Wednesday	623	641										
	Thursday	502	657										
	Friday	527	683										
	Saturday	329	338										
	Sunday	234	229										
	<b>Total</b>	<b>Total number of Patients</b>	14300	15635									

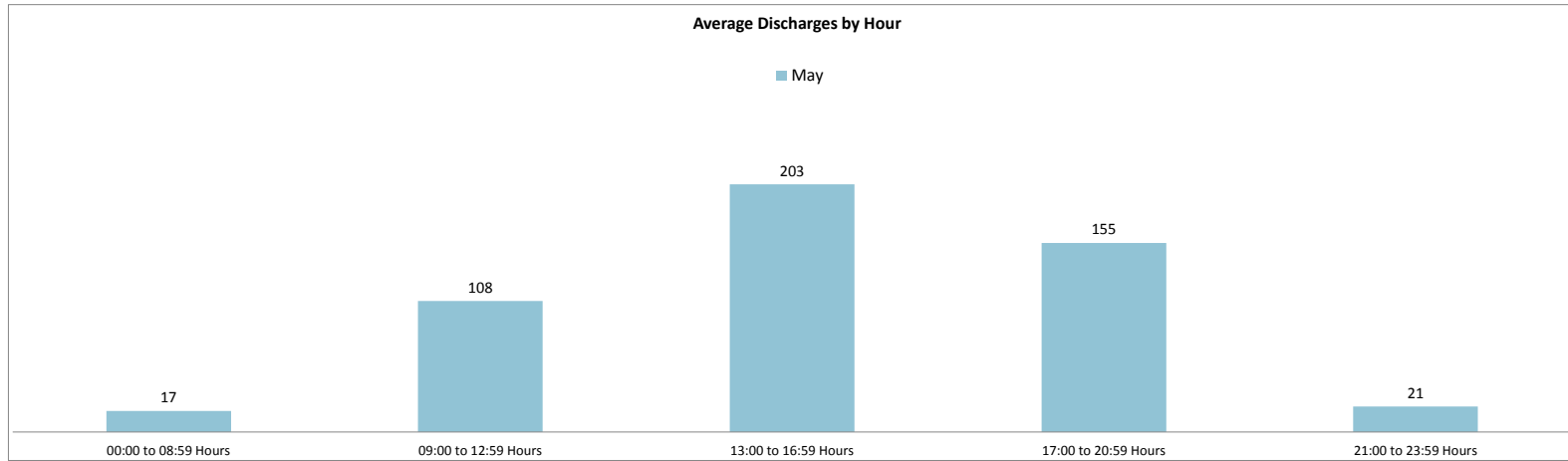


The table and chart show the profile of discharges by day of the week by month. It is clear from the information, that the drop off in discharges over the weekends, and through Monday, will be a contributory factor in there often being a capacity and patient flow problem at the start of the working week.

**Average number of Discharges in Month by Hour of Discharge**

Level: Trust

		April	May	June	July	August	September	October	November	December	January	February	March	
<b>OUH</b>	<b>Average Number of patients</b>	Hour												
		00:00 to 08:59 Hours	15	17										0
		09:00 to 12:59 Hours	103	108										0
		13:00 to 16:59 Hours	194	203										0
		17:00 to 20:59 Hours	146	155										0
		21:00 to 23:59 Hours	18	21										0
<b>Total</b>	<b>Total number of Patients</b>	14300	15635										0	



The chart and table show the profile of discharges within the month by grouped hour of day. The days have been split into grouped hours of day giving 5 broader categories, which generally represent overnight, morning (working hours), afternoon (working hours), early evening and late evening.

71% of discharges during May fell into the afternoon and early evening brackets. The Transformation Team are currently leading a project to ensure that discharges happen generally much earlier in the day. During May, only 21% of patients were discharged during morning working hours.

**Delayed Discharges and Bed Utilisation**

*\*for bed days:exclude:daycase wards, maty,well babies etc using OPS team bedstock*

		April	May	June	July	August	September	October	November	December	January	February	March	
OUH	2015-16	Number of Delayed patients at month end	129	123										
		Total Delayed bed days in month	4210	4177										
		Total number of bed days available <i>*exclude:daycase wards, maty,well babies etc using OPS team bedstock</i>	34771	35970										
		Number of patients Medically fit and not discharged at month end	134	135										
		Total number of Bed days used by patients Medically fit and not discharged at month end	1484	1316										
		% Bed days used by patients Medically fit and not discharge at month end	4%	4%										
		Bed Utilisation - General & Acute	88%	91%										
		Bed Utilisation - Critical Care	75%	71%										

Delayed patients waiting for ongoing care continue to be a major issue for the Trust and the wider health economy. There has been no major improvement in the numbers delayed since the end of the winter months, and still remains excessively high.

**Admissions**

		April	May	June	July	August	September	October	November	December	January	February	March	
OUH	2014-15	POD / Admission Meth												
		Elective	1904	1874	2102	2095	1824	2046	2124	2025	1706	1925	1828	2110
		Non- Elective	5284	5536	5460	5761	5451	5342	5625	5512	5652	5216	4727	5303
		Non- Elective non-emergency	2077	2144	2053	2086	1991	2022	2193	1942	2022	2109	1802	2112
	Day case	7123	7137	7559	8205	7405	7719	7890	7481	6977	7692	7351	8175	
	2015-16	Elective	1948	1801										
		Non- Elective	5213	5538										
		Non- Elective non-emergency	1934	2126										
		Day case	6424	6693										

Daycase activity looks to have reduced, but this is artificial and as result of chemotherapy now being booked as outpatient attendances from April 15 onwards.



**4 Hour standard by Month**

\*OUH Type 1 & OUH Type 2

			April	May	June	July	August	September	October	November	December	January	February	March	
OUH Type 1&2	2014-15	# of Attendances	10434	13482	11291	13908	10211	10978	13520	10651	10409	11840	10191	10968	
		Performance	90.8%	91.9%	92.4%	94.3%	95.1%	93.8%	91.4%	86.2%	83.8%	83.5%	88.3%	84.9%	
	2015-16	# of Attendances	13517	10673											
		Performance	91.1%	96.4%											
		# of weeks in which 95% was achieved	1	3											
		# Of weeks in Month	5	4											

Performance during May 2015 has been much stronger than the same period last year, showing 3 weeks of the month performing above 95%.

**18 week incompletes over 18 weeks**

			April	May	June	July	August	September	October	November	December	January	February	March
OUH	2015-16	On Admitted Pathway	226	245										
		Not on Admitted Pathway	2501	2441										
		Total number of incompletes	2727	2686										

There is still a large number of over 18 week wait incomplete pathways. In light of the plans to remove the admitted and non-admitted pathway targets, and for the incomplete target to remain as the only RTT target, the Trust will need to address this figure of long waiting incomplete pathways.

