

Monthly Performance Report – May 2013

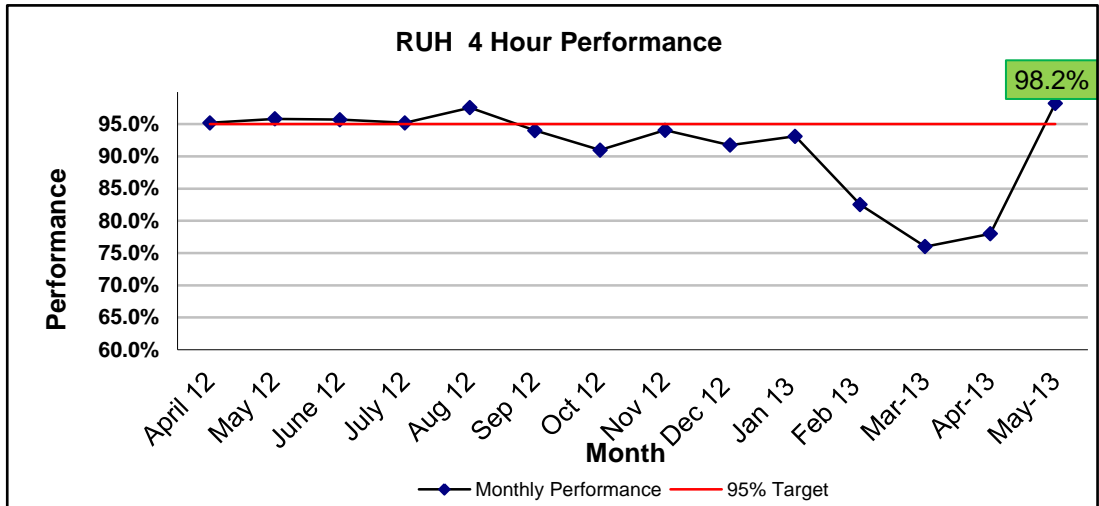
Current Performance	Q3	Q4	Q1 YTD	May 13
Acute Trust Performance Framework	Performing	Performing	Performing	Performing
Monitor Governance Rating	Amber-Green	Amber-Green	Amber-Green	Green

