

Trust Board

TB2008.32

From: Mr Andrew Stevens, Director of Planning & Information

Date: May 2008

Subject: **Service Performance to 31 March 2008 (Month 12)**

For: **Information**

Synopsis

The Trust has performed strongly against key performance targets during 2007/08. All key elective access targets have been met, as has the target reduction in MRSA cases. The area of concern in relation to the Trust performance agenda remains emergency access.

The Trust has not met the 98% performance level for the A&E 4 hour total wait indicator. Performance for the year was 97.2%. To deal with this serious matter, the Board has changed the management team responsible for delivering emergency access targets, and has brought in external expert advice to secure and audit a sustainable improvement in performance.

The Trust performed very strongly against all elective access targets. As at 31 March 2008, the maximum waits for inpatient, outpatient and diagnostic services were 8 weeks, 4 weeks, and 6 weeks respectively. A significant reduction in these component waits enabled the Trust to exceed Strategic Health Authority targets for the 18 week wait indicator for both admitted and non-admitted patients.

The Trust achieved a 61% reduction in the number of MRSA cases during the year. A further achievement for the Trust was the significant reduction in cancellation waits.

Financial, legal and risk impact

The main area of concern remains performance against the A&E 4 hour total wait target. This is the focus of considerable management action, both within the Trust and the wider healthcare system.

Service Performance Report – 31 March (Month 12)

Introduction

1. This paper summarises the Trust's performance for the 2007/08 financial year in the five key performance areas within the balanced score card that forms part of the Trust's 2007/08 business plan.

SERVICE PERFORMANCE TARGETS

Emergency access

2. The acuity of patients, high levels of delayed transfers of care and capacity constraints heightened by the increased level of elective workload required to meet the 18 week target continued to cause difficulties for the Trust's performance against the emergency access targets during the last quarter of the year.
3. While the Trust has had no breaches of the 12 hour target for patients for waiting for admission from either the John Radcliffe or the Horton Emergency Departments during the year, it has not achieved the 98% target level for the A&E 4 hour total wait indicator.
4. To deal with this serious matter, the Board has changed the management team responsible for delivering emergency access targets. Accountability for emergency access targets has been assigned to the Director of Performance Improvement. This secures two benefits. Firstly, it provides a single whole-Trust focus for this target. Secondly, it places accountability for both emergency and elective targets with the same individual, thereby enabling the tension between these to be more effectively managed. The Trust has also brought in external expert advice to secure and audit a sustainable improvement in performance.

Inpatient waiting times and numbers

5. The Trust has had no end of month breaches for the 20 week waiting time target for inpatient and day case admissions. At the end of March there were no patients who had been waiting for more than 8 weeks for admission. There have been no breaches of the 13 week waiting time target for cardiac revascularisation.

Outpatient waiting times and numbers

6. The Trust has had no breaches of the 11 week waiting time target for first attendance and at the end of March there were no patients who had been waiting more than 4 weeks.

Cancer services

7. The three key cancer targets have been met in each month of the financial year.

Emergency bed days

8. The Trust has exceeded the emergency bed day target reflecting both increased volume and also greater acuity of emergency patients.

Genitourinary medicine

9. The Trust met the genitourinary medicine target throughout the year.

Delayed discharges

10. Although during March a number of delayed discharges did reduce to below the target level of 50, across the year, as a whole the level of delayed discharges significantly exceeded target levels.

Diagnostic services

11. As at the end of March, the maximum waiting time for diagnostic services was 6 weeks.

18 weeks referral to treatment

12. The significant reductions in component waits across inpatient, outpatient and diagnostic services have already been noted. This performance enabled the Trust to exceed the SHA targets for 18 week referrals and to achieve the more challenging "Further, Faster" targets for both admitted and non admitted patients agreed with the PCT.

KEY PERFORMANCE INDICATORS

Volume

13. A&E attendances finished the year at just over 2% above plan, with emergency inpatients 4.6% above plan. Overall, elective activity was above plan with a 2.7% below plan performance for elective inpatients being more than offset by a 5.9% above plan performance by day cases. New attendance outpatient activity was 19% above plan, with follow up outpatient activity 3.3% above plan.

Capacity and productivity

14. Performance improvements targets for day case rates and theatres efficiency and access were not met during the year and will remain the focus of the Trust Performance Improvement Programme for 2008/09. The target reduction in average length of stay was achieved. The Trust also significantly reduced cancellation rates.

Discharges

15. A level of reduction in the number of delayed discharges was achieved during March, however the figure has begun to rise again. The number of long stayers has remained significantly above the target level of 70 throughout the year.

QUALITY

Staff accidents

16. The number of staff accidents remains below the level for 2006/07. However, the Trust fell short of achieving the planned 8% reduction on the previous year's figures.

Slips, trips and falls

17. For slips, trips and falls the 2008/09 figure is slightly above the 2006/07 level and, therefore, the target 8% reduction was not achieved.

MRSA

18. The Trust achieved its target profile for MRSA cases. This represents a reduction of over 61% compared to the previous year.

Clostridium difficile

19. The Trust finished 8 cases above the target level of 432 cases. As the schedule shows, the Trust did achieve the target level of 36 cases per month in the second half of the year, following the setting of the target in September.

Complaints

20. During the second half of the year, the Trust has met targets for acknowledging and responding to complaints.

Serious untoward investigations

21. The latest available data for this indicator relate to February. For the last four months for which data are available the Trust has achieved 100%. There have been only two months during the year, in which 100% was not achieved.

Pharmacy dispensing errors

22. The Trust has achieved the target 5% reduction in pharmacy dispensing errors.

Patient ethnic group monitoring

23. Steady progress has been made against this indicator throughout the year, with the Trust achieving 91% in March compared to a national target of 80%.

Readmissions

24. There was a slight increase in the level of readmissions in the third quarter compared to the second quarter of the financial year. Quarter 4 data are not yet available.

HUMAN RESOURCES

Staffing levels

25. Staffing levels remain significantly below the target profile.

Agency spend

26. The gap between current staffing levels and the target profile is partially offset by the above profile level of agency spend. As noted at previous Boards, it is important in order for the Trust to be able to flex its capacity to have a level of agency/temporary staff.

Sickness absence

27. The Trust remains within the sickness absence profile.

Vacancy rates

28. The Trust has remained above its target level for vacancy rates which reflects in part the phased development of the Biomedical Research Centre.

Staff turnover

29. Throughout the year, the Trust has achieved its target rolling staff turnover rate.

FINANCE

30. The financial performance is assessed in more detail in the report of the Director of Finance & Procurement.

Andrew Stevens
Director of Planning & Information
8 May 2008