Barking, Havering and Redbridge Hospitals NHS
NHS Trust

BOARD PERFORMANCE REPORT

1.0 **Subject: Trust Board Performance Dashboard – October 2008**

2.0 <u>**Executive Summary**</u>

This report should be reviewed in conjunction with the Board Dashboard.

It covers:

1. Existing & New National Targets
2. Finance
3. Access & Efficiency
4. Patients Experience
5. Workforce
6. Clinical Quality

This report includes the key actions that are being taken to improve the performance where there is a variance from the target or monthly trajectory.

The following table contains the indicators which show a material change in performance when compared to the previous monthly performance.

INDICATOR	September 2008 performance	October 2008 Performance
Cancer treatments started within 1 month of decision to treat	98.8%	96.5% (provisional)
Cancer treatments started within 2 months of urgent GP referral	91.4%	89.2%
% elective operations cancelled on day of operation	0.8% (August)	1.22% (September)
Inpatients waiting > 26 weeks	8	28 (provisional)

3.0 <u>**Actions for the Trust Board**</u>

The Board is asked to note the content of the dashboard and the actions to bring the performance back in line with trajectory or target.

4.0 **Presented by:** Neill Moloney, Director of Planning and Performance.

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1. Existing and New National Targets

ELECTIVE SERVICES & OUTPATIENTS

- The Trust is due to report 28 inpatient breaches for October 2008. These breaches occurred in Surgical, Urology, Orthopaedics, Oral Surgery, ENT & Dermatology. These breaches have arisen following a retrospective review of outpatient outcome reports undertaken during October and November. Monthly checking of the AUDOP reports (the report which tracks patients with an outcome of "add to Waiting List" following outpatient clinic attendance) continue to highlight any patients that have not been added to the waiting list. The number of reported breaches for the year to date is now 63.

Actions

- The Trust has introduced a more robust reporting system with appropriate escalation processes in place, which will help to identify any potential breaches significantly in advance of the 26 week waiting time guarantee.
- Monthly AUDOP reports will continue to be monitored to ensure patients are added to the Waiting List appropriately. The data checking exercise instigated last month continues and is due for completion by the end of November. AUDOP reports will be produced fortnightly.

CANCER SERVICES

- Cancer performance against the 62 day target fell again during October to 89.2%. The YTD position now stands at 93% for this target.
- The key risk areas are within Urology, Lower GI, Lung, Gynaecology, Dermatology and Breast.

Actions

- A General Manager, with significant cancer pathway experience, has been appointed and is due to start with the Trust in January 2009.
- Tracking reports are now circulated to General Managers twice weekly to ensure patients are monitored closely. Any issues that put targets at risk are now being escalated to the Divisional Manager of Clinical Support in sufficient time to expedite.
- More flexibility around Chemotherapy and Radiotherapy access times has been built in to accommodate delays early in pathways. This is not a permanent solution but has been put in place to support the pathway for the short term.
- Outsourcing of Endoscopy is to start early November to reduce waits.

EMERGENCY SERVICES

- The trust has seen a deteriorating position in regard to achieving the emergency access target. The performance for October was 96.99% patients seen within 4 hours (September position was 97.8%). This brings the year to date total to 95.43%
- Both departments saw an increase in A&E attendances during the month due to the expected seasonal pattern. On average an extra 100 patients a week attended in comparison to September. The trust has developed a community wide *Winter Plan* in partnership with Barking and Dagenham PCT so that our services are prepared together with partner organisation to meet winter challenges.
- The *Emergency Care Action Plan* continues to be implemented. It has been updated and sent to NHS London.

- The causes of individual patient breaches of the target are examined on a daily basis. Principal causes have been bed availability, especially paediatric beds, and patients requiring a psychiatric opinion in A&E.

- It is recognised that bed availability requires significant changes in bed management arrangements to ensure that discharges are identified as soon as possible during the day, and that all patients are progressed towards their planned discharge date as efficiently as possible. Specific pressures on available beds occur on a Monday or Tuesday.

- The following principal actions have been undertaken in the month, which aim to address these performance issues.

Actions

- Staffing plans in A&E have been reviewed to meet demand due to increased attendances.

- The Community wide *Winter Plan is now* complete.

- Early discharge planning is now being carried out at weekends, with consultant physician ward rounds and early Monday morning reviews of predicted discharges.

- Daily reports on causes of breaches within the previous 24 hours are sent to divisional directors for action.

- A performance dashboard is being designed for use at ward and specialty level which will give: frequent information concerning bed percentage occupancy; the patients planned for discharge, the percentage discharged on or before their estimated date of discharge; turnover of beds; percentage of ward rounds started on time; and length of in patient stay. The aim is to achieve improvement in bed availability.

- New ways of reporting breaches are being developed to minimise the risk of non clinical breaches of the standard.

