

Monthly Performance Report – January 2013

Current Performance	Q1 2012/13	Q2	Q3	January 2013	Q4 prediction
Acute Trust Performance Framework	Performing	Performing	Performing	Performing	Performing
Monitor Governance Rating	Green	Green	Amber-Green	Amber-Green	Amber-Green

This report provides a summary of performance for the month of January including the key issues and risks to delivery along with the actions in place to sustain and improve performance in future months.

Key issues

Early alert pyramid

One red indicator for January

Clinical Efficiency - Trust Inpatient Bed Occupancy (%)

- Bed occupancy is recorded as 97.8% against a target of 93% for January.

All flexible capacity has now been opened in response to continued levels of non-elective activity

Ongoing actions include:

- Reducing A&E to admission conversion ratios by increased senior presence
- Improving % of patients discharged early in the day
- Reducing delayed transfers of care and 'Green to Go' waiting list patients

NHS Trust Governance Declarations

Record of Compliance with Organisational and Governance Risk rating as detailed below:

CQC Registration	Weighting	Q1	Q2	Q3	Q4 TD	Jan 13
Non-Compliance with CQC Essential Standards resulting in a major impact on patients	2	0	0	0	0	0
Non-Compliance with CQC Essential Standards resulting in enforcement action	4	0	0	0	0	0
NHS Litigation Authority - Failure to maintain, or certify a minimum published CNST level of 1.0 or have in place appropriate alternative arrangements	2	0	0	0	0	0

The CQC essential standards for safety are reported on the monthly integrated score card – January performance detailed below:

Rating comment by Provider - As per SOM guidance	RAG rating
Governance Risk Rating	Amber Green
Financial Risk Rating	4

The Trust Governance Declaration self-certification return for January has

	been prepared for Trust Board.																																																										
Performance	<p>Key Issues impacting on the ATPF and Monitor Governance report</p> <ul style="list-style-type: none">Emergency access 4-hour performance in January of 93.1% resulting in a score of 1 [amber green] against the Monitor quality governance rating. <p>During January there were a total of 391 breaches of the 4 hour standard, with particular pressure during the first week of the month when the safety of patients became a concern.</p> <p>In response Executive Directors led escalation discussions with the CCGs and Social Service providers where Black escalation was declared for the whole Health Community. Health community black escalation was called on 4th January when the community and surrounding acute Trusts expedited discharge for patients.</p> <p>The Trust has collated information in response to the Black escalation root cause analysis. The RCA timeline has been agreed to cover the period 17th December to 8th January.</p> <p>Performance exceeded expected performance and was due to high level of focus on patient flow both within the Trust and the Health community.</p>																																																										
<u>In-month activity</u>	<p>January has been a busy month with continued pressure on both our inpatient and outpatient services.</p> <table><tr><th colspan="2">2012/13</th><th>Apr</th><th>May</th><th>Jun</th><th>Jul</th><th>Aug</th><th>Sep</th><th>Oct</th><th>Nov</th><th>Dec</th><th>Jan</th></tr><tr><td rowspan="2">A & E</td><td>Plan</td><td>5941</td><td>6153</td><td>5966</td><td>6166</td><td>5354</td><td>5968</td><td>6151</td><td>5972</td><td>6940</td><td>6162</td></tr><tr><td>Activity</td><td>6072</td><td>6524</td><td>6425</td><td>6635</td><td>6197</td><td>6539</td><td>6700</td><td>6254</td><td>6369</td><td>6067</td></tr><tr><td rowspan="2">Non Elective</td><td>Plan</td><td>2862</td><td>2888</td><td>2964</td><td>3073</td><td>2522</td><td>2872</td><td>2984</td><td>2946</td><td>3363</td><td>2987</td></tr><tr><td>Activity</td><td>2990</td><td>3137</td><td>2913</td><td>3108</td><td>2901</td><td>2894</td><td>3189</td><td>3077</td><td>3047</td><td>3035</td></tr></table> <ul style="list-style-type: none">ED attendances 5.4% above plan (3071 cases YTD)Non-elective admissions 2.8% above plan (830 cases YTD)DTOCs are rated as green with performance of 3.2% in month (19 patients)Elective Day case activity 4.3% above plan with Elective inpatients at 7.4% below plan – due to high levels of cancellations <p><i>Notes: Actual Activity - source BIU</i></p>	2012/13		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	A & E	Plan	5941	6153	5966	6166	5354	5968	6151	5972	6940	6162	Activity	6072	6524	6425	6635	6197	6539	6700	6254	6369	6067	Non Elective	Plan	2862	2888	2964	3073	2522	2872	2984	2946	3363	2987	Activity	2990	3137	2913	3108	2901	2894	3189	3077	3047	3035
2012/13		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan																																																
A & E	Plan	5941	6153	5966	6166	5354	5968	6151	5972	6940	6162																																																
	Activity	6072	6524	6425	6635	6197	6539	6700	6254	6369	6067																																																
Non Elective	Plan	2862	2888	2964	3073	2522	2872	2984	2946	3363	2987																																																
	Activity	2990	3137	2913	3108	2901	2894	3189	3077	3047	3035																																																
Contract penalties	<p>It is anticipated that financial penalties will be levied in January for 18 weeks</p> <p>Referral to Treatment</p> <ul style="list-style-type: none">Admitted pathways – General Surgery and CardiologyNon-admitted pathways - Trauma & Orthopaedics and Cardiology																																																										

