

Presented for:	Discussion		
Presented by:	Angus Maitland, Chief Operating Officer		
Strategic objective:	Excellent Patient Care – Improving Services		
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Regulatory relevance:	CQC Registration:	Quality and Management	Outcome 16
	NHS LA Risk Mgt:	Governance	Not applicable

Chief Operating Officer's Report to the Board

Operational Performance Report Month 4, July 2012

Summary

Headline performance for July 2012, as shown through the attached balanced scorecard, shows an improved overall position, but with considerable progress still to be made on 4 hour wait performance and associated indicators.

Of the 3 areas which were underperforming against the Monitor performance thresholds in the first quarter, 2 (radiotherapy and 18 week waits from referral to elective treatment) have now met this target for 2 consecutive months, with all cancer wait targets being met.

The outstanding issue remained performance against the 4 hour wait in the Emergency Department, where performance improved from the last week in July and has been sustained through the first 2 weeks of August, mainly due to improved bed capacity related to slight easing of emergency admission numbers.

A consequence of the sustained capacity challenges in July was that the performance on cancelled operations was below expectation, albeit improved over recent months.

18 week referral to treatment times (RTT) for admitted patients

Performance over 90% has been maintained in July, at 90.87%.

There is still considerable work to do in this area if we are to be certain of consistency of performance which matches our commitment to patients. While most of these are for in-house resolution, through managing capacity to best effect, there has been little sign to date of an easing of demand. Performance overall in August should be maintained above 90% but will remain tight while we address certain specialty-specific issues during the month.

Performance in Orthopaedic RTT remains consistently above 90%. Demand through outpatients, which was running very high at the beginning of the financial year, appears to have stabilised.

Performance in the 3 Head and Neck specialties has been below expectations, related mainly to issues which we can resolve in-house. The consequence of this has been some short term build up of backlog for treatment which is being systematically addressed over August. While we aim to deliver specialty level performance at 90% in all 3 areas in August it is possible that if there is an opportunity to bring forward patient treatment during this time we shall do so, which may marginally impair performance.

The outstanding area of backlog and risk remains General Surgery, particularly for a small number of laparoscopic procedures, where we have flagged in previous reports that we have a shortage of surgeons trained in specific techniques. This should be largely addressed through further training and known appointments so that we are back on track from October. We are having some challenges with the timing of the reduction and are currently revising plans to look at alternative ways to accelerate this.

Diagnostic Waits

4 patients had waited more than 6 weeks for a diagnostic test at the end of July (0.09% against a contract target of no more than 1%). Year to date performance still has to be recovered, as it is running at 1.42%.

Waits for diagnostic treatment bounced back rapidly after the problems experienced in June and should now be sustained. The Trust has approved additional staffing for Endoscopy to meet the bowel screening programme waits and this will also assist us in providing a more resilient 6 week wait. The additional volumes taken on also mean that this will improve the financial performance in this area.

The Trust has a programme underway to address internally-generated diagnostic demand, both in order to speed the turnaround of appropriate tests but also to improve our financial efficiency. If successful this should help routine test turnaround as well, particularly in Imaging.

ED 4 Hour Wait

Performance in July was 91% against the 95% performance standard.

The majority of underperformance remained due to shortage of bed capacity to allow patients to be swiftly admitted to an appropriate specialty area. At the time of writing (16th August), performance has been at or above 95% for the last 3 weeks, again mainly because capacity has been improved. The level of demand has generally been steadier, with fewer peaks.

Trust focus on emergency performance as our number 1 operational priority remains absolute, and in addition to the 3 core areas of focus referred to in previous months we will build on the new clinical directorate structure to address other fundamental areas of service improvement within our emergency pathways.

In terms of specific progress against the 3 core objectives set out in previous months:

- We are continuing to progress on 7 key areas to help the discharge of patients who would have an equal or better care pathway outside an acute hospital environment. Examples of these are that we have commenced a pilot to assist patients presenting with chronic pain symptoms, we have better joined up the pathway for patients with alcohol problems, we have agreed a way to co-ordinate the discharge of people who have sustained a hip fracture and we have gained cross-community agreement to support a significant improvement in psychiatric liaison services. All of these take time to embed and implement but we are pleased with the energy and commitment shown to help progress these.
- We welcomed a new consultant to the Emergency Department in early August and have developed plans to improve the sustainability of our middle grade medical rota.
- We have agreed an approach to reconfigure our beds to match both emergency pressures and the need for more short stay or day case elective beds and this will be implemented over the next 6 weeks.