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

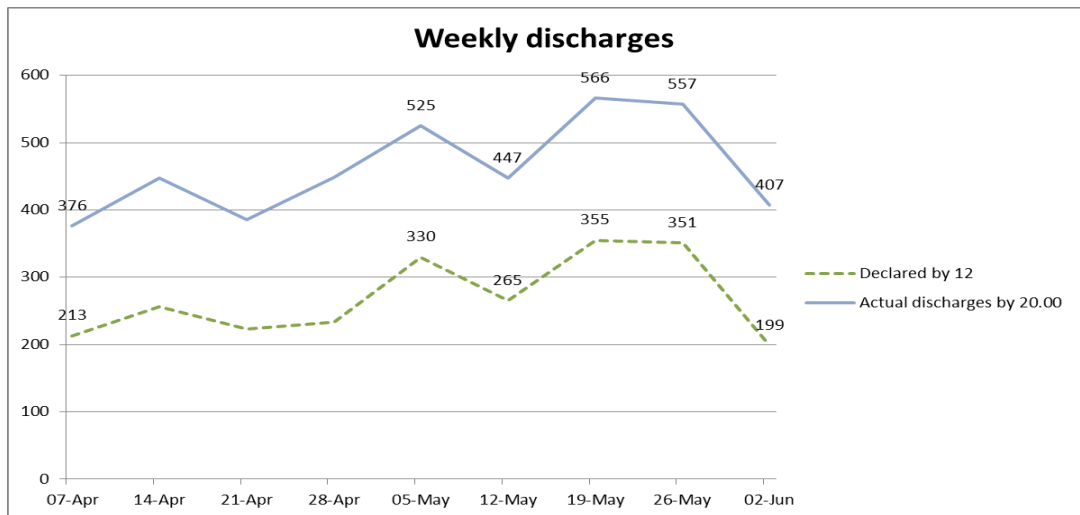
Key issues

Early alert pyramid	There was one red indicator in May - Financial Management - Activity /income variance to plan.																
NHS Trust Governance Declarations	<p>The CQC essential standards for safety are reported on the monthly integrated score card – May performance detailed below :</p> <table border="1"> <thead> <tr> <th>CQC Registration</th> <th>Weighting</th> <th>Q1</th> <th>May</th> </tr> </thead> <tbody> <tr> <td>Non-Compliance with CQC Essential Standards resulting in a major impact on patients</td> <td>2</td> <td>0</td> <td>0</td> </tr> <tr> <td>Non-Compliance with CQC Essential Standards resulting in enforcement action</td> <td>4</td> <td>0</td> <td>0</td> </tr> <tr> <td>NHS Litigation Authority - Failure to maintain, or certify a minimum published CNST level of 1.0 or have in place appropriate alternative arrangements</td> <td>2</td> <td>0</td> <td>0</td> </tr> </tbody> </table>	CQC Registration	Weighting	Q1	May	Non-Compliance with CQC Essential Standards resulting in a major impact on patients	2	0	0	Non-Compliance with CQC Essential Standards resulting in enforcement action	4	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
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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 May 98.2% a significant improvement on April performance resulting in a score of 0 [green] against the Monitor quality governance rating. 																
Contract penalties	<p>It is anticipated that financial penalties will be levied in May for 18 weeks Referral to Treatment</p> <ul style="list-style-type: none"> Admitted pathways – General Surgery, T&O, ENT, and Cardiology Non-admitted pathways –T&O, Gastroenterology and Cardiology Open pathways - General Surgery, T&O, Gastroenterology and Cardiology 																
Key indicators - ATPF and Monitor exception report																	
Operational target	Key points and actions																
A&E access	<p>Emergency access 4-hour performance</p> <p>Performance for May 2013 was 98.2%, which exceeded predicted performance levels of 87%. There were a total of 102 breaches in month.</p> <p>Emergency department (ED) attendances 1% above May 2012 actual levels,</p>																

the formal contracted levels are yet to be confirmed.



Patient flow was maintained throughout the month. This in part was due to a marked increase in discharges declared by 12 noon and actual discharges by 20.00.

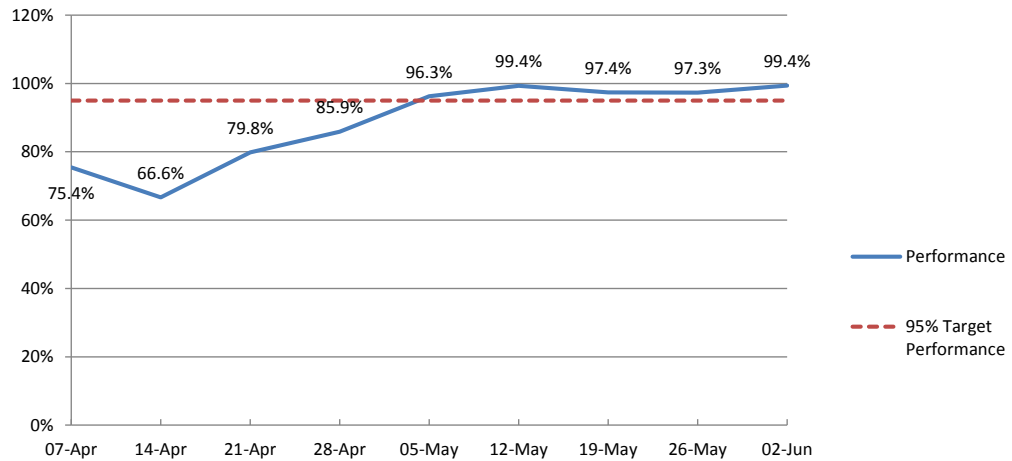


Other KPIs showed a step change in performance in May following Spring to Green a comparison table is detailed below:

Key Performance Indicator	April 13	May 13
4 Hour performance	78.0%	98.2%
Bed occupancy	98.0%	91.7%
Escalation beds peak	71	28
Medical Outliers peak	73	37
Cancelled operations	142	Nil

The resulting weekly 4-hour performance is detailed below showing the improved position year to date:

Weekly 4 Hour Performance 2013/14



This continued focus at patient level is essential to support the reduction in the bed base of 28 beds necessary achieved deep cleaning programme, scheduled from 3rd June to 15th July. The wards involved are as follows:

- Combe
- Helena
- Midford
- Victoria
- Haygarth
- Waterhouse
- Robin Smith Unit.
- MAU and SAU
- ITU

On completion of the cleaning programme the 10 week refurbishment for Dementia Care on Combe will commence from 17th July.

Implementation of the Emergency Care Intensive Support Team (ECIST) recommendations has commenced against the six work streams; progress made in May includes:

- Assessment trolleys maintained on both MAU and SAU.
- Two additional ED consultants have been appointed, with a further two ED consultant posts and two Acute Medicine posts recruitment being progressed.
- Increased senior clinicians at the front door
- Medical Therapies Unit is in place taking elective cases
- Improved bed declaration by 12.00
- Improved reporting and focus on medical patients in surgical beds
- Spring Back to Green week (13th May to 18th May)
- Continued testing of the Escalation policy and action cards

A detailed summary of the proposed work programme is covered in the

	<p>UCIST Work Programme paper.</p> <p>Quarter 1 performance to date is 87.8%, and due to the poor performance in April the Trust is unable to recover the Q1 position. Q2 is predicted as green.</p>																																																				
<p>Infection control</p> <p><i>Note: The score card records the cumulative figure for both MRSA and C Diff.</i></p>	<ul style="list-style-type: none"> • MRSA – there has been no post-48 hour MRSA bacteraemia case in May. • CDIFF Infection (CDI) – there have been three cases of CDI in month against the 2013-14 ceiling of 29 cases, which continues above trajectory. <p>A deep cleaning programme is planned to commence on 3rd June in support of the C.Diff action plan, a detailed summary of progress against the plan included in the Quality Paper.</p> <div data-bbox="405 622 1439 1176" data-label="Figure"> <table border="1"> <caption>Clostridium Difficile Infection Cases year to date 2013-14</caption> <thead> <tr> <th>Month</th> <th>CDI Cases</th> <th>Trajectory</th> <th>Year to date</th> </tr> </thead> <tbody> <tr> <td>Apr-13</td> <td>4</td> <td>~2</td> <td>4</td> </tr> <tr> <td>May-13</td> <td>3</td> <td>~4</td> <td>7</td> </tr> <tr> <td>Jun-13</td> <td>0</td> <td>~6</td> <td>7</td> </tr> <tr> <td>Jul-13</td> <td>0</td> <td>~8</td> <td>7</td> </tr> <tr> <td>Aug-13</td> <td>0</td> <td>~10</td> <td>7</td> </tr> <tr> <td>Sep-13</td> <td>0</td> <td>~12</td> <td>7</td> </tr> <tr> <td>Oct-13</td> <td>0</td> <td>~14</td> <td>7</td> </tr> <tr> <td>Nov-13</td> <td>0</td> <td>~16</td> <td>7</td> </tr> <tr> <td>Dec-13</td> <td>0</td> <td>~18</td> <td>7</td> </tr> <tr> <td>Jan-14</td> <td>0</td> <td>~20</td> <td>7</td> </tr> <tr> <td>Feb-14</td> <td>0</td> <td>~22</td> <td>7</td> </tr> <tr> <td>Mar-14</td> <td>0</td> <td>~24</td> <td>29</td> </tr> </tbody> </table> </div> <ul style="list-style-type: none"> • Norovirus - There was one ward closure in May with 3 confirmed cases of Norovirus, with a total of 10 lost bed days. <p>Daily ward review by Infection Control and data collection of single room use continues to support early isolation of patients.</p>	Month	CDI Cases	Trajectory	Year to date	Apr-13	4	~2	4	May-13	3	~4	7	Jun-13	0	~6	7	Jul-13	0	~8	7	Aug-13	0	~10	7	Sep-13	0	~12	7	Oct-13	0	~14	7	Nov-13	0	~16	7	Dec-13	0	~18	7	Jan-14	0	~20	7	Feb-14	0	~22	7	Mar-14	0	~24	29
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<p>18 week RTT Trust level performance</p>	<p>During May Trust level performance was rated green for all 3 indicators achieving:</p> <ul style="list-style-type: none"> • Admitted 90.4% (target 90%) • Non-admitted 96.7% (target 95%) • Open pathways 92.7% (target 92%) <p>The number of patients waiting more than 18 weeks remained constant in month at 546; some progress was made in month. There were a total of 25 non-clinical cancellations in month – 5 related to specialist beds.</p>																																																				

