

BOARD OF GOVERNORS

PERFORMANCE REPORT – 7 MONTHS TO OCTOBER 2009

Report of the Director of Information Systems & Analysis and the Head of Performance Intelligence

1. Introduction

This paper sets out the performance position for the period ending 31 October 2009.

2. Executive Summary of Performance Position to 31 October 2009

| <u>2. Performance against priority targets</u> | 2009/10 Target | FYtD Performance Apr – Oct 09 [Trend in period since last report] | Risk / Commentary |
|---|-------------------------------|--|---|
| 2.1 4 hour maximum wait in A&E (incl. partnered Cambs MIU activity) | 98% | 98.3% [↓ decline] | Medium. Monthly performance in Oct fell to 97.1%. Live action plan in place to improve. |
| 2.2 18 weeks from GP referral to hospital treatment - admitted patients | 90% | 93.0% [↑ improvement] | Low |
| 2.3 18 weeks from GP referral to hospital treatment - non-admitted patients | 95% | 96.8% [← no real change] | Low |
| 2.4 Cancer 2week wait from urgent referral to first seen - NEW methodology | 93% | 92.4% (to Sep 09) [↑ improvement] | Medium. Action plan developed to address. |
| 2.5 Cancer 31day wait for first treatment from diagnosis - NEW methodology | 96% | 96.7% (to Sep 09) [↑ improvement] | Low |
| 2.6 Cancer 31day wait for subsequent treatment - NEW commitment (excluding Radiotherapy until Dec 2010) | Drug 98% Surgery 94% | 99.8% (to Sep 09) [↑ improvement] 94.1% (to Sep 09) [↑ improvement] | Low |
| 2.7 Cancer 62day wait for first treatment from urgent referral - NEW commitment | Standard 85% Screening 90% | 82.6% (to Sep 09) [↓ decline] 92.8% (to Sep 09) [↑ improvement] | High. Live action plan in place to address. |
| 2.8 Reduction in MRSA bacteraemias | 24 | 14 (on trajectory) [↑ improvement] | Medium. Risk due to small numbers. Detailed action plan ongoing and reviewed monthly. |
| 2.9 Clostridium difficile infection in the 2 and over age group | 240 | 71 (69 under trajectory of 140) [↑ improvement] | Low |
| 2.10 Thrombolysis - 60 minute call to needle time | 68% | 100% [← no real change] | Low. But monthly fluctuations arise due to small numbers. |
| 2.11 Cancelled operations and patients not re-booked within 28 days of an operation cancelled | 0 | 2 patients not re-booked within 28 days; and 380 (0.83%) cancelled operations [↑ improvement] | High. Cancellations are up compared to the same period last year. |

| 2. Performance against priority targets – cont. | 2009/10 Target | FYtD Performance Apr – Oct 09 [Trend in period since last report] | Risk / Commentary |
|---|-----------------------|--|--|
| 2.12 Delayed transfers of care | < 08/09 Nat Ave | 3.71% [↓ decline] | High. Up on 08/09 levels. |
| 2.13 Access to GUM clinic within 48 hours | 100% | 100.0% [← no real change] | Low |
| 2.14 % of outpatients waiting 13 weeks or more at the end of each month | 0% | 0.53% [↑ improvement] | High. No further breaches in clinical genetics since July. But target failed for the year. |
| 2.15 % of inpatients waiting 26 weeks or more at the end of each month | 0% | 0.00% [← no real change] | Low |
| 2. Performance against productivity measures | 2009/10 Target | Rolling year Performance - 12 months end Sep 09 [Trend in period since last report] | Risk / Commentary |
| 2.16 Overall Non-Elective Spell Length of Stay (LoS) - days | 4.9 | 5.8 [↑ improvement] | Medium |
| 2.17 Overall Elective Spell LoS - days | 3.2 | 3.9 [← no real change] | High. Significantly adverse to trajectory. |
| 2.18 Day Case rate | 77.0% | 75.5% [↑ improvement] | Medium |
| 2.19 Day of Surgery Admission (DOSA) rate | 73.4% | 66.7% [↑ improvement] | Medium |
| 2.20 Day Case Basket rate | 74.9% | 71.7% [↑ improvement] | Medium |
| 2.21 New outpatient did not attend (DNA) rate | na | 6.2% [← no real change] | Medium |

