

BOARD OF GOVERNORS**PERFORMANCE REPORT – 4 MONTHS TO JULY 2008****Report of the Head of Performance Intelligence****1. Introduction**

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

2. Executive Summary of Performance Position to 31 July 2008

<u>2. Performance against priority targets</u>	2008/09 Target	FYtD Performance Apr 08 – Jul 08	Risk / Commentary
2.1 4 hour maximum wait in A&E	98%	98.3%	Low. Though 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 156 (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%	99.8%	Low
2.5 62 day maximum wait from urgent referral to treatment of all cancers	95%	95.7%	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%	84.2%	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	12 (on trajectory)	Low. Detailed action plan ongoing and reviewed monthly.
2.9 Clostridium difficile infection in the 2 and over age group	300	107 (7 over trajectory of 100)	High. 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	94.0%	Low
2.12 18 weeks from GP referral to hospital treatment - non-admitted patients	90%; 95% by Dec 08	95.2%	Low

<u>Performance against productivity measures</u>	Target	Rolling year Performance - 12 mths end Jul 08	Risk / Commentary
2.13 Overall Non-Elective Spell Length of Stay (LoS) - days	4.4	6.0 (5.6 in Jul)	High
2.14 Overall Elective Spell LoS - days	3.1	3.8 (3.7 in Jul)	Medium
2.15 Day Case rate	73.5%	73.1% (75.1% in Jul)	Low
2.16 Day of Surgery Admission (DOSA) rate	86.5%	52.8% (63.0% in Jul)	Medium
2.17 Day Case Basket rate	90.0%	68.5% (67.2% in Jul)	Medium
2.18 New outpatient did not attend (DNA) rate	na	5.3%	Medium

3. Performance for the period ending 31 July 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:

- 156 patients have been cancelled on or after the day of admission for surgery, which as a proportion of elective activity (0.7%) is a slight improvement on performance last year. But 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 inpatient beds and theatre time results in cancelled operations. Cancellation breakdown by reason: 73 – no operating time available, 47 – by consultant, 14 – medical shortage, 10 – by ward, 5 – no anaesthetist, 3 – bed shortage, and 4 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 and treated within the required 28 day standard.

- There were 107 cases of Clostridium difficile (C-diff) to the end of July, which is 7 adverse to our trajectory and represents a risk in meeting the challenging priority 08/09 year target. However this still equates to a considerable drop on the same period last year. A rolling programme of deep cleaning on the wards with the highest incidence of C-diff started in August. Audits and observations of practice relating to compliance with the Trust's infection control policies (eg bare below the elbows, Hand Hygiene Policy, the use of gloves and aprons and care of patients in isolation rooms) continue to be carried out.

[More detail is provided in the Infection Control update under agenda item 13]

- The overall non-elective and elective spell length of stay (LOS) for the 12 months ending July 2008 are 6.0 and 3.8 days respectively. Both are adverse to trajectory to meet the stretch targets set to be upper decile within our peer group. Work has taken place to refocus the Effective Patient Care (EPC) programme, specifically to target LOS by monitoring patients in real-time that have been in hospital for more than 7 days and analysing the factors keeping them in hospital. There is also work underway to increase the focus on patients with a LOS greater than 40 days (>40 days), of which there are larger numbers partly due to a rise in the number of very sick patients admitted in the last two months. By focusing on those having a LOS over 7 days, future patients >40 days will reduce (except where clinically appropriate). This work has highlighted constraints in the system - task and finish groups have been set up to resolve. One specific area where LOS has risen is in the area of transfer of patients back to their home acute hospital from our specialist beds which may need support from the SHA to resolve. Directorates are also continuing work on Day Case Rates and DOSA where current performance is more encouraging. All this is underpinned by a new delivery programme for EPC which was approved by the EPC Board that meets monthly and monitors the framework. There is also engagement

with the Addenbrookes Executive Board and the Finance, Operations and Performance Committee on a regular basis.

4. Recommendation

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