

Board of Directors Meeting: Thursday 3 September 2009

BD2009.76

Subject	Operational Performance to 31 July 2009 (Month 4)			
Purpose of paper	To report to the Trust Board on current performance against the Trust's balanced scorecard.			
Board Lead(s)	Mr Andrew McLaughlin, Chief Operating Officer			
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(s)	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 Objective(s)	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 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	Not applicable			
Consideration of legal/equality/diversity/engagement issues	Not applicable			
Acronyms and abbreviations used	BAF: Board Assurance Framework CQC: Care Quality Commission HES: Hospital Episode Statistics			
Author	Mr Adrian Crookes, Performance and Information Manager Ms Sue Donaldson, Director of HR and Organisational Development			

Operational performance exception report to 31 July 2009 (month 4)

Introduction

1. The attached scorecard summarises the Trust’s performance up to the end of July 2009 (Month 4) against the Care Quality Commission’s and Monitor’s performance domains. This written report focuses on areas of performance that need improvement throughout the remainder of the year to enable the Trust to achieve its plan within the operational performance domain. Where available, more current information has been used to highlight the exceptions.

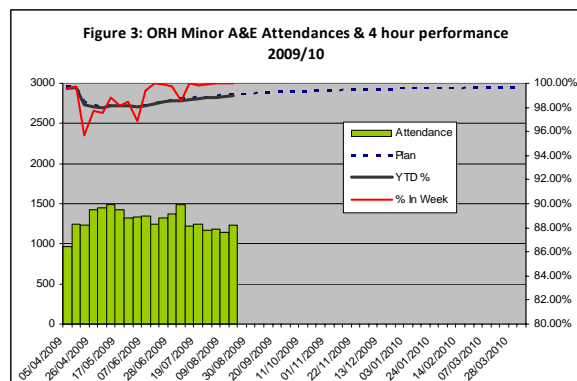
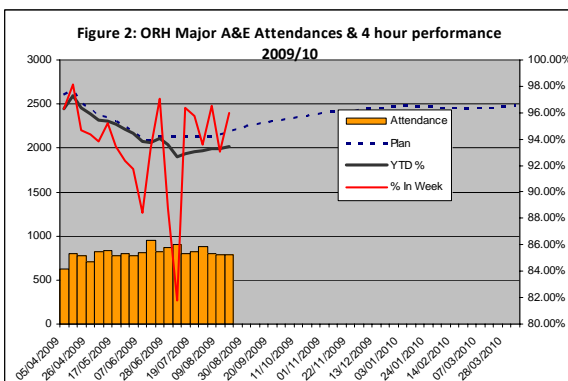
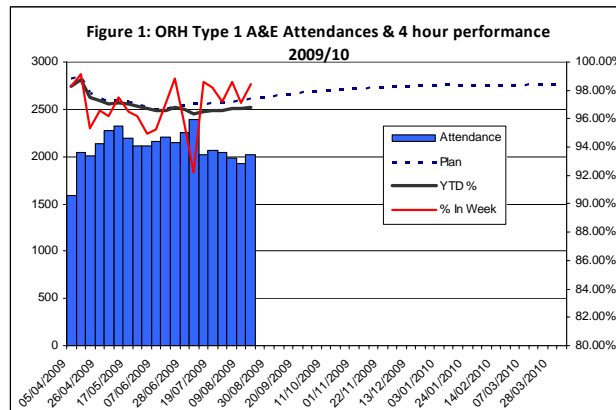
The scorecard also summarises the forecast performance to the end of the year, detailing how this will affect the CQC and Monitor scoring.

Exception reporting

2. The exception report will focus on the emergency department (4 hour wait), 18 week wait, 26 week wait for inpatients and cancer.

Emergency department

3. The Trust’s year to date overall performance (health economy) has remained at a similar level to the last performance report at 97.54% (week ending 16th August). Performance during June dipped significantly so this figure represents a recovery since the launch of the Emergency Access Development Plan (EADP).



4. Figures 1 to 3 show the performances and attendance volumes to date. The charts detail these split down by major and minor attendances. The “in week” performances show particular problems encountered during the middle and end of June, corresponding with raised levels of attendances firstly in majors and then latterly at the end of June within minors. Both volume increases can be seen to impact on the performance during those weeks.
5. A brief update of the activities being undertaken within the EDAP are outlined below:
 - 5.1. Minors
 - Performance above 99% maintained since the end of May (with the exception of 1 week in June)
 - Upgrade of JONAH (the A&E patient tracking system) to aid the timeliness of radiology results being available and reviewed by the clinicians
 - Outpatient model of working trialled and implemented
 - 5.2 Inpatient specialties and majors flow
 - Patient Transport Services improvements by providing dedicated service to ED, MAU and SEU.
 - General Medicine Referral Guidelines (General Medicine and ED staff)
 - ENT Referral Guidelines (ENT and ED staff)
 - 5.3 Commissioning and Partnerships
 - Ongoing developments in End of Life Care work (led by the Oxfordshire Primary Care Trust), which includes access to a dedicated case manager for ED and MAU to divert and stream patients to community based services where appropriate and improved hospital pathway for those admitted
 - GP co-location audit completed and results presented to the PCT (including its out of hours service). A high percentage of minor attendances were categorised to be most appropriately seen by a primary care clinician
 - 5.4 Clinical Decision Unit
 - Operational Policy finalised
 - Geratology support embedded (ED and Geratology staff) which has improved assessment and onward flow of Geratology patients.