Operational	Standard	Q1	Q2	Q3	Q4	YTD
<b>Standards</b>						
RTT - admitted % within 18 weeks	90%	87.01%				87%
RTT - non-admitted % within 18 weeks	95%	95.1%				95.1%
RTT - incomplete % within 18 weeks	92%	93.12%				93.1%
% <=4 hours A&E from arrival/trans/discharge	95%	93.45%				93.5%
%patients cancer treatment <62-days urg GP ref	85%	78.4%				78.4%
%patients cancer treatment <62-days - Screen	90%	83.33%				83.3%
%patients 1st treatment <1 mth of cancer diag	96%	96.97%				97%
%patients subs cancer treatment <31days - Surg	94%	94.81%				94.8%
%patients subs cancer treatment <31-days - Drugs	98%	100%				100%
%patients subs treatment <31days - Radio	94%	100%				100%
%2WW of an urg GP ref for suspected cancer	93%	93.03%				93%
%2WW urgent ref - breast symp	93%	96.88%				96.9%
HCAI - Cdiff	15	7				7

Year: 2015-16

Division: Division of Children's & Women's, Division of Clinical Support Services, Division of Corporate Services, Division of Medicine, Rehabilitation & Cardiac, Division of Neuroscience, Orthopaedics, Trauma & Specialist Surgery, Division of Operations & Service Improvement, Division of Research & Development, Division of Surgery & Oncology, Legacy Division of Cardiac, Vascular & Thoracic, Legacy Division of Musculoskeletal and Rehabilitation, TRUST, Trust-wide only, Unknown

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Operational	Standard	Current Data Period	Period Actual	YTD	Forecast next period	Data Quality
<b>Standards</b>						
RTT - admitted % within 18 weeks	90%	May-15	87.81%	87%	87%	3
RTT - non-admitted % within 18 weeks	95%	May-15	95.13%	95.1%	95.1%	2
RTT - incomplete % within 18 weeks	92%	May-15	93.2%	93.1%	93.1%	2
% Diagnostic waits waiting 6 weeks or more	1%	May-15	0.16%	0.2%	0.2%	2
Zero tolerance RTT waits AP	0	May-15	1	2	1	4
Zero tolerance RTT waits IP	0	May-15	3	6	3	4
Zero tolerance RTT waits NP	0	May-15	0	0	0	4
Number of attendances at A/E depts in a month	NA	May-15	10673	24190	12095	2
% <=4 hours A&E from arrival/trans/discharge	95%	May-15	96.38%	93.5%		5
Last min cancellations - % of all EL admissions	0.5%	May-15	0.4%	0.5%	0.4%	2
% patients not rebooked within 28 days	0%	May-15	2.94%	1.4%	1.4%	2
zero Urgent cancellations - 2nd time	0	May-15	0	0	0	
Urgent cancellations	0	May-15	No Data Available			
Contract Variations Open	NA	May-15	3			
Contract Notices Open	NA	May-15	2			
Delayed transfers of care: number (snapshot)	0	May-15	123	252	126	3
Delayed transfers of care as % of occupied beds	3.5%	May-15	11.14%	11.5%	11.5%	5
Theatre Utilisation - Elective	80%	May-15	76.72%	76.6%	76.6%	3
Theatre Utilisation - Emergency	70%	May-15	56.95%	59.5%	59.5%	2
Theatre Utilisation - Total	75%	May-15	71.42%	72.1%	72.1%	2
Results Endorsed within 7 days	NA	May-15	46.92%	45.4%		
%patients cancer treatment <62-days urg GP ref	85%	Apr-15	78.4%	78.4%	78.4%	5
%patients cancer treatment <62-days - Screen	90%	Apr-15	83.33%	83.3%	83.3%	5
%patients 1st treatment <1 mth of cancer diag	96%	Apr-15	96.97%	97%	97%	5
%patients subs cancer treatment <31days - Surg	94%	Apr-15	94.81%	94.8%	94.8%	5
%patients subs cancer treatment <31-days - Drugs	98%	Apr-15	100%	100%	100%	5
%patients subs treatment <31days - Radio	94%	Apr-15	100%	100%	100%	5
%2WW of an urg GP ref for suspected cancer	93%	Apr-15	93.03%	93%	93%	5
%2WW urgent ref - breast symp	93%	Apr-15	96.88%	96.9%	96.9%	5
Same sex accommodation breaches	0	May-15	0	0	0	3
# patients spend >=90% of time on stroke unit	80%	May-15	86.89%	83.1%	83.1%	5

Quality	Standard	Current Data Period	Period Actual	YTD	Forecast next period	Data Quality
<b>Outcomes</b>						
Summary Hospital-level Mortality Indicator**	NA	Sep-14	1			5
Total # of deliveries	NA	May-15	737	1429	714.5	3
Proportion of normal deliveries	62%	May-15	63.64%	65.3%	65.3%	3
Proportion of C-Section deliveries	23%	May-15	19.4%	19.1%	19.1%	5
Proportion of Assisted deliveries	15%	May-15	16.96%	15.6%	15.6%	5
Maternal Deaths	NA	May-15	0	0		4
30 day emergency readmission	0%	May-15	3.54%	3.6%	3.6%	5
Medication reconciliation completed within 24 hours of admission	80%	May-15	89.47%	77.8%	77.8%	4
Medication errors causing serious harm	0	May-15	0	0		5
Number of CAS Alerts received by Trust during the month	NA	May-15	4	11		5
Number of CAS alerts that were closed having breached during the month	0	May-15	0	0		5
Dementia CQUIN patients admitted who have had a dementia screen	0%	Apr-15	63.09%	63.1%	63.1%	4
Dementia diagnostic assessment and investigation	0%	Apr-15	85.8%	85.8%	85.8%	
Dementia :Referral for specialist diagnosis	0%	Apr-15	100%	100%	100%	
<b>Patient Experience</b>						
Patient Satisfaction -Response rate (friends & family -Inpatients)	0%	May-15	8.31%	8.7%	8.7%	2
Patient Satisfaction- Response rate (friends & family -ED)	0%	May-15	1.66%	1.7%	1.7%	2
Patient Satisfaction- Response rate (friends & family -Maternity)	NA	May-15	54.17%	53.9%	53.9%	2
Friends & Family test % not likely to recommend - ED	NA	May-15	7.41%	6%	6%	
Friends & Family test % not likely to recommend - IP	NA	May-15	0.67%	0.7%	0.8%	
Friends & Family test % not likely to recommend - Mat	NA	May-15	0.62%	0.9%	0.9%	
Friends & Family test % likely to recommend - ED	NA	May-15	81.48%	85.6%	85.6%	
Friends & Family test % likely to recommend - IP	NA	May-15	97.13%	96.6%	96.6%	
Friends & Family test % likely to recommend - Mat	NA	May-15	93.85%	94%	94%	
<b>Safety</b>						
Number SIRIs	NA	May-15	12	20	10	5
% of Patients receiving Harm Free Care (Pressure sores, falls, C-UTI and VTE)	0%	May-15	93.63%	93.6%	93.6%	3
Never Events	NA	May-15	0	1	1	5
Cleaning Scores- % of inpatient areas with initial score >92%	NA	May-15	26.42%	33%	33%	5
Flu vaccine uptake	0%	May-15	No Data Available			3
Falls with moderate harm or greater as a percentage of total harms	NA	May-15	No Data Available			
% of incidents associated with moderate harm or greater	NA	Apr-15	1.99%	2.20%		
# newly acquired pressure ulcers (category 2,3 and 4)	NA	May-15	77	77		

Operational		Standard	Current Data Period	Period Actual	YTD	Forecast next period	Data Quality
	Time to Surgery (% patients having their operation within the time specified according to their clinical categorisation)	0%	May-15	79.66%	77.2%	77.2%	3
	HCAI - MRSA bacteraemia	0	May-15	0	1	0.5	5
	HCAI - Cdiff	5	May-15	4	7	3.5	5
	% adult inpatients have had a VTE risk assess	95%	Apr-15	96.47%	96.5%	96.5%	5