Surgery Cancellation Reason	May-13
Admin error	1
Anaesthetist Unavailable	1
Equipment Failure/Unavailable	1
List Overrun (Elective Only)	16
Surgeon unavailable	1
Ward Beds Unavailable	5
Grand Total	25

The Surgical division have a detailed plan which provides accelerated treatment for patients waiting more than 18 weeks, particularly in the specialities impacted by high levels of cancellations during recent months.

Additional activity is planned for June continuing into Q2, maximising internal Trust capacity supplemented by alternative providers including the NHS Treatment centres.

Financial penalties are expected to be applied for RTT underperformance during July.

Quarter 1 Trust level performance is predicted as Green, Quarter 2 performance is predicted as red.

18 week RTT Specialty Performance

Specialty level performance was rated amber with a score of 11 points against the ATPF indicator.

The Divisions are actively pursuing support from alternative providers including the NHS Treatment centres. David McClay, Business Development Manager is providing leadership to this critical work in the short term, supported by the 18 week project manager and divisional team.

The Surgical Division have developed a clinically led process to identify suitable patients, for June to date 42 patients have been identified awaiting acceptance by the NHS Treatment centre.

The Surgical Division is drafting a detailed operational plan to support the treatment of the longest waiters in July. This will be monitored through the 18 week group, chaired by the Chief Operating Officer.

May-13	Admitted	Non Admitted	Open Pathways
General Surgery	86.1%	97.3%	86.0%
Trauma & Orthopaedics	86.1%	90.5%	90.2%
ENT	85.5%	97.5%	92.4%
Gastroenterology	92.0%	83.5%	85.8%
Cardiology	47.8%	92.1%	91.1%
Specialty Score	11	4	3

Elective activity

Activity

Confirmation of contract levels by point of delivery is expected during June, Information is provided in the Contract paper.

At Trust level activity undertaken in May was 5.4% below plan taking the year to date position to 3.4% below plan.