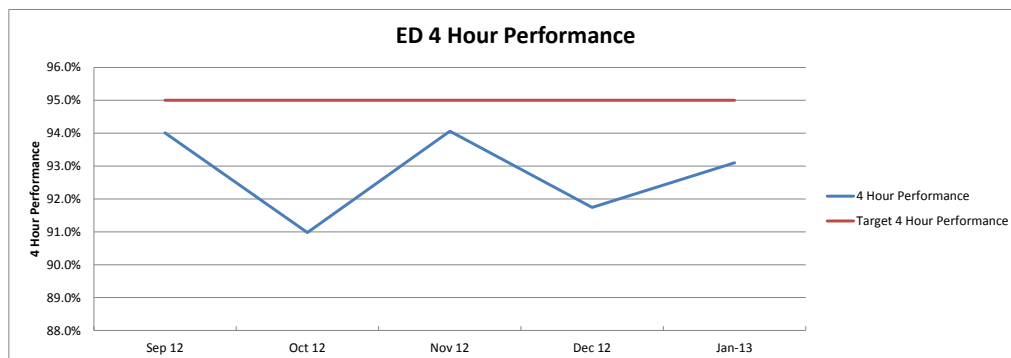
Key indicators - ATPF and Monitor exception report

Operational target

Key points and actions

A&E access

Performance for January was 93.1% rated as red in month.



While performance exceeded the 93% - the best case scenario predicted for January this was a very difficult month with a peak of 60 escalation beds open, 114 surgical and 15 cardiology patients cancelled and a peak of 68 medical outliers reducing to 35 at month end.

On 4th January the health community declared black escalation which led to a health and social care community wide response. As part of the South West Escalation SUI, the Commissioners have interviewed the Trust in relation to the black escalation RCA.

Subsequent to this period of black escalation, the health community re-declared black escalation on Friday 8th February at 18.00 hours continuing until Wednesday 13th February when stand down was declared.

The recovery for this period has been protracted with all partners declaring saturation despite further exploration of capacity across the health community.

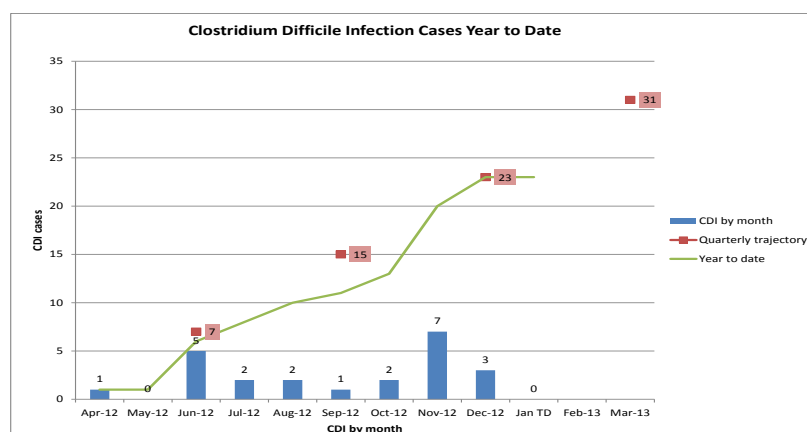
The Trust has modelled activity for Q4 based on three scenarios detailed below based on average attendance levels and breaches per day:

Scenario	Month	Monthly Performance	Quarterly Performance	Year End
Best case	Jan-13	93.1%	92.5%	94.0%
	Feb-13	87.4%		
	Mar-13	96.3%		
Likely case	Jan-13	93.1%	91.9%	93.8%
	Feb-13	87.1%		
	Mar-13	95.0%		
Worst case	Jan-13	93.1%	90.7%	93.5%
	Feb-13	85.7%		
	Mar-13	92.8%		

Infection control

- **MRSA** – there have been no post-48 hour MRSA bacteraemia cases in January.
- **CDIFF Infection (CDI)** – there have been no cases of CDI in month maintaining the year to date total to 23 cases, following confirmation of the 8 CDI cases challenged in November:
 - 6 cases have been successfully appealed
 - 1 case was not successful in its appeal
 - 1 case was withdrawn by the RUH

Note: The score card records the cumulative figure for both MRSA and C Diff.



January performance is within the Q3 trajectory and continues the green rated performance year to date.

- **Norovirus** - There was just one ward closed in January with a loss of 8 bed days.
Daily ward review by Infection Control and data collection of single room use continues to support early isolation of patients.

18 week RTT Trust level performance

RTT Performance at Trust level

During January Trust level performance was rated green for all 3 indicators achieving:

- Admitted 92.5% (target 90%)
- Non-admitted 96.9% (target 95%)
- Open pathways 92.1% (target 92%)

The number of patients waiting more than 18 weeks increased in month to 413 due to high levels of non-clinical cancellations.

Specialty level performance was rated amber with a score of 7 points against the ATPF indicator. See table below.

Pathway	Admitted	Non-admitted	Open pathway	Specialty
Target	90%	95%	92%	Score
Cardiology	88.9%	94.3%	84.2%	3
General Surgery	84.0%	98.2%	92.0%	1
Gastroenterology	100%	95.1%	88.8%	1
Trauma & Orthopaedics	90.2%	89.4%	91.6%	2

18 week RTT - Specialty performance				
Trauma & Orthopaedics	Trauma & Orthopaedics	Admitted pathway	Non-admitted pathway	Open pathway
		90.2%	89.4%	91.6%
<p>Performance continues to improve for patients on the admitted pathway. The non-admitted pathway performance was affected in month by the complex patient group including paediatrics. Non-admitted performance in February is likely to remain below 95%. On-going actions include:</p> <ul style="list-style-type: none"> ▪ Weekly review diagnostic delays for admitted and non-admitted pathway ▪ Additional clinic capacity 				
General surgery	General Surgery	Admitted pathway	Non-admitted pathway	Open pathway
		84.0%	98.2%	92.0%
<p>General surgery performance in month was due to high levels of non-urgent cancellations due to lack of beds.</p>				
Cardiology	Cardiology	Admitted pathway	Non-admitted pathway	Open pathway
		88.9%	94.3%	84.2%
<p>The medical division has developed a robust plan to improve pathways – adopting some of the good practice from Orthopaedics. Appendix 4 - Cardiology Action plan provides a high level summary of issues identified and actions taken. A detailed paper has been prepared and will be discussed at Medicine Divisional Board.</p> <p>Actions to date to address underperformance include :</p> <ul style="list-style-type: none"> ▪ Action plan to address system and process issues ▪ Weekly meeting with speciality team to monitor performance and oversee the action plan ▪ Additional locum starting on 4 February to provide additional capacity ▪ Capacity/demand model developed for February 2013, focussing on three cohorts of patients: <ul style="list-style-type: none"> ○ Patients waiting >18 weeks undated diagnostic patients ○ Patients waiting >18 weeks undated treatment patients ○ Patients waiting > 14 weeks ○ Actions to prevent further patients being added to the backlog ▪ Trust level reporting to include cardiac non-clinical cancellations ▪ Non-clinical validation of the non-GP referred patients to be completed by 6 February 2013. ▪ The Division is working to develop a five year plan to ensure workforce meets demand going forward. <p>Cardiology February performance is expected to below target for all RTT measures.</p>				