3. Performance for the period ending 31 October 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:

- [Ref 2.1] Although financial year performance in A&E against the 4 hour wait was 98.3% and favourable, 97.1% within October fell below target. This represents a risk for quarter three, particularly in relation to our escalation status with Monitor. The action plan has been updated and a number of new actions have been agreed by the Divisional Directors and Directors of Operations:
 - Introduction of proactive escalation by the on call management team at twice daily Emergency Department meetings.
 - Reissuing of escalation and working arrangement expectations to all consultants by the Medical Director.
 - Investment in additional short term medical cover at vulnerable times (emergency and acute medicine).
 - Temporary relocation and expansion of the Clinical Decisions Unit from EAU 2 to EAU 4. This has enabled an increase in beds from 8 to 12, pending opening of the medical contingency on EAU 4 from 1st January 2010.
- [Ref 2.7] Cancer 62-day wait standard target – our financial year and last quarter performance to end Sep 09 is adverse to the new 62 day wait target of 85%. The majority of breaches occur in Urology, Lower GI and Gynaecology. The target remains challenging but 60% of the issues are within the Trust's control. An action plan has been developed to address the themes. A significant amount of work has been undertaken specifically in Urological cancer which accounts for 50% of the breaches. Key actions have been:
 - Recruitment of joint tracking/Multi-Disciplinary Team administration posts.

- Clinical pathway reviews by the clinicians.
- Inter-provider transfers have been investigated and a new reporting mechanism introduced to highlight potential patients at an earlier stage.
- Improved handover between surgical and oncology teams mid-pathway.

- [Ref 2.11] 380 patients (0.83% of elective activity) have been cancelled on or after the day of admission for surgery this financial year to date, and is adverse to 276 patients (0.66%) last year. Cancellation breakdown by reason: 184 – no operating time available, 86 – by consultant, 57 – bed shortage, 23 – medical shortage, 16 - by ward, 12 ITU bed shortage, and 2 – no anaesthetist.
Operational managers continue to review year to date cancellations, and weekly cancelled operations reports to ensure that correct reasons are being captured and that clinical cancellations are being excluded.
Almost 30% of cancelled operations are in Neurosurgery, and the service has reconfigured their operating schedules to allow for more emergency capacity. Additionally they have revised the escalation policy within the Division in order that all alternatives to cancellation are considered before this action is taken.
As half of all cancellations are due to no operating time being available, the current performance has been presented to theatre team leaders who are looking to work more closely with booking staff in scheduling theatre lists. More detailed theatre usage analysis will be available to them next month to help.
- [Ref 2.12] The proportion of inpatients whose transfer of care was delayed has risen significantly compared to last year (3.7% vs. 1.7%). This is primarily due to the way they are being counted locally since April 2009.
As presented in detail at last Working Group meeting in September, the focus on better discharge planning across the Trust continues, with the 'Perfect Discharge programme' remaining pivotal.
Chief Executives from the Trust, Cambridge Community Service and NHS Cambridgeshire have met to discuss the issue. There has been a commitment from NHS Cambridgeshire to fund further placements, but additional alternative provision has not been identified as yet. Community care is provided by multiple organisations each with their own selection criteria. Continued Board level involvement is required.
In the interim, the Trust will take greater responsibility for the work priorities of the community discharge planning sisters until the end of March 2010.
- [Ref 2.17] The overall elective spell length of stay (LoS) for the 12 months ending September 2009 is 3.9 days, and is significantly adverse to trajectory to meet the 2011 target. But the Effective Patient Care (EPC) programme has delivered 72 cumulative beds against the 2008 baseline for the annualised financial year to date.
It is recognised that as day case rates improve, elective LoS may appear worse as the former removes 'shorter' spells from the overall elective LoS data.
Divisions have submitted their EPC delivery plans using a standardised template to report on progress. Further discussions are held at Divisional meetings with the Executive Directors. Additional work is now being undertaken with Divisional Directors to quantify the impact of planned projects and feed them into the bed capacity model going forward. This will involve Divisions revising their delivery plans with target performance and potential bed day savings, outlining their timescales for achievement.
Discharge issues are discussed at the senior nurse weekly meetings to ensure that nurses are driving timely discharge and identifying blocks/problems which need Executive/cross-Trust support.
The 'Perfect Discharge programme' draws together all the work that the Trust is doing to ensure timely discharge. Good practice is being shared across divisions.

4. Recommendation

The Board is asked to note the Trust's performance position for the period ending 31 October 2009 and the actions being taken to address areas of risk.