Workforce Performance		Standard	Current Data Period	Period Actual	YTD	Forecast next period	Data Quality
	Vacancy rate	0%	May-15	5.04%			3
	Sickness absence**	3%	May-15	3.73%			5
	Turnover rate	10.5%	May-15	13.71%		13.6%	3
	Substantive staff in post against budget	NA		0%			
	Temporary Workforce expenditure as a total of Workforce expenditure	5%	May-15	9.38%	8.8%		

\*\* This measure is collected for a 12 month period preceding the latest period shown

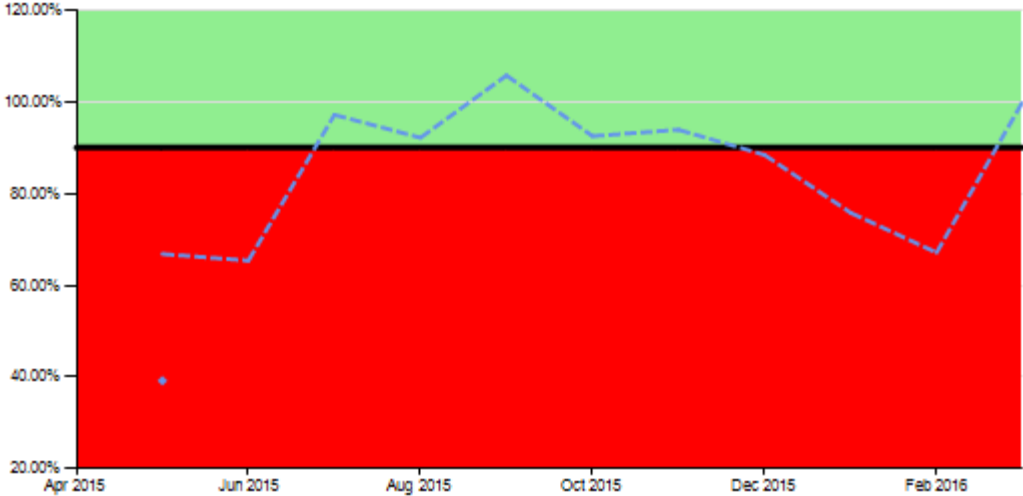
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Finance		Standard	Current Data Period	Period Actual	YTD	Forecast next period	Data Quality
Capital	Capital Programme Compared to Plan	90%	May-15	39.21%			5
Financial Risk	Monitor Risk Rating	3	May-15	1.5			5
I&E	Total CIP Performance Compared to Plan	90%	May-15	86.06%			5
	I&E Surplus Margin (%)	1%	May-15	2.3%			5
	Recurrent CIP Performance Compared to Plan	90%	May-15	86.26%			

**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
Some of the Trust’s new capital projects for 2015/16 are starting later than originally anticipated.	The capital programme is reviewed regularly by the Business Planning Group.	90%	May-15	39.21%		
<b>Expected date to meet standard</b>	<b>Lead Director</b>					
The Trust expects to spend its planned capital funding in full by the end of the year.	Director of Finance & Procurement					

Delayed transfers of care as % of occupied beds

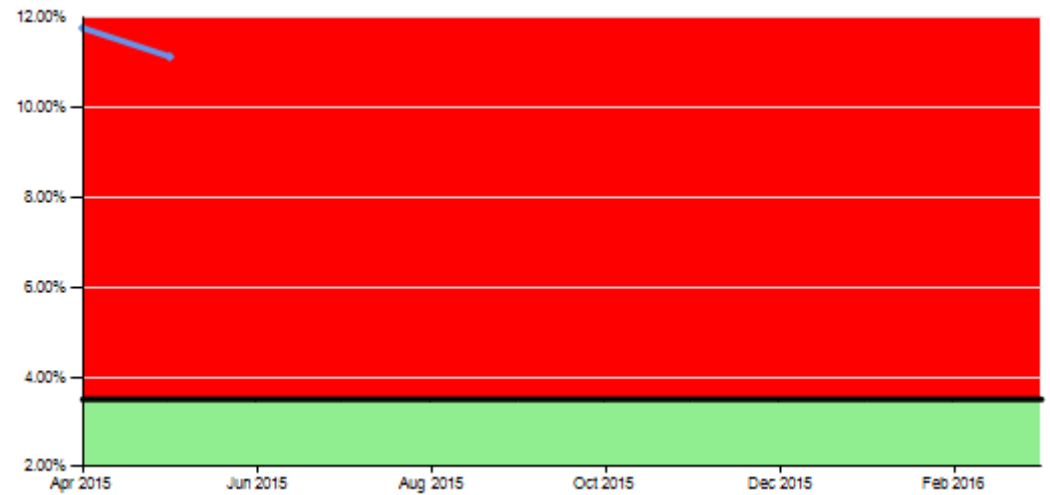
What is driving the reported underperformance?	What actions have we taken to improve performance	Standard	Current Data Period	Period Actual	YTD	Forecast next period
		3.5%	May-15	11.14%	11.5%	11.46%

A very slight improvement on performance in April from 11.78% to 11.14% in May. This is however, only natural variation and doesn't signify a general improvement.

Daily whole system teleconference calls remain in place, with escalation to Oxfordshire colleagues when system is on RED.

Weekly meeting with OCCG, OH and OCC colleagues to manage Oxfordshire system issues.

Further work is progressing internally to improve the patient flow and discharge process for all patients.



Expected date to meet standard	Lead Director
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This system has not agreed a date to achieve this standard.

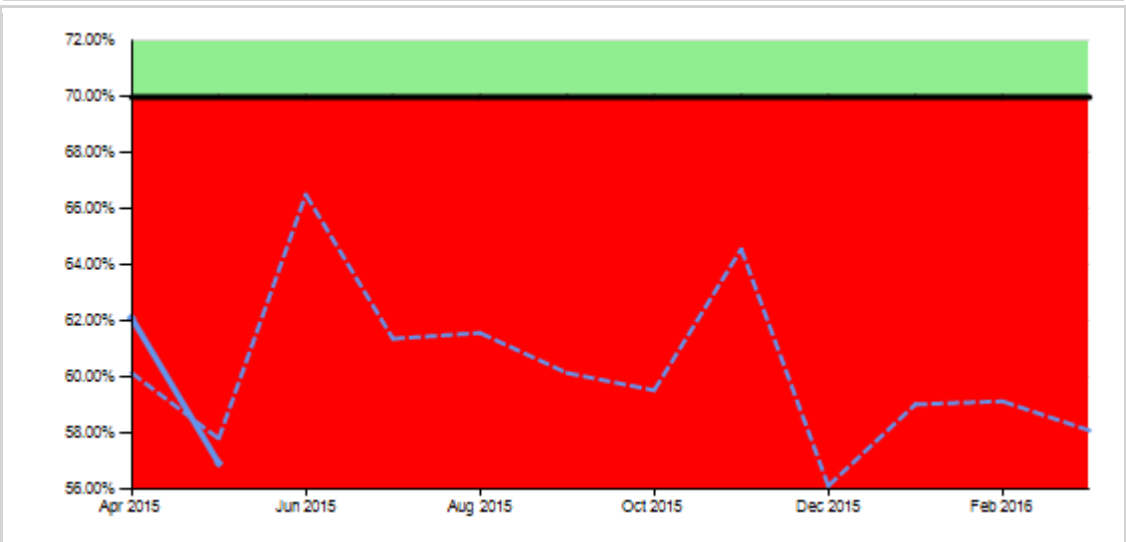
Director of Clinical Services

**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
		70%	May-15	56.95%	59.5%	59.47%

A 5.18% improvement on April utilisation performance during May.

