

BOARD OF GOVERNORS**PERFORMANCE REPORT – 7 MONTHS TO OCTOBER 2008****Report of the Head of Performance Intelligence****1. Introduction**

This paper sets out the performance position for the period ending 31 October 2008.

2. Executive Summary of Performance Position to 31 October 2008

<u>2. Performance against priority targets</u>	2008/09 Target	FYtD Performance Apr 08 – Dec 08	Risk / Commentary
2.1 4 hour maximum wait in A&E	98%	98.1%	Medium. Pressures still exist as attendances are 4% up on last year.
2.2 Outpatient appt within 2weeks of GP urgent cancer referral	100%	99.8%	Low. Same as 99.8% level achieved in 07/08.
2.3 Cancelled operations and patients not re-booked within 28 days of an operation cancelled	0	0 patients not re-booked within 28 days; and 276 (0.7%) cancelled operations	Medium. But the 28-day rebooking standard continues to be achieved.
2.4 31 day maximum wait from cancer diagnosis to treatment	98%	99.7%	Low
2.5 62 day maximum wait from urgent referral to treatment of all cancers	95%	96.0%	Low. Though pressures still exist due to small numbers and narrow margin of error. Detailed action plans in place to sustain.
2.6 Thrombolysis - 60 minute call to needle time	68%	89.7%	Low. But monthly fluctuations arise due to small numbers.
2.7 Delayed transfers of care	2.4% (06/07 Nat Ave)	1.3%	Low. PCT & Trust action plan in place to sustain over the winter period.
2.8 Reduction in MRSA bacteraemias	33	18 (2 under trajectory of 20)	Low. Detailed action plan ongoing and reviewed monthly.
2.9 Clostridium difficile infection in the 2 and over age group	300	174 (1 under trajectory of 175)	Medium. Detailed action plan ongoing and reviewed monthly.
2.10 Access to GUM clinic within 48 hours	100%	100.0%	Low
2.11 18 weeks from GP referral to hospital treatment - admitted patients	85%; 90% by Dec 08	94.7%	Low

2.12 18 weeks from GP referral to hospital treatment - non-admitted patients	90%; 95% by Dec 08	96.1%	Low
Performance against productivity measures	Target	Rolling year Performance - 12 mths end Sep 08	Risk / Commentary
2.13 Overall Non-Elective Spell Length of Stay (LoS) - days	4.4	6.0 (6.0 in Sep)	High
2.14 Overall Elective Spell LoS - days	3.1	3.8 (3.6 in Sep)	Medium
2.15 Day Case rate	73.5%	73.4% (74.5% in Sep)	Low
2.16 Day of Surgery Admission (DOSA) rate	86.5%	56.2% (66.1% in Sep)	Medium
2.17 Day Case Basket rate	90.0%	68.1% (67.3% in Sep)	Medium
2.18 New outpatient did not attend (DNA) rate	na	5.6%	Medium

3. Performance for the period ending 31 October 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 2008 to October 2008, 98.1% patients were treated in A&E within 4 hours and above target. However Emergency Department (ED) attendances are 4% up on last year and the impact of the winter period puts this target at risk. ED clinical capacity pressures are a continuing concern with increasing patient numbers and high bed occupancy negatively impacting on patient flow. The opening of new capacity early in the New Year will help facilitate flow through the period January to March 2009.
- 276 patients have been cancelled on or after the day of admission for surgery, which in terms of volume and as a proportion of elective activity (0.7%) is an improvement on performance last year. Cancellation breakdown by reason: 136 – no operating time available, 70 – by consultant, 20 – medical shortage, 19 – by ward, 19 – bed shortage, 6 – no anaesthetist, and 6 ITU bed shortage. Elective activity going into the winter months is higher than expected with continued pressure on inpatient beds and theatre time resulting in cancelled operations. Capacity planning to address the elective and emergency growth will generate over 40 additional beds for January to March 2009. Operational actions continue - daily meetings are held to review theatre lists, late starts and utilisation of the previous day; themes are identified and actions compiled to address repeat issues and fed back to specialty areas via the Operational Managers. However, all patients who had an operation cancelled have been rebooked and treated within the required 28 day standard.
- There were 174 cases of Clostridium difficile (C-diff) to the end of October, which is 1 within our trajectory in meeting the challenging priority 08/09 year target. This represents more than a 25% drop on the same period last year. The underlying trend puts us below the 300 target come the end of the financial year. Therefore risk has been reduced to medium from high in the last report. A comprehensive remedial action plan to address C-diff details the actions being taken to sustain the trajectory, outlining an increased investment since July in order to do so. A strategic infection control action plan highlights Trust actions to address MRSA reduction as well as C-diff. The PCT and the SHA are notified weekly of our position via the established reporting mechanisms, and receive regular updates on actions and progress.

[More detail is provided in the Infection Control update under agenda item 8]

- The overall non-elective spell length of stay (LOS) for the 12 months ending September 2008 is 6.0 days. This is adverse to trajectory to meet the stretch target set to be upper decile within our peer group.

Directorate level Effective Patient Care (EPC) service delivery programmes have been compiled and shared with the EPC steering group. Every plan holds initiatives that contribute to the continued reduction of non-elective spell LOS. A trust wide audit of patients with a LOS of greater than 14 days was completed in October 2008; findings and the issues raised are being addressed. Ward reviews are continuing as a result of this audit to ensure that the issues remain priorities. Directorates continue to work on Day Case and DOSA rates where current performance is more encouraging.

4. Recommendation

The Board is asked to note the Trust's performance position for the period ending 31 October 2008 and the actions being taken to address areas of risk.