

TRUST BOARD MEETING – 25 SEPTEMBER 2013
PERFORMANCE REPORT MONTH 5

PURPOSE	To update the Trust Board on: <ul style="list-style-type: none"> • 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	FPC on 18 September 2013
Objective(s) to which issue relates *	<input checked="" type="checkbox"/> 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 <input type="checkbox"/> 2. To excel at customer service, achieving outstanding levels of communication and patient, carer and GP satisfaction <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 5. To support the continued development of the Mount Vernon Cancer Centre and provision of leading local and tertiary cancer services <input type="checkbox"/> 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 *	<input checked="" type="checkbox"/> Corporate Risk Register <input checked="" type="checkbox"/> BAF
ACTION REQUIRED *	
For approval	<input type="checkbox"/>
For discussion	<input checked="" type="checkbox"/>
For decision	<input type="checkbox"/>
For information	<input type="checkbox"/>
DIRECTOR:	DIRECTOR OF OPERATIONS
PRESENTED BY:	ASSOCIATE DIRECTOR OF OPERATIONS
AUTHOR:	DIRECTOR OF OPERATIONS
DATE:	SEPTEMBER 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

Trust Board – September 2013

PERFORMANCE REPORT

1. Key headlines

The Trust has a Monitor Compliance Framework Quarterly Risk rating of **Green** and a TDA provider management regime monthly governance risk rating of **Green/Amber**. This is due to 2 cases of CDiff in August.

Last month's rating should also be retrospectively amended to **Green/Amber** following receipt of a late referral resulting in failure of the 62 day cancer standard.

1.2 Key exceptions

Indicator	Target %	Reason	Action	Lead DD	
Admissions to a stroke bed <4hours from Decision to Admit (data 1 month in arrears)	>90	57.6	<ul style="list-style-type: none"> Patients going to QEII e.g. self-presenting Patients being referred to medics, rather than go straight to ED Patients with complex diagnoses 	<ul style="list-style-type: none"> CCG agreed to work with GPs on sending suspected strokes straight to ED 	AB
Stroke Care - % of patients spending 90% of hospital stay on a specialist stroke unit	>90	64.9	<ul style="list-style-type: none"> Delayed transfers of care – 	<ul style="list-style-type: none"> CCG reviewing current community stroke provision CCG willing to consider reasonable exclusions from metric e.g. patients who go to ITU 	AB
Stroke Care – % of patients thrombolysed within 3 hours	>12	6.1	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> Regular demonstration to CCG that even if target was missed, all patients who needed thrombolysis received it. 	AB
Trauma and orthopaedics 18 week RTT	>90 (admitted) >92 (open path ways)	71.2 90.5	<ul style="list-style-type: none"> As stated last month, the issues relating to this service are: 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 denominator/numerator means small variations have a big impact on performance 	<ul style="list-style-type: none"> New surgeon (locum) commenced in June All standards on trajectory to be met in October 	JF
Cancer 62 days – consultant screening service	90	88.9	<ul style="list-style-type: none"> Shared breach with Wrexham Park Patient arrived at ENHT at 64 days, following a delay earlier in their pathway (patient was on holiday, no adjustment to pathway can be made) 	<ul style="list-style-type: none"> Patient seen at ENHT within 10 days of referral 	DG
CDiff Trajectory (whole year)	14	10	<ul style="list-style-type: none"> 5 of these were community 	<ul style="list-style-type: none"> Full details available in 	AT

			acquired, but count towards Trust performance due to testing not being completed in time	infection control report	
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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.

Slot issues continue within the speciality of Dermatology, where the division has been unable to fill consultant vacancies with permanent, locum or agency doctors. The number of patients affected are in the region of 15-20 having to wait up to 4 days before a slot is available.

In October, an agency locum consultant will start work at Hertford county, providing some increase in capacity. Extra capacity will continue to be provided at the Lister where possible. Longer term, a business case is being produced to centralise services at Hertford County and improve the infrastructure there, to make the consultant posts more attractive to potential candidates

2.2. Six weeks diagnostic waiting time

Last month, the board was made aware of the potential risk to waiting times for diagnostics.

- Cardiac CT – 22 breaches

There has been reduction in available capacity due to radiologist maternity leave, which has not been able to be covered by a locum.

Actions: Clinical fellow booked onto training course at the beginning of October to allow them to work unsupervised. Following this, extra sessions will be put on to re-create the lost capacity.

It is expected that sufficient capacity will be provided to meet the target in October. In the meantime, extra sessions will be put on where possible with current workloads.

- Head and Neck Ultrasound FNA – 11 breaches

Radiologist leave was not able to be covered by a locum during August and although some extra capacity was provided, this was not sufficient.

Arrangements have been made for extra capacity to be provided in the evenings to take on the non FNA cases, allowing more FNA cases to be seen during the day. It is expected that the target will be met in October.

3. Forward Look

As above, on-going performance issues expected in T&O 18 weeks RTT and diagnostic waits.

4. Delayed Transfers of Care (DToCs)

Bed days Lost - 2013

Reason	Who's Responsible	Mar	Apr	May	June	July	August
Intermediate Care	HCT/CCG/Quantum	256	414	570	428	128	202
Social Services	Herts County Council	118	22	62	68	93	102
Continuing Healthcare	CCG	20	53	14	37	59	26
CHC Fast Track	CCG	26	38	35	80	22	20
Patient Rejection of Interim Placement - Defaults to Health		106	147	68	110	199	152
Self Funding					56	60	58
Bedfordshire	Various	49	72	27	28	50	10
Total		575	746	776	807	611	570

	Mar	Apr	May	June	July	August
Average daily beds blocked total	19	25	25	27	20	19
Average daily beds blocked ICT	8	14	18	14	4	7
Average daily beds blocked HCS	4	1	2	2	3	3

Headlines

- Reduction in overall bed days lost
- Increase in days lost waiting for intermediate care – the range of delays was from 1 day to 25
- The number of patients who rejected interim or proposed discharge options remains high - 9 letters were issued under the Trust's Preferred Choice Policy. These were all resolved before moving on to the next stage of the process.