Internal theatre meetings are in place to review utilisation; work is progressing to develop a standardized approach across the Trust to manage the emergency lists.



Expected date to meet standard	Lead Director
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Quarter 2 2015/16

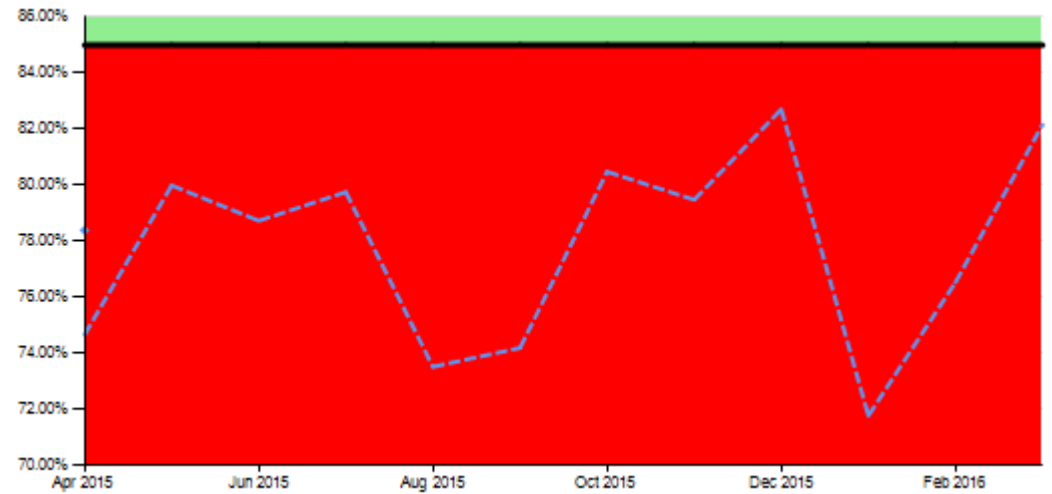
Director of Clinical Services

**%patients cancer treatment <62-days urg GP ref**

What is driving the reported underperformance?	What actions have we taken to improve performance	Standard	Current Data Period	Period Actual	YTD	Forecast next period
		85%	Apr-15	78.4%	78.4%	78.4%

Capacity at 'front end' of pathways to see patients within the 2 week target is quite often limited, and demand is very often variable. Capacity and variability in demand impacts on delivery and reduces the time left within the remaining days of the pathway. Patients choosing to wait longer also significantly impacts on the delivery of this particular target to delay which can't be adjusted for.

Plans in place to increase front end capacity. Working with CCG to increase patient/GP understanding of need to uptake appointments. Working with radiology to match diagnostics to demand.



Expected date to meet standard	Lead Director
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Quarter 2 2015/16	Director of Clinical Services
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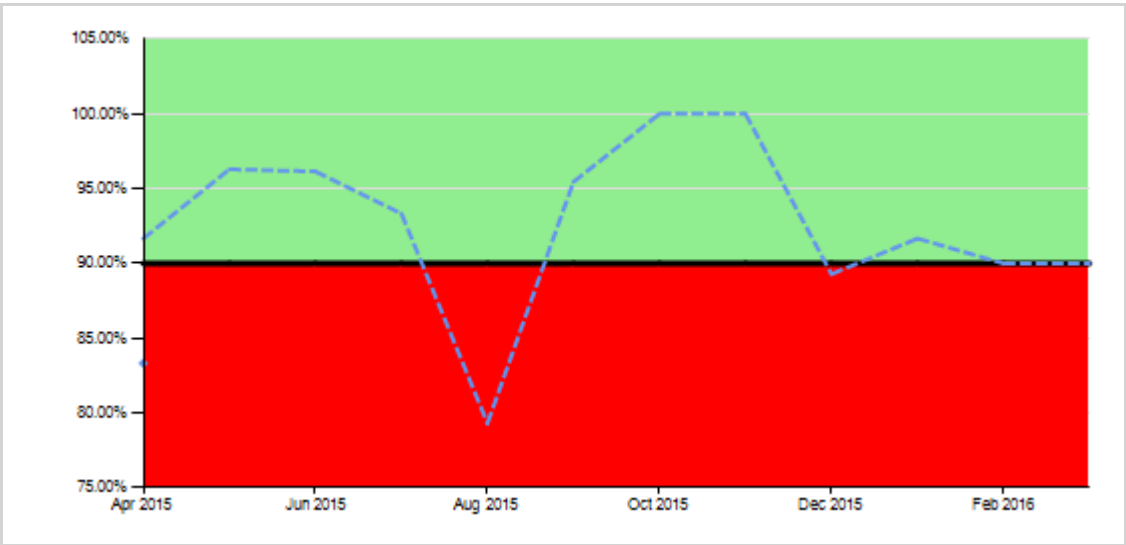


**%patients cancer treatment <62-days - Screen**

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%	Apr-15	83.33%	83.3%	83.33%

The numbers of the 62 day screening are very small. Small numbers of breaches can have a catastrophic impact on this measure's success.

Plans in place to increase front end capacity. Working with CCG to increase patient/GP understanding of need to uptake appointments. Working with radiology to match diagnostics to demand.