In addition, I will be working up proposals with colleagues over the next 6 weeks on improving the 7 day nature of our emergency services, supported by the opportunities the new clinical directorate structures provide to give greater influence, autonomy and accountability to certain key areas of our service.

Recommendation

Trust Board members are asked to note the report and the attached Balanced Scorecard Report.

Angus Maitland
Chief Operational Officer

	Area	Tar ¹	Gov/ Tru/ M ²	Full Year Target	YTD Target	Q1	Q2	Q3	Q4	Last Available Month	Trend	YTD	Period	Commentary
18 Week Patient Pathway - Admitted Patients														
1	% Admitted Clock Stops	Min	M	90%	90%	89.1%	-	-	-	90.87%	-	89.56%	Jul	
2	Patient Referral to Treatment waits (95th percentile measures) Performance (weeks)	Max	M	23.0	23.0	22.6	-	-	-	20.4	F	21.7	Jul	
18 Week Patient Pathway - Non Admitted Patients														
3	% Non-Admitted Clock Stops	Min	M	95%	95%	97.4%	-	-	-	97.32%	-	97.38%	Jul	
4	Trust Wide Patient Referral to Treatment waits (95th percentile measures) Performance (weeks)	Max	M	18.3	18.3	16.0	-	-	-	16.4	U	16.1	Jul	
18 Week Patient Pathway - Incomplete Pathways														
5	% Incomplete Pathways within 18wks	Min	M	92%	92%	96.8%	-	-	-	96.83%	-	96.80%	Jul	
Diagnostic 6 Week Target														
6	Number of diagnostic breaches	max	Tru	-	-	241	-	-	-	4	F	245	Jul	
7	% waiting 6 wks or more	Max	M	1%	1%	1.88%	-	-	-	0.09%	F	1.42%	Jul	
Inpatient Waiting List 26 Week Breaches														
8	Number of Breaches	max	Tru	0	0	0	-	-	-	0	-	0	Jul	
Outpatient Waiting List 13 Week Breaches														
9	Number of Breaches	max	Tru	0	0	3	-	-	-	0	F	3	Jul	
Cancer Targets														
10	All Cancers 2 Week Wait	min	M	93%	93%	95.6%	-	-	-	94.9%	-	95.4%	Jul	Unvalidated for July 2012
11	All Cancers - 31 day wait from referral to treatment	min	M	96%	96%	99.5%	-	-	-	99.1%	-	98.9%	Jul	Unvalidated for July 2012
12	All Cancers - 62 day wait from referral to treatment	min	M	85%	85%	88.1%	-	-	-	88.7%	U	88.1%	Jul	Unvalidated for July 2012
13	CSM Upgrades	min		90%	90%	97.9%	-	-	-	91.7%	U	96.7%	Jul	Unvalidated for July 2012
14	62 Day Screening	min	M	90%	90%	93.0%	-	-	-	100.0%	-	94.5%	Jul	Unvalidated for July 2012
15	Subsequent Treatment - Drugs	min	M	98%	98%	100.0%	-	-	-	100.0%	-	100.0%	Jul	Unvalidated for July 2012
16	Subsequent Treatment - Surgery	min	M	94%	94%	100.0%	-	-	-	100.0%	-	100.0%	Jul	Unvalidated for July 2012
17	Subsequent Treatment - Radiotherapy (from Dec 2010)	min	M	94%	94%	88.2%	-	-	-	100.0%	F	91.2%	Jul	Unvalidated for July 2012
18	Subsequent Treatment - All	min	M	96%	96%	95.5%	-	-	-	100.0%	-	96.3%	Jul	Unvalidated for July 2012
19	Breast Symptomatic	min	M	93%	93%	98.5%	-	-	-	96.0%	-	97.8%	Jul	Unvalidated for July 2012
Accident & Emergency														
20	Total Time In A&E 4 Hours Or Less	min	M	95.0%	95.0%	92.31%	-	-	-	91.00%	-	91.97%	Jul	
21	Unplanned Re-attendance Rate	max	M	5.0%	5.0%	6.06%	-	-	-	6.03%	-	6.05%	Jul	
22	Total Time in the A&E Department - 95th Percentile - Admitted & Non-Admitted (minutes)	max	M	240	240	314	-	-	-	310	-	312	Jul	
23	Total Time in the A&E Department - 95th Percentile - Admitted (minutes)	max	Gov	240	240	421	-	-	-	387	F	415	Jul	
24	Total Time in the A&E Department - 95th Percentile - Non Admitted (minutes)	max	Gov	240	240	239	-	-	-	250	U	239	Jul	
25	Left Without Being Seen Rate	max	M	5%	5%	2.77%	-	-	-	4.05%	U	3.10%	Jul	
26	Time to Initial Assessment - 95th Percentile (Ambulance arrivals only - minutes)	max	M	15	15	5	-	-	-	5	-	5	Jul	
27	Time to Treatment - Median (minutes)	max	M	60	60	62	-	-	-	77	U	65	Jul	

