

BOARD OF GOVERNORS**PERFORMANCE REPORT – 11 MONTHS TO FEBRUARY 2010****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 28 February 2010.

2. Executive Summary of Performance Position to 28 February 2010

<u>2. Performance against priority targets</u>	2009/10 Target	FYtD Performance Apr 09 – Feb 10 [Trend in period since last report]	Risk / Commentary
2.1 4 hour maximum wait in A&E (incl. partnered Cambs MIU activity)	98%	97.9% [↓ decline]	High. Monthly performance in Feb was 97.7%. Live action plan in place to improve.
2.2 18 weeks from GP referral to hospital treatment - admitted patients	90%	92.5% [↓ decline]	Medium. Due to individual specialties at risk.
2.3 18 weeks from GP referral to hospital treatment - non-admitted patients	95%	96.8% [← no real change]	Medium. Due to individual specialties at risk.
2.4 Cancer 2 week wait from urgent referral to first seen - NEW methodology	93%	93.0% [↑ improvement]	Low. Action plan developed to maintain.
2.5 Cancer 31 day wait for first treatment from diagnosis - NEW methodology	96%	97.2% [↑ improvement]	Low
2.6 Cancer 31 day wait for subsequent treatment - NEW commitment (excluding Radiotherapy until Dec 2010)	Drug 98% Surgery 94%	99.8% [← no real change] 95.5% [↑ improvement]	Low
2.7 Cancer 62 day wait for first treatment from urgent referral - NEW commitment	Standard 85% Screening 90%	84.1% [↑ improvement] 92.2% [↓ decline]	High. Live action plan in place to address.
2.8 Reduction in MRSA bacteraemias	24	20 – within target (to Mar 10) [↑ improvement]	Low. 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	116 (104 under trajectory of 220) [↑ 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	3 patients not re-booked within 28 days; and 533 (0.74%) cancelled operations [↑ improvement]	Medium

2. Performance against priority targets – cont.	2009/10 Target	FYtD Performance Apr 09 – Feb 10 [Trend in period since last report]	Risk / Commentary
2.12 Delayed transfers of care	< 08/09 Nat Ave	4.56% [↓ 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%	0.35% [↑ improvement]	High. Only 2 breaches in clinical genetics since July 09. But target already 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 Feb 10 [Trend in period since last report]	Risk / Commentary
2.16 Overall Non-Elective Spell Length of Stay (LoS) - days	4.9	5.7 [↑ improvement]	High. Significantly adverse to trajectory.
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%	76.2% [↑ improvement]	Medium
2.19 Day of Surgery Admission (DOSA) rate	73.4%	68.6% [↑ improvement]	Medium
2.20 Day Case Basket rate	74.9%	74.4% [↑ improvement]	Medium
2.21 New outpatient did not attend (DNA) rate	na	6.2% [← no real change]	Medium

3. Performance for the period ending 28 February 2010

This report relates to performance against key targets and productivity measures. The summary given above outlines a number of areas of higher or growing risk. Actions being taken to address these areas are as follows:

- [Ref 2.1] 4-hour wait financial year performance in A&E to end February 2010 was 97.9%; and 97.7% within month. This now means that the Trust cannot achieve the target for either quarter 4 or overall 2009/10 year performance. This represents high risk, particularly in relation to our escalation status with Monitor. The main reason for breaches during quarter 4 was bed availability aggravated by emergency admissions running at 6% above the year to date average. Bed closures due to Norovirus combined with delayed transfers of care continue to be a contributory cause of capacity constraints. The Trust has continued to focus on six high level areas of action based on its ongoing root cause analysis. New actions include:
 - Ensuring that emergency beds are available in each Division at all times; including critical care.
 - Securing written agreement of Divisional Directors to ensure patients are either reviewed or admitted for senior review by three hours (providing the patient's condition is stable).
 - Joint working with the PCT on demand management.

Internal audit has been commissioned to audit 4-hour winter resilience and inform future actions. The Trust also arranged to complete the diagnostic work with the DH Intensive Support team for Emergency Care who were invited and visited on 30th March 2010. The learning from both these reviews will be incorporated into the A&E action plan.

