

TRUST BOARD MEETING – 18 DECEMBER 2013
PERFORMANCE REPORT MONTH 8

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
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, 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:	DIRECTOR OF OPERATIONS
AUTHOR:	ASSOCIATE DIRECTOR OF OPERATIONS
DATE:	DECEMBER 2013

TRUST BOARD – December 2013
PERFORMANCE REPORT

1. Key headlines

The Trust has a Monitor Compliance Framework Quarterly Risk rating of **amber / red** for Q2 and a TDA provider management regime monthly governance risk rating of **green**. This is due to 1 cases of CDiff in November.

The Monitor framework has been retrospectively adjusted to take into account that the Trust reported a failure against the 62 day cancer screening standard as reported last month. The Trust achieved against 7 of the 8 cancer standards and as reported the failure against this element was a combination of patient's choosing to wait longer or referrals being received from the screening centres after the breach date. Whilst this is a key standard it is not the 62 day standard for urgent GP referrals for suspected cancer or the 62 day standard for consultant upgrades.

1.2 Key exceptions

Indicator	Target %	Reason	Action	Lead DD	
Trauma and orthopaedics 18 week RTT	>90 (admitted) >92 (open pathways)	74.6% (Nov) 88.4% (Nov)	<ul style="list-style-type: none"> Treatment centre inheritance Patients referred from the Choice Team with active 18 wk pathways that were close or had breached RTT standards. Patient being transferred back from Ramsey Health care with part or all of the 18 week used 	<ul style="list-style-type: none"> Patient choice cohort being treated before Christmas CCG involved in discussion about Ramsey Health Care referrals being received with 'started' 18 week clocks T&O trajectory aiming for full recovery by end Jan 2014 	JF
Admissions to a stroke bed <4hours from Decision to Admit (data 1 month in arrears)	>90	68.6% (Oct)	<ul style="list-style-type: none"> Complex presentations – stroke not originally expected until later in pathway Stroke bed capacity Internal pathways not always being followed 	<ul style="list-style-type: none"> Regular stroke meeting with the CCG to review pathways and capacity CCG undertaking stroke capacity review of entire pathway Daily review with ED / Stroke consultants of all cases to increase awareness and knowledge See action plan sections 1,2,3 ,11 & 14 	AB
Stroke Care - % of patients spending 90% of hospital stay on a specialist stroke unit	>90	75.0% (Oct)	<ul style="list-style-type: none"> National standard 80% but CCG require 90% Demand exceeding stroke bed capacity. Patients that are less acute are moved from the unit to facilitate new admissions. Those transferred from the unit have a negative impact on the performance Complex presentation - diagnosis confirmed later in admission 	<ul style="list-style-type: none"> 8-10% of stroke unit beds are occupied by patients awaiting non-acute stroke care. Data shared with CCG. Division undertaking an assessment of stroke beds required to enable delivery of standard – 5 additional beds being proposed, currently reviewing resource implications See action plan sections 4,5, 6,11 & 14 	AB
Stroke Care – % of patients thrombolysed within 3 hours	>12	10.8% (Oct)	<ul style="list-style-type: none"> All suitable patients received thrombolysis in Oct 	<ul style="list-style-type: none"> Continuing to raise importance and awareness through on going education & 	AB

				training	
Stroke – scanned within 24 hrs	100	100% (Oct)	•	<ul style="list-style-type: none"> See action plan section 8 & 9 Daily reviews of patient pathways undertaken to reduce likelihood of recurrence See action plan section 12 & 15 	AB
Stroke – Urgent cases scanned within 60 mins (local metric)	100	70.8% (Oct)	<ul style="list-style-type: none"> Complex presentations where stroke is not originally suspected 	<ul style="list-style-type: none"> On-going education and awareness All incidents where patient breached standard are reviewed and learning opportunities shared See action plan section 12 & 15 	
TIA -% of high risk patients treated within 24 hrs	>60	71.4% (Oct)	•	<ul style="list-style-type: none"> GP practices written and advised of all late received referrals Patients encouraged to attend within timeframes and GP's informed Additional Doppler slot commenced in Oct See action plan section 10 	AB
CDiff Trajectory (whole year)	14 FYE	1 (13 YTD)	<ul style="list-style-type: none"> Full details available in infection control report to RAQC & Board Data Pack 	<ul style="list-style-type: none"> Full details available in infection control report to RAQC & Board Data Pack 	AT

2. Other Headlines

2.1. Cancer

Q3 and YTD currently expected to achieve across all standards.

2.2. ED 4 Hour Standard

Achieved the ED standard for November (96.31%), performance for the current month (Dec) from 1st to 10th has been 94.0%, however we continue to achieve the quarterly (Q3 96.36%) and YTD (96.15%). Whilst ENHT continues to achieve against this standard the risk remains as the Trust is already utilising escalation capacity and our current in month performance is below the standard. The recent decision not to put further winter contingencies in place will undoubtedly add additional risk to the sustained performance of this standard throughout the winter period.

