

Trust Board Meeting: Thursday 6 September 2012
 TB2012.85

Title	Operational and Performance Report Month 4
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Status	A paper for noting by the Board outlining current performance and the issues impacting on the integrity and quality of the data.
History	This is a regular report to the Trust Board

Board Lead(s)	Mr Paul Brennan, Director of Clinical Services			
Key purpose	Strategy	Assurance	Policy	Performance

Summary

The Committee is asked to note the following key points on the attached data sheet:

1	<p>The Board report continues to be provided on a restricted basis due to the data being disrupted as a consequence of the EPR implementation. It should be noted that all performance figures contained in this report are validated and reflect actual performance except for RTT incompletes which reflects the reported position for October 2011 and diagnostics which excludes PAS recorded data; for example endoscopy.</p>
2	<p>Real time reporting started in April for the A&E 4 hour wait, with formal agreement that the 95% target would be met from June. Performance for Quarter 1 was 89.9% with the Quarter 2 position at the end of July at 93.6% and has improved to 94.7% as of 26 August 2012.</p> <p>Lack of critical decision makers at middle grade medical level impacts directly on performance. Actions to address this include ongoing recruitment as well as increasing Emergency Nurse Practitioner roles at the Horton Hospital. A detailed action plan to secure improved performance and ensure that the Trust achieves the 4 hour standard has been developed and is being implemented and monitored by the Deputy Director of Clinical Services.</p>
3	<p>18 week RTT performance achieved all its targets Trust-wide for July. However at speciality level neurosurgery missed both "admitted" and "non-admitted targets". ENT missed the "admitted target" only. This was primarily due to capacity. Recovery plans are in place with the expectation that the Neurosurgery "non-admitted target" will be achieved in August. The "admitted target" for Neurosurgery and ENT will be achieved in October 2012.</p>
4	<p>Cancer data is not yet available for July; submission to the Exeter system will take place during the first week of September. "Pre-check data" indicates that targets will be achieved.</p>
5	<p>Delayed Transfers of Care remain a major cause of concern for the Trust, with the current level of 8.4% still remaining in excess of excess of the 3.5% target.</p> <p>The Trust has had escalation beds open all year and the average number of escalation beds open (year to date) is 70. The Supported Discharge Team will be at full capacity by the end of October 2012 and will be able to manage a total caseload of 80 patients with 40 new patients being managed by the service each week provided the 14 day discharge agreement is adhered to. In July the service increased the case load to 33.</p>
6	<p>Weekly EPR meetings are being held with Divisional General Managers, the Information Team, OHIS, the EPR Project team and suppliers. The focus is on outpatient and inpatient Patient Treatment Lists (PTLs) and to prioritise validation, training and fixes to improve data quality and reporting.</p>