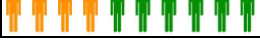
Gastroenterology		Admitted pathway	Non-admitted pathway	Open pathway	
	Gastroenterology	100%	95.1%	88.8%	
	Open pathways performed below the 92% indicator in January. This is a result of complex diagnostic pathways and the continued increased levels of activity as a result of the National Bowel Cancer campaign. Actions include: <ul style="list-style-type: none">5 year expansion plan to manage demand to be presented to Commercial Development Group on 14th February.Agency locum being sought – due to January locums resignation.Increased number of waiting lists				
Elective activity	Division	Day case		Inpatient	
		Plan	Actual	Plan	Actual
	Medicine	1091	1078	82	110
	Surgery	931	849	498	400
	Trust	2022	1927	580	510
	During January T&O delivered just 3 cases below plan with 117 cases, due to non-clinical cancellations caused by bed pressures. February performance at Trust level is predicted as green, with amber predicted at Specialty level.				
Diagnostic Waiting times	Diagnostic performance is rated as green for January with 32 breaches of the 6 week target – achieving 0.5% against the <1% indicator. The breaches were: <ul style="list-style-type: none">1 sleep study28 Neurophysiology1 Cystoscopy2 Endoscopy The medical division have shown an improved level of performance in month for Neurophysiology – and have secured resources to ensure further improvement in February. The newly appointed physiologist is now in post and undertaking essential specialist training and will be fully operational in March 2013. Green performance is predicted for Q4.				
Cancer Access	Green performance was seen across all eight indicators in the month of January and is predicting this to continue through Q4. The Trust has assessed the impact of the 2 Cancer campaigns within the region planned for the 2 month period from the end of January and is confident that the services can respond promptly to any increase in demand. <ul style="list-style-type: none">Breast cancer for the over 70 age group – it is expected that this campaign is more likely to result in increased numbers of women				

	<p>accessing the breast screening service.</p> <ul style="list-style-type: none">• Lung cancer – the awareness campaign for persistent cough – which ran in 2012 did not yield the 15% increase in referrals for chest x-rays and subsequent CT's that was predicted. The small increase was accommodated with existing services which provides assurance of responding similarly for the 2013 campaign.																																																		
Delayed transfers of care	<p>January performance shows green performance for DTOCs with 3.2% reported for all PCTs against the national indicator of 3.5%. .</p> <p>Despite reduced DTOCs in month the Green to Go waiting list significantly increased with peaks of >120 patients.</p> <p>The Chief Operating Officer and CCGs agreed to activate Black escalation on 4th January with actions agreed that provided additional community capacity.</p> <p>Reported DTOCs for January against the national indicator 3.5%, the locally agreed target is 1%.</p> <table><tr><th rowspan="2">Snapshot Date</th><th colspan="4">Wiltshire</th><th colspan="4">B&NES</th><th colspan="4">Somerset</th><th colspan="4">Other PCTs</th></tr><tr><th>NHS</th><th>SS</th><th>TOTAL</th><th>%</th><th>NHS</th><th>SS</th><th>TOTAL</th><th>%</th><th>NHS</th><th>SS</th><th>TOTAL</th><th>%</th><th>NHS</th><th>SS</th><th>TOTAL</th><th>%</th></tr><tr><td>31.1.13</td><td>6</td><td>1</td><td>7</td><td>2.9%</td><td>6</td><td>1</td><td>7</td><td>2.9%</td><td>3</td><td>1</td><td>4</td><td>4.9%</td><td>1</td><td>0</td><td>1</td><td>3.5%</td></tr></table> <p>For green performance for Q4 Health capacity within the community will need to be maintained at a high level.</p>	Snapshot Date	Wiltshire				B&NES				Somerset				Other PCTs				NHS	SS	TOTAL	%	NHS	SS	TOTAL	%	NHS	SS	TOTAL	%	NHS	SS	TOTAL	%	31.1.13	6	1	7	2.9%	6	1	7	2.9%	3	1	4	4.9%	1	0	1	3.5%
Snapshot Date	Wiltshire				B&NES				Somerset				Other PCTs																																						
	NHS	SS	TOTAL	%	NHS	SS	TOTAL	%	NHS	SS	TOTAL	%	NHS	SS	TOTAL	%																																			
31.1.13	6	1	7	2.9%	6	1	7	2.9%	3	1	4	4.9%	1	0	1	3.5%																																			
Eliminating mixed sex accommodation	<p>During January there were 2 gender breaches affecting 6 patients, reporting a total of 8 breaches of the Mixed Sex Accommodation indicator – achieving amber performance.</p> <p>The Assistant Director of Nursing for Surgery is leading on EMSA for the Trust going forward. The EMSA group is now established and meeting every two weeks. Priorities are to agree an escalation process and provision of patient information.</p> <p>During January the Commissioners visited the assessment units; advice was given around signage of toilets in MAU and suggested a preference for the areas of MAU to be single gender. The plans for MAU trolley area (B) were discussed and an understanding of the standard that patients will not remain for more than 6 hours.</p> <p>Given the increased bed pressures green performance in Q4 will be challenging.</p>																																																		
Access to healthcare for people with learning disabilities	<p>This measure was rated green in the month of January and is expected to remain compliant throughout Q4.</p>																																																		