CANCELLED OPERATIONS

- In September October the Trust reported 68 last minute cancelled operations which deteriorated from the previous month. The cancellations were mainly in General Surgery, Neurosciences and Gynaecology. The cancellations were largely due to lack of theatre time, no bed or no surgeon/consultant available. Many of the Gynaecology breaches were due to bereavement within an associate specialist's family, resulting in insufficient time to make alternative arrangements.
- Within Neurosciences the issue is largely due to patients being brought in the day before admission and being affected by other emergency cases that arrive just as they are due to go to surgery. This results in their operation being cancelled after they are admitted and the patient unnecessarily incurring an overnight stay.

Actions

- Within Orthopaedics patients there are now improved processes in place to decide patient suitability for being added to the waiting list. This will have the impact of reducing unnecessary cancellation of procedures at last minute due to the patient being deemed unsuitable for a procedure.
- A revised escalation process is being followed in theatres.
- A Theatre working group is being established up to review all cancellations.

- Within Neurosciences a business case is being drawn up to obtain funding for an extra 2.5 theatre lists a week. This will enable the Trust to cater for all the emergency cases so that the elective cases can go ahead as planned. The business case will be submitted by the end of November and it is hoped approval will be achieved within a month to facilitate the permanent extra lists to be operating from early January. In the interim, 2 blitz lists a week are being run during the week to deal with the current situation.

INFECTION CONTROL

- The Trust reported 14 CDiff cases and 3 MRSA cases in October.
- Numbers of cases of Clostridium difficile infection have fallen again, however this is a time of year when low numbers are expected. Constant attention to protocols by ward staff will be required if numbers are not to increase further during the winter months.
- Two of the three case of MRSA bacteraemia were hospital acquired; in both cases the source of infection was not conclusively diagnosed.
- We have seen only 1 further case of MRSA colonisation on NICU at Queen's and there have been no new cases in the last 2 weeks.

Actions

- Previous planned actions are showing positive results and will continue to be reviewed in light of trust performance

18 WEEKS

- The Trust submits a weekly and monthly return for the 18 week referral to treatment (RTT) performance. Monthly performance for October was 66.9% for Admitted patients and 93% for Non-Admitted Patients. For the week ending 9th November, the Admitted performance was 73% patients seen within 18 weeks and Non-Admitted performance was 93.2% patients seen within 18 weeks.
- This represents a significant rise on the Admitted performance and a steady performance in Non-Admitted. A key driver of future performance is the reduction of the backlog of patients in the system i.e. those who have already waited over 18 weeks. The Admitted backlog has continued to fall with the latest weekly reported position reported as 1079, down from 1970 at the end of September, and the Non Admitted stands at 1701 from 3686.
- Recruitment of outpatient staffing continues to be a challenge for the Trust. This leads to the risk of not responding to requests for PTL clearance, late cancellation of clinics, and setting up timely blitz clinics. This is mitigated by additional administrative staff being funded through PCTs.

Actions

- Patients continue to be outsourced to the Independent Sector (IS), with 761 patients seen to date. The PCT funded Account Managers are assisting in the appropriate flow of information between the Trust and the IS providers. Work is underway to ensure that all patients currently without a TCI date are dated before the end of December
- The Trust continues to receive support from the Department of Health Intensive Support Team and during November they will be working with the Trust in a drive to improve the quality of the RTT outcome capture in Out Patients
- Information on diagnostic waiting times is now used on a weekly basis to monitor and reduce those patients waiting over 2 weeks for a diagnostic test. The next step of

ensuring that clinical staff respond to these shorter waiting times by booking follow up appointments earlier to shorten the Non-admitted pathway is in hand

- The new Outcome capture form for recording RTT outcomes for diagnostic procedures in a day case setting is in place.
- The plans for demand and capacity management are regularly updated and capacity flexed as appropriate to ensure the maximum throughput of patients.
- Work is continuing with PCT's and specialty General Managers with regard to increasing capacity in outpatients or being more flexible with current capacity, where Choose and Book Slot availability is continually an issue. Slot issues are now being closely monitored in performance reporting. It is proposed that this "unmet demand" is also factored in to the next annual business planning process which is due to commence shortly.

2. Finance

Finance report for the seven months ended 31 October 2008.

Key Financial Headlines

- Deficit in month £0.6m
- Year to date deficit £17.9m, £2.8m better than budget but including £4.6m of non recurrent benefit from the Trust's mitigation plan. Points to note:
- Favourable variance of £4.5m year to date on Central Income, primarily related to SLA over performance of £6.0m
- Overspends within Clinical Divisions of £4.4m, partly related to activity pressures
- Shortfall of £6.3m on year to date Turnaround target.
- Forecast outturn deficit £22.2m; an improvement of £1.0m from the M6 forecast primarily relating to increased income from SLA over-performance.
- Key risks within forecast:
    - Turnaround savings delivery of £8.3m in the remaining five months of the financial year
    - Divisions delivery of CIP targets
    - Divisions management of costs to within agreed forecast outturn positions.
    - Delivery of activity within contractual terms and conditions without incurring financial penalties.
    - Joint management of Havering PCT activity levels to within an over performance target of £4m.
- The Trust must operate within a monthly run rate deficit of no greater than £1.1m for the remaining five months of the financial year in order to meet its control total target.
- Cashflow remains problematic with short term requirements from Department of Health.
- Cash receipts of £35m due in March 2009 from staged land sale proceeds.

