

BOARD OF GOVERNORS**PERFORMANCE REPORT – 11 MONTHS TO FEBRUARY 2008****Report of the Director of Finance and the Head of Performance Intelligence****1. Introduction**

This paper sets out the performance position for the period ending 29 February 2008.

2. Executive Summary of Performance Position to 29 February 2008

<u>2. Performance against priority targets</u>	2007/08 Target	FYtD Performance (Apr 07 – Feb 08)	Risk / Commentary
2.1 4 hour maximum wait in A&E	98%	97.8%	High. Pressures due to increased activity over winter period.
2.2 Outpatient appt within 2weeks GP cancer referral received within 24hrs	100%	99.8%	Low. Up on 99.6% achieved in 06/07.
2.3 Patients have Rapid Access Chest Pain Clinic appt within 2weeks	100%	100.0%	Low
2.4 Cancelled operations and patients not re-booked within 28 days of an operation cancelled	0%	0 patients not re-booked within 28 days; and 435 (0.72%) cancelled operations	Medium. Continued pressure on theatre time and inpatient beds results in cancelled operations. But the rebooking of these cases within 28 days continues to be achieved.
2.5 31 day maximum wait from cancer diagnosis to treatment	98%	99.5% (to Jan 08)	Low
2.6 62 day maximum wait from urgent referral to treatment of all cancers	95%	96.3% (to Jan 08)	Low. Pressures still exist due to narrow margin of error. Detailed action plans in place to sustain.
2.7 11 week maximum wait for an outpatient appointment	0%	0.0%	Low. The 5 week and 11 week milestones have helped improve performance in relation to the 18 week referral-to-treatment targets.
2.8 20 week maximum wait for inpatient or day case surgery	0%	0.0%	
2.9 Thrombolysis - 60 minute call to needle time	68%	89.4%	Low
2.10 Delayed transfers of care	2.4% (06/07 Nat Ave)	2.8%	Medium. An improvement on 3.0% in 06/07. PCT & Trust action plan in place.
2.11 Reduction in MRSA bacteraemias of 20%	50	40 (5 under trajectory plan of 45)	Low. Detailed action plan ongoing and reviewed monthly.
2.12 Clostridium difficile infection in the 65 and over age group	298	264 (2 under trajectory plan of 266)	Low. Detailed action plan ongoing and reviewed monthly.
2.13 Access to GUM clinic within 48 hours	100% by Mar 08	99.8% (in Feb 08)	Low
2.14 18 weeks from GP referral to hospital treatment - admitted patients	85% by Mar 08	88.1% (in Feb 08)	Low. Figures vary by specialty.
2.15 18 weeks from GP referral to hospital treatment - non-admitted patients	90% by Mar 08	94.4% (in Feb 08)	Low

<u>2. Performance against priority targets</u>	2007/08 Target	FYtD Performance (Apr 07 – Feb 08)	Risk / Commentary
2.16 Patients waiting for a diagnostic test > 13 wks	< 6 weeks by Mar 08	0 (in Feb 08)	Low. The 6 week milestone has helped improve performance in relation to the 18 week referral-to-treatment targets.
<u>Performance against productivity measures</u>	2007/08 Target	Rolling year Performance (12 mths end Feb 08)	Risk / Commentary
2.17 Day Case rate	71.1%	71.6%	Low
2.18 Day Case Basket rate	70.2%	66.9%	Medium
2.19 Day of Surgery Admission (DOSA) rate	49.4%	46.7%	Medium
2.20 Overall Non-Elective Spell Length of Stay (LoS) - days	5.2	6.0	High
2.21 Overall Elective Spell LoS - days	3.7	3.9	High

3. Performance for the period ending 29 February 2008

This report relates to performance against key targets and productivity measures. The summary given above outlines a number of areas of higher risk. Actions being taken to address these areas are as follows:

- During April 2007 to February 2008, 97.8% patients were treated in A&E within 4 hours, and this was largely due to the impact of winter pressures hitting earlier than usual in quarter 3. This led to significant bed occupancy challenges in the hospital, with emergency attendances up 10% this financial year compared to last year. However, actions taken to date has seen performance improve gradually in quarter 4 with only one further breach against Monitor's rolling 4 week standard; latest quarterly performance stands at 98.1%. Actions already taken and going forwards include increasing frontline resources – additional staff costing over £2million to support the Emergency Department; increasing Medicine bed capacity – the opening of contingency beds; reducing medical length of stay; and liaising with the PCTs to reduce delayed discharges.
- Cancelled operations for 2007/8 year to date have fallen slightly below the 2006/07 level of performance with 0.72% of operations being cancelled on or after the day of admission. The most common reason being due to no operating time being available. 19 cancellations in February were due to a flood in the ELY Day Surgery Unit. Particular pressures are notable in Neurosurgery who have the highest number of cancelled operations. However, all patients who have had an operation cancelled have been rebooked within the required 28 day standard.
- Delayed discharges are below the 2006/07 level for the first time this financial year, resulting in 2.8% patients whose transfer of care was delayed. Agreement had been reached with the PCT to reduce the delays in transfers of care for Cambridgeshire to 10 per week by the end of January 2008. Effective partnership working between the Trust and Cambridgeshire PCT, together with the targeted reinvestment of reimbursement funds, has resulted in a much improved position in terms of delayed transfers of care. For example, the PCT have opened 6 extra beds at Brookfields Hospital to help facilitate patient moves to a community setting during the winter period. The total number of delayed discharges has reduced from an average of 25-30 in April 2007, to below 10 in February 2008. Both organisations are working hard to ensure that this position is sustained.
- The overall non-elective and elective spell length of stay (LOS) for the 12 months ending February are 6.0 and 3.9 days respectively. These have both risen since last month and are adverse to trajectory to meet the March 2009 target. The recent increase in activity on

capacity has had a negative impact on LOS for non-elective and elective patients. Further contingency space is being planned to ensure the impact on effectiveness is minimised. The Effective Patient Care (EPC) programme has delivered the savings equivalent of 47 beds to December 2007. The programme continues to focus on developing key pathways, streamlining discharge processes, minimising delays for diagnostics and therapies and working within Directorates to reduce LOS. The initial EPC targets set for March 2009 are being reviewed, and goals are being re-set within Directorates to take account of the increased activity pressures and to ensure a realistic projection for the next two years. It is anticipated savings of a further 62 beds will be delivered in 2008/09.

The day case basket and day of surgery admission (DOSA) rates are below trajectory to achieve top quartile performance in relation to peer group by March 2009, but performance has improved since last month. The EPC sub-groups have identified specific basket procedures as target areas for improvement and work is on-going to assess scope for further shifts to both DOSA and day case activity. Assigning the correct management intention has had a positive impact on performance.

4. Recommendation

The Board is asked to note the Trust's performance position for the period ending 29 February 2008 and the actions being taken to address areas of risk.