--	--

Quality Indicators	
Indicator	Key points and actions
Quality indicators	<p>Readmissions - Trust re-admissions delivered performance of 6.6% in month achieving a red rating in month.</p> <p>The Readmissions improvement work continues to focus on the two work streams led by the Associate Medical Director for Patient Safety;</p> <ul style="list-style-type: none"> • End of Life Care – the key focus is review of clinical pathways jointly with GP Commissioners to identify improvements. Work is underway with GPs • Heart failure – to progress this work, further detailed analysis of Dr Foster information is required to highlight the priority target area. <p>A ‘Readmissions Process’ has been developed to determine how the re-admission reviews would be managed. The process commences at the RUH Clinical Outcomes Group where Dr Foster benchmarking data is reviewed and ‘red flags’ are identified indicating that the Trust may be an outlier, Clinician engagement is then sought to interrogate the data.</p> <p>To pilot this process it was agreed that a review of Heart Failure readmissions would be of benefit following 2011/12 notes review that suggested high numbers (13%) of readmissions being reported. Jacob Easaw, Consultant Cardiologist is leading this review with project support from the Senior Nurse Quality Improvement and BIU Quality analyst. This review will be completed by the end of March 2013.</p> <p>Never events - There were no “never” events reported.</p> <p>Complaints - During December 14.3% of complaints were re-opened – rated as red against the 5% indicator. (1 month lag)</p>
Hip Fracture patients 36hrs to theatre	<p>January performance was 86.8% against the 80% indicator achieving green rating despite above average levels of admissions.</p> <p>Full day trauma lists were maintained right across the bank holiday period with additional lists undertaken.</p> <p>Q4 performance is predicted as green.</p>
Primary angioplasties - % under 150 minutes	<p>December performance achieved 100% maintaining the green rated performance in Q3.</p> <p>Q4 performance is predicted as green.</p>
High risk TIA	<p>High risk TIA - achieved red rated performance of 33.3% against the 60% indicator in month.</p>

	<p>The main themes of lack of weekend service and patient choice continue. Delivery of this indicator is unlikely to be robust until the two new consultants are in post, the first in February and the second in April 2013.</p> <p>Q4 performance is predicted as amber.</p>																								
Stroke Care: 90% of time spent on a dedicated stroke unit	<p>Stroke performance for December (1 month lag) improved to 67.2% rated amber against the 80% of patients spending 90% on a stroke unit target.</p> <p>The Stroke task force continues to implement the Stroke plan actions which include the recruitment of additional Stroke consultants.</p> <p>Actions in progress:</p> <ul style="list-style-type: none"> Seven day therapy service – a meeting is planned with commissioners in February 2013 to discuss extension of the therapy pilot. From April a 7-day consultant service will increase patient flow on the Acute Stroke Unit and provide TIA access. The Stroke Task force are committed to arranging to a community wide meeting to discuss actions to address DTOCs and Green to Go patients on the stroke unit. <p>Q4 performance is predicted as amber.</p>																								
Cancelled operations – non-clinical	<p>Cancellations in month was rated as red with 3.7% of patients cancelled against the 1% indicator, this impacted on 114 patients cancelled at short notice, with a potential income loss of £204k. This is directly linked to non-elective activity and high levels of medical patients within the surgical bed base. Q4 to date and best case performance for March predicts red rated performance of 2.5% against the 1% indicator.</p> <p>Patients cancelled on the day of surgery are detailed below.</p> <table border="1"> <thead> <tr> <th>Surgery Cancellation Reason</th><th>Jan-13</th></tr> </thead> <tbody> <tr> <td>EQUIPMENT FAILURE/UNAVAILABLE</td><td>1</td></tr> <tr> <td>ADMINISTRATION ERROR</td><td>1</td></tr> <tr> <td>Equipment Failure/Unavailable</td><td>1</td></tr> <tr> <td>LIST OVERRUN</td><td>1</td></tr> <tr> <td>List Overrun (Elective Only)</td><td>10</td></tr> <tr> <td>Other Cases Took Priority (Cancer/PTL)</td><td>1</td></tr> <tr> <td>Theatre Staff Unavailable</td><td>14</td></tr> <tr> <td>Ward Beds Unavailable</td><td>61</td></tr> <tr> <td>D.S.D.U. PROBLEM</td><td>2</td></tr> <tr> <td>TRANSFER TO ELECTIVE LIST</td><td>1</td></tr> <tr> <td>Grand Total</td><td>93</td></tr> </tbody> </table> <p>Small numbers of day case theatre lists were undertaken at the BMI Bath clinic. The Division are working closely with the Bath clinic booking team to maximise the use of the theatres available.</p>	Surgery Cancellation Reason	Jan-13	EQUIPMENT FAILURE/UNAVAILABLE	1	ADMINISTRATION ERROR	1	Equipment Failure/Unavailable	1	LIST OVERRUN	1	List Overrun (Elective Only)	10	Other Cases Took Priority (Cancer/PTL)	1	Theatre Staff Unavailable	14	Ward Beds Unavailable	61	D.S.D.U. PROBLEM	2	TRANSFER TO ELECTIVE LIST	1	Grand Total	93
Surgery Cancellation Reason	Jan-13																								
EQUIPMENT FAILURE/UNAVAILABLE	1																								
ADMINISTRATION ERROR	1																								
Equipment Failure/Unavailable	1																								
LIST OVERRUN	1																								
List Overrun (Elective Only)	10																								
Other Cases Took Priority (Cancer/PTL)	1																								
Theatre Staff Unavailable	14																								
Ward Beds Unavailable	61																								
D.S.D.U. PROBLEM	2																								
TRANSFER TO ELECTIVE LIST	1																								
Grand Total	93																								
NHS Friends and Family Test (FFT)	<p>From January the Trust has made changes to reporting in line with the National Friends and Family Test reporting required from April 2013 which will support highly visible performance at Trust and ward level.</p> <p>The main change has been the format of the questions, which have changed to a description in place of the numerical score.</p>																								