	<p>Income and expenditure showed a 22% adverse variance.</p> <p>Additional capacity and extending the scope of cases that could be treated externally is being sought. Additional providers are being approached to provide elective and day-case surgical capacity.</p>																																			
<p>Diagnostic Waiting times</p>	<p>Diagnostic performance is rated as green for May with 34 breaches of the 6 week target – achieving 0.4% against the <1% indicator. The breaches were:</p> <ul style="list-style-type: none"> • 23 MRI • 1 neurophysiology • 2 echo • 2 Cystoscopy • 1 Urodynamics • 5 Audiology <p>The MRI breaches were caused by equipment failure at the end of the month and despite additional weekend and evening lists 23 patients appointments were delayed. All patients have now received appointments.</p> <p>The replacement scopes are now in place, resolving the scope compatibility issues that resulted in cystoscopy breaches in April.</p> <p>Green performance is predicted for Q1.</p>																																			
<p>Cancer Access</p>	<p>Green performance was seen across all eight indicators in the month of May.</p> <p>Performance continues to be monitored daily and actions agreed at the weekly PTL meeting.</p> <p>The Trust is closely monitoring the impact of the centralisation of breast services to NBT with potential increases in referrals and demand for surgery; this is being led by Dorothy Goddard, Consultant lead. Green performance is predicted to continue through Q1.</p>																																			
<p>Delayed transfers of care</p> <p><i>To note: DTCO patient numbers are shown in the Productivity section of the Score card</i></p>	<p>May performance shows green performance for DTCOs with 2.3% of delayed days as reported against the national indicator of 3.5%.</p> <table border="1" data-bbox="359 1512 1474 1646"> <thead> <tr> <th rowspan="2">DTCO Snapshot</th> <th colspan="3">NHS Wiltshire CCG</th> <th colspan="3">NHS BANES CCG</th> <th colspan="3">NHS Somerset CCG</th> <th colspan="2">Other</th> </tr> <tr> <th>NHS</th> <th>SS</th> <th>TOTAL</th> <th>NHS</th> <th>SS</th> <th>TOTAL</th> <th>NHS</th> <th>SS</th> <th>TOTAL</th> <th>NHS</th> <th>SS</th> </tr> </thead> <tbody> <tr> <td>30.5.13</td> <td>5</td> <td>4</td> <td>9</td> <td>3</td> <td>4</td> <td>7</td> <td>2</td> <td>0</td> <td>2</td> <td>0</td> <td></td> </tr> </tbody> </table> <p>In May the number of DTCO patients delayed reduced to 18, with the Green to Go waiting list maintaining an average of 101 patients.</p> <p>The IST undertook an internal review of all patients with a LOS of 7 days +. 292 patients were reviewed were reviewed and 96 were deemed medically fit to go. The results are being addressed through Management Board and the wider community</p>	DTCO Snapshot	NHS Wiltshire CCG			NHS BANES CCG			NHS Somerset CCG			Other		NHS	SS	TOTAL	NHS	SS	TOTAL	NHS	SS	TOTAL	NHS	SS	30.5.13	5	4	9	3	4	7	2	0	2	0	
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Eliminating mixed sex accommodation	During May there were no gender breaches of the Mixed Sex Accommodation indicator – achieving green performance.
Access to healthcare for people with learning disabilities	This measure was rated green in the month of May and is expected to remain compliant throughout Q1.

Quality Indicators

Indicator	Key points and actions
Quality indicators	<p>Readmissions - Trust re-admissions increased to 6.5% of patients readmitted within 30 days in month, and this continues the red rated performance year to date. A quarterly update is provided below by the clinical leads.</p> <p>The Readmissions Project forms part of the QIPP programme for 2013/14 – it is progressing well, with milestones confirmed and is green rated year to date.</p> <p>The readmissions group is focusing on key work streams for the following patient pathways:</p> <ul style="list-style-type: none"> • End of Life Care • Heart Failure • Frequent ED Attenders • COPD • ‘Green to Go’ patients • Dementia. <p>Further work is required to fully understand the use of Aadastra in providing information for patients at the end of their life. It is hoped that the database can support a ‘Flag’ highlighting to GPs, Ambulance service and Hospital Clinicians the patients who are most at risk of being readmitted.</p> <p>Carol Peden, Associate Medical Director is working with BIU reviewing readmissions at Service line level - with the aim of supporting quality improvements. Urology and Gastroenterology are the pilot specialties – an update will be presented at Quality Board in June.</p> <p>Two risks to delivery of the Readmissions improvements have been identified to Transformation Board.</p> <ul style="list-style-type: none"> • The implementation of Front Door projects e.g. RACE – as other Trusts have noted an increase in readmissions in the first 3 months • Recording changes – related to improvement in patient pathways – now flagged as readmission. This is being discussed with the CCG to agree a way forward. The Readmissions Project Group is assessing the Financial

