

Board of Directors Meeting: Thursday 21 May 2009

BD2009.41

Subject	Operational Performance to 31 March 2009 (Month 12)			
Purpose of paper	To brief the Board of Directors on current performance against the Trust's balanced scorecard			
Board Lead(s)	Mr Andrew Stevens, Director of Planning and Information			
Background papers (if any)	Trust Business Plan 2008/09			
Action/decision required	To note current performance; and to identify areas where further action is needed			
Key purpose	Strategy	Assurance	Policy	<u>Performance</u>
Strategic Goal	SG1: To be hospitals of choice SG2: To be world-leading teaching hospitals and an AHSC SG3: To achieve financial sustainability and long-term growth SG4: To be an excellent employer			
Strategic Objectives	All			
Links to: Board Assurance Framework/ Trust Key Risks/Annual Health Check element(s)	Performance targets in all five domains are linked to the delivery of the Trust's objectives as outlined in the BAF. Risks to the achievement of these targets are included in the Trust key risks			
Also considered by	Relevant performance monitoring bodies within the Trust			
Resource and financial impact	-			
Consideration of legal/equality/diversity/engagement issues	-			
Acronyms and abbreviations used	C.diff: <i>Clostridium Difficile</i> MIU: Minor Injuries Unit MRSA: methicillin-resistant staphylococcus aureus PCT: Oxfordshire Primary Care Trust RTT: Referral to treatment			

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Operational performance to 31 March 2009 (month 12)

Introduction

1. The attached report summarises the Trust's performance up to the end of March 2009 (month 12) against the five performance domains within the balanced scorecard that forms part of the Trust's 2008/09 Business Plan. More recent performance data are given for the key performance targets on page one of the report.

Customer Focus

2. The Trust continues to extend its inpatient, outpatient and diagnostic waiting times for non-urgent patients as part of the action plan agreed with Oxfordshire Primary Care Trust in order to manage the overperformance on the Trust's contract. This can be clearly seen on page 7 detailing the growth in the longer waiting categories for inpatients and outpatients. Maximum waiting times at the end of March were 19 weeks for inpatients and 11 weeks for outpatients. However, the Trust is meeting the primary national 18 weeks' waiting time target for both non-admitted and admitted patients.
3. The Trust maintained a high level of performance on the A&E 4 hour target throughout March which has resulted in the target being achieved throughout the year, 98.2% for Trust's combined performance across its two A&E departments which rises to 98.4% when the PCT mapped Minor Injuries Units activity is included. Subsequent weeks in April however, have seen a dip in the 4 hour performance to below 98%.
4. The number of long staying patients (+30 days) within March, whilst still high, did decrease to 129.
5. The numbers of last minute cancellations remained high throughout March. However, the Trust has remained well within the tolerance of the 0.8% target of elective admissions during the year. The Trust has also achieved the target of admitting cancelled patients within 28 days of their cancellation with only 6 patients throughout the year failing this target.
6. During the final quarter the Trust achieved 80% of fractured neck of femur patients operated on within 48 hours, a significant improvement compared to the performance at the beginning of the year.
7. Audiology RTT data completeness came back in within the expected thresholds for March. However, the Healthcare Commission have still not published the actual required thresholds.

Quality and Safety

8. The Trust's ethnic coding performance dipped slightly below 95% in March, although it remained significantly above the national target level of 80%.
9. The Trust maintained performance of both MRSA and C.diff within its limit for the number of cases for the year. The Trust also achieved the MRSA screening target.

10. The Trust's clinical governance processes identified an increase in the Hospital Standardised Mortality Rate at the beginning of the year. Although the Trust's cumulative rate remains below the national average, this short-term change is being investigated in line with the Trust's established procedures. This includes establishing the validity of the data as well as reviewing relevant cases.
11. The red ranking for the investigation of serious untoward incidents indicator relates to one complex case within ophthalmology.
12. The number of reported falls remained above the targeted reduction for the year. This remains the focus of a work strand within the Trust's overall patient safety strategy.

Productivity and Improvement

13. During March there were slight improvements across most of the productivity and improvement measures, including theatre utilisation, day case rates and same day admissions.
14. The number of delayed discharges has reduced during March after the high levels of February.

Finance

15. Overall financial performance is discussed in more detail in the report of the Director of Finance and Procurement.

Workforce

16. Performance within the workforce domains remains in line with that of previous months.