

Report to:	Trust Board	Agenda item:	10(i)
Date of Meeting:	9th February 2011		

Title of Report:	Trust Operational Performance Report – Month 9 2010
Status:	Standing Item
Board Sponsor:	James Rimmer, Director of Operations
Author:	Emma Borowski, Planning and Performance Manager
Appendices	Appendix 1 – Exception Report Appendix 2 – Trust Dashboard Appendix 3 – Trust Scorecard

1. Purpose of Report (Including link to objectives)
To provide Trust Board with an overview of the Trust’s monthly performance.

2. Summary of Key Issues for Discussion
Appendix 1 sets out the key issues and actions relating to performance for the month, based on an exception basis of all key performance indicators. Appendix 2 is a high level dashboard showing delivery against the key priorities for the Trust Appendix 3 shows performance against all indicators monitored on the Trust Scorecard.

3. Recommendations (Note, Approve, Discuss etc)
Trust Board is asked to discuss the enclosed report and scorecard

4. Care Quality Commission Outcomes (which apply)
Regulation 10

5. Legal / Regulatory Implications (NHSLA / ALE etc)
None

6. Risk (Threats or opportunities link to risk on register etc)
None

7. Resources Implications (Financial / staffing)
None

8. Equality and Diversity
All services are delivered in line with the Trust’s Equality and Diversity Policy.

9. Communication
None

10. References to previous reports
Standing agenda item

11. Freedom of Information
Public

Exception Report – National Operational Performance Indicators

Appendix 1

Indicator	Briefing update	Key actions for resolution	Lead	Completion Date
Trust Key Priorities				
VTE – Percentage Screened	<p>Performance for this indicator is reported one month in arrears.</p> <p>The Trust has been on trajectory for improvements in VTE screening for Quarter 1 and 2 however, the Trust is currently 87.6% quarter to date against a target of 90% to be achieved by the end of quarter 3. However concerns remain as to delivery against target for quarter end.</p>	<ul style="list-style-type: none"> VTE reporting to be distributed at divisional level to ensure full compliance with reporting requirements Transfer of data capture for this indicator to the on-line Active Patient List tool to improve timeliness and accuracy of data to support improved performance Introduction of Millennium will support a fully electronic and mandatory data capture against this indicator 	<p>Head of Business Intelligence</p> <p>Divisions</p> <p>Director of Operations</p>	<p>January 2011</p> <p>Ongoing</p> <p>July 2011</p>

Indicator	Briefing update	Key actions for resolution	Lead	Completion Date
18 weeks	<p>95th Percentile performance was:</p> <p>28.9 against a target of 27.7 for Admitted, which is an improvement on the previous three months</p>	<ul style="list-style-type: none"> Working to PCTs commissioning intentions to treat urgent patients and longest waiters and reduce length of wait. Implementation of 18 week Recovery plan including the recommendations from 18 week Intensive Support Team. Planned reduction of elective day case capacity over winter and increased outpatient activity to reduce waiting times for new outpatients. Ongoing negotiations with NHS Wiltshire regarding their commissioning intentions and communication strategy. 	<p>Divisional Manager, Surgery</p> <p>Delivery Director</p> <p>Divisional Manager, Surgery</p> <p>Delivery Director</p>	<p>Ongoing</p> <p>Details in plan</p> <p>December 2010 / January 2011</p> <p>Ongoing</p>

Indicator	Briefing update	Key actions for resolution	Lead	Completion Date
Length of Stay	<p>Non-elective LOS is over plan for the second consecutive month by 0.4 days, against a target of 4.9 days.</p> <p>Elective LOS is over plan by 0.7 days in December, 3.8 versus target of 3.1 days for the second consecutive month.</p> <p>Divisions are auditing LOS issues, but escalations and winter pressures across the Trust will have contributed to dipped performance.</p> <p>Reporting of LOS has changed from January 2011. Spells are now allocated to the most applicable, opposed to the admitting, specialty. This does not impact the overall Trust LOS, but will alter Divisional reporting figures.</p>	<ul style="list-style-type: none"> Enhanced recovery programme commenced in Nov in conjunction with the SAU move so expectation of improved elective LOS over the next couple of months Continued progress with Length of Stay projects to ensure that improvements are delivered against trajectory Divisions continue to monitor performance closely through the winter months where historically, bed pressures have been greater. 	<p>Divisional Manager, Surgery</p> <p>Director of Operations</p> <p>Divisions</p>	<p>Nov-10 onwards</p> <p>Ongoing</p> <p>Ongoing</p>