	<p>implications</p> <p>Never events - There were no “never” events reported.</p> <p>Complaints – improved performance was noted in May with 12.5% of complaints re-opened – continuing the red rated performance.</p>								
Hip Fracture patients 36hrs to theatre	<p>May performance was 80.5% rated green.</p> <p>Q1 performance is predicted as green.</p>								
High risk TIA	<p>High risk TIA – early validation shows that green rated performance of 60.0% was achieved in month meeting the 60% indicator in month.</p> <p>The seven day TIA service commenced on 4th May. Further improvements to booking process for weekend referrals will be in place in June.</p> <p>Q1 performance is predicted as amber.</p>								
Stroke Care: 90% of time spent on a dedicated stroke unit	<p>Stroke performance for April (1 month lag) was 42.9% rated red against the 80% of patients spending 90% on a stroke unit target. April's poor performance is linked to reduced number of direct admits to ASU caused by poor patient flow seen in the month.</p> <p>During 'Spring to green week 13-18th May', direct admits to Acute Stroke Unit was a key KPI, achieving 76.9% of patients during the week.</p> <p>A new daily report has been developed by BIU/specialty manager to support tracking of potential stroke patients following an admission from the ED, this report is discussed at site meetings.</p> <p>Discussions are on-going with community providers to improve down stream flow from community stroke units including early supported discharge. Helen Bennett, Integrated Discharge Service Development Manager is leading for the RUH.</p> <p>Improved performance is expected from May when patient flow was improved, Q1 performance predicted as amber.</p>								
Cancelled operations – non-clinical	<p>There were 25 cancellations in month, five of which were due to specialist beds.</p> <p>There were 57 cancelled operations not rebooked within 28 days in month translating to 228%, rated red. This is related to the high number of patients cancelled in April, breaching the 28 day period in May. The patients have now been offered alternative dates.</p>								
NHS Friends and Family Test (FFT)	<p>From March the Trust reports the Friends and Family Test scores broken down for inpatients and ED patients.</p> <table border="1"> <thead> <tr> <th>Friends and family Test</th> <th>March 13</th> <th>April 13</th> <th>May 13</th> </tr> </thead> <tbody> <tr> <td>Emergency Department</td> <td>+ 72</td> <td>+62</td> <td>+74</td> </tr> </tbody> </table>	Friends and family Test	March 13	April 13	May 13	Emergency Department	+ 72	+62	+74
Friends and family Test	March 13	April 13	May 13						
Emergency Department	+ 72	+62	+74						

Wards	+68	+71	+69
Trust score	+70	+68	+72

While the score is very positive for those patients who return their cards there is a real focus required to increase the number of patients responding.

During May the Trust level response rate was 28.7% against the CQUIN trajectory for Q1 of 15%, a much improved position on April 11%. Response rates across wards vary significantly, the Matrons are working with the nursing teams to embed practice into the daily routine for all patients discharged from ED and the wards.

This was highlighted throughout Spring Back to Green week – when the ward liaison officers helped patients to complete the FFT cards and Meridian patient surveys. The aim is to embed practice into the daily routine for all patients discharged from ED and the wards.

The Patient Experience report provides further detail.

Research & Development

R&D

To note: 1 month lag for reporting

During April (lag) performance was :

- The average number of days for project approval in April was 89 days, rated red
- 150 new patient recruitments in month, rated green.
- 4 new projects in month, rated green.

Productivity indicators

Outpatients

Performance is shown for GP referrals

	Target	Jan 13	Feb 13	Mar 13	Apr 13	May 13
Average Outpatients wait in weeks – Medicine	<= 9.9	9.0	7.9	7.5	9.2	8.4
Average Outpatients wait in weeks – Surgery	<= 4.7	6.3	5.6	5.2	6.2	5.6

While medicine wait is rated green, this masks further work required to address longer waits in Cardiology, Neurology and Gastroenterology.

- **Choose & Book**

Performance remained static in month at 20% against the 45% target. This measure shows the referrals received at Trust level through the Choose and Book electronic system. The Trust continue to raise this with the CCG Choose and Book lead, who is discussing uptake with local GP practices, with an aim of working towards a paper free referral system in Q1 2013/14.