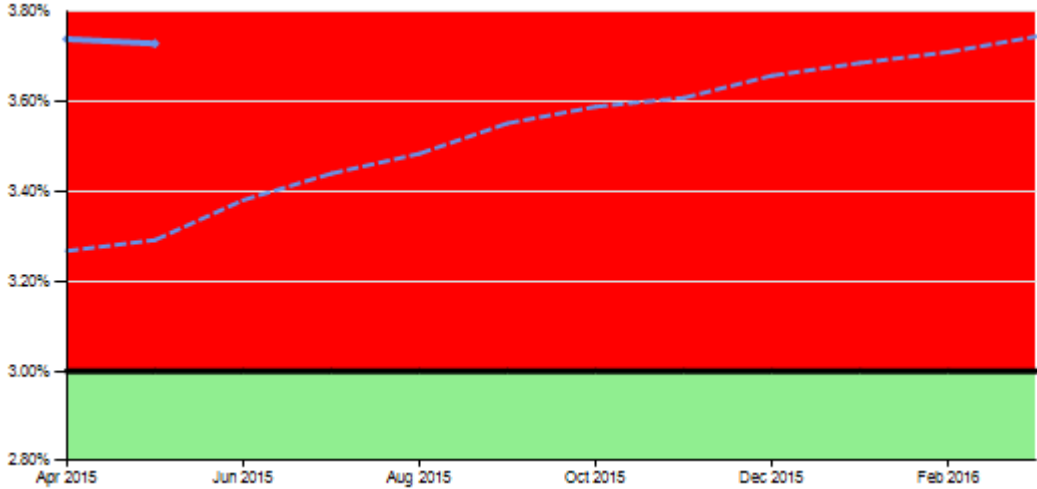


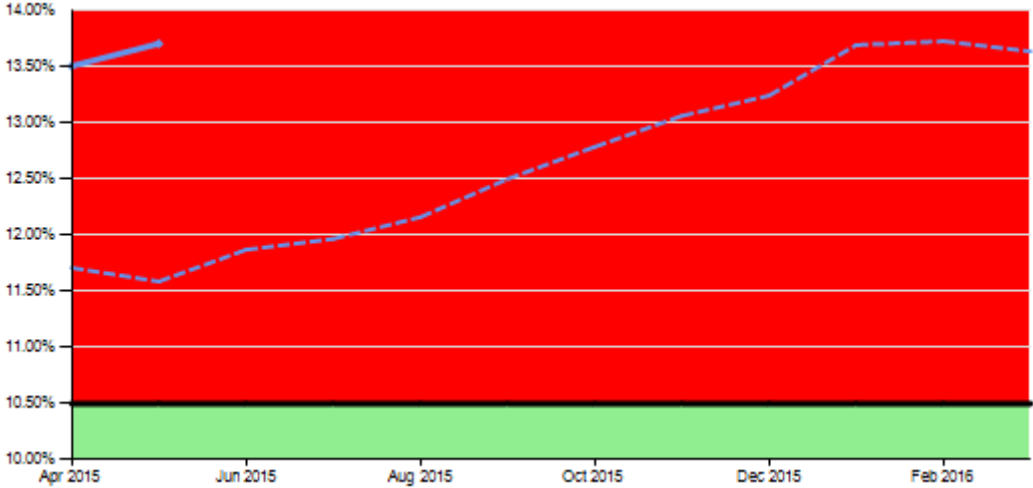
Expected date to meet standard	Lead Director
May 2015	Director of Clinical Services

May 2015

Director of Clinical Services

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
<p>Improved data quality, following the appointment of FirstCare, is a key contributing factor in the increase in reported absence levels.</p>	<p>Following a successful procurement exercise the Employee Assistance Programme (EAP) will be going live on 1<sup>st</sup> July 2015. This service will augment the work of FirstCare.</p> <p>The management of sickness absence is ongoing and involves the close liaison of line managers, HR and Occupational Health. The improved quality of information being sent to line managers by FirstCare has greatly assisted in the management of absence cases.</p> <p>The reported levels of absence are now reaching a plateau, and are anticipated to fall during the year.</p>	3%	May-15	3.73%		
<p><b>Expected date to meet standard</b></p>	<p><b>Lead Director</b></p>					
<p>Q4 2015/16</p>	<p>Director of Organisational Development and Workforce</p>					

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																																																
		10.5%	May-15	13.71%		13.61%																																																
<p>Turnover has risen on the previous month, and remains above the Key Performance Indicator (KPI).</p> <p>The increase is largely attributable to a rise in the number of leavers within Nursing and Midwifery although other staff groups e.g. Administrative and Clerical have experienced minor increases in turnover levels.</p>	<p>The improvement in staff retention rates continues to be a key corporate objective.</p> <p>Examples of actions undertaken include the agreement to use pay premia where required, the review of staff travel and accommodation and the review of low pay. The reasons for turnover are multi factorial and appropriate steps have and will be undertaken to limit the number of leavers from the Trust.</p>	 <table border="1"> <caption>Turnover Rate Data (Estimated from Chart)</caption> <thead> <tr> <th>Month</th> <th>Standard</th> <th>Actual</th> <th>YTD</th> </tr> </thead> <tbody> <tr> <td>Apr 2015</td> <td>10.5%</td> <td>11.7%</td> <td>13.5%</td> </tr> <tr> <td>May 2015</td> <td>10.5%</td> <td>11.5%</td> <td>13.5%</td> </tr> <tr> <td>Jun 2015</td> <td>10.5%</td> <td>11.9%</td> <td>13.5%</td> </tr> <tr> <td>Jul 2015</td> <td>10.5%</td> <td>12.1%</td> <td>13.5%</td> </tr> <tr> <td>Aug 2015</td> <td>10.5%</td> <td>12.3%</td> <td>13.5%</td> </tr> <tr> <td>Sep 2015</td> <td>10.5%</td> <td>12.6%</td> <td>13.5%</td> </tr> <tr> <td>Oct 2015</td> <td>10.5%</td> <td>12.9%</td> <td>13.5%</td> </tr> <tr> <td>Nov 2015</td> <td>10.5%</td> <td>13.2%</td> <td>13.5%</td> </tr> <tr> <td>Dec 2015</td> <td>10.5%</td> <td>13.5%</td> <td>13.5%</td> </tr> <tr> <td>Jan 2016</td> <td>10.5%</td> <td>13.7%</td> <td>13.5%</td> </tr> <tr> <td>Feb 2016</td> <td>10.5%</td> <td>13.71%</td> <td>13.5%</td> </tr> </tbody> </table>					Month	Standard	Actual	YTD	Apr 2015	10.5%	11.7%	13.5%	May 2015	10.5%	11.5%	13.5%	Jun 2015	10.5%	11.9%	13.5%	Jul 2015	10.5%	12.1%	13.5%	Aug 2015	10.5%	12.3%	13.5%	Sep 2015	10.5%	12.6%	13.5%	Oct 2015	10.5%	12.9%	13.5%	Nov 2015	10.5%	13.2%	13.5%	Dec 2015	10.5%	13.5%	13.5%	Jan 2016	10.5%	13.7%	13.5%	Feb 2016	10.5%	13.71%	13.5%
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Expected date to meet standard	Lead Director																																																					
Q4 2015/16	Director of Organisational Development and Workforce																																																					

**Temporary Workforce expenditure as a total of Workforce expenditure**

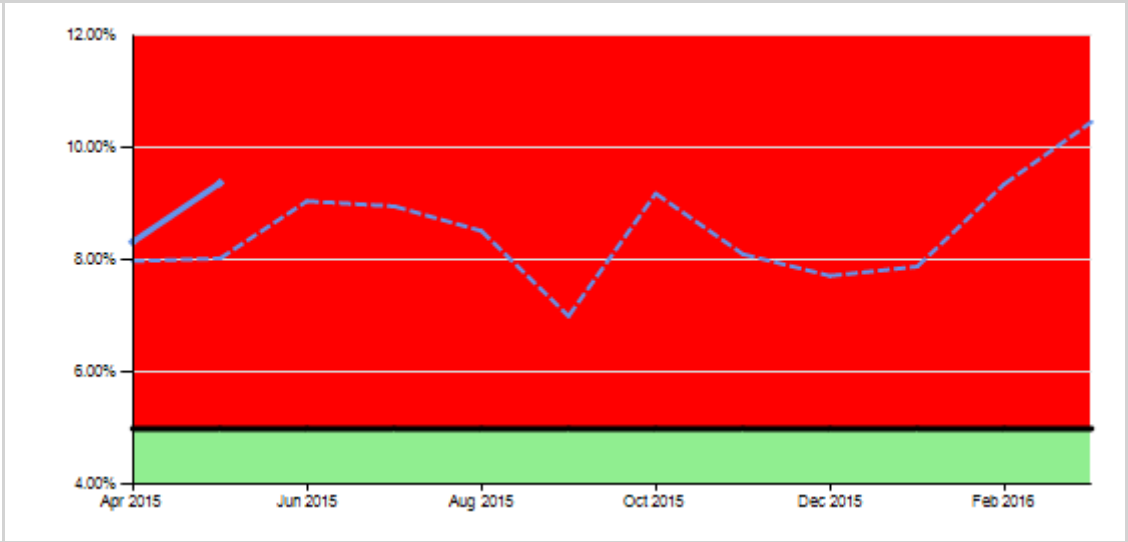
What is driving the reported underperformance?	What actions have we taken to improve performance	Standard	Current Data Period	Period Actual	YTD	Forecast next period
		5%	May-15	9.38%	8.8%	

Vacancies and sickness absence continue to be the principal reasons reported for the booking of temporary staffing.