National Standards				
Indicator	Briefing update	Key actions for resolution	Lead	Completion Date
Cancelled operations rebooked within 28 days	December saw a slight rise in the number of Cancelled Operations, but delivery remains on target with YTD performance 0.8%.	<ul style="list-style-type: none"> Daily reporting of cancelled operations continues so that themes are identified and actions set to improve performance and ensure patients are rebooked within required time frames. Due to the poor performance at the beginning of the year, although statistically possible, based on average cancellation volumes, the Trust will not achieve 5.0% (green) by year end. Therefore it will be important to consolidate the improvements seen over the last couple of months to ensure achievement in 2011/12 	Divisional Manager (Surgery)	Ongoing
	Rebooking within 28 days improved slightly for December with performance was 8.8% against 5.0% target.		Divisional Manager (Surgery)	Ongoing

Thrombolysis	<p>Performance for this indicator is reported one month in arrears.</p> <p>No patients received Thrombolysis during November, the sixth month in a row. However performance in quarter 1 (April-June) was 22.2% against the 68% target.</p> <p>(Note: the report now shows actuals for April to June, rather than reporting one month in arrears, i.e. March to May)</p>	<ul style="list-style-type: none"> 4 patients have been Thrombolysed as of Month 9, which is on trajectory to be below the 20 limit for assessment therefore, expectation that Thrombolysis figures will be discounted from our assessment. Review of Thrombolysis processes continues, including ongoing work with Ambulance Trusts to deliver required improvements. 	Divisional Manager (Medicine)	Ongoing
TIA cases treated within 24 hours	<p>TIA performance showed a small improvement this month at 42.9%. For December the absolute figures were 3 out of 7 cases treated within 24 hours. Due to, the small number of patients, one patient has a significant impact on the percentage achieved.</p> <p>Year to date performance has dipped slightly to 46.9% against a target of 60%.</p>	<ul style="list-style-type: none"> Direct booking to TIA clinic slots from Emergency department Reviewing options for provision of weekend service - looking at how other trusts have supported this as there is no clear national guidance available. Continue to work with GPs to resolve issues around patient unavailability, i.e. do not come in within 24hrs or unable to contact. Reviewing the reporting of this issue with the SHA 	<p>Divisional Manager (Medicine)</p> <p>Director of Operations</p>	<p>February 2011</p> <p>Ongoing</p> <p>Ongoing</p> <p>February 2011</p>
95 th Percentile – admitted and non-admitted pathways	See Key Priority section above	<ul style="list-style-type: none"> See above 	As above	As above

<p>31 days (subsequent radiotherapy)</p>	<p>31 day Subsequent treatment (Radiotherapy) is being reported in shadow form on the scorecard as the Indicator is due to 'go live' from 1st January 2011 when the target will be 94% achievement.</p> <p>The Trust achieved 81.0% for December 2010, which is down on last month's performance of 98.3%. This is a predicted dip, as a result of patient choice over the Christmas period. The specialty is confident in meeting the target when reporting goes live on 1st January 2011.</p>	<ul style="list-style-type: none"> • <i>Risk assessment for 31 day Radiotherapy</i> – although on track to deliver in January there is a risk of retaining short term staff whilst awaiting agreement on longer term plan to enable permanent recruitment • Funding has been confirmed to support delivery of this target to the end of the calendar year but further work is required to secure recurrent investment for 2011/12 to ensure delivery of this target is maintained. This intention is to ensure recurrent funding is agreed, and is being taken to the February RUH Contract Meeting with the commissioners 	<p>Cancer Services Manager</p>	<p>February 2011</p>
--	---	--	--------------------------------	----------------------

Overall Performance Assessment – Department of Health & Monitor

Indicator	Briefing update	Key actions for resolution	Lead	Completion Date
Acute Trust Performance Framework	<p>ATPF is assessed on a quarterly basis, but for all indicators. With the exception of RTT indicators and delayed discharge, are monitored against year to date performance. For Quarter 3 the Trust remains 'Performing'.</p> <p>The following indicators are 'under performing' for Q3:</p> <ul style="list-style-type: none"> - 95th percentile for Admitted and Non-admitted <p>With the following indicator as 'under-review':</p> <ul style="list-style-type: none"> - Cancelled ops rebooked within 28 days - Thrombolysis (see note) 	<ul style="list-style-type: none"> • Details of remedial actions are set out above. • For Thombolysis, it should be noted that this may not be included in final assessments as it is no longer the preferred local treatment (exclusion criteria used for Monitor assessment) and we remain under the 20 cases (exclusion criteria for CQC assessment) year to date. For the purposes of monitoring, this has been assessed as red based on year to date performance although the expectation is that, at the time of writing, it will not qualify for inclusion in the assessment. 	Director of Operations	Ongoing

