

BOARD OF GOVERNORS**PERFORMANCE REPORT – 2 MONTHS TO MAY 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 May 2009.

2. Executive Summary of Performance Position to 31 May 2009

<u>2. Performance against priority targets</u>	2009/10 Target	FYtD Performance Apr – May 09	Risk / Commentary
2.1 4 hour maximum wait in A&E (incl. partnered Cambs MIU activity)	98%	98.1%	Medium. Though attendances are 8% up on last year.
2.2 18 weeks from GP referral to hospital treatment - admitted patients	90%	92.2%	Medium. But pressures still exist following the backlog created through norovirus outbreaks.
2.3 18 weeks from GP referral to hospital treatment - non-admitted patients	95%	96.8%	Low
2.4 Cancer 2week wait from urgent referral to first seen - NEW methodology	TBC	88.4%	High - below National performance.
2.5 Cancer 31day wait for first treatment from diagnosis - NEW methodology	TBC	96.2%	High - below National performance.
2.6 Cancer 31day wait for subsequent treatment - NEW commitment (excl. Radiotherapy until Dec 2010)	TBC	91.3%	High - below National performance.
2.7 Cancer 62day wait for first treatment from urgent referral - NEW commitment (incl. screening and consultant upgrades)	TBC	87.0%	High - below National performance.
2.8 Reduction in MRSA bacteraemias	24	5 (1 above trajectory of 4)	High. Detailed action plan ongoing and reviewed monthly.
2.9 Clostridium difficile infection in the 2 and over age group	240	28 (12 under trajectory of 40)	Low. Detailed action plan ongoing and reviewed monthly.
2.10 Thrombolysis - 60 minute call to needle time	68%	100%	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	1 patient not re-booked within 28 days; and 94 (0.81%) cancelled operations	High. Cancellations are up compared to the same period last year.
2.12 Delayed transfers of care	< 08/09 Nat Ave	2.93%	High. Up on 08/09 levels.

2.13 Access to GUM clinic within 48 hours	100%	100.0%	Low
2.14 % of outpatients waiting 13 weeks or more at the end of each month	0%	1.33%	High. Continuing breaches in the clinical genetics service.
2.15 % of inpatients waiting 26 weeks or more at the end of each month	0%	0.00%	Low
<u>Performance against productivity measures</u>	2009/10 Target	Rolling year Performance - 12 mths end Apr 09	Risk / Commentary
2.16 Overall Non-Elective Spell Length of Stay (LoS) - days	Revised to deliver upper decile against peer group by March 2011	5.8	High. Adverse to trajectory.
2.17 Overall Elective Spell LoS - days		3.8	Medium
2.18 Day Case rate		74.6%	Low
2.19 Day of Surgery Admission (DOSA) rate		64.3%	Medium
2.20 Day Case Basket rate		69.7%	Medium
2.21 New outpatient did not attend (DNA) rate		na	6.1% (to May 09)

3. Performance for the period ending 31 May 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 2.4 to 2.7] Cancer targets - we continue to await publication of the Department of Health (DH) thresholds for performance against the new methodologies and commitments. The high risk in relation to these targets is due to our performance falling below the National figures. The Cancer Division and Information Services are continuing a re-training programme of staff associated with managing data input and pathways of cancer patients, and a revised escalation process for cancer patients is now in place. Root cause analysis is undertaken for all breaches, and associated meetings to review and discuss will take place.
- [Ref 2.8] There were three MRSA bacteraemias in May, five this financial year to date. This is adverse to our trajectory and, although small numbers, represents a risk in meeting the 2009/10 year target. The overall action plan remains live and is updated accordingly. Staff healthcare acquired infection (HCAI) education and training is under review, a plan is being developed for an HCAI ward accreditation scheme. The Infection Control Team attends the Daily Facilitated meetings on identified problem wards. Audits of invasive devices, documentation and practice now take place on a regular basis. The DH HCAI team report has been received; a gap analysis against the team's recommendations is being undertaken. The Trust starts a two month pilot of a system which monitors organism load in the environment and this should help to provide an assurance on our cleaning processes. More details will be provided in the separate Infection Control agenda item.
- [Ref 2.11] 94 patients (0.8% of elective activity) have been cancelled on or after the day of admission for surgery this financial year to date, and is adverse to 88 patients (0.7%) last year. Cancellation breakdown by reason: 44 – no operating time available, 19 – by consultant, 13 – medical shortage, 10 – bed shortage, and 8 ITU bed shortage. 30% of cancelled operations are in Neurosurgery, and the service is reconfiguring their operating schedules to allow for more emergency capacity. Operational actions continue and other themes are being identified and actions compiled to address repeat issues. Wherever possible, any need for cancellations is identified the day before admission. One patient who had an operation cancelled was not rebooked and treated within the required 28 day standard – within Neurosurgery in April. This particular breach was a complex case requiring joint consultant care that could not be co-ordinated within the timeframe.