Recruitment to full establishment is key objective in reducing the temporary workforce spend.

Other initiatives introduced to reduce agency expenditure include:

- Auto enrollment of staff to NHSP
- Creation of joint medical bank with Frimley Park and Royal Berkshire Hospitals
- Review of agency “long lines”



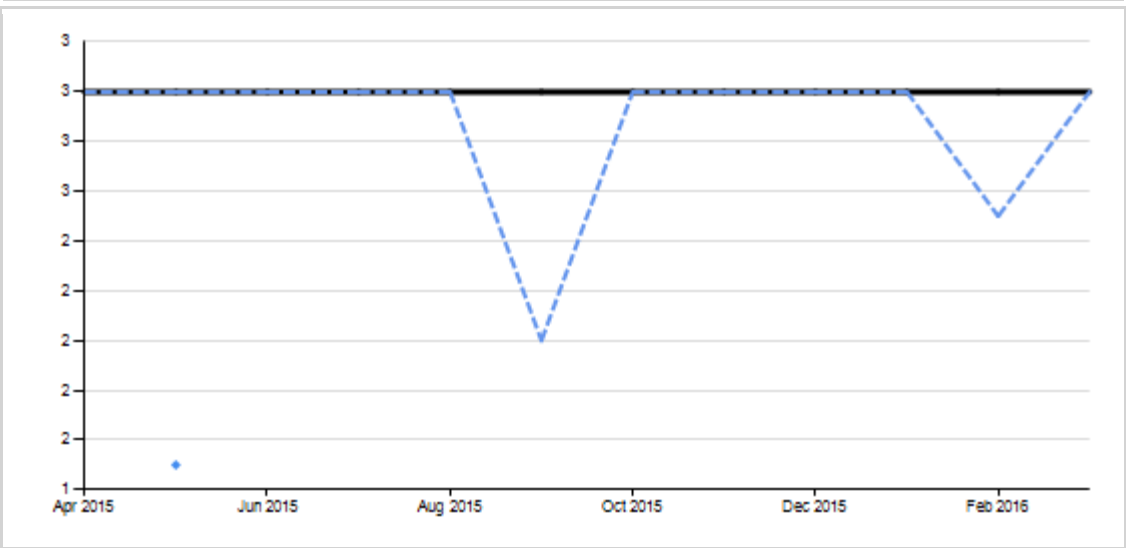
Expected date to meet standard	Lead Director
Q4 2015/16	Director of Organisational Development and Workforce

**Monitor Risk Rating**

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	May-15	1.5		

The surplus from operating activities is lower than the surplus required to generate a score of "2".  
The risk rating is in line with the plan for the first two months of the year.

None - timing issue only.



**Expected date to meet standard**      **Lead Director**

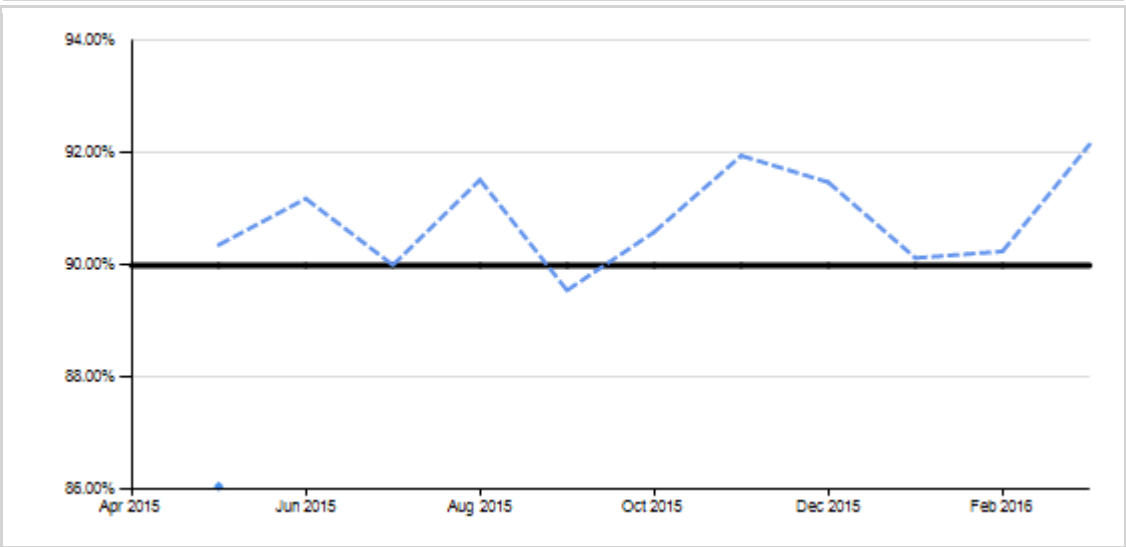
Q4 2015/16      Director of Finance & Procurement

**Total 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
		90%	May-15	86.06%		

There has been slippage on the start of some Divisional and cross-Divisional schemes.

Divisions are aware they have to make up any slippage in the remainder of the year and their performance is being monitored monthly.



**Expected date to meet standard**      **Lead Director**

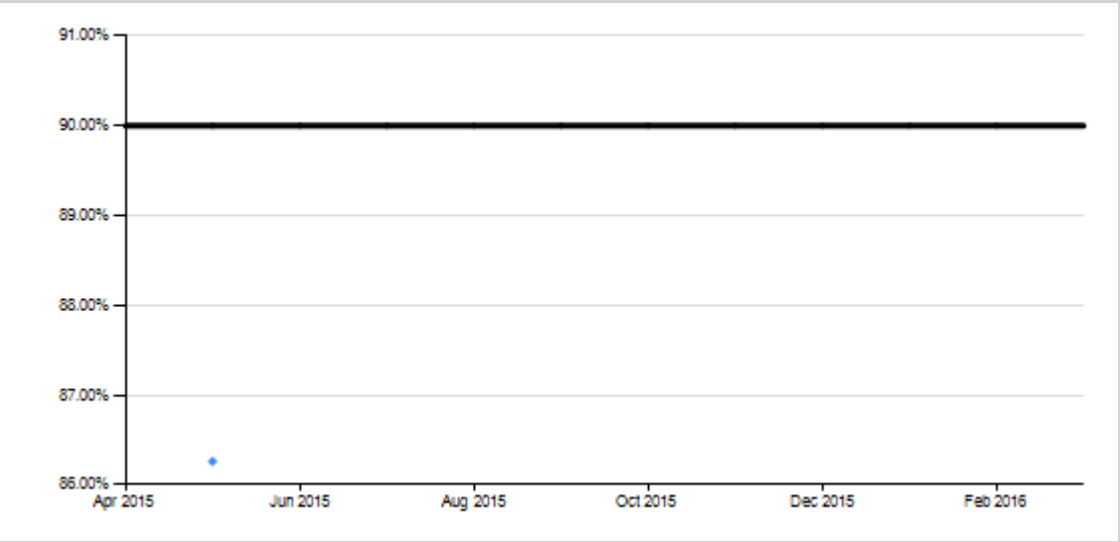
Q2 2015/16      Director of Finance & Procurement

**Recurrent 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
		90%	May-15	86.26%		

There has been slippage on the start of some Divisional and cross-Divisional schemes.

