

**Trust Board**  
**27<sup>th</sup> November 2008**

<b>Report of</b>	Ruth Holt, Chief Nurse
<b>Paper prepared by</b>	Informatics
<b>Subject/Title</b>	Integrated Performance Report
<b>Background papers</b>	n/app
<b>Purpose of Paper</b>	To ensure that the Trust Board remains up to date with the Trust's performance in light of national requirements and local changes.
<b>Action/Decision required</b>	To note any issues arising
<b>Link to:</b> ➤ <b>NHS strategies and policy</b>	Annual Health Check, national targets, Standards for Better Health etc
<b>Link to:</b> ➤ <b>Trust's Strategic Direction</b> ➤ <b>Corporate objectives</b>	This report highlights areas of good and bad performance to ensure that good performance is learnt from and poor performance is addressed
<b>Resource impact</b>	n/app
<b>Consideration of legal issues</b>	n/app
<b>Acronyms and abbreviations</b>	n/app

**Integrated Performance Report**  
**October 2008**

**Trust Board Meeting**  
**27<sup>th</sup> November 2008**

# **Integrated Performance Report (IPR) – October 2008**

**Contents:**

**Focus on:** Local and comparative performance

**Annual Health Check Targets:** October 2008

## Focus on: Local and Comparative Performance

### Improving the way we manage our business:

- **Annual Health Check ratings**

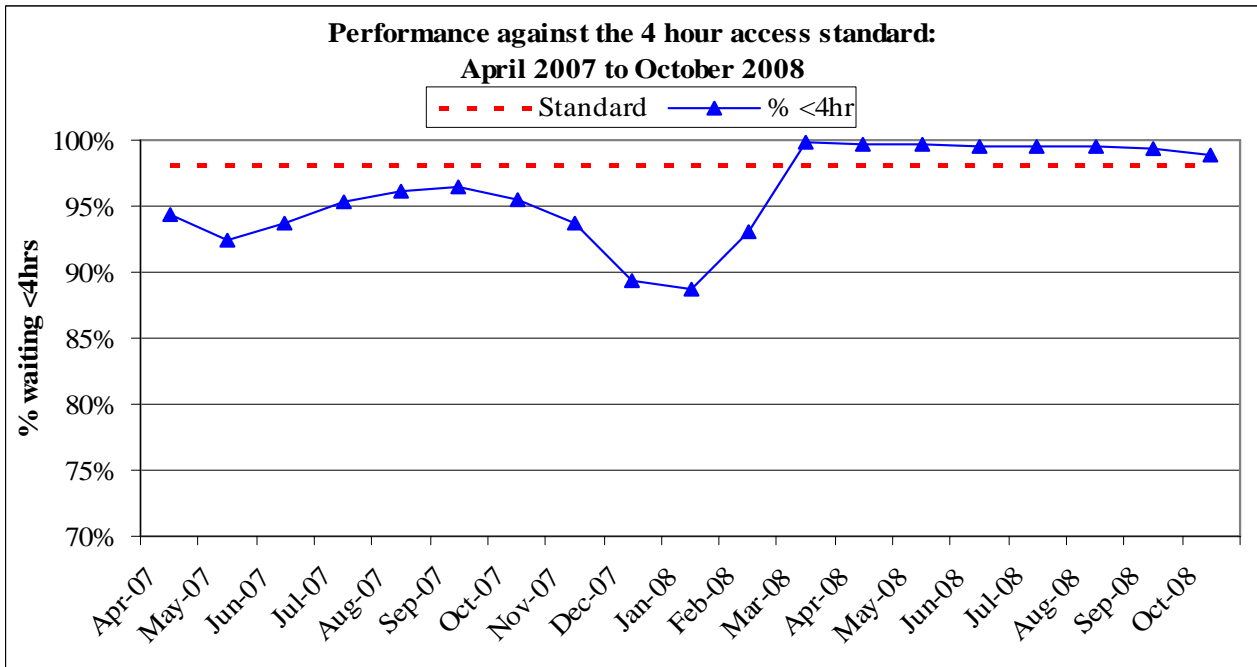
- One of the key elements of the Annual Health Check is performance against the set of indicators classed as “existing commitments.” Poor performance in this area means that Trusts are automatically scored as “weak” in the Quality of Services rating. Since April 2008 the Trust has been unable to achieve some of these key targets (see the Annual Health Check targets section of this IPR). In applying the scoring system used in previous assessments to current performance, the evidence suggests that LTHT could be awarded “weak” for Quality of Services in the 2008/09 Annual Health Check.

