

Date : 30 November 2011

Agenda Item No : 7.1

Title : Performance Report
Author : Chief Operating Officer
Responsible Director : Chief Executive Officer
Purpose : To provide an overview of Performance and key issues
Action Required : The Board notes the Report

Summary :

The Trust Performance Report Summary pages describe 72 key performance indicators which include internal and external measures.

High Risk Indicators

MRSA Elective and Emergency screening (indicator Reference 1.3 and 1.4)

Ongoing actions include daily tracking and escalation. Improvements are anticipated Quarter 4.

Readmissions (Indicator Reference 2.1)

Ongoing work within the Clinical Business Units on readmissions is enabling development of improved clinical pathways supporting the reduction of readmissions. Potential initiatives include rapid access clinics and telephone follow-up support. Feedback has been provided to the finance team to ensure, where readmissions are unrelated to the patients previous admission, challenges are raised with the PCT.

Cancelled operation on the day (indicator reference 2.4)

An increase in the number of cancelled operations on the day resulted in a drop in performance. A more detailed Root Cause Analysis is ongoing to support resolution of re-occurring operational issues to minimise future cancellations. The escalation process has been strengthened within each area to enable, where possible, at-the-time, cancellation avoidance.

Stroke High risk TIA (Indicator Reference 2.8)

Performance was 50% in October (1 out of 2) for Transient Ischaemic Attack (seen but not admitted) for October. This was due to a late written referral received by the Trust from a General Practitioner practice. Further work with the Primary Care Trust will support improvement of processes.

Mixed Sex Accommodation (Indicator Reference 3.2)

The actions put in place to minimise Endoscopy breaches demonstrate an improvement in the position for October. Critical care, however, continues to remain a key risk for this indicator during the winter period. Improved patient flow management will support mitigation of these risks.

Actions include

- Daily Critical Care Complex status reporting to the bed management team
- Pro-active capacity planning will allow timely transfer to ward environment.

Cancer (Indicator Reference 4.1)

The Trust achieved all indicators within the cancer pathway in October. A number of areas remain at ongoing risk, including Breast Radiology capacity for December. These areas are subject to more detailed capacity review and actions are underway to enable sustained delivery. A more detailed analysis of the 2 week rules pathway has highlighted a number of further improvements being implemented to support greater patient choice.

Referral to treatment times (18 weeks) (Indicator reference 5.1)

Two main specialties remain challenged Trauma & Orthopaedics and Urology. Action and plans to improve performance include:

- 1) Locum consultants are in the process of starting expanding capacity required to manage the demand in both services.
- 2) The Trust has engaged with the Planned Services care QIPP (Quality Innovation Prevention Productivity) programme defining the clinical pathways between primary and secondary care for both specialties
- 3) Reviewing theatre utilisation to improve productivity.

Finance (Indicator Reference 7.1-7.8)

The Trust reports a revenue income and expenditure deficit of £952,000 after seven months and needs at least £2.2m of additional measures to avoid a year-end deficit. The position includes a provision of £2.1m for likely contract penalties relating to, in particular: patients re-admitted within 30 days, the need to give notice for an improvement in A&E coding and follow-up outpatient appointments exceeding a ratio agreed with commissioners.

The efficiency programme remains behind the profile which, when combined with high temporary staff costs (particularly within pathology services), has resulted in a pay cost overspend of £0.9m to date. The non pay cost overspend is due to potential additional costs matched by additional income earned for eye services provided by Moorfields, slippage against targeted consumable cost savings and other additional costs relating to increased activity.

Cash - The Trust held a cash balance of £9.7m at the end of October and expects to hold no less than £5.3m at the end of the year if management actions are successful.

Capital expenditure - After seven months the Trust has spent £1.3m of its targeted £4.7m of capital resource for the year.

Sickness Absence (Indicator Reference 9.1)

The cumulative sickness position at the end of October was 3.17%, 0.08% points below the Trust Key Performance Indicator target of 3.25%. Human Resource Business Partners continue to work with business unit managers to actively manage long term sickness cases including:

- Coaching and advice to line managers on how to deal with short term, repetitive sickness absence and on how best to conduct return to work interviews.

Vacancies (Indicator Reference 9.2)

The Trust is actively recruiting to non medical and medical vacancies. To support improvements, more frequent recruitment panels have been arranged for the current consultant vacancies and HR are proactively working with Business Units to offer advice and support regarding advertising and recruitment to ensure that time to hire is kept to a minimum.

Additional Hours Bank & Agency (Indicator Reference 9.3-9.5)

A new process is being rolled out across the Trust to ensure Bank and Agency staff bookings are channelled through the in-house staff Bank. Requests are received at a senior manager level to ensure all other alternatives have been explored. A monthly report with reasons will be produced for Executive team to review.

Appraisals (Indicator Reference 9.6)

66% of appraisals have been carried out during the rolling 14 months to the end of October 2011. The Business Units have been asked to ensure dates for appraisals are booked for all staff.

Midwife: Birth Ration (Indicator Reference 10.6)

The plan and business case to achieve the required standard has been agreed and will be implemented over the forthcoming year.