	Month	Net Promoter Score	% of voters			
			Detractor	Passive	Promoter	
	Oct 12	+57	16	11	73	
	Nov 12	+58	8	26	66	
	Dec 12	+36	10	45	46	
	Jan 13	+52	5	36	58	

During January performance was +52, due to the change in reporting an appropriate performance target has yet to be agreed. However of the 635 patients questioned, 345 stated they were extremely likely and 212 likely to recommend the Trust, which is very positive.

The Patient Experience report provides further detail.

Research & Development	
R&D	<p>In month performance:</p> <ul style="list-style-type: none"> Average number of days for portfolio project further improved in December (1 month lag) to 49 days rated as amber. Improvements in systems and processes and additional admin support will expedite the approval process. January is expected to show green performance 94 new patient recruitments in month (green) 7 new projects in month (green)

Activity indicators				
Activity	The year to date activity position by Point of Delivery (POD) is set out below which shows an overall over performance level of 4.8%.			
	YTD Plan Activity	YTD Actual Activity	Variance Activity	Variance %
Outpatient New	82,602	80,297	-2,305	-2.8%
Outpatient FUP	131,429	120,261	-11,168	-8.5%
Outpatient Procedures	6,023	22,149	16,126	267.7%
Non Face to Face	3	1,580	1,577	52566.7%
All Outpatient Attendance	220,057	224,287	4,230	1.9%
Day Case	18,802	19,566	764	4.1%
Inpatient	5,778	5,327	-451	-7.8%
Total Elective	24,580	24,893	313	1.3%
Non-Elective	29,461	30,176	715	2.4%
A&E Attendances	56,726	59,269	2,543	4.5%
TOTAL SLAM	394,461	413,422	18,961	4.8%
Notes:	SLAM data excludes Private Patients, Oversees and Unknown			
To note: Non Face to Face appointments were not recorded before the introduction of Millennium in July 2011 therefore no historic data was available to support contracted levels for 2012/13. As It is now possible to record this activity it is expected that a plan based on 2012/13 outturn will be agreed for 2013/14.				