### Achieving excellent clinical outcomes

- **Emergency care : 4 hour standard**

- Since March 2008 the Trust has maintained the 4 hour emergency care standard (Figure 1); this means that the proportion of patients admitted, discharged or transferred within 4 hours of arrival at A&E has remained at or above 98%.
- Although the overall target is being achieved, recent trends show increasing numbers of patients waiting longer than 4 hours. During October, 230 patients breached the standard, almost double the number of breaches reported the previous month. Work is ongoing to address this including the reopening of reception areas. To ensure compliance with the 98% standard on a daily basis, there should be no more than 5 breaches per day at St.James’s and 6 breaches at the LGI.

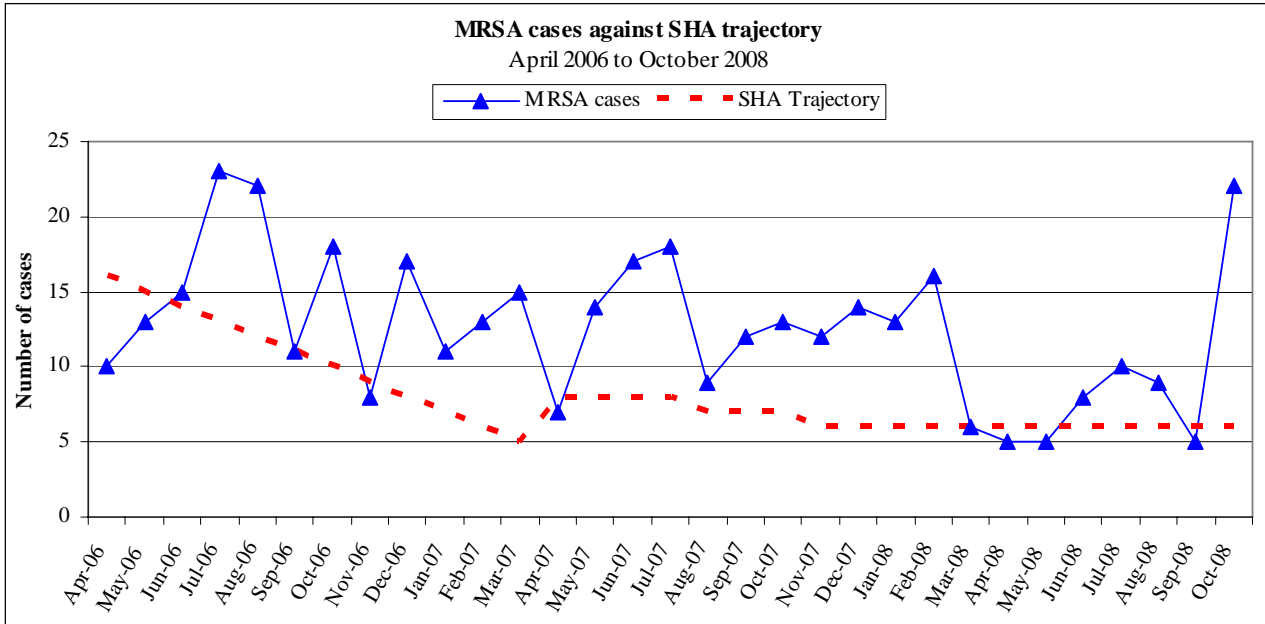
Figure 1



- **Patient Safety (MRSA & Clostridium Difficile)**

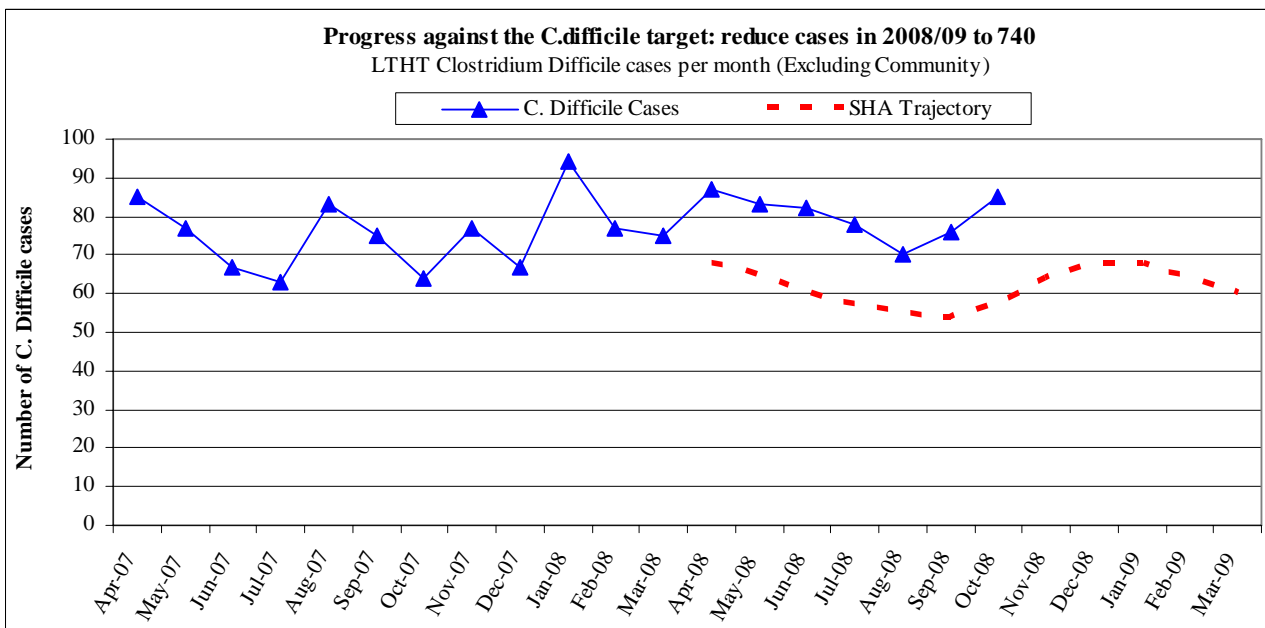