2.3. 18 Week RTT & the Treatment Centre Inheritance

The issues associated with the Clinicentre inheritance and those patients referred from the CCG Choice team have been discussed in previous reports, however performance remains on trajectory to recover the 18 week RTT at speciality level by the end of Jan 2014.

The trust is reporting x1 patient that has waited over 52 weeks:

- X1 admitted T&O, this patients case was referred from the CCG Choice team and was part of the Treatment Centre inheritance

3. Look Forward

Outpatient First Attendance

As reported last month some patients are waiting too long for their first outpatient appointment. As of 10th December, 1605 patients have wait >13 weeks (12.6% of the total waiting list size) and of those 311 patients are still awaiting an appointment date.

The Trust via APMG set itself the target of returning to a maximum 13 week outpatient wait for the first appointment by February 2014. Good progress is being made however of those patients already booked 137 patients have been offered appointments beyond the February target, these patients were booked prior to the February target date. Therefore to achieve these patients will need to be offered alternative clinic dates before February, it is likely that some of these patients will elect to wait longer having now accepted a later appointment date.

Follow up appointments.

There are also patients on the follow up waiting list, 'flagged' as requiring a follow up appointment but where capacity is currently not available. The reduction in the waiting list profile for patients awaiting their follow up appointment is also being managed via APMG. Table 1 shows the reduction in the volume of patients requiring a follow up appointment where capacity is not available since the previous FPC. The total reduction represents a 31.4% improvement on the previously reported position.

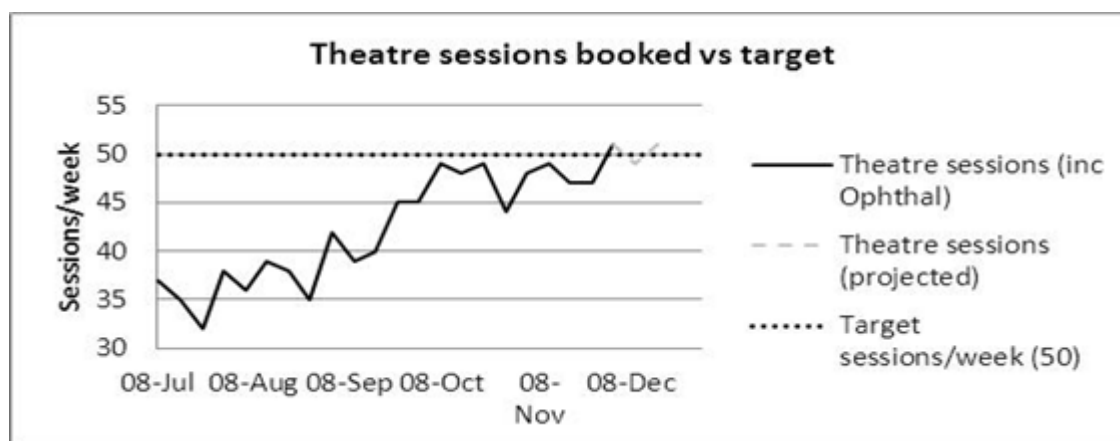
Table 1

Follow Up Waiting List Profile (No capacity to book patients)				
	Jan 13- May 13	Jun 13 - Aug 13	Sep 13 - Nov 13	Total
Nov	616	1322	5288	7226
Dec	409	950	3597	4956

