

Trust Board Meeting – 28th November 2013

Title of the Paper:	Performance Report	
Agenda item:	92/13	
Author:	Paul Jenkins Director for Performance and Partnerships	
Trust Objective:	Achieving continuous improvement in the quality of patient care that we provide and the delivery of service performance across all areas.	
Purpose		
To provide a report on the Trust's performance against the key performance indicators, highlight any exceptions and provide details of remedial action plans.		
Previously Discussed And Date For Further Review (list relevant committees)		
Performance to the end of October discussed at TLEC 7 th November 2013		
Benefits To Patients And Patient Safety Implications		
Continues improvement in the quality of care overall improves the service to the patient		
Risk Implications for the Trust (<i>including any clinical and financial consequences</i>):		Mitigating Actions (<i>Controls</i>):
Failure to deliver satisfactory performance against targets will result in lower Trust Development Authority and DH performance ratings for the Trust.		Performance monitoring continues by the Executive team and Trust Leadership Executive Committee ensuring remedial action is undertaken as required.
Failure to deliver satisfactory performance against some targets will result in financial penalties to the Trust.		
Failure to deliver activity as commissioned will lead to lower than forecast income levels.		
Links to Board Assurance Framework, CQC Outcomes, Statutory Requirements		
Links to BAF risk references 2766,1512,2719,2722,2596 and 2598 CQC Outcome 16 Assessing and monitoring the quality of service		
Legal Implications: (if applicable) None		
Financial Implications: (if applicable) Failure to deliver satisfactory performance against some targets will result in financial penalties to the Trust. Failure to deliver activity as commissioned will lead to lower than forecast income levels.		
Communications Plan: (if applicable) N/A		
Recommendations		
The Board is asked to review the report and note the areas of delivered standards of patient care and service areas of under performance.		

Trust Board - 28 November 2013

Performance Report

Presented by: Paul Jenkins, Director for Performance and Partnerships

1. Purpose

- 1.1 The Performance Report is presented to provide an assessment of Trust performance against key performance indicators.

2. Background

- 2.1 The report provides an analysis of key performance indicators to October 2013. The report highlights by exception or where there is limited assurance of delivery or performance improvements.
- 2.2 The paper is accompanied this month by a series of charts and tables as an interim measure prior to the assurance testing and release of Qlik View based reporting.
- 2.3 The performance analysis of the Trust is subject to scrutiny and discussion at weekly executive team meetings, at each Trust Leadership Executive Committee and at Divisional Management Committees.

3. Analysis

- 3.1 The report links both national indicators as monitored by Herts Valleys Commissioning Group and those monitored by the Trust Development Authority. There have been no new national/external performance indicators since the previous report.
- 3.2 Stroke services continue to be managed under a remedial action plan, the impact is shown in the charts in Appendix 1. Performance standards were not met for stroke patients admitted to a stroke ward within 4 hours. Work continues around the early identification of stroke patients in the AAU; all patients presenting with stroke symptoms being seen by the stroke team on arrival to the Emergency Department.
- 3.3 Cancer 62 day wait for urgent GP referral (Appendix 3) was breached in September and October, action has been taken and new processes are in place for gynaecology and urology, weekly Patient Tracking List meetings have been introduced. Review of prostate and endometrial cancer pathway has been identified as 'priority' and a mapping process is underway.

Suggested changes to the prostate pathway are being reviewed. A weekly Colorectal PTL is to be introduced; the multidisciplinary team and the Colorectal Cancer Nurse Specialist continue to work closely with all booking teams to provide a seamless and speedy pathway.

- 3.4 Compliance against targets for management of formal complaints continues to improve; however the number of complaints received so far this year is in excess of the number received at this time last year and the forecast is for an overall annual increase. A complaints review group has been established to examine the reasons behind complaints, actions taken and the learning to be gained.
- 3.5 A new 72 hour Care Record was launched on 1st October incorporating hourly rounding to assist in prevention of falls resulting in severe injury or Death. Inpatient prevention measures are in place and training/compliance/monitoring is in place and managed by the Nursing senior management team.
- 3.6 Rates of C-Diff infection are better than 2012/13 but the current projection suggests the Trust is likely to exceed the target for the year. Root cause analysis is being undertaken; action plans are reviewed and monitored by the local HCAI group. Peer audit systems have been implemented in Hand Hygiene Compliance.
- 3.7 In October the Trust did not meet the 95% target for 4 hour waits in A&E. The unplanned re-attendance rate increased and has been consistently above target during the year. The Emergency Care Winter Plan has been positively received by the NTDA as 'best practice'. Total attendance at the department remains below plan (Appendix 2).
- 3.8 VTE Assessments on Discharge remains stable and above target at 97%. There may be some issues with assessment forms being recorded as "Found but Incomplete" which may be affecting the overall performance, action is underway to review the assessment process and associated systems for data capture.
- 3.9 Patients seen within 18 weeks for admitted pathways (Appendix 3) fell below target in October, performance against the non admitted pathway remained below the threshold. The RTT recovery plan, supported by IMAS, is presented to the Board for approval.
- 3.10 The timely handover of patients by ambulance staff within 15 minutes (Appendix 1) continues to fall below target. Remedial action forms part of the emergency care action plan implemented in September. This remains a financial risk due to the fines that can be applied for not meeting the targets.
- 3.11 Flu vaccination uptake across Clinical and all staff remains very low at 23% and 18% respectively although this is expected to rise in the coming weeks.

4. Recommendations

- 4.1 The Board is asked to review the report and note the areas of delivered standards of patient care and service areas of under performance.

Paul Jenkins

Director for Performance and Partnerships

21 November 2013