- The aim was to reduce the number of cases to 72 during 2008/09; data for the year to October shows there have been 64 cases. Figure 2 shows the number of MRSA cases reported monthly since April 2006 as well as the required SHA trajectories. Between March and September of this year, the number of cases ranged between 5 and 10 per month, lower than the volumes reported previously. However, there was a sharp rise in October to 22 cases.

Figure 2



- Volumes of Clostridium Difficile cases are still above the SHA trajectory (Figure 3). The expected number of cases between April and October should be no higher than 416; the actual number of cases recorded at LHTH for the period is 561. Considerable improvement, however, has been seen within the Division of Medicine.

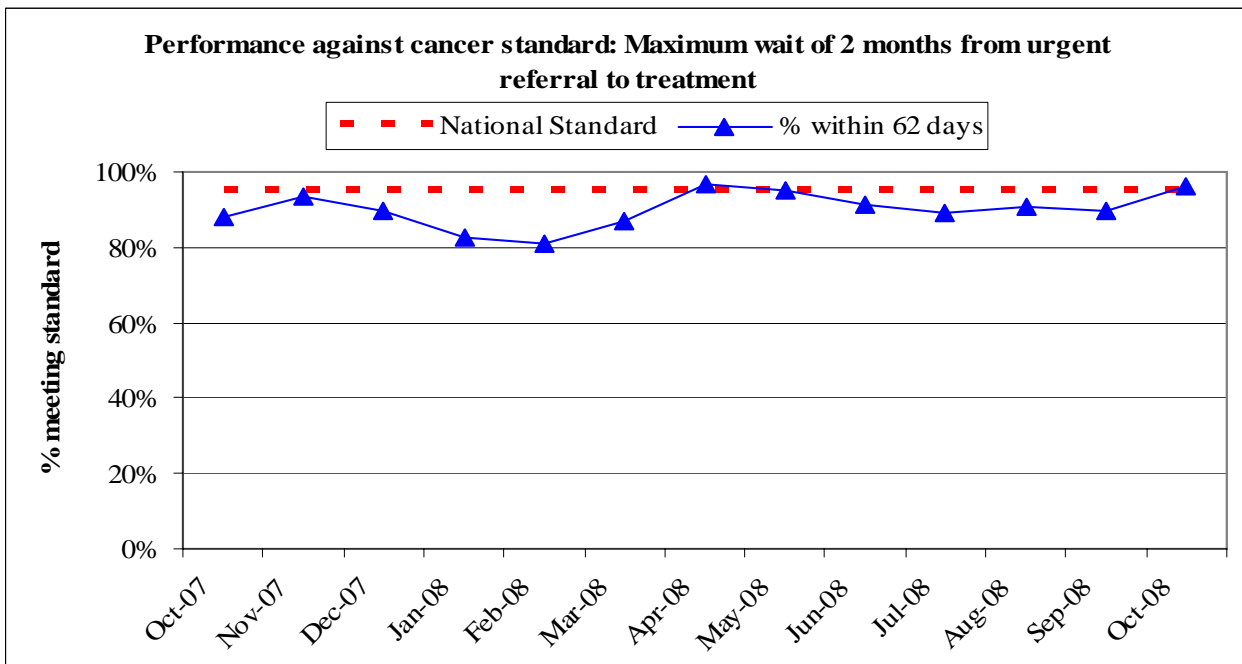
Figure 3



- **62 day cancer waits**

- In October the Trust achieved the 62 day cancer target with 96.4% of patients seen within 2 months of an urgent referral (Figure 4). The detailed action plan, drawn up over the summer to address breaches of this standard, anticipated that the Trust could start achieving the target in October 2008.