- [Ref 2.12] Our delayed discharges as a proportion of admitted patients have risen compared to last year, primarily due to the way they are being counted locally from 2009/10. Actions to address include:
 - Close working relationships with Cambridge Discharge and Out of Counties teams continue with monitoring through the Validation meeting (latter used to capture themes for delayed discharges and action planning against any identified)
 - Liaison with the PCT to introduce a new model of Rehabilitation provision across Cambridge
 - Interface Group looking at roles and responsibilities across the community and hospital, with the potential for clearer and improved communication
 - Proactive management of internal delays via the bed stock and discharge target setting for clinical areas, along with setting standards that can be variance tracked
 - Increased levels of Education and Training across all wards and re-launch of Resource Folders
 - Working with RealTime to make the whole system electronic and patient status clearly visible at any point in time to all involved with the patient's discharge.
- [Ref 2.14] Performance against the outpatient maximum 13 week wait is below target. Patient waiting times in Clinical Genetics is now being reported monthly to the DH (backdated to Jan 2009). Prior to this, in line with national practice, these waiting times were not reported to the DH but instead reported monthly by the service to the East of England Specialised Commissioning Team. Discussions with the DH to allow the phasing in of this new requirement were not successful and the Trust has incurred the penalty of missing the 13 week GP referral to first appointment target in both 2008/09 and subsequently for 2009/10. Negotiations are on-going with commissioners to increase the block contract to enable the Trust to increase capacity for this service. The Trust has proceeded at a financial risk to support increased capacity to accommodate the backlog of patients. Waiting list monitoring meetings are being held with managers to ensure that use of available capacity is maximised and the service hopes to have accommodated most patients by the end of July 2009. Continued additional capacity will be required to maintain waiting times thereafter.
- [Ref 2.16] The overall non-elective spell length of stay (LOS) for the 12 months ending April 2009 is 5.8 days, and is adverse to trajectory to meet the 2011 target. The Effective Patient Care (EPC) programme has delivered 57 cumulative beds against the 2007 baseline – this is down 5 beds on last month's position. A programme of key actions is in place to deliver target bed savings, and these are outlined in the divisional delivery plans. Monitoring of the EPC programme has recently been reworked to drive improvements in LOS towards top decile performance against our peer group of teaching hospitals by March 2011. The potential bed day savings proposed and the phasing of targets to achieve those savings requires discussion and agreement. The Directors and Divisional Directors will consider this issue at their away day on 8th July. The discharge planning process has been simplified with a revised pathway with assigned roles, responsibilities and performance monitoring. A live Discharges dashboard is now available on the Business Intelligence QlikView system for key staff to access. The model shows discharges by day, week and broken down by ward, along with a snapshot of current occupancy information. Directorates continue to work on Day Case and DOSA rates where current performance is more encouraging.
- [Ref 2.21] The new outpatient did not attend (DNA) rate is 6.1% to May 09; improves to 5.2% for those patients who made appointments via the Choose & Book system. At the last meeting, the Board were interested in the financial implications to the Trust. The NHS Institute for Innovation and Improvement publish productive metrics comparable against other trusts on a quarterly basis; one of their metrics is the outpatient DNA rate. Their latest figures for quarter 3 2008/09 rank us 45th amongst all acute trusts (remaining within 2nd national quartile). Using excess DNAs (outliers to the top quartile

for each specialty) multiplied by the Payment by Results tariff, this equates to possible annualised savings of £851k (based on quarter 3 x 4). However, as the Director of Operations stated at the December 2008 meeting, the Trust overbooks patients in outpatient clinics by 5-10% depending on the respective individual clinic DNA rate. So the possible savings highlighted above are inflated and do not reflect the true position.

4. Recommendation

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