East and North Hertfordshire NHS
NHS Trust

Agenda Item: 10c

TRUST BOARD MEETING – 24 JULY 2013
PERFORMANCE REPORT MONTH 3

PURPOSE	To update the Trust Board on: • Progress against Monitor Compliance Framework, DH Operating Standards, Contractual standards and local performance measures. • Exception reports outlining action taken and next steps are provided for indicators that are either 'red' in month, or at risk year to date.
PREVIOUSLY CONSIDERED BY	Finance and Performance Committee on 17 July 2013
Objective(s) to which issue relates *	☑ 1. To continuously improve the quality of our services in order to provide the best care and optimise health outcomes for each and every individual accessing the Trust's services ☐ 2. To excel at customer service, achieving outstanding levels of communication and patient, carer and GP satisfaction ☐ 3. To provide and support the best standards of integrated care for the elderly and those with long term conditions by developing key partnerships and services ☐ 4. To consolidate services and enhance local access to specialist services in order to deliver high quality, safe, seamless, innovative and integrated services which are sustainable ☐ 5. To support the continued development of the Mount Vernon Cancer Centre and provision of leading local and tertiary cancer services ☐ 6. To improve our staff engagement and organisational culture to be amongst the best nationally
Risk Issues (Quality, safety, financial, HR, legal issues, equality issues)	Delivery of financial, operational performance and strategic objectives, FT application, CQC ratings, SHA Governance risk Rating, Contractual performance.
Healthcare/ National Policy (includes CQC/Monitor)	Achievement of Monitor, CQC, DH Operating Framework and other national and local performance standards.
CRR/Board Assurance Framework *	☑ **Corporate Risk Register** ☑ **BAF**

ACTION REQUIRED *

For approval	☐	For decision	☐
For discussion	☑	For information	☐

DIRECTOR:	DIRECTOR OF OPERATIONS
PRESENTED BY:	DIRECTOR OF OPERATIONS
AUTHOR:	DIRECTOR OF OPERATIONS
DATE:	12 JULY 2013

We put our patients first We work as a team We value everybody We are open and honest
We strive for excellence and continuous improvement

***** tick applicable box

East and North Hertfordshire NHS Trust

Trust Board Meeting – July 2013

PERFORMANCE REPORT

1. Key headlines

The Trust has a Monitor Compliance Framework Quarterly Risk rating of Amber / Green and a TDA provider management regime monthly governance risk rating of Amber / Green. All key GRR related indicators remain Green except CDiff which remains Red for a second month.

1.2 Key exceptions

Indicator	Target %		Reason	Action	Lead DD
Admissions to a stoke bed <4hours from Decision to Admit (data 1 month in arrears)	**>90**	**76.3**	• Patients going to assessment units • High number of DToC on stroke ward • Patients attending ED at the QEII	• Daily DoO led review meeting • DToC report to Commissioner and HCT • Detailed action plan being followed by stroke team	AB
Stroke Care - % of patients spending 90% of hospital stay on a specialist stroke unit	**>80**	**73.8**	• Performance continues to be hindered by high number of DToC	• Pre-discharge patients identified day before to be prioritised on the ward round • DToC report to Commissioner and HCT	AB
Oral surgery 18 week RTT	**>90 (admitted)**	**66.7**	• Delays in receiving referrals from PCT's referral management process • Patients waiting the longest (i.e. delayed from PCT) were prioritised, having a negative impact on patients who were not delayed by the PCT • Performance has dropped as the backlog has been cleared	• The service is now on target to achieve the standard going forward	JF
Trauma and orthopaedics 18 week RTT	**>90 (admitted)** **>92 (open pathways)**	**87.5** **89.7**	• Temporary shortfall in Spinal surgeon capacity (ENHT currently has one spinal surgeon) due to delays in recruitment • Interim strategy of using private providers did not work due to providers being unwilling to take patients • 20 ASA3 patients from Clinicenta had an impact on available capacity i.e. 20 theatre sessions • Low	• New surgeon (locum) commenced in June • Trajectory in place to achieve all standards by the end of September	JF

			denominator/numerator means small variations have a big impact on performance		
Restorative Dentistry 18 week RTT	**>92 (open pathways)**	**80.9**	• Current surgeon has returned to work following ill health but can no longer undertake his previous volume of work • Inability to source locums • 12 other providers approached but not able to provide assistance •	• Extra weekend clinics being put on by a private provider from Harley Street • Expected to resolve issue within 2 months • Strategic discussion with SCG and CCG about medium-term viability of single handed service – conclusions by end of August	JF
CDiff Trajectory	**3**	**7**	• See infection control report for full details	• See infection control report for detail • Deep clean programme currently underway	AT/JW

2. Other Headlines

2.1. Choose and Book Slot Issues

Choose and Book allows GPs to book patients directly into clinic appointments from their surgeries. Performance is monitored by the availability of clinic slots, with a 'slot issue' recorded whenever there is not available capacity.