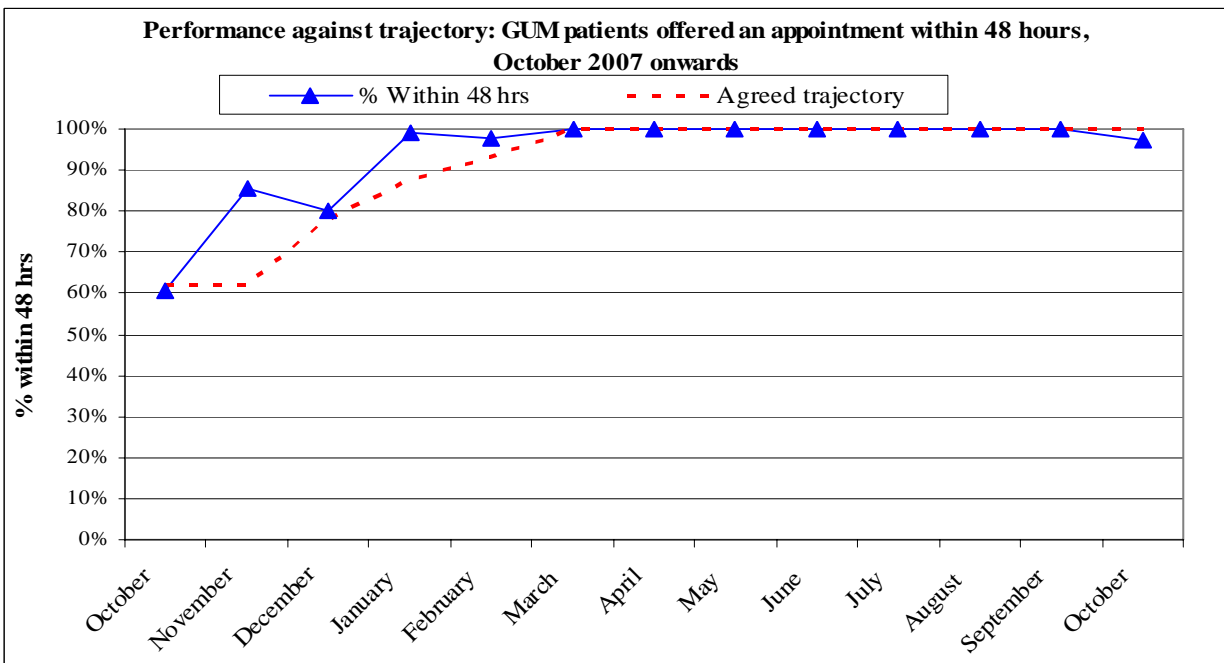
Figure 4



- **Access to genito-urinary medicine (GUM) clinics**

- Access to GUM clinics is a key element in the Department of Health’s strategy in tackling the increase in sexually transmitted diseases. Patients should be offered an appointment to be seen within 48 hours of contacting the service. LTHT performance is provided in Figure 5. The target was achieved between March and September 2008 but during October there were 51 breaches of the standard.

Figure 5



## Becoming the hospital of choice

- **Breaches of the Inpatient and Outpatient waiting times standards**
- Although the 18 week referral to treatment milestone is an important national priority, the targets relating to stages of treatment are still key indicators in determining the Annual Health Check rating. Maintaining a maximum waiting time of 26 weeks for inpatients and 13 weeks for outpatients are two targets within the existing commitments section. Trusts failing such targets are heavily penalised. Figures 6 and 7 show that performance at LTHT has deteriorated during this year.

