

**Report to  
Trust Board – 27<sup>th</sup> September 2012**

Title	Trust performance and Provider Management Regime (PMR) report
Sponsoring Executive Director	CEO
Author(s)	Executive Team
Purpose	<ul style="list-style-type: none"> <li>• To provide information to the Board on past and forecast performance across the key strategic domains for the Trust</li> <li>• To confirm recommendations on the level of compliance against the Provider Management Regime framework</li> </ul>
Previously considered by	Finance and Performance Committee

**Executive summary**

**CURRENT PERFORMANCE ISSUES**

**1. Cancer waiting times standards**

**62 Day pathway following Screening and 31 Day pathway for subsequent drug treatment**

The Trust failed to deliver to the target level for August as a result of smaller than expected treatment numbers and therefore individual breaches of the standard have a significant impact upon overall performance.

**Action – Immediate – Chief Operating Officer**

Escalation processes have been reiterated to centres to ensure that there is early intervention from the Chief Operating Officer to effect a shorter pathway for patients

**Two week wait standard for all symptoms and breast symptoms**

The Trust underperformed in both areas resulting from patient choice and availability of alternative appointment slots within the target timescales.

**Action – Immediate – Chief Operating Officer**

The Chief Operating Officer has reinforced the need for patients who are not available for any appointment within two weeks to have their referral passed back to their GP as this should have been confirmed prior to the referral being made.

**2. A&E 4 hour wait**

The Trust delivered against this target in June but failed the target in July and now August. The Trust is also forecast to miss this target in September unless corrective action is taken.

**Actions – Chief Operating Officer**

To implement within the Surgical Centre – Immediate:

- Changes to the running of their ambulatory clinic to divert patients from the Emergency Department
- Introduction of a rota of decision making doctors into the Surgical Assessment Unit at RSH
- Designation of the upper GI ward at RSH to receive longer stay emergency surgical admissions to improve flow.

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To re-launch and reinvigorate the bed bundle to improve flow - September

Establish a plan that identifies further changes to be made to improve flow - September

### **3. 18 weeks Referral to Treatment Target (RTT) for admitted patients**

The Trust failed this target in August due to the backlog in Ophthalmology and Orthopaedics

#### **Actions – Chief Operating Officer - Immediate**

Continued detailed management of challenged specialties to identify capacity to match demand.

### **4. Eradicating avoidable Grade 3/4 Pressure Ulcers**

There were two (2) Grade 3 and two (2) Grade 4 hospital acquired pressure ulcers reported in August 2012, following investigation one appears to be unavoidable and will be presented to the PCT for consideration for downgrading.

The PCT have identified that they can confirm at present that 2 pressure ulcers (Ward 27 and PRH ITU) that the Trust submitted RCA's for, have been classed as unavoidable. The PCT is liaising with the Cluster to ensure this is reflected in both the Trusts CQUIN target and SI figures. In addition they have provisionally confirmed that they support that the pressure ulcer identified by Ward 22E as pre-admission is being considered for removal/downgrading.

The variances will be reflected in October's report depending on confirmation from the PCT that the action to remove these pressure ulcers from our SI/CQUIN totals has occurred.

#### **Action - Director of Quality and Safety and Chief Nurse**

To continue with the programme of work with each ward.

### **5. Compliance against WHO Safer Surgery checklist**

The compliance has decreased slightly from 99.4% in July to 98.9% in August. In reviewing this performance there are recording issues which need to be addressed within Maternity Theatres and clarification of time out processes which need to be addressed.

#### **Action – Immediate - Director of Quality and Safety and Chief Nurse**

### **6. Appraisal rate**

Appraisal is at 73% below our target of 80%, 5 centres are achieving this performance.

#### **Action – Workforce Director**

Each centre and corporate department to present a clear plan to deliver target levels by January 2013 - October.

### **7. Sickness rate**

Absence has dropped in August to 4.46%, whilst this is encouraging it remains significantly behind the target of 3.3%.

#### **Action - Workforce Director**

A Health and Wellbeing team has been established to address absence and is working with 3 areas, Medicine, Surgery and Estates, to provide concentrated support - Immediate

### **8. Attendance at compulsory training**

Attendance at compulsory training remains significantly below the standard.

#### **Action – Workforce Director**

A programme of improvement has been identified to support achievement of training coverage

## Performance Report

supported by the National Learning Management System (NLMS) providing single e-learning opportunities – Roll out begins in November  
 An organisational plan is being finalised to support clear targets and information for each centre, this will be reported in the next Workforce Report to board - October

### DECLARATION AGAINST PROVIDER MANAGEMENT REGIME FRAMEWORK

#### 1. Quality, safety and national targets

The Trust fell short of the monthly target in the following areas:

- Cancer standards
  - 2 week wait referrals General and Breast symptoms – 0.5 penalty point
  - 31 day pathway – drug treatment – 1 penalty point
  - 62 day pathway following screening – 1 penalty point
- A&E 4 hour wait standard – 1 penalty point
- 18 weeks RTT target (Admitted) – 1 penalty point

Against the governance framework the Trust is rated as red with 4.5 penalty points.

#### 2. Financial performance

The Trust performance against the key financial indicators for August achieved financial risk rating of 2

#### Governance declaration recommendation

Due to ongoing concerns around delivery of the ED 4 hour wait target and financial performance the Board is asked to authorise the Chair and Chief Executive to sign declaration 2 - '**There is insufficient assurance available to ensure continuing compliance with all existing targets**'

Related SATH objectives	SATH Sub-objectives
<p><i>A., Financial Strength: We will develop and deliver robust plans that generate surpluses to reinvest in quality</i></p> <p><i>B. Patients, GPs and Commissioners: We will insist that we deliver the best service to our patients, GPs and commissioners</i></p> <p><i>C. Quality and Safety: We will always provide the right care for our patients</i></p> <p><i>D. Learning and Growth: We will develop our internal processes to sustain our ability to change and improve</i></p>	A4, B2, B4, B5, B6, C2, C3, D3, D5, D7, D8

Risk and assurance issues	
Equality and diversity issues	
Legal and regulatory issues	

#### Action required by the Trust Board

- The Board is asked to consider the performance indicators and the actions being taken by the Executive team to improve achievement levels.
- The Board is asked to authorise the Chair and Chief Executive to sign declaration 2 in relation to the Provider Management Regime Framework and submit to the SHA by 28<sup>th</sup> September.