18 weeks: referral to treatment – system and data quality improvement plan

6. Board members are aware that all NHS Trusts were required to start reporting 18-week referral to treatment performance during 2007. The requirement to measure and manage to this new access target, and the associated data reporting requirements, presented NHS acute trusts with significant challenges, particularly in the light of the delay in the implementation of the Care Records System.
7. The introduction of pathway based measurement and reporting went outside the traditional boundaries of the established NHS data model (which was “silo” structured around Outpatients, Admitted, Waiting List and A&E); and presented varying degrees of difficulty for individual trusts to implement, depending on the functionality of their Patient Administration System (PAS). The age and limited functionality of the ORH’s PAS meant that this change presented a difficult challenge for this Trust. The Trust set up a project group and board to steer and review the practical challenges and changes which were required to implement successfully 18-week functionality. Work was undertaken internally aimed at familiarising clinicians and managers to the new system, which was not without its problems, particularly with regard to the quality of data collection.
8. At its July meeting, the Board was advised of further work being undertaken to review the data capture, data quality and 18-week reporting arrangements to confirm and identify what further actions and improvements were required to improve assurance regarding the overall accuracy of this database. Following this more detailed review, we have confirmed that our current arrangements give rise to the following concerns and limitations:
 - Inconsistent and incorrect administrative processes, mainly on PAS, which have led to some new erroneous UBRNS and to some “orphaned” pathways which remain open because they are not closed down on the system at the end of the patient’s care process.
 - Clinical staff do not always complete the outpatient outcome forms, which directly impacts on the administrative processes and data quality.
 - Tertiary referrals are often made within the Trust without the nationally agreed Minimum Dataset (MDS) for referral to treatment being provided. This is exacerbated by the fact that the PAS does not have the correct functionality to record this adequately (an impending upgrade will address this shortly).
 - IT systems (mainly PAS) are very old and were not designed to support referral to treatment pathway management. A large PAS enhancement was implemented approximately 2 years ago, but this relies on extremely tight data entry processes and protocols being followed to ensure that pathways are linked together between the different modules of PAS. This does not always happen.
9. It is clear that the initial work undertaken to implement 18-week reporting has not been fully embedded in all areas and that the underlying constraints of our legacy systems have exacerbated this challenge. As a consequence, our 18-week database

has not been comprehensively or consistently accurate and it is essential that further improvements are made to improve the integrity of the pathway database. In the longer term, the introduction of the long awaited CRS will alleviate many of the difficulties with data collection that we are experiencing at present. So in response to these findings, a project initiation document has been prepared and a project manager appointed to lead the improvements that are required.

10. The objectives set for this project are:
 - To have IT systems in place which are capable of recording all the information that is required to report and manage to the 18-week standard.
 - For administrative staff to be fully trained to be able to record accurately patient pathway information on PAS and to be able to resolve problems within patient pathways. Standard operating procedures will need to be put in place to cover data entry.
 - For medical staff to be engaged in delivering 18-week pathways for all patients, providing accurate information to administrative staff about future activities relating to patient pathways. To empower administrative staff to challenge the clinical staff to provide this information.
 - To receive the Minimum Data Set (MDS) for Tertiary referrals with the referrals and have mechanisms in place to be able to trace unknown clock starts. To agree a standard period of time for this information to be collected, otherwise using an “assumed” start date.
11. A number of actions and improvements have been identified against each of these objectives which, once delivered, will strengthen the Trust’s capability to manage pathway based referral to treatment times and which will provide the Board with greater assurance regarding the consistency and accuracy of its performance data. The SHA and the PCT have been informed of the Trust’s plans and are supporting the actions being taken forward, where appropriate.