Figure 6

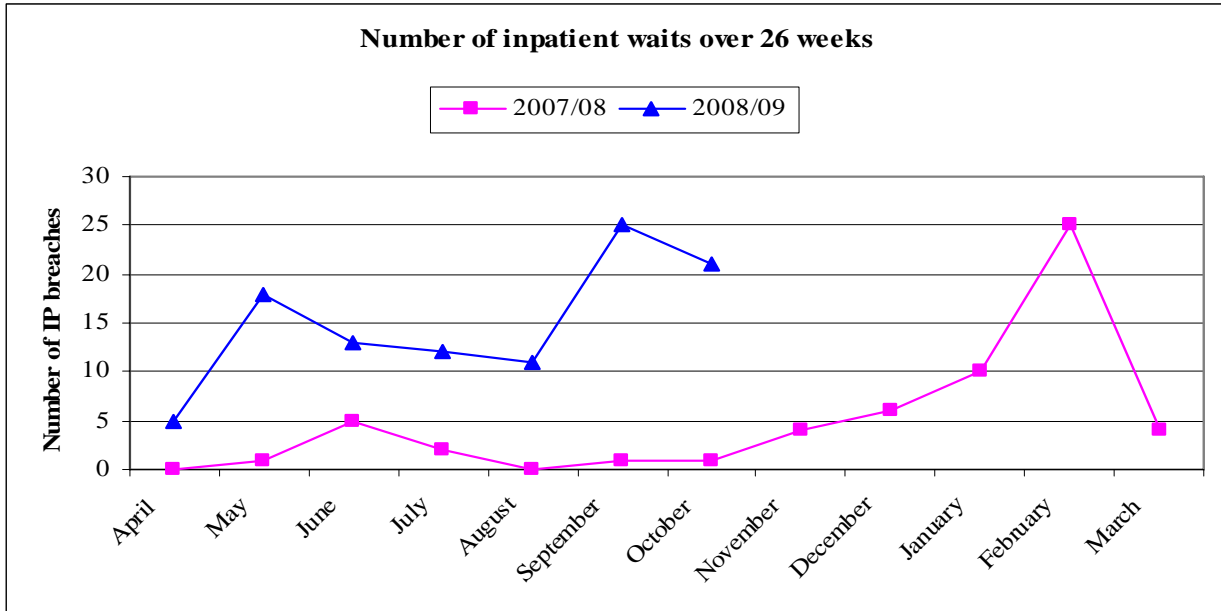
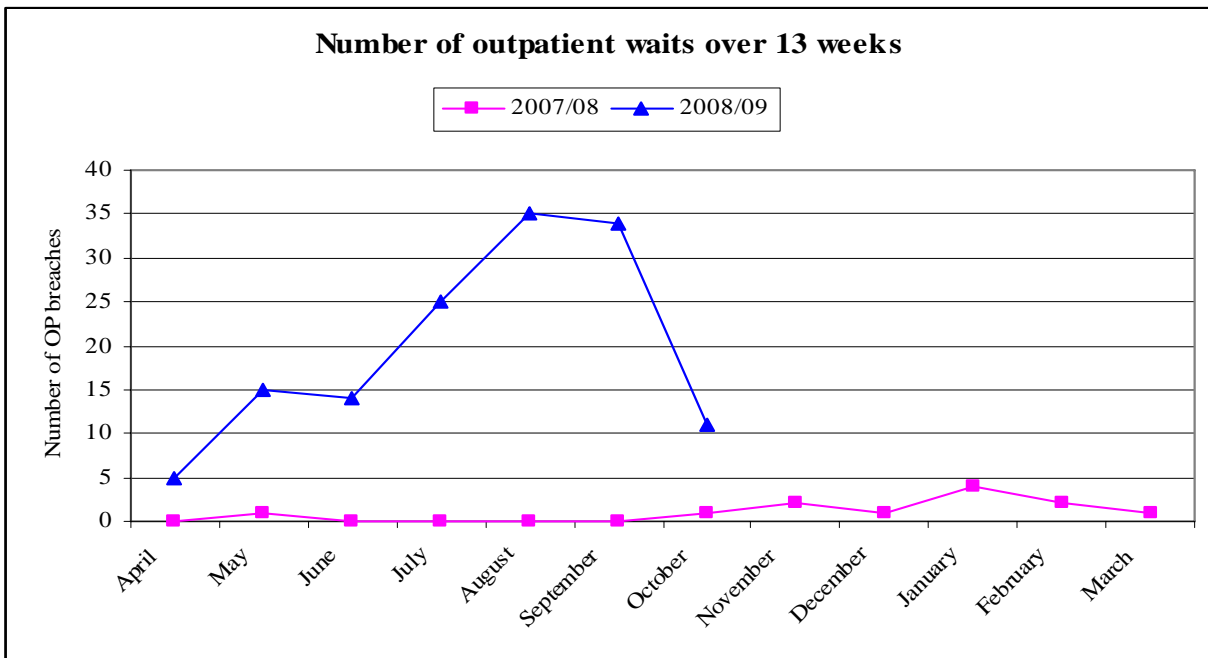