- [Ref 2.2 & 2.3] The Trust continues to meet the aggregate 18-week referral to treatment targets (both admitted and non-admitted patients) for each month over the 2009/10 year. But the target continues to be missed in specific individual specialties, and represents a risk in the 2009/10 Care Quality Commission (CQC) assessment framework. In February the 18-week referral to treatment admitted and non-admitted patient pathways were at 91.0% and 96.7% respectively, favourable to target. Individual specialties have not achieved across 11 targets in Trauma & Orthopaedics, Plastic Surgery, Neurosurgery, General Surgery, ENT, Urology and Oral Surgery. As expected, this is evidence that the drive to reduce the 18-week waiting list backlog has put further specialties at risk. However as planned, concentrating on the actual backlog itself has been effective, and it has reduced to the lowest level since December 2008, putting the Trust in a better position for next year onwards.
- [Ref 2.7] Cancer 62-day wait standard target – although considerable improvement has been made since the last Board of Governors meeting, non-adjusted performance for the financial year to date at 84.1% is adverse to the target of 85%. Weekly performance and escalation meetings continue with the Cancer Management teams and key Executive Directors. So far, 3 trusts have formally accepted reallocation of 7.5 inter-trust accountable breaches and their written declaration has been submitted to the CQC. If these are accounted for, adjusted performance is 84.8%. We are continuing discussions with neighbouring trusts about late inter-trust referrals which represent a significant proportion of breaches. Seeking further confirmations of reallocations will play a significant part in our ability to achieve this Cancer 62-day standard target, which remains in the balance as a result.
- [Ref 2.11] 533 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 (0.74%) represents slight improvement on performance last year. Cancellation breakdown by reason: 260 – no operating time available, 109 – by consultant, 68 – bed shortage, 52 – medical shortage, 25 ITU bed shortage, 17 - by ward, and 2 – no anaesthetist. Operational managers continue to review year to date cancellations and analyse weekly cancelled operations reports to ensure that correct reasons are being captured and that clinical cancellations are being excluded. An escalation policy has been agreed and all cancelled operations are reported to the Duty Director of Operations in order that all alternatives to cancellation are considered before this action is taken as a last resort. In December 2009 there were 15 unavoidable cancellations due to a medical shortage arising from power failure at the Ely Day Surgery Unit from the adverse weather conditions. Adverse weather continued to be the cause of some cancellations in January and February. Cancellations directly related to bed shortage have remained low despite capacity pressures. This is a significant achievement and has resulted in increased day of surgery admission rates.
- [Ref 2.12] The proportion of inpatients whose transfer of care was delayed has risen significantly compared to last year (4.6% vs. 1.7%). This is primarily due to the way they are being counted locally since April 2009. The Trust has escalated the continuing issue of large numbers of delayed transfers of care with the Local Authority and PCT Chief Executive Officers, as well as to the local Overview and Scrutiny Committee. Weekly teleconferences with community services are helping to maintain the focus on unblocking these delays and improving access to emergency beds, although the volume of delayed patients and total bed days lost remains high. There has been a commitment from NHS Cambridgeshire to fund further placements if required. Continued Board level involvement is needed and a 'health' economy wide action plan has been drafted for discussion at the next Chief Executive meeting. The focus on better discharge planning across the Trust continues, remaining pivotal running alongside the Effectiveness Programme.

- [Ref 2.16 & 2.17] Overall non-elective and elective spell length of stay (LoS) for the 12 months ending February 2010 are 5.7 and 3.9 days respectively; both are considerably adverse to trajectory to meet the 2011 target. The Effective Patient Care (EPC) programme has delivered 73 cumulative beds against the 2008 baseline for the annualised financial year to date.

The EPC programme of actions in place to deliver target bed reductions has merged with the overall Effectiveness Programme.

Progress on reducing LoS has been marginal in February with Medicine, Surgery/Transplant and Children's/Women's Services showing only slight improvement; Critical Care and Cancer Services remaining static; and Neurosciences deteriorating. Modelling has been completed that demonstrates that approximately 19 additional bed equivalent savings would be realised if bed days lost to delayed transfers of care were halved.

The Hospital reconfiguration work will support efficiency gains through the re-structuring of wards and day of surgery admission areas.

Divisions are continuing to update their action plans each month. Plans are reviewed by the Executive and discussed with divisions at the bi-monthly divisional meetings and at the Clinical Executive on a monthly basis. Where best practice is identified this is being shared with other divisions at the Clinical Executive.

4. Recommendation

The Board is asked to note the Trust's performance position for the period ending 28 February 2010 and the actions being taken to address areas of risk.