

Date : 25 May 2011

Agenda Item No : 7

**Title** : Operational Report  
**Author** : Chief Executive  
**Responsible Director** : n/a  
**Purpose** : To provide an overview of services and key issues  
**Action Required** : The Board notes the Report

**Executive Summary** :

### Finance

The Trust is in line with its forecast plan year-to-date, reporting an I&E deficit for April of £623,000 which compares with a planned deficit of £597,000. Income from all sources is £145,000 less than planned due to lower admitted care and outpatient activity despite high A&E attendances. Expenditure is £148,000 better than plan due to the inclusion of non-recurrent benefits from VAT expenditure rebates offsetting slippage on planned savings.

The Trust requires £12m of efficiencies in 2011-12 to deliver a surplus and meet income & expenditure targets. £445,000 was expected to be delivered in April. Initial estimates suggest that £232,000 of the £445,000 has been achieved. For the longer term and specifically for the 2012-13 programme the Executive team will discuss procuring up a more intensively structured approach drawing on more external expertise.

The capital expenditure limit for the 2011-12 year has been set at £4.7m. The detailed expenditure plan is currently under review but schemes already approved are being monitored against an indicative plan set out at the start of the year. Only £0.2m has been spent so far in line with expectations.

Actions being taken in May to ensure a robust position include a review of all activity recording, ensuring all Business Units have identified savings initiatives to meet the target originally set, increasing the review of recruitment requests and increasing the scrutiny of non pay requisitions.

A more comprehensive view of April's position and actions being taken are included in the Month 1 Finance Report.

### Operational Performance

#### Stroke

Stroke dropped below the threshold of patients spending 90% of their time on stroke unit. A combination of high influx of patients and staff sickness were contributing factors to the drop in performance. Daily/ weekly escalation has been introduced and more detail RCA is underway to ensure that all risks are mitigated and action taken to recover to sustainable performance

#### 18 week

Large scale capacity planning is underway as part of the theatre alignment work to ensure sufficient capacity to meet both the SLA and demand within 18 weeks is created and sustainable in the long term. However within key specialties a risk remains to keeping with 18 week RTT in the short term mainly T&O, Ophthalmology and Urology. A revised trajectory based on the theatre planning work will be created and shared with the PCT. This will address variance against the 95th percentile.

#### Diagnostics

March has seen a reduction in diagnostic breaches within the month as part of the action plan created to reduce breaches is implemented. The remaining residual diagnostic breaches are within Endoscopy, which has seen a significant growth in demand over the past 12 months.

## Cancer

All cancer targets other than 2 Week Rules were met. This is partly due to patient choice over the extended bank holiday period and some capacity constraints within endoscopy. The usual escalation processes were not followed and this should be reinforced. A more detailed RCA is currently being carried out and this will form part of our internal and external discussion with our commissioners.

## Infection Control

MRSA bacteraemia.

One MRSA bacteraemia occurred in April against an annual ceiling of two and is apportioned to the hospital. The investigation is still underway.

*Clostridium difficile*. After 87 days without a hospital-apportioned *Clostridium difficile* case, we recorded one positive and clinically significant case in the hospital in April. This remains well below the trajectory. All efforts are being made to continue to minimise the risks.

## Patient Safety

The Quality Board reviewed the Patient Safety report at its meeting on 9<sup>th</sup> May 2011. The new scorecard format, measuring performance against key performance indicators, was well received. Due to the revised meeting timetable, the report has now been aligned with activity for the preceding month. The exception to this is mortality data which is not available from CHKS. For the purpose of the report, mortality data from Q3 and Q4 2010/2011 has been included. This indicates the organisation as having a mortality rate lower than expected which demonstrates the hospital's commitment to improving patient safety.

Last week the Trust was awarded a CHKS top 40 hospital award for the 9th year running

## Patient Experience

Internal patient satisfaction surveys in relation to overall quality of care improved last month although there was a lower number of responses due to the impact of the public holidays on the distribution of surveys. Four of the components of communication and information- giving also showed some improvement.

## Workforce

### 1. Sickness Absence

Monthly sickness absence in April 2011 increased by 0.48% points to 3.57% (from 3.09% in March 2011). This is 0.32% points above the 3.25% KPI target.

The NHS rate for England in January 2011 was 4.69% (Bedford Hospital: 4.03%)

### 2. Turnover

Turnover in April 2011 was 9.29%, below the 10 – 12% target range.

### 3. Staff in Post

Staff in Post at the end of April 2011 was 2,040 wte, a decrease of 13 wte from 2,053 wte in March 2011.

### 4. Appraisals

58% of appraisals have been completed over the rolling 12 months to April 2011

Relevant CQC :  
Standard/NHS  
Constitution Pledge

Link to Strategy/Plans :

Impact Assessment :

➤ Quality : )

- **Financial/Business** : )
- **Equality/Diversity** : ) Address all impacts
- **Risk** : )
- **Legal/Statutory** : )
- **Sustainability** : )

**Previous Consultation/Decision/Discussion** : Routine report

**JOE HARRISON**  
Chief Executive  
25 May 2011