The roll out of Directly Bookable Services (DBS) for the remaining specialties has not been progressed to Q1 date.

Specialties outstanding :

	<ul style="list-style-type: none"> Respiratory, Ophthalmology, Gastroenterology, Neurology and Cardiology <p>The final specialties for DBS are requiring Specialty managers and lead clinicians to support this process.</p>														
Length of Stay	<p>Trust level (including paediatrics & NICU) average length of stay is reported as 5.2 days in May - achieving green rated performance.</p> <p>Improvements to data capture are required to smooth LOS recorded by specialty. This will improve with the live bed board – that prompts the clinical team to amend clinician details.</p> <ul style="list-style-type: none"> Bed occupancy performance of 91.7% achieved green rated performance in month. The historical low recorded 96% in April 2012. The average adult bed base count reduced by 45 beds in month to 569 beds rated as red Medical patients in surgical beds were reported as 18 at the month end snapshot, with an average of 19 and a peak of 37 in month – rated as amber. Discharges declared by midday reduced further in month to 38.5 Theatre utilisation was rated red in month with performance of 81.0% - an improved position due to improved patient flow and reduced cancellations. 														
<p>Un-cached appointments</p> <p>Note: The score card shows the number of uncached appointments YTD in the previous quarter</p> <p>Un-coded activity</p>	<ul style="list-style-type: none"> Uncached appointments - the Divisions have an agreed process to ensure timely caching up of clinics, which showed significant improvement in from the January position. <table border="1" data-bbox="419 1160 1061 1285"> <thead> <tr> <th>Uncached 12-13</th> <th>Target</th> <th>Jan 13</th> <th>Feb 13</th> <th>Mar 13</th> <th>Apr 13</th> <th>May 13</th> </tr> </thead> <tbody> <tr> <td>Uncached appointments</td> <td><= 200</td> <td>927</td> <td>277</td> <td>389</td> <td>507</td> <td>327</td> </tr> </tbody> </table> <ul style="list-style-type: none"> Uncoded activity - rated red in May with performance of 25.1%. This is due in part to inadequate administrative support, although the lack of ward clerk on the escalation areas has now been addressed – the divisions will address this in addition to continuing to embed the actions into business as usual. <p>Key actions:</p> <ol style="list-style-type: none"> All patient notes post discharge are sent to coding – irrespective of any future appointment. All discharge summaries will be completed within 24 hours of discharge. <ul style="list-style-type: none"> Trust level Information Governance training was recorded as 63% for May against the rolling 12 month indicator of 95%. The key service performance is detailed below. The Divisional leads are working with departments to improve performance. 	Uncached 12-13	Target	Jan 13	Feb 13	Mar 13	Apr 13	May 13	Uncached appointments	<= 200	927	277	389	507	327
Uncached 12-13	Target	Jan 13	Feb 13	Mar 13	Apr 13	May 13									
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Division		Compliance Target	Eligible Staff	Training Requirement Met	Training Required
		95%			
Finance	▲	64.0%	369	236	133
Corporate	▲	71.3%	348	248	100
Facilities	▲	66.8%	458	306	152
Medicine	▲	63.0%	1565	986	579
Surgery	▲	59.2%	1511	895	616

Workforce	<p>The indicators have been revised for 2013/14 and agreed with the Divisions.</p> <ul style="list-style-type: none"> • Vacancy rate is 1.7% rated amber against the revised 1.5% target – this has been reduced from 4.5% as the temporary/permanent workforce balance has changed. • Sickness performance continued at 3.7% in month rated as amber against the revised target of 3.6% - previously 3.4%. Long term sickness cases are being managed well within the Divisions. • Turnover performance in month improved to 1.5% rated as green against the revised target of 2.0% - previously 8.3%. • Appraisal rate shows performance of 84.8% in month rated as amber against the 85% target – this measure remains unchanged.
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