

BOARD OF GOVERNORS**PERFORMANCE REPORT – 11 MONTHS TO FEBRUARY 2009****Report of the Head of Performance Intelligence****1. Introduction**

This paper sets out the performance position for the period ending 28 February 2009.

2. Executive Summary of Performance Position to 28 February 2009

<u>2. Performance against priority targets</u>	2008/09 Target	FYtD Performance Apr 08 – Feb 09	Risk / Commentary
2.1 4 hour maximum wait in A&E	98%	97.8%	High. Attendances are 4.5% up on last year.
2.2a Outpatient appt within 2weeks of GP urgent cancer referral	100%	99.9% (to Dec 08)	Low
2.2b Outpatient appt within 2weeks of GP urgent cancer referral – NEW commitment & counting method	TBC	87.8% (Feb 09)	Medium
2.3 Cancelled operations and patients not re-booked within 28 days of an operation cancelled	0	3 patients not re-booked within 28 days; and 488 (0.75%) cancelled operations	Medium.
2.4a 31 day maximum wait from cancer diagnosis to treatment	98%	99.5% (to Dec 08)	Low
2.4b 31 day maximum wait from cancer diagnosis to treatment - NEW commitment & counting method	TBC	Not yet measurable	Low
2.5a 62 day maximum wait from urgent referral to treatment of all cancers	95%	95.5% (to Dec 08)	Low
2.5b 62 day maximum wait from urgent referral to treatment of all cancers - NEW commitment & counting method	TBC	Not yet measurable	Low. Pressures still exist due to small numbers and narrow margin of error.
2.6 Thrombolysis - 60 minute call to needle time	68%	86.5%	Low. But monthly fluctuations arise due to small numbers.
2.7 Delayed transfers of care	2.4% (06/07 Nat Ave)	1.34%	Low. PCT & Trust action plan in place to sustain over the winter period.
2.8 Reduction in MRSA bacteraemias	33	25 (6 under trajectory of 31)	Low. Detailed action plan ongoing and reviewed monthly.
2.9 Clostridium difficile infection in the 2 and over age group	300	272 (3 under trajectory of 275)	Low. 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	90% from	93.0% (Feb 09)	Low. Though

treatment - admitted patients	Dec 08		pressures exist following the backlog created through norovirus outbreaks.
2.12 18 weeks from GP referral to hospital treatment - non-admitted patients	95% from Dec 08	97.1% (Feb 09)	Low
2.13 % of inpatients waiting 26 weeks or more at the end of each month	<0.03%	0.12%	High. Breaches resulting from introduction of new service.
<u>Performance against productivity measures</u>	Target	Rolling year Performance - 12 mths end Jan 09	Risk / Commentary
2.13 Overall Non-Elective Spell Length of Stay (LoS) - days	4.4	5.9 (6.1 in Jan)	High
2.14 Overall Elective Spell LoS - days	3.1	3.8 (3.6 in Jan)	Medium
2.15 Day Case rate	73.5%	74.2% (76.7% in Jan)	Low
2.16 Day of Surgery Admission (DOSA) rate	86.5%	61.2% (66.1% in Jan)	Medium
2.17 Day Case Basket rate	90.0%	68.8% (70.6% in Jan)	Medium
2.18 New outpatient did not attend (DNA) rate	na	6.7%	Medium

3. Performance for the period ending 28 February 2009

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:

- A&E performance against the 4 hour wait was 97.8% and below target during April 2008 to January 2009. The norovirus outbreaks and over 4% increase in Emergency Department attendances have impacted negatively on this figure. We received a performance notice from NHS Cambridgeshire, and Monitor requested a full explanation to why the Trust failed to achieve target in quarter three and the corresponding period last year.
A detailed remedial action plan has been agreed and submitted to NHS Cambridgeshire outlining the key issues to be addressed, which include:
 - Increasing bed availability and improving patient flow
 - Reducing delays in specialty review
 - Increasing cubicle numbers in the Emergency Department
 - Joint work with the PCT and Cambridgeshire Community Services

The explanation for Monitor, supported by relevant analysis, was drafted and forwarded on the 27th February 2009.

- The impact of norovirus ward closures on capacity has led to a rise in operations cancelled on or after the day of admission due to bed shortages, particularly in January. 488 patients have been cancelled on or after the day of admission for surgery this financial year to date, but as a proportion of elective activity (0.75%) remains the same as performance last year. 55% of cancellations during December and January were due to bed shortages. 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.
Three patients who had an operation cancelled were not rebooked and treated within the required 28 day standard – one in Neurosurgery in November; and two patients (Ophthalmology and Urology) breached in January. Wherever possible, any need for cancellations is identified the day before admission. Joint work has been completed with Information Management to improve the accuracy of identifying on-the-day cancellations so that patients affected can be re-booked for treatment at the earliest possible opportunity.

However, the Trust is well within the Healthcare Commission threshold to achieve target in their annual assessment.

- Performance against the Inpatient maximum 26 week wait is below target. This follows the introduction of a new Neurology service in January 2009, which uncovered that 9 patients had been led to believe they were actively waiting for treatment even though the service had not yet commenced. We received a performance notice from NHS Cambridgeshire and have ensured plans are in place for all patients to be treated so that no breaches continue into 2009/10. The Trust will underachieve on the Healthcare Commission threshold for this target in the annual assessment.
- The overall non-elective spell length of stay (LOS) for the 12 months ending January 2009 is 5.9 days. This is adverse to trajectory to meet the stretch target set at upper decile within our peer group. Performance in Surgery/Transplant and Neurosciences are ahead of trajectory. Cancer is moving towards target. Least progress has been made in Medicine. Effective Patient Care (EPC) has been mainstreamed into the new Clinical Divisions. The EPC service delivery programmes remain valid and appropriate as these were developed to match the new divisional structures. Each division is monitored on their performance against EPC trajectories at their monthly divisional review meetings. Responsibility for delivering the EPC commitments are retained by Clinical Divisional Directors and their teams.
Medicine developed a plan to address internal issues which was implemented on 1st March 2009. Women's and Children's services are undertaking analysis of data to understand where the biggest impact can be achieved to put plans in place that will deliver improvements over the next three months.
Discharge work streams continue to be developed with partners in the County Council, Cambridgeshire Community Services and NHS Cambridgeshire. There is work ongoing to agree the contract in relation to delayed discharges which is a joint Cambridgeshire Community Services and Trust target.
Directorates continue to work on Day Case and DOSA rates where performance is more encouraging.

4. Recommendation

The Board is asked to note the Trust's performance position for the period ending 28 February 2009 and the actions being taken to address areas of risk.