26 week wait for inpatients

12. The CQC measures the number of breach instances (recorded at the end of each month) as a percentage of the elective admissions for each month. These are summed across the 12 months to give a percentage for the year. There is a tolerance to allow for a small number of breaches in any year which is set at 0.03%.
13. During the last few weeks the Trust has identified retrospectively a small number of patients within Urology who have breached the national target for the maximum inpatient waiting time. The division has instigated a review to establish how this error occurred and remained unidentified, to ensure that the necessary changes are made to preclude a repetition of this error.
14. Some of these breaches occurred in the last financial year. A detailed paper has been sent through to the Department of Health (DH) describing and explaining the breaches and confirming the timing and arrangements for the patients’ treatments.

The DH will inform the CQC of the breaches which are attributable to 2008/09 so they can be taken into account in assessing the Trust's rating under the Annual Health Check. Analysis undertaken within the Trust suggests that this will not adversely affect the Trust's overall rating for 2008/09.

15. As a result of the breaches which count against the 2009/10 assessment, the Trust's good performance to date may be depressed to "underachieve", or possibly "fail", as a result of these previously unidentified breaches. This potential has been reflected in the attached scorecard. However, the Trust will be able to appeal for "extenuating circumstances" and (under the "Leicester rules") be granted dispensation to exclude the 2009/10 breaches from its results for the patients who span the two reporting years. This case will be pursued during the data ratification process in May/June 2010.

Cancer

16. Delivery against expected existing and new cancer access targets remains a challenge for a number of tumour site services.
17. Recent activities to recover the performance position are set out below;
 - The Cancer Patient Targeted List (PTL) is now considered within the wider weekly performance meeting.
 - Meetings have taken place with the PCT who are working with GPs for more timely and appropriate referrals under the new 2ww rules.
 - Proposals are underway in Gynaecology with regard to resolving theatre capacity constraints.
 - Service developments are underway within Urology along the prostate pathway, such as, joint Urology and Oncology clinics and the investigation of expanding the one-stop trus biopsy service.
 - LGI have started direct booking from clinic in endoscopy, resulting in reducing delays along the pathway.
 - The Breast symptom 2ww target will be challenging but plans are being implemented that should help to reduce the wait for appointments from Monday 17th August.

Adrian Crookes
Performance and Information Manager

Human Resources Report

Trust Board metrics key points

18. In January 2009 the Workforce Committee agreed to a new workforce reporting framework which reflected the recommendation of the "Intelligent Board" and the Strategic Health Authority benchmarks. It was based on a balanced scorecard approach.

Pay Costs

18. The year end out turn forecast is £7.2 m in excess of budget. This is based upon the "raw" forecast. (Raw forecasts are derived from returns made by operational directorates which represent the divisional and directorate forecasts on the financial outlook before incorporating any additional corporate action).
19. It is however considered that the profile of pay costs declared by the Divisions, within the raw forecasts, is not sufficiently ambitious in terms of cost reduction. Additional reductions in pay are planned (£6.1m). The £6.1m will be targeted through a review of the current forecast to ensure that the savings achieved to date are extrapolated appropriately. Further stretch targets will be allocated for the reduction of temporary staff and the substitution of expensive agency spend for more cost effective spend on bank staff.

Whole time equivalents

20. Worked whole time equivalents have declined sharply on the previous month. This reflects a reduction both in substantive staff numbers and also in overtime and agency usage.

Bank and Agency Expenditure and expenditure on additional hours

21. Targets derive from SHA benchmarks and internal cost improvement plans. Expenditure in both categories is in excess of target.
22. There has been a reduction in percentage terms in the use of overtime and additional plain time hours on the previous month. Further reductions in spend are required if the Trust is to see the level of expenditure reduce to 1 percent or less. Each month Directorate managers are provided with a breakdown of expenditure on overtime and excess hours to an individual level. Aggregate information is also provided to Finance for further pay analysis.

23. Bank and Agency spend has decreased from 3.79% of pay spend in June to 2.91% pay spend in July 2009. The Trust is negotiating a new agreement with NHSP and is looking to reduce the cost of its temporary staff. In addition the Trust is examining the most cost effective use of NHSP resources within the Trust.
24. Close monitoring of expenditure in this category is expected to reduce spend. However, the flu pandemic and winter pressures may necessitate increased expenditure on Bank and Agency staff and overtime. Any additional costs to support this spend is not reflected in the Trust forecast and would represent a financial risk to the Trust.

Turnover

25. Turnover has risen slightly on the previous month. In July the rolling year turnover was 10.72% as opposed to 10.65% in June 2009. Low levels of turnover may pose a possible risk to the Trust's ability to reduce cost.

Absence

26. Close management of sickness absence should continue to keep sickness absence within target. However sickness absence may rise due to cost improvement measures and organisational change and will almost certainly be inflated by the flu pandemic.
27. The Trust's year to date sickness absence rate has risen month on month to 3.31%. At the same point in 2007/08 the rate of sickness was 2.96%. This is contrary to seasonal patterns of sickness absence.

Sue Donaldson
Director of HR and Organisational Development