Productivity indicators

Outpatients

- Performance is shown for GP referrals

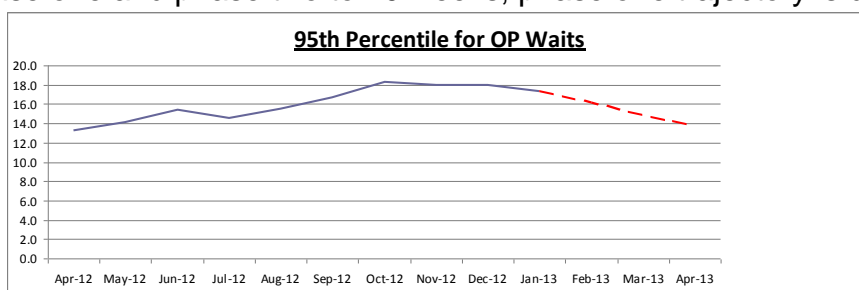
	Target	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-12
Average Outpatient Wait in Weeks - Medicine	<=9.9	6.8	7.4	7.4	7.4	7.7	7.7	8.4	7.9	8.2	9.0
Average Outpatient Wait in Weeks - Surgery	<=4.7	5.7	5.7	5.8	6.1	6.5	6.7	6.0	6.8	6.7	6.3

The wait for first appointment in the medical specialties is reported as an average of 9 weeks, however this masks longer waits across 3 key specialties, Neurology, Gastroenterology and Cardiology.

Neurology:

		Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12
Waits	Average	8.8	9.1	10.0	9.1	9.4	9.7	9.4	8.8	9.3	9.3	10.1	8.6	9.5	9.8	10.6	11.1
	95th Percentile	13.5	13.3	16.1	14.7	14.8	13.7	14.9	13.9	13.3	14.1	15.4	14.5	15.1	16.1	18.3	18.0
Activity	New Appts	183	187	188	227	167	230	163	193	109	192	179	160	154	133	170	198
	FUP Appts	117	100	71	96	72	98	95	154	94	144	112	175	123	103	111	133

Neurology have agreed a plan to reduce the 95th percentile to 14 weeks as phase one and phase two to 10 weeks, phase one trajectory is detailed below:



Cardiology and Gastroenterology trajectory will be agreed as part of the overall plan to address capacity issues.

The Divisional managers have undertaken benchmarking of the local acute providers to review waits for first appointments. This is due to be discussed at the Divisional Performance review.

- Choose & Book**

Performance improved again slightly in month to 22.7% against the 45% target. This measure shows the referrals received at Trust level through the Choose and Book electronic system. Despite Directly bookable services now available in 12 RUH specialties – referral by Choose and Book has not increased. The CCG Choose and Book lead is discussing uptake with local GP practices and working towards a paper free referral system in Q1 2013/14.

The Specialties planned to go live with Directly Bookable Services (DBS) Q4 2012/13.

- Direct listing for Cataracts went live February 8th
- February - General Surgery, Neurology, Dermatology, Respiratory,
- March – Gastroenterology, Cardiology, Ophthalmology.

Progress has been slow within the remaining specialties in part due to resistance by clinical teams in undertaking on-line triage. This has been escalated to the Heads of the Divisions following the operational meeting

High volume specialties will note an increase in the time taken to process referrals in the initial phase.

However, from a governance viewpoint – it is vital that on line triage is progressed as this firstly reduces the risk of lost paper referrals and secondly in future the electronic referral was part of the patient records.

Going forward the Trust will need to agree a date from which paper referrals will no longer be accepted.

Further Outpatient efficiency measures are being monitored via the QIPP Outpatient Programme Board.

- Trust level (including paediatrics & NICU) average length of stay is reported as 5.5 days in January - achieving green rated performance.

- Medicine – 3.3 days elective and 6.6 days non-elective both showing an improved position.
- Surgery - elective at 3.0 days and non-elective at 3.3 days

- **Bed occupancy** performance of 97.8% achieved red rated performance in month.
- The average adult **bed base** count – increased in month to 601 beds rated as red.
- **Medical patients in surgical beds** were reported as 35 at the month end snapshot with a peak of 68 – rated as red.
- **Discharges declared by midday** reduced in month to 37.6% - this was due to reduced patient flow across the whole health community.
- **Theatre utilisation** was rated red in month with performance of 75.6% - due to cancellations and bed pressures in month.

Year to date there has been improvements both in uncached appointments and uncoded activity

2012/13	April	May	June	July	August	September	October	November	December	January
Uncached Outpatient Appointments	655	301	404	515	606	516	295	740	474	927
	1360			1637			1509			927

January performance of 927 appointments was rated as red in month. This is a significant deterioration on the December position and is in part due to the snapshot day falling on a Friday in January. As at the 12th February this has reduced to 363 appointments. The uncached appointments are attributed to the divisions:

