

Date : 27 July 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 reports an income and expenditure deficit of £1.00m which compares with the plan for a deficit of £956,000 at the end of the first quarter. The planned deficit is mostly due to the phasing of efficiencies anticipated to improve the financial position towards the end of the year. Income from all sources is £427,000 better than plan which almost completely offsets expenditure overspends against the plan. A&E attendances and elective admissions in particular are higher than planned. The Trust still needs to find £4m of additional efficiencies to ensure success of the plan over the remaining months of the year. New models of care are being planned with local commissioners but the transitional cost arrangements to support these changes are yet to be finalized.

Cash flow remains under some pressure while contract over performances offset additional expenditure. Typically Commissioners settle income relating to contract over performances much later than the month in which patients are treated. The Trust will look to reach an improved cash settlement process.

Capital expenditure has been held back to until alignment with the Trust's objectives for the year could be assured. The programme has been reviewed by the Executive Management Board and the two Clinical Advisory Boards and brought to the Trust Board for final approval.

The Trust's Finance Committee received a detailed report, analysis and forecast related to revenue income and expenditure, capital expenditure and cash flow.

Operational Performance

18 weeks

Pressure remains within 2 main specialties - T&O and Urology. Plans to increase productivity will contribute to a reduction in backlog. Both specialties will be subject to a service review in the coming weeks, the outcome of which will highlight actions needed to sustain service provision and ensure the Trust remains constitutionally compliant. Diagnostic breaches continue to show slight improvement from previous months and a plan has been shared with the PCT. The main area of risk is to the bowel screening extension which is the main priority of the work to ensure diagnostic waits remain within 6 weeks.

A&E measures

Guidance from the Department of Health has allowed a clearer picture of the key measures and how they should be reported in future. This includes a dashboard locally produced and published on the website giving greater detail about the quality of emergency care at the Trust. This will be created and will have executive sign off before publication.

A&E performance remains a risk due to continued high attendance and limited capacity in the community teams. This risk has been shared with the PCT and plans to address this are underway. The continued pressure appears to be across a number of Trusts in the area. Despite the pressure on bed capacity performance has improved in the last 2 weeks as a result of review and subsequent

action plan following a RCA of attendance patterns.

Cancer

All cancer indicators remain green other than 2 week rule for June and Year to Date. Further validation is required however a majority of the breaches were due to patient choice. Offering a patient 2 dates within the 14 days to ensure choice breaches are kept to a minimum is seen as best practice with commissioners. Within some specialties this remains a challenge due to capacity constraints. The issue is subject to further discussion with the commissioners to ensure a contract variation is in place to address this gap within the SLA.

Single Sex Accommodation Breaches

In June the Trust reported 3 DSSA breaches. This was within the Endoscopy Unit. A Root Cause Analysis has been provided to the PCT with further actions to prevent reoccurrence and ensure the risk is reduced. Assurance is given that despite the breaches all steps to ensure privacy and dignity of the patients involved were adhered to.

Infection Control

We remain under our trajectory ceiling for both MRSA bacteraemia and *C difficile*. Work is ongoing to improve all processes reported.

Patient Safety

The scorecard was reviewed by the Quality Board who noted that VTE risk assessment rate was above 90% in line with the CQUIN target. The incidence of Falls remains a concern and is being closely monitored, as well as medication errors involving insulin had increased. Management of diabetic patients on insulin is currently a trust quality improvement priority and receiving appropriate scrutiny.

Patient Experience

Complaints have risen last month increasing the pressure on the complaints investigation team to complete the current workload of responses within the timescale agreed with the complainants. Patient satisfaction responses showed improvements in patient views of being involved in their care and being told about medication side effects. An action plan is being implemented during July and August focussing on the priority areas for improving the responses in the national inpatient survey. This includes a Welcome to the Ward flyer telling patients how to ask for further information, an individual discharge plan including a medication information leaflet and a "listening service" during the evening visiting hours.

Workforce

The cumulative sickness position for the year to date is 3.17%, against the Trust KPI target of 3.25%. The number of staff on long term sickness has decreased from 30 cases in May to 20 in June 2011.

74% of appraisals have been carried out during the rolling 14 months to the end of June 2011, six points below the 90% target.

There are currently 46 vacancies within the Trust that are actively being recruited to, of which 3 are substantive consultant posts (2 in cellular pathology, 1 in dermatology). The average time it takes to fill a vacancy currently stands at 13.6 weeks against a target of 10 weeks.

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** :

JOE HARRISON
Chief Executive
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