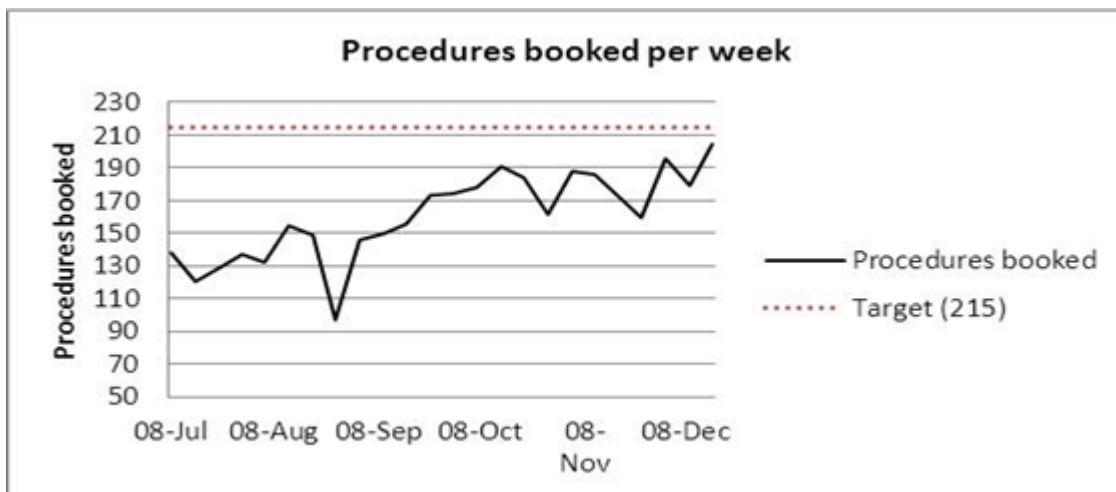
4. Treatment Centre

The theatre utilisation has stabilised at 80%, with bookings now regularly reflecting 85% averages for the week. It is only the cancellations that are causing the final figure to drop to this reported level. There are initiatives now running to investigate the cancellations with a view to reducing these in the future.

The number of theatre sessions booked continues to be around 50 per week, with improved backfill now maintaining this level.



Ophthalmology referral volumes are gradually increasing; with over 120 now received, and the referral rates per week slowly increasing. There has been another event in November, at which local GPs visited the Treatment Centre in the evening, with a view to increasing the confidence to a level where they are assured that patients are being well cared for, and as a result comfortable to refer here. The feedback on the night was positive.



5. Delayed Transfers of Care (DToCs)

Bed days Lost - 2013

Reason	Who's Responsible	Apr	May	June	July	August	September	October	November
Intermediate Care	HCT/CCG/Quantum	414	570	428	128	202	148	120	208
Social Services	Herts County Council	22	62	68	93	102	115	66	49
Continuing Healthcare (CHC)	CCG	53	14	37	59	26	44	55	42
CHC Fast Track	CCG	38	35	80	22	20	54	44	43
Patient Rejection of Interim Placement - Defaults to Health		147	68	110	199	152	101	92	105
Self Funding				56	60	58	71	52	95
Bedfordshire	Various	72	27	28	50	10	14	0	1
Total		746	776	807	611	570	547	429	543

	Apr	May	June	July	August	September	October	November
Average daily beds blocked total	25	25	27	20	19	18	14	18
Average daily beds blocked ICT	14	18	14	4	7	5	4	7
Average daily beds blocked HCS	1	2	2	3	3	4	2	2

Whilst the total number of beds blocked had reduced down to its lowest position in October to an average of 14 beds blocked per day (half a ward). Since November there has been a steady increase, December's current position is averaging at 22 beds blocked per day. This is creating additional capacity challenges as we enter into the peak winter period.

6. Stroke

Trajectory and performance against the key indicators copied below; see separate document for the full supporting action plan.

4 hour to ward – Standard 90%	April	May	June	July	August	September	October	November	December	January	February	March
Performance against standard												
Performance against milestone						60%	65%	70%	70%	75%	80%	90%
Performance	51.30%	76.3%	75%	57.60%	70.5%	73.50%	69.20%					
90% of time on unit - Standard 80%	April	May	June	July	August	September	October	November	December	January	February	March
Performance against standard												
Performance against milestone						70%	75%	75%	75%	80%	80%	80%
Performance	73.20%	73.8%	88.10%	64.9%	71.4%	67.6%	75%					
TIA metrics												
High Risk Non admitted - Standard 60%	April	May	June	July	August	September	October	November	December	January	February	March
Performance against standard												
Performance against milestone						60%	60%	60%	60%	60%	60%	60%
Performance	61.90%	81%	78.90%	70.60%	45%	87.50%	66.70%					
Low Risk - from 1st contact - Standard 65%	April	May	June	July	August	September	October	November	December	January	February	March
Performance against standard												
Performance against milestone						65%	65%	65%	65%	65%	65%	65%
Performance	100%	92.10%	91.7%	92.6%	88.5%	89.3%	91.7%					
Lost bed days (DToC)	April	May	June	July	August	September	October	November	December	January	February	March
Number of pts	22	13	9	10	13	12	6					
Bed days lost	149	122	81	118	103	84	83					
Scanning metrics												
60 Minute Urgent CT - Standard 90%	April	May	June	July	August	September	October	November	December	January	February	March
Performance against standard												
Performance against milestone						80%	85%	80%	85%	90%	90%	90%
Performance	83.30%	94.70%	100%	93.3%	95.7%	77.8%	72%					
All 60 minute CT - Standard 50%	April	May	June	July	August	September	October	November	December	January	February	March
Performance against standard												
Performance against milestone						40%	45%	50%	50%	50%	50%	50%
Performance	32.50%	57.50%	63.3%	41.7%	53.2%	44.4%	42.90%					
All 24 hour CT - Standard 100%	April	May	June	July	August	September	October	November	December	January	February	March
Performance against standard												
Performance against milestone						100%	100%	100%	100%	100%	100%	100%
Performance	100%	95%	100%	97.1%	97.8%	100%	100%					