Indicator	Briefing update	Key actions for resolution	Lead	Completion Date
Monitor Rating	<p>The Monitor Compliance Framework was amended from Quarter 2 onwards to take account of the changes nationally on the A&E target (98% to 95% target) and the removal of 18 weeks governance triggers. Therefore assessment from Quarter 2 onwards has been amended to reflect these changes.</p> <p>The trust scored 0.5 for Q3 (green) which shows improvement on Q2.</p> <p>The only indicator failed during Q3 is: Elective Screening (0.5)</p> <p>Elective screening performance for Q3 was 98.0% against 100.0% target, which although below target is an improvement on Q1 and Q2 performance.</p>	<ul style="list-style-type: none"> Continued focus on delivery against key performance indicators as detailed in the Performance Report. 	Director of Operations	Ongoing

Exception Report - Local Operational Performance Indicators

CQUIN Programmes				
Indicator	Briefing update	Key actions for resolution	Lead	Completion Date
VTE – Percentage Screened	<p>Performance for this indicator is reported one month in arrears.</p> <p>The Trust has been on trajectory for improvements in VTE screening for Quarter 1 and 2 however, the Trust is currently 87.6% quarter to date against a target of 90% to be achieved by the end of quarter 3. However concerns remain as to delivery against target for quarter end.</p>	<ul style="list-style-type: none"> VTE reporting to be distributed at divisional level to ensure full compliance with reporting requirements. Data quality issues currently being validated. Transfer of data capture for this indicator to the on-line Active Patient List tool to improve timeliness and accuracy of data to support improved performance Introduction of Millennium will support a fully electronic and mandatory data capture against this indicator 	<p>Head of Business Intelligence</p> <p>Divisions</p> <p>Director of Operations</p>	<p>February 2011</p> <p>Ongoing</p> <p>July 2011</p>

Indicators of high quality, efficient services				
Indicator	Briefing update	Key actions for resolution	Lead	Completion Date
Readmissions	<p>Readmission data is reported with a five month lag as this is when information is available via Doctor Foster.</p> <p>28 day readmissions are 8.1% this month, this is an improvement on last months in year high of 8.9%, but performance remains amber against the 7.3% target.</p>	<ul style="list-style-type: none"> The Operating Framework published on 15th December 2010, provides further clarity on the changes to reporting of readmissions however PbR Guidance 2011/12 will specify services to be excluded from this policy and therefore, reporting will be developed once this methodology is confirmed. 	Director of Operations	February 2011
MRSA Non-Elective Screening Standard	<p>The MRSA screening standard for non-elective patients went live nationally on 1st January 2011.</p> <p>Compliance for Q3 was 91% against 100.0% target.</p>	<ul style="list-style-type: none"> Education and training to emphasis the importance of screening with ward managers, senior nurses and matrons All wards have developed individual action plans to ensure target is delivered 	Infection Control Nurse	Ongoing
MRSA Elective Screening Standard	<p>The Trust reported 98% achievement for Q3, against a target of 100%. This constitutes a quarter on quarter improvement in screening.</p>	<ul style="list-style-type: none"> Education and training to emphasis the importance of screening with ward managers, senior nurses and matrons All wards have developed individual action plans to ensure target is delivered 	Infection Control Nurse	Ongoing

Theatre Utilisation (elective)	<p>The Trust is 81.3% year to date against a target of 85% for theatre utilisation. Performance has dipped in December to 77.6% (red), compared in previous months which maintained an amber position.</p> <p>December saw a planned closedown, however patient cancellation over the holiday period has worsened performance.</p>	<ul style="list-style-type: none"> The Productive Operating Theatre (TPOT) workstreams linked to QIPP are developing a number of initiatives to improve theatre utilisation Outputs of the pilot for a Central Admissions Unit to be reviewed with view to implementing a permanent service if proved successful. 	<p>Theatre Manager</p> <p>Director of Nursing, Surgery</p>	<p>Launched in September</p> <p>April 2011</p>
Diagnostic 6 week waits	<p>The Trust achieved 99.8% for December which equates to eight breaches.</p> <p>Year to date performance is also 99.9% against a 100% target.</p>	<ul style="list-style-type: none"> Weekly PTL monitoring to ensure that all patients are booked within the required timescales. 	Divisions	Ongoing