	Area	Tar ¹	Gov/ Tru/ M ²	Full Year Target	YTD Target	Q1	Q2	Q3	Q4	Last Available Month	Trend	YTD	Period	Commentary
Day Case Rates														
28	% of Elective Care	min	Tru	80%	80%	80%	-	-	-	81%	-	80%	Jul	
Last Minute Cancelled Operations (Non-Clinical)														
29	% of Cancelled Operations	max	Tru	1%	1%	1.75%	-	-	-	1.16%	F	1.59%	Jul	
30	Number of Cancelled Operations	max	Tru	0	0	183	-	-	-	44	F	227	Jul	
31	Breaches of 28 Day Standard	act	Tru	0	0	41	-	-	-	3	-	44	Jul	
Delayed Transfers of Care														
32	Delayed Transfers of Care - Bed Days Lost	max	Tru	6253	2441	3082	-	-	-	717	F	3082	Jul	
Choose and Book														
33	CAB Booking %	Min		90%	90%	30.1%	-	-	-	31.4%	F	34.2%	Jul	
Vital Signs Indicators - Stroke Patients														
36	% of patients spending >90% of their stay on a stroke unit.	min	M	80%	80%	77.3%	-	-	-	91.7%	F	80.2%	Jul	Unvalidated for July 2012
37	% of non admitted high risk TIA patients seen and treated in 24hrs	min		60%	60%	65.6%	-	-	-	25.0%	U	54.5%	Jul	Unvalidated for July 2012
Infection Control														
38	C-DIFF rates - Inpatients	max	M	29	8	5	-	-	-	6	U	11	Jul	
39	MRSA Bacteraemia	max	M	1	1	1	-	-	-	0	-	1	Jul	
40	MRSA Screening - Elective Admissions	min		100%	100%	100%	-	-	-	100.0%	-	100.0%	Jul	
41	MRSA Screening - Emergency Admissions	min		100%	100%	90%	-	-	-	93.5%	F	90.6%	Jul	
VTE Risk Assessment														
42	% VTE Risk Assessments completed	min		95%	95%	94.8%	-	-	-	95.8%	-	95.1%	Jul	
Patient Safety Thermometer														
43	% of patients receiving harm free care within the Trust	min		95%	94%	94.5%	-	-	-	97.1%	-	95.1%	Jul	Aim is to deliver 95% harm free care by Dec 2012
Hospital Cancelled Outpatient Appointments														
44	Cancelled Outpatient Appointments	max		27288	10,613	6696	-	-	-	2380	F	9076	Jul	
Readmissions (PbR definitions)														
46	Readmissions			5,404	1,844	1079	-	-	-	401	-	1480	Jul	
Complaints/Satisfaction Levels														
47	Complaints Received	act	Tru	0	0	137	-	-	-	43	-	180	Jul	
48	Complaints Turnaround Time (days)	max	Tru	30	30	52	-	-	-	55	U	53	Jul	
49	Net Promoter Score	Min	Tru	77.56	70.29	59.15	-	-	-	47.40	U	56.22	Jul	

Explanatory Notes:

¹ Tar : Target type - Indicates if the target is a maximum, minimum or actual value to monitor

² Gov/Tru/M : Indicates if the target is Government, Trust or Monitor defined

³ Snapshot Data : Indicates that the value is taken at a given point in time



na : not applicable

Trend Indicator:

F: indicates a favourable variation and U: indicates an unfavourable variation from the previous month that exceeds a 1.5% tolerance

-: indicates that the variation from the previous month is within a +/- 1.5% tolerance

Traffic Light Indicator:

 = below or above target tolerance
 = on target or within tolerance

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