The main issues are linked to two specialities, detailed below.

- Cardiology
  - 2 new consultants starting at the beginning of September. This will provide enough extra capacity to resolve the issues by the end of September.
  - During August there is a planned closure of one Cath Lab due to building works. During this time, some of these sessions will be converted into clinics to provide increased levels of capacity

- Dermatology
  - 2 historical vacancies remain unfilled, unable to cover with agency or locum
  - Division looking into possibility of hiring an 'off-framework agency' consultant

2.2. Emergency MRSA Screening

All emergency admissions must be screened for MRSA – this is done by the nursing staff in ED and assessment areas. Recent high levels of agency staff being used means that the Trust has only hit 90% this month, due to an unfamiliarity with ENHT's systems and process A number of new substantive staff have been recruited during June and July, which will help ensure continuity of knowledge in the department and improve the levels of patients being screened.

3. Forward Look

Risk	Reason	Action	Lead Divisional Director
• 6 weeks diagnostic waiting time – MRI	• Not enough existing capacity to meet demand • 3 week delay in new MRI scanner – now due 21/10 • Division focussing on re-prioritising lists to improve responsiveness to inpatient requests	• A mobile MRI scanner used on 4 occasions this year and is due to come again for 1 week in July. Work the mobile scanner can do is limited i.e. cannot do any complex work, of which there is a high demand • Voluntary evening and weekend sessions running to provide extra capacity, however, this is insufficient on its own	JC

4. Delayed Transfers of Care (DToCs)

Bed days Lost -
2013

Who's Responsible	Reason	Feb	Mar	Apr	May	June
HCT/CCG/Quantum	**ICT**	154	256	414	570	428
HCS	**HCS**	67	118	47	62	68
CCG	**CHC**	NA	20	53	14	37
CCG	**CHC Fast Track**	NA	26	38	35	80
ENHT	**Patient/ Family**	NA	106	147	68	177
Various	**Bedfordshire**	NA	49	72	27	28
Various	**OOA**	NA	0	0	45	0
	Addenbrookes	20	22	7	-26	-21
	Barnet	12	0	0	0	0
	Harefield	10	3	0	-24	-30
	Queens Square	6	6	2	0	-12
	Brompton	7	0	0	0	-8
	UCLH	26	0	2	-13	-12
	Royal Free	0	23	1	1	-33
	Luton	0	11	0	-8	-66
	Watford	0	0	2	0	0
Total		**302**	**575**	**760**	**821**	**818**

Headlines:	Feb	Mar	Apr	May	June
Average daily beds blocked total	11	19	26	26	27
Average daily beds blocked ICT	6	8	14	18	14
Average daily beds blocked HCS	2	4	2	2	2

Key

ICT	Intermediate care at home
	Intermediate care bed
HCS	Social enablement bed
	Social enablement POC
	Social RH
	Social NH
	Social POC
CHC	Continuing care placement
	Continuing care POC
CHC Fast Track	Fast Track home
	Fast Track placement
Patient / Family	Patient choice / Self-funding
Bedfordshire	Bedfordshire social POC
	Bedfordshire social placement
	Beds rehab & enablement
	Beds In-patient rehab
OOA	Out of area
HCT	Hertfordshire Community Trust
HCS	Health and Community Services
CCG	Clinical Commissioning Group
	East and North Hertfordshire
ENHT	NHS Trust

Key Headlines:

- Still a high number of beds blocked – most of one ward for the month
- Notional cost of beds blocked = £80,000. This cost is based on the cost of an average ward, some wards will be more costly , depending on the patients and input required e.g. stroke unit
- Intermediate care delays reduced – still awaiting action plan from multi-organisation meeting on 14th June
- Note ENHT had more patients waiting to be brought back to it– this is being managed through the daily bed management meetings to ensure patients are repatriated in a timely manner