

Report to Trust Board	Date: 26 May 2010	Agenda item No: 7.0
Title	Operational Report	
Authors Responsible Director	Chief Executive	
Classification	Information	
Purpose	To provide an overview of services and key issues	
Action Required	The Board notes the report	
Impact assessment - Quality - Financial - Business - Equality/Diversity - Risk - Legal/Statutory))) Address all impacts)))	
Relevant Standard for Better Health: C04		Y N
	Describes a lapse	✓
	Provides evidence	✓
	Demonstrates Assurance	✓
Conformity to previous decision/ policy	Monthly report	

Executive Summary:

Finance

At the end of the first month of the 2010/11 financial year the Trust was reporting an over-spend of £113,000 compared to plan. However, this is an improvement of £156,000 on the expected position at this point in the financial year, which was for an over-spend of £269,000. April continued to be a very busy month for the hospital and income overall was £410,000 better than plan. The majority of this is attributable to the U-codes at the point that April's activity data was reported and many of these will convert to being NHS Bedfordshire responsible patients once subsequent coding uploads are undertaken.

The improved income position was off-set by increased expenditure on both pay and non-pay budgets compared to plan. Pay costs were £51,000 above plan with expenditure on bank and agency staff totalling more than the savings from vacant posts in the month. Non-pay overspends were also evident and included a provision for contractual risk and Moorfields overperformance.

The negotiations with NHS Bedfordshire to agree an activity plan and SLA value for 2010/11 have now been concluded and the final value of the SLA, including 1.5% CQUINs, is £113.664 million. This is more than the income assumption built in to the Board approved break-even budget plans for 2010/11 and a revised budget, and monthly profiling, will be presented to the Finance Committee in June 2010.

Operational Performance

Activity in April remained high across all areas which was particularly pleasing given the impact Easter had on available capacity. Follow up activity was 1% under plan for the first time since the ratio was applied as a result of more specialties' delivering at or better than the ratios set within the contract. Whilst this is good progress we have one remaining specialty which is over the agreed ratio and performance for this specialty is being managed weekly to ensure this situation is rectified.

Cancer performance across the target areas remains variable and whilst there has been some improvement we are now applying intensified efforts to turnaround our breast symptomatic performance. A joint action plan with the PCT has been signed off and we would anticipate improvements during the first quarter.

Infection Control

MRSA bacteraemia numbers remain at one, with a ceiling of three for the year. *Clostridium difficile* is also under the ceiling for the year. MRSA screening and hand hygiene compliance continue to improve. The number of people isolated within two hours also improved in April. Work continues to improve all aspects of infection prevention and control in the hospital.

Patient Safety

The Patient Safety Committee reviewed the full Patient Safety report at their meeting on 3 May 2010 and had no major concerns to report.

They noted that the work to drill down into the rise in mortality in medicine specialities continued. The current focus is on the accuracy of allocating the cases to the correct specialty. Two further alternatives were considered for the report to the Board in dashboard style as a new Patient Safety module from CHKS was now available and may be suitable.

Patient Experience

The number of formal complaints received rose in March to 26 making the total of 56 received in quarter 4 (2009/10). This was a considerable increase over last year compared to 21 received in the Q4 (2008/9). The factors behind the trends were discussed at IPEC and seemed to be caused by a combination of the new complaints legislation and a culture where patients are encouraged to complain. The predominant cause for complaints continued to be communication.

Overall satisfaction reported by patients in the local satisfaction surveys had recovered from the low of 75% who rated their care as excellent or very good in February to 89% in March.

Workforce

- The overspend on total pay budget for April 2010 was £51k. The negative pay variance continues, albeit at a reduced level than previously. A £565k over spend on extra staff compared to budget.
- Latest East of England SHA benchmarking data shows Bedford Hospital having an above average spend on temporary staff.
- Reduced monthly sickness to 3.53%, to date the Trust has not achieved the 3.25% monthly sickness absent introduced in October 2008.

JEAN O'CALLAGHAN

Chief Executive
26 May 2010