

BOARD OF GOVERNORS

PERFORMANCE REPORT – 2 MONTHS TO MAY 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 31 May 2008.

2. Executive Summary of Performance Position to 31 May 2008

<u>2. Performance against priority targets</u>	2008/09 Target	FYtD Performance (Apr 08 – May 08)	Risk / Commentary
2.1 4 hour maximum wait in A&E	98%	98.3%	Low. Though pressures still exist as attendances are 2% up on last year.
2.2 Outpatient appt within 2weeks of GP urgent cancer referral	100%	99.7%	Low. Though a slight drop on 99.8% 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 88 (0.7%) cancelled operations	Medium. But the rebooking of cancelled operations within 28 days continues to be achieved.
2.4 31 day maximum wait from cancer diagnosis to treatment	98%	100.0% (Apr 08)	Low
2.5 62 day maximum wait from urgent referral to treatment of all cancers	95%	96.8% (Apr 08)	Low. Pressures still exist due to narrow margin of error. Detailed action plans in place to sustain.
2.6 Thrombolysis - 60 minute call to needle time	68%	83.3%	Low. But monthly fluctuations arise due to small numbers.
2.7 Delayed transfers of care	2.4% (06/07 Nat Ave)	1.0%	Low. PCT & Trust action plan in place.
2.8 Reduction in MRSA bacteraemias	36	7 (1 over trajectory of 6)	High. Detailed action plan ongoing and reviewed monthly.
2.9 Clostridium difficile infection in the 2 and over age group	300	52 (2 over trajectory of 50)	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	93.3%	Low
2.12 18 weeks from GP referral to hospital treatment - non-admitted patients	90%; 95% by Dec 08	94.3%	Low
2.13 New outpatient did not attend (DNA) rate	na	5.3%	Medium

Performance against productivity measures	2008/09 Target	Rolling year Performance (12 mths end May 08)	Risk / Commentary
2.14 Day Case rate	71.9%	72.5%	Low
2.15 Day Case Basket rate	76.8%	67.7%	Medium
2.16 Day of Surgery Admission (DOSA) rate	64.3%	50.0%	Medium
2.17 Overall Non-Elective Spell Length of Stay (LoS) - days	4.4	6.0	High
2.18 Overall Elective Spell LoS - days	3.0	3.9	High

3. Performance for the period ending 31 May 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:

- 88 patients have been cancelled on or after the day of admission for surgery, which as a proportion of elective activity is in line with performance last year. This remains an area of concern for the Trust as it not only impacts on operational efficiency, but causes anguish for the patients affected. Continued pressure on theatre time and inpatient beds results in cancelled operations. All cancellations were avoidable and the breakdown by reason: 47 – no operating time available, 24 – by consultant, 10 – medical shortage, 6 – no anaesthetist, and 1 ITU bed shortage. 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 within the required 28 day standard.
- 7 MRSA bacteraemias have been reported this financial year to date, which is adverse to the trajectory to meet our 36 target in 2008/09. There have been 52 cases of Clostridium difficile (C-diff) reported over the period, which is 2 over trajectory, but still a considerable drop on the same period last year. The situation is being managed proactively through temporary ward closures, deep cleans and a change to the antibiotic policy. The operational policies on the isolation ward have been re-enforced to ensure that Trust staff form the backbone of the ward staffing. Twenty four beds are open on the ward and a further 4 are available as of early June if required. This will maximise the capacity available for potential patients with C-diff so that they can be moved to an isolation ward. Infection control procedures and detailed action plans are continually reviewed and updated in key areas relating to screening, performance management, training, equipment, documentation, patient flow and ongoing audits. The 11 duties outlined in the Hygiene Code are embedded in the Trust's action plans and assurances. The Trust is currently working with the appropriate department to achieve full compliance on Duty 4 (currently at 96%) which requires the maintenance of a clean and appropriate environment for healthcare. At present the non-compliance element relates to a backlog of schedule B (non-patient area) maintenance work and satellite endoscopy units.
- The overall non-elective and elective spell length of stay (LOS) for the 12 months ending May 2008 are 6.0 and 3.9 days respectively. Both are adverse to trajectory to meet the March 2009 target. However, non-elective LOS has fallen each individual month since January, perhaps reflecting the re-structure in Medicine and joint discharge work. The day case basket and day of surgery admission (DOSA) rates are below trajectory to achieve top quartile performance by March 2009, but performance continues to improve every successive month. The Effective Patient Care (EPC) workstreams are being presented to AEB on a rolling basis. The DOSA, day case and LOS targets are being re-set across all areas and extended to March 2011. A Head of EPC and Resource for Change has been appointed to take this forward.

- The rate of patients not attending new outpatient appointments (DNAs) was requested at the last Board meeting, and is hence included at 2.13 in the above table. Indeed this is an area where the Trust would benefit from further public co-operation given that there are savings to be made if more patients turned up for their scheduled appointments. The DNA rate is currently 5.3%, only a slight improvement on 5.4% during 2007/08. However, all appointments are negotiated with patients and a date agreed, or booked via the Choose & Book system. Agreed dates are then confirmed in writing. Some areas use a text reminder service with prior permission from the patient, but this is dependent on whether or not the patient has access to a mobile phone.

4. Recommendation

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