Un-coded activity	<ul style="list-style-type: none">• Medicine - 105• Surgery - 258																																																																				
	<p>The medical division have actions agreed that provide assurance of appointments being cached up within the week of the appointment, with an aspiration for this to be a real time process. This change in practice is being led by the Cancer Services manager.</p>																																																																				
	<p>The surgical division are following a similar process, with each specialty manager overseeing the processes in their areas. A number of underlying issues have been identified including the nurse led clinics, which are now being addressed. Daily monitoring is in place to ensure real time capture is achieved.</p>																																																																				
	<ul style="list-style-type: none">• Uncoded activity - rated red in January with performance of 22.8% showing a gap from the 18% trajectory to year end. While progress has been made year to date, the underlying issues have not been resolved in a sustainable way. To expedite progress a short life group led by the Head of Performance, supported by senior divisional team has been set up. At a meeting on 18th January the Divisional managers agreed the following actions:																																																																				
	<ul style="list-style-type: none">1. All patient notes post discharge are sent to coding – irrespective of any future appointment.2. All discharge summaries will be completed within 24 hours of discharge3. Medical records department will expedite notes to future appointments4. Improvements in filing in Emergency Temporary folders Refresh table5. Improved notes tracking on Millennium																																																																				
	<table><tr><th colspan="2">Uncoded Activity - 2012/13</th><th>Apr</th><th>May</th><th>Jun</th><th>Jul</th><th>Aug</th><th>Sep</th><th>Oct</th><th>Nov</th><th>Dec</th><th>Jan</th><th>Feb</th><th>Mar</th></tr><tr><td rowspan="2">Plan</td><td>Uncoded at first cut SLAM</td><td></td><td></td><td></td><td>2169</td><td>1933</td><td>1623</td><td>1363</td><td>1092</td><td>976</td><td>1200</td><td>1100</td><td>1000</td></tr><tr><td>% performance</td><td></td><td></td><td></td><td>40%</td><td>35%</td><td>30%</td><td>25%</td><td>20%</td><td>18%</td><td>21%</td><td>20%</td><td>18%</td></tr><tr><td rowspan="2">Actual</td><td>Uncoded at first cut SLAM</td><td>2089</td><td>2039</td><td>2149</td><td>1483</td><td>1505</td><td>1718</td><td>1479</td><td>1405</td><td>1672</td><td>1235</td><td></td><td></td></tr><tr><td>% performance</td><td>41%</td><td>35%</td><td>41%</td><td>26%</td><td>27%</td><td>32.70%</td><td>25.20%</td><td>24.50%</td><td>32.00%</td><td>22.8%</td><td></td><td></td></tr></table>	Uncoded Activity - 2012/13		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Plan	Uncoded at first cut SLAM				2169	1933	1623	1363	1092	976	1200	1100	1000	% performance				40%	35%	30%	25%	20%	18%	21%	20%	18%	Actual	Uncoded at first cut SLAM	2089	2039	2149	1483	1505	1718	1479	1405	1672	1235			% performance	41%	35%	41%	26%	27%	32.70%	25.20%	24.50%	32.00%	22.8%		
Uncoded Activity - 2012/13		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar																																																								
Plan	Uncoded at first cut SLAM				2169	1933	1623	1363	1092	976	1200	1100	1000																																																								
	% performance				40%	35%	30%	25%	20%	18%	21%	20%	18%																																																								
Actual	Uncoded at first cut SLAM	2089	2039	2149	1483	1505	1718	1479	1405	1672	1235																																																										
	% performance	41%	35%	41%	26%	27%	32.70%	25.20%	24.50%	32.00%	22.8%																																																										
Workforce	<ul style="list-style-type: none">• Vacancy rate has improved in month to 0.5% rated as green. The division of surgery have recruited 10 overseas nurses for theatres and 6 for Critical Care Services to commence in March 13.• Sickness performance continued at 3.8% in month rated as amber. Long term sickness cases are being managed well within the Divisions.• Turnover performance in month was 7.0% in month rated as green.• Appraisal rate shows performance of 80.0% in month rated as amber against the Q4 trajectory of 85%, this shows the Trust is on track to meet 85% in Q4																																																																				

	Appraisal Rate (%)	Oct-12	Nov-12	Dec-12	Q3	Q3 Target	Jan-13	Q4 Target
	Trust	76.5	75.8	78.2	76.8	80.0	80.0	85.0
	Corporate	85.4	84.4	83.7	84.4	80.0	80.1	85.0
	Facilities	81.3	79.4	78.3	79.7	80.0	83.3	85.0
	Medicine	74.9	72.5	76.8	74.7	80.0	77.5	85.0
	Surgery	74.7	76.0	78.6	76.4	80.0	81.9	85.0