Divisions are aware they have to make up any slippage in the remainder of the year and their performance is being monitored monthly.

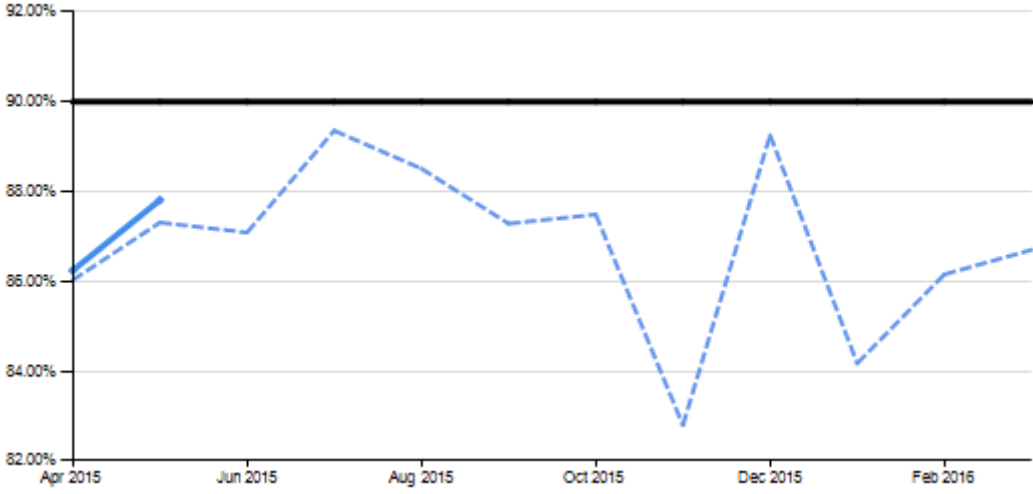


Expected date to meet standard	Lead Director
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Q2 2015/16

Director of Finance & Procurement

RTT - admitted % within 18 weeks

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%	May-15	87.81%	87%	87.01%																								
<p>Admitted performance continues to be a challenge.</p>	<p>Regular meetings are being held with Divisional Teams and the Director of Clinical Services.</p> <p>Specialties with significant challenges continue to be:</p> <ul style="list-style-type: none"> <li>• Orthopaedics</li> <li>• Spinal</li> <li>• Ophthalmology</li> <li>• Ear Nose &amp; Throat</li> <li>• Neurosurgery</li> </ul> <p>Additional theatres lists are being undertaken and external providers are being used to support some surgical activity.</p>	 <table border="1" data-bbox="1115 443 2145 938"> <caption>RTT Performance Data (Estimated from Chart)</caption> <thead> <tr> <th>Month</th> <th>Performance (%)</th> </tr> </thead> <tbody> <tr><td>Apr 2015</td><td>86.00%</td></tr> <tr><td>May 2015</td><td>87.81%</td></tr> <tr><td>Jun 2015</td><td>87.00%</td></tr> <tr><td>Jul 2015</td><td>89.00%</td></tr> <tr><td>Aug 2015</td><td>88.00%</td></tr> <tr><td>Sep 2015</td><td>87.00%</td></tr> <tr><td>Oct 2015</td><td>87.50%</td></tr> <tr><td>Nov 2015</td><td>83.00%</td></tr> <tr><td>Dec 2015</td><td>89.00%</td></tr> <tr><td>Jan 2016</td><td>84.00%</td></tr> <tr><td>Feb 2016</td><td>86.00%</td></tr> </tbody> </table>					Month	Performance (%)	Apr 2015	86.00%	May 2015	87.81%	Jun 2015	87.00%	Jul 2015	89.00%	Aug 2015	88.00%	Sep 2015	87.00%	Oct 2015	87.50%	Nov 2015	83.00%	Dec 2015	89.00%	Jan 2016	84.00%	Feb 2016	86.00%
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<b>Expected date to meet standard</b>	<b>Lead Director</b>																													
<p>June for Trust level standard with risk limited to Orthopaedics, Neurosurgery and Spinal.</p>	<p>Director of Clinical Services</p>																													

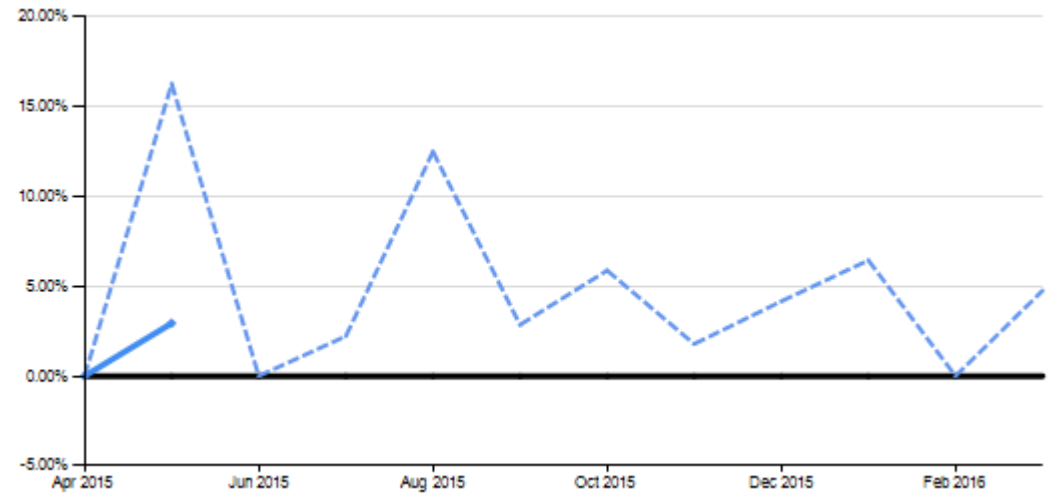


**% patients not rebooked within 28 days**

What is driving the reported underperformance?	What actions have we taken to improve performance	Standard	Current Data Period	Period Actual	YTD	Forecast next period
		0%	May-15	2.94%	1.4%	1.35%

Additional emergency pressures have imposed delays to rebooking patients.  
  
Staff recruitment remains a significant issue.

Clinical teams are focused on forward booking.  
  
Recruitment of key critical theatre staff is on-going.