3. Access & Efficiency

Length of Stay

- Year to date Elective length of stay is close to a peer average (peer group chosen with a similar casemix by volume) and is on a downward trend.
- While Length of Stay plans are well developed within Surgery, the Medical Division & Women's & Children Action plans need further development.

Actions

- Lengths of stay reduction plans across all Divisions are to be completed by the end of November.
- The Turnaround team are working with Divisions to ensure delivery of the plans.
- A number of high volume HRGs will be selected within Paediatrics and Length of Stay targets will be set. This work will be started by mid-November.
- Nurse led-discharges are being introduced across a number of surgical wards from the end of November and following this will be rolled out across other Divisions.
- 'Jonah Discharge' is being used increasingly to manage patient delays. A high number of patient delays (those staying beyond predicted discharge date) are actively managed through weekly meetings.

DNA rates

- DNA rates for follow up appointments continue to be higher than a peer group average. Although 1st appointment DNA rates are much closer to the peer group average.
- Although Paediatric DNA rates continue to be high for 1st and follow up appointments, mainly due to the lack of outpatient provision at KGH, there has been a significant reduction in 1st appointment DNAs (2% lower YTD) since the implementation of the new access policy.

Actions

- A review of the configuration of outpatient services in paediatrics is due to be completed by the end of November 08 and a review of paediatric DNAs by December 2008.
- For the SMS texting project, it is proposed that the system is piloted for use in "follow up" appointments to two specialty clinics (clinics to be decided once data on mobile number data is assessed). A meeting to finalise the rollout of the pilot is taking place in mid-November and it is envisaged that the kick-off can start within a week of pilot sign-off.

3. Patient Experience

Complaints

- Complaints have been high in maternity - largely focused around the attitude of staff. However, it should be noted that there has been an increase in maternity activity over the last 6 months.
- There will be a review of service configuration in maternity as part of the BHRT Health Campuses programme. The 1st meeting of the group has taken place.

Actions

- A standard of behaviour and zero tolerance in maternity staff is being implemented and to date we have had 50% sign up of the zero tolerance letters. Staff who have not signed up to the standard will be met individually.
- The focus to date has been complaints handling both for response times and on how many come back on appeal. Both areas have now stabilised. Therefore, going forward the focus is now shifting to working with Divisions to assert a systematic steady downward pressure on overall numbers and reduce our current target of 80 a month to a significant lower level. Any changes, however, will need to be in line with new national regulations on complaint handling which will be effective from April 2009.

5. Workforce

Sickness

- Sickness levels continue to remain above Trust targets and short term sickness appears to be the biggest issue. The sickness absence rate has increased this month but this is a normal seasonal trend whereby cold weather brings more winter ailments like coughs/colds and sickness/diarrhoea. The sickness absence percentage figure for the same period last year was 7.24%. Work in ongoing on managing long term sickness absentees.

Vacancies

- There are 71 funded nursing vacancies across all bands in the Surgical Division with approximately 13 being held in vacancy control for further sign-off. There are still many delays with vacancy control and recruitment, the longest wait in recruitment has been since May with those posts only just going to interview.
- The Divisional Medical Director for Women's & Children is working with a team of paediatricians to resolve some of their long standing workforce issues. To date there is a plan to implement, within budget, a 1:5 on call rota for consultants. The next stage of the discussions will relate to the re-organisation of the job plans. Midwifery recruitment remains a challenge.
- Benchmarking with BLT has taken place and a statement of compliance is being prepared using that data in an attempt to increase the resource needed to deal with the recruitment activity of this Trust and achieve an industry standard recruitment target of 10 - 16 weeks maximum: BHRT currently stands at 16 - 26 weeks.

Actions

- Within Women's & Children, recruitment days are planned with ongoing recruitment continuing in November. We have agreed with Nursing and Midwifery that for large recruitment campaigns an identified lead from the directorate will coordinate the interview process with a nominated recruitment administrator from HR.
- A further breakdown of the budget in Midwifery is being discussed with Finance - to be agreed by end of November.
- The process of recruitment is undergoing review and re-engineering. Dedicated ESR - inputter roles are being introduced from December as this role has been identified as having a significant benefit to the turnaround of newly recruited posts.
- Medical recruitment requires a dedicated resource as there are a potential 46 consultant posts alone to recruit to. The training posts from the Deanery are now part of an identified process and the Deanery has been asked to provide data with regard to the Doctors we are expecting in advance to allow better planning of job plans.
- The hub and spoke model to manage medical rotas locums and diary cards has been appointed to and training carried out to support the software so that the first sets of management data will be available in February as agreed per project timetable.
- An interim HR director is actively being sought and the HR advisory function to the Divisions is under review as this is an area lacking capacity.