

<b>Date of Meeting:</b> 22/01/2013	<b>Agenda Item No:</b> 6.3	<b>Enclosure:</b> 6
<b>Intended Outcome:</b>		
<b>For noting</b> ✓	<b>For information</b>	<b>For decision</b>
<b>Title of Report:</b> Service Performance Report		
<b>Aims:</b> To update the Trust Board on operational performance.		
<b>Executive Summary:</b> The service performance report summarises Trust performance against a range of operating indicators for month nine of 2012/13.  Operational performance against key targets remains broadly strong with some pressures within specific specialities on access targets.  As reported at the last Board a concern has been raised with respect to our 18 week backlog of patients. An action plan has been prepared and agreed with NHS North of England and our commissioners.  As reported at previous Board meetings we have been continuing with the process of migrating our current performance reports into the Northumbria Performance monitoring template.  This is known as the Corporate Safety and Quality Regulatory Report.  There is further work required to complete all the indicators on this report and it is recommended that we continue to produce our current dashboard to run alongside this in Q4.  As part of the Governance, Performance and Quality Acquisition Workstream it has been agreed that the combined NHCT and NCUH Safety and Quality Summary Report will also be circulated to our Trust Board.		
<b>Overview of key areas for consideration or noting:</b> As above.		
<b>Specific implications and links to the Trust's Strategic Aims:</b>		
Ensure we provide high quality, safe and effective care for all our patients including meeting essential standards of safety and quality as set out by the CQC		✓
Develop a viable integrated clinical strategy for secondary care services which is sustainable and affordable		
Develop a new healthcare facility in West Cumbria that is fit for the 21st century		
Achieve sustainable financial balance through the delivery of the Trust's internal Cost Improvement Programme, securing a viable contract income from our GP commissioners and contributing to the system wide cost reductions		
To develop and implement a successful merger or acquisition plan that enables the Trust to become part of an existing NHS Foundation Trust		
<b>Recommendations:</b> The Trust Board is asked to note the content of the report.		

The Trust Board is asked to approve the Corporate Safety and Quality template.

**Prepared by:**

Corinne Siddall  
Director of Operations

**Presented by:**

Corinne Siddall  
Director of Operations

**TRUST BOARD  
PERFORMANCE REPORT  
Month Nine (December)  
Performance reported in  
January 2013**

**INTRODUCTION**

This report provides the Trust Board with a summary of the organisations service performance against a range of key performance indicators as at December 2012.

**OPERATING PERFORMANCE**

The full Performance Dashboard is located at Appendix 1.

1. A & E Performance
2. Cancer Performance
3. 18 Weeks RTT
4. 28 Day Rule
5. Diagnostic waits > 6 weeks
6. Pharmacy Metrics
7. IMRT Innovation Funding
8. Trauma Unit Status

Appendix 1      Trust Dashboard – December 2012

Appendix 2      NCUH Safety & Quality Regulatory Report – December 2012

Appendix 3      Combined NCUH/NHFT Safety & Quality Summary – January 2013  
Report

## 1. A&E PERFORMANCE

Total time in A&E – 4 hours

95% of patients should be admitted, transferred or discharge within 4 hours of arrival at A&E

Target 95%	December 2012	Achieved	92.0%
	Quarter 3 2012/13	Achieved	93.4%
January 2013		to date (16/1)	87.67%
Q4 2012/13		to date (16/1)	87.67%
YTD 2012/13		to date (16/1)	94.49%

### ACTION ON-GOING

- Daily Health Economy teleconferences continue
- Continuing support from CCG, CPFT and Cumbria Social Services
- PAG meeting weekly followed by escalation to Directors of Operations
- Spot purchasing of Nursing Home capacity continues
- Weekly Physician meeting
- Recruitment of additional A&E Consultant at WCH and process commenced for CIC
- Enhanced ACP rota at CIC
- EDD will be the norm and will be monitored by clinician
- Enhanced management and reporting of Delayed Discharges and Delayed Transfers of Care
- 7 Day Senior Review and “Home for Lunch” projects on-going and monitored by ward
- Continued development of Integrated Emergency Floor, A&E streaming and ambulatory care