<b>Expected date to meet standard</b>	<b>Lead Director</b>
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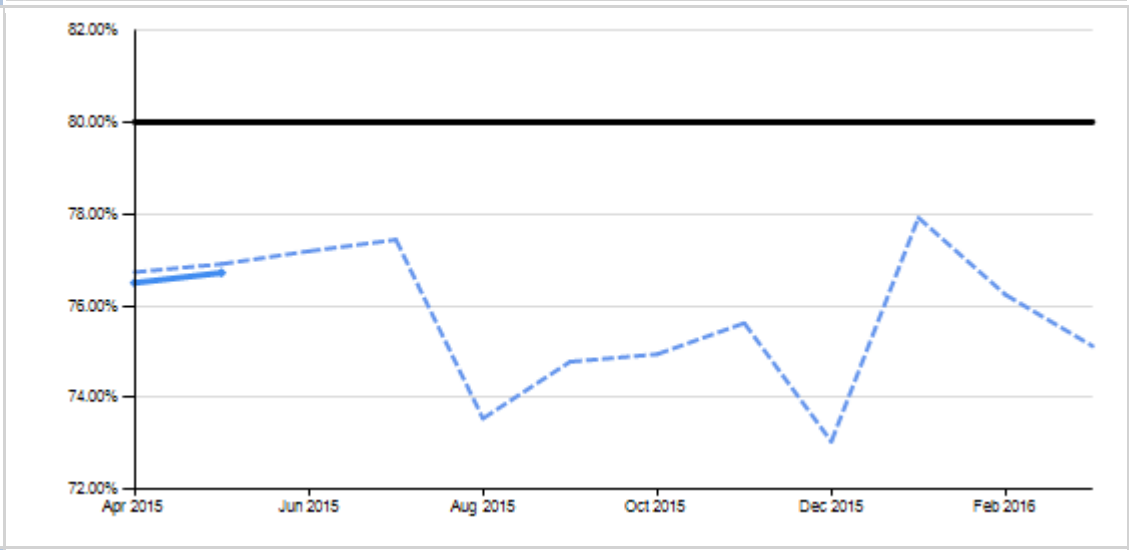
Quarter 1 2015/16	Director of Clinical Services
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**Theatre Utilisation - Elective**

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%	May-15	76.72%	76.6%	76.61%

May has seen a 0.22% increase in elective theatre utilization compared to April.

Clinical teams are focused on improving booking procedures and maximizing productivity.



**Expected date to meet standard**      **Lead Director**

Quarter 1 2015/16      Director of Clinical Services

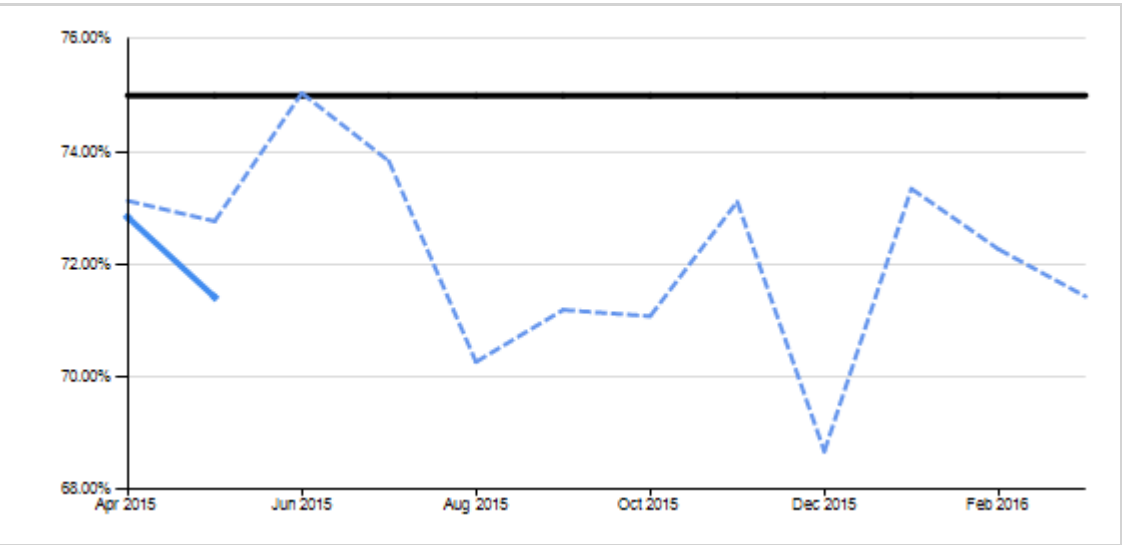
**Theatre Utilisation - Total**

What is driving the reported underperformance?	What actions have we taken to improve performance	Standard	Current Data Period	Period Actual	YTD	Forecast next period
		75%	May-15	71.42%	72.1%	72.13%

May has seen a 1.42% decrease in total theatre utilization compared with April.

Focus continues on productivity for all clinical teams both on the day and forward booking.

Recruitment of key critical theatre staff is on-going.



**Expected date to meet standard**      **Lead Director**

Quarter 1 2015/16      Director of Clinical Services

**Proportion of Assisted deliveries**

What is driving the reported underperformance?	What actions have we taken to improve performance	Standard	Current Data Period	Period Actual	YTD	Forecast next period
		15%	May-15	16.96%	15.6%	15.61%

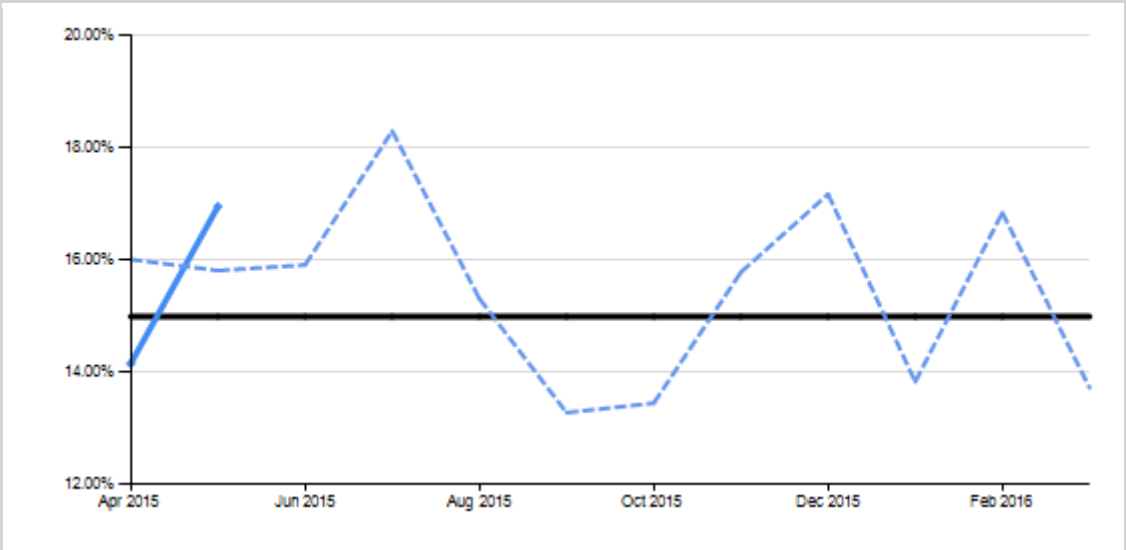
There is a direct correlation between higher instrumental (assisted) deliveries, caesarean sections and normal births. This is reflected for the reporting period.

The Maternity Service saw a significant increase than is normal in the number of deliveries in May 2015.

A number of these were complex deliveries reflecting the Trust's role as a Tertiary Centre for high risk deliveries.

The number of deliveries has reduced to the norm.

Performance is monitored closely at Directorate, Divisional and Executive Committees via Performance Management and Clinical Governance reports together with validation and review of the Children's and Women's Division Maternity Dashboard.



**Expected date to meet standard**      **Lead Director**

Ongoing      Director of Clinical Services