

Report to:	TRUST BOARD – 1st November 2012
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Title	Trust performance and Provider Management Regime (PMR) report
Sponsoring Executive Director	CEO
Author(s)	Executive Team
Purpose	<ul style="list-style-type: none"> To provide information to the HEC on past and forecast performance across the key strategic domains for the Trust To confirm recommendations on the level of compliance against the Provider Management Regime framework
Previously considered by	

Executive Summary

CURRENT PERFORMANCE ISSUES

1. Cancer waiting times standards - 62 days urgent referral to treatment

Initial unvalidated data shows the Trust failed to achieve cancer 62 days urgent referral to treatment target in month during September (82.98% against target of 85%). Year to date performance remains above the target at 85.15%.

Actions – Immediate – Director of Transformation

There are three actions that are currently being worked through:

- Escalating patient pathways to the centre management teams that are outside of waiting time standards – Cancer Care Tracking Team. Centre to escalate to Director of Transformation where pathway changes cannot be made at Centre level to avoid the breach of the standard
- Reduction in endoscopy waiting times through increased capacity to shorten the overall pathway – Surgical Centre by the end of November
- Patients requiring two week wait outpatient appointment for suspected colorectal cancer are seen within 7 days – Surgical Centre by the end of December 2012

2. A&E 4 hour wait

The Trust failed the 95% target in September with 89.82% and a year-to-date position of 92.81% and is forecast to miss this target again in October unless corrective action is taken.

Actions – Immediate - Chief Operating Officer

Continued implementation of the Improving Patient Flow (IPF) project plan

3. 18 weeks Referral to Treatment Target (RTT)

a) The Trust failed the (RTT) for Admitted patients with 80.85% against the 90% target in September compared to 84.73% in the previous month. This was due to two major specialties not achieving against the target, Orthopaedics and Ophthalmology.

Actions – Director of Transformation and Director of Finance

Orthopaedics

An action plan to reduce waiting times and therefore the number of patients waiting over 18 weeks centres upon identifying increased capacity through continued commissioning of services from the Nuffield Hospital in the short term and additional operating lists from within the SaTH team. The target date for reducing the waiting time to below 18 weeks is by the end of November 2012.

Ophthalmology

In order to increase capacity in the short term the Trust has employed four locum ophthalmologists. By doing so the reduction of the number of patients waiting beyond 18 weeks will be achieved by the first week in December.

Based upon the actions above the Trust is expected to achieve the 18 week target for both admitted and non-admitted patients from the end of November 2012.

(b) The number of patient with an open clock on an 18 week pathway with no recorded treatment date

The Trust failed this RTT target for the number of patients with an Open Clock. At the end of September there were 10% of patients with an open clock against the 8% target.

Actions – Director of Transformation

Those actions agreed for the reduction of patients waiting over 18 weeks are applicable to this target.

4. Cancelled Operations

There were 145 operations cancelled in September, of these 65 were for non-medical reasons. 20 of the 61 patients (32.7%) cancelled for non-medical reasons in August were not readmitted within the mandated 28 days or offered an alternative provider.

The number of cancellations has increased as a result of bed availability.

Actions – Chief Operating Officer

See Improving Patient Flow Project which sets out a 30 day action plan which commenced on 8th October.

5. Eradicating avoidable Grade 3/4 Pressure Ulcers

There were 5 Grade 3 or Grade 4 hospital acquired pressure ulcers reported in September 2012. All of these are being formally reviewed by the Chief Nurse to ensure full range of actions and lessons learned are implemented to support eradication by dates agreed.

Validation of pressure ulcers which meet the unavoidable criteria are being discussed with primary care colleagues to ensure a consistency in the reported numbers. Results of validation will be reported in next month's paper.

Action - Chief Nurse/Director of Quality and Safety

To continue with the programme of work with each ward.

6. Sickness rate

Absence has dropped in month to 4.37%, whilst this is the second consecutive reduction 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.

DECLARATION AGAINST PROVIDER MANAGEMENT REGIME FRAMEWORK

1. Quality, safety and national targets

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

- 7. A&E 4 hour wait standard – 1 penalty point
- 8. 62 days urgent referral to treatment – 1 penalty point
- 9. 18 weeks RTT target (Admitted) – 1 penalty point
- 10. 18 weeks RTT target (Open Clocks) – 1 penalty point

Against the governance framework the Trust is rated as red with 4 penalty points compared to 4.5 in August

2. Financial performance

Action – Finance Director

Please see month 6 Finance Paper

Governance declaration recommendation

Due to ongoing concerns around delivery of the ED 4 hour wait target and financial performance the Board will be 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 (including resilience risks)	
Equality and Diversity Issues	
Legal and Regulatory Issues	

Action required by the Trust Board
To consider further actions to improve performance in the delivery of the range of indicators above and to approve submission of the PMR as identified.