## 2. CANCER

Breast symptomatic

Target 93%

December 2012 Achieved 92.5%

134 patients 10 breaches

2 booked outside of 14 day window:-

1 complex pathway

1 tertiary referral delay

8 patients booked within 2 weeks but changed appointments on C&B outside 2 weeks

### 3. 18 WEEKS RTT

#### Admitted Care

Target 90%

December 2012    Achieved    84.6%

#### Incomplete Pathways

Target 92%

December 2012    Achieved    91.6%

Performance is consistent with projections in the 18 week recovery plan however, recent pressures have affected elective activity significantly causing some specialities to slip against their agreed plan. Actions have been taken and are documented in the Recovery plan.

We continue to work closely with the Intensive Support Team (IST) to ensure our systems and processes are fit for purpose to ensure sustainability of the 18 week RTT targets.

Following their initial visit in August the finalised report is expected imminently. Focussed areas of work are as follows:-

- Capacity and Demand modelling by speciality.
- Development of PTLs
- Agreement of RTT stages by speciality
- Workshops for Business Managers and clinicians and identification of Clinical Champions

IST expertise continues to be offered to the Trust to support delivery of the Improvement Plan resulting from this work.

The agreed recovery plan to clear the backlog of incomplete pathways is being monitored weekly.

Fortnightly monitoring calls with CCG and NHS NoE continue.

Providing capacity is available and the action plan is delivered performance is currently expected to normalise in Q1 of 2013/14.

Board members will be in receipt of the following documents:

- 18 Week Recovery Plan
- IST Action Plan
- RTT Assurance Slides (prior to Board Development Session)

4. **28 DAY RULE**

13 patients breached the 28 day rule following a cancelled operation.

This was due to extreme pressure on bed availability due to Non-elective activity.

The Business Unit for Emergency Surgery and Elective Care will ensure that any patients breaching this target are in future offered an alternative provider and date of their choice. All of these patients have now been offered an alternative date.

5. **DIAGNOSTIC WAITS > 6 WEEKS**

1 patient breached the target in December. This patient was a complex patient who required an extended wait for General Anaesthetic In-patient gastroscopy.

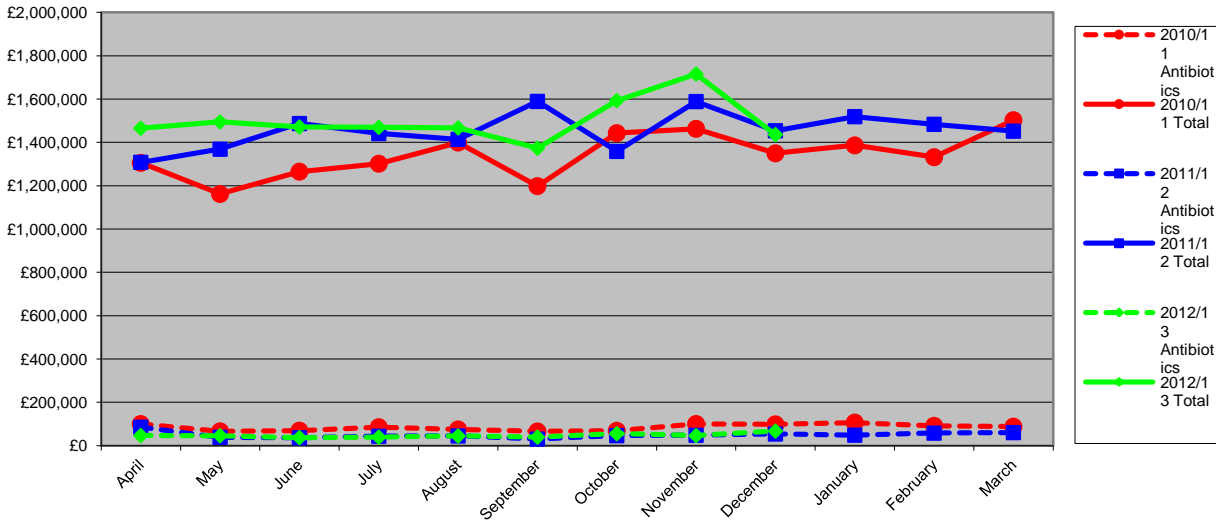
6. **PHARMACY METRICS**

The charts below highlight expenditure for three key areas comparing expenditure against total drug spend and also comparing the current year and the previous two years.

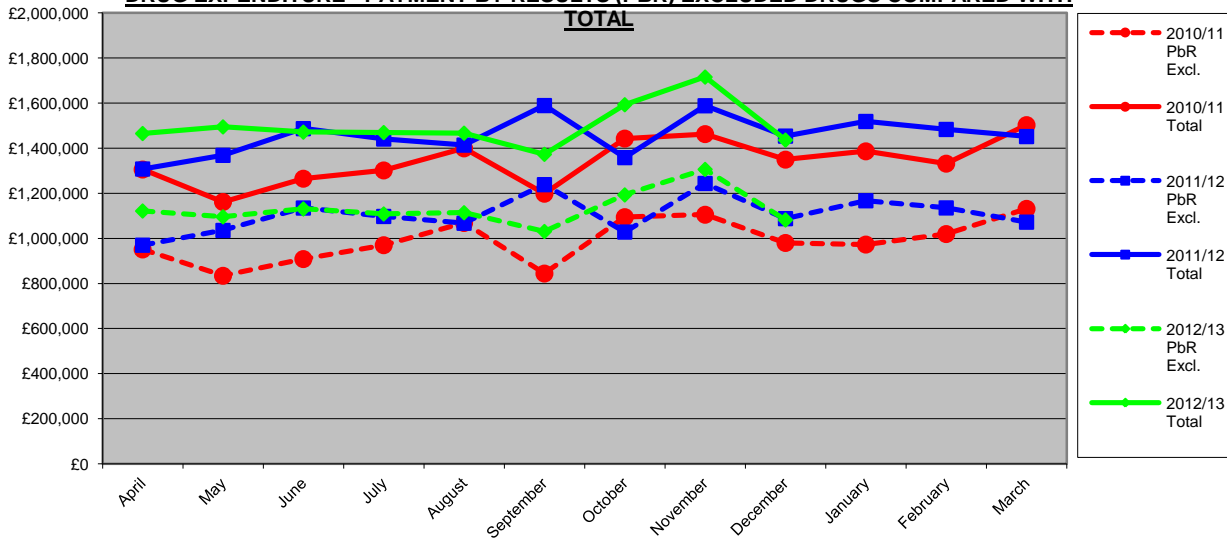
Expenditure up to the end of month 9 of 2012/13 on antibiotic drugs accounts for 3.14% of total expenditure comparable to the same period in 2011/12 which was 3.29%.

The expenditure for PbR excluded drugs is 75.5% of the total drugs spend, and PbR included drugs account for 24.5%.

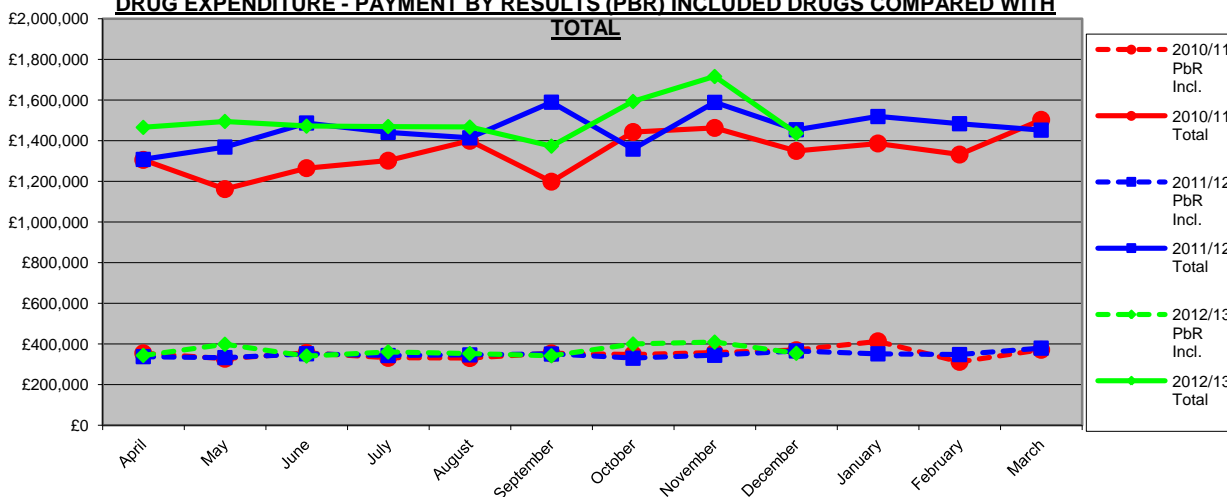
**EXPENDITURE ON ANTIBIOTICS COMPARED WITH TOTAL EXPENDITURE**



**DRUG EXPENDITURE - PAYMENT BY RESULTS (PbR) EXCLUDED DRUGS COMPARED WITH TOTAL**



**DRUG EXPENDITURE - PAYMENT BY RESULTS (PbR) INCLUDED DRUGS COMPARED WITH TOTAL**



## **7. IMRT INNOVATION FUNDING BID**

The Cancer Radiotherapy Innovation Fund has been established by the Government to support the rollout of advanced radiotherapy techniques. Data from the Radiotherapy Data Set (RTDS) and subsequent surveys show that levels of intensity modulated radiotherapy (IMRT) across the country are falling well below the recommended level of 24% inverse planned IMRT. The Radiotherapy Innovation Fund will primarily be used to speed up the use of IMRT across the NHS so that more cancer patients can benefit.

The service specification for radiotherapy, drafted by the radiotherapy Clinical Reference Group for use by the NHS Commissioning Board from April 2013, states that all providers must be able to deliver minimum levels of advanced radiotherapy to all appropriate patients. From April this means that if a centre cannot provide this guarantee, commissioners will be entitled to direct patients to an alternative provider.

The £15million Radiotherapy Innovation Fund is being made available as part of a programme of work aimed at supporting the service so that all centres can deliver at least a minimum of 24% of all radical treatment delivered using inverse planned IMRT as soon after April 2013 as possible. Professor Sir Mike Richards wrote to centres in August 2012 asking them to prepare local action plans and identify what they considered the blockages to delivery of optimal levels of IMRT. Centres are now being asked to build on those initial action plans to ensure that they have the capability to deliver this advanced radiotherapy from April 2013.

The Trust has been successful in receiving £224,000 from the National Cancer Access Team (NCAT) to support this.

There is however, an on-going issue with our ability to deliver all of our planned improvement as we were unsuccessful in securing funding for a vital equipment upgrade. Discussions are on-going with NCAT regarding this issue.

## **8. TRAUMA UNIT STATUS – PROGRESS UPDATE**

The scheduled date for “go-live” of 1 February 2012 has been delayed. This is due to a number of issues raised by NHS North East regarding patient flows, clinical practices and protocols.

There will be a meeting next month with all partners to agree a go-live date following assurance around these outstanding issues.



# APPENDIX 1

## PERFORMANCE DASHBOARD

In summary the dashboard provides: -

- A profile of performance in each month of the current year, up to and including, the latest data available.
- All data items are shown using a monthly profile with the exception of a small number of indicators which use a quarterly profile.
- The criteria for traffic lighting (trajectory position) is used to assess performance for the current data period. Grey shading for the latest month indicates that data is not yet available for that period, at the time of the production of the report.
- The letters “nad” in a grey shaded box means that there was “no applicable data (nad)” for that particular period/month.
- The “Year to Date” column is also traffic lighted for those indicators where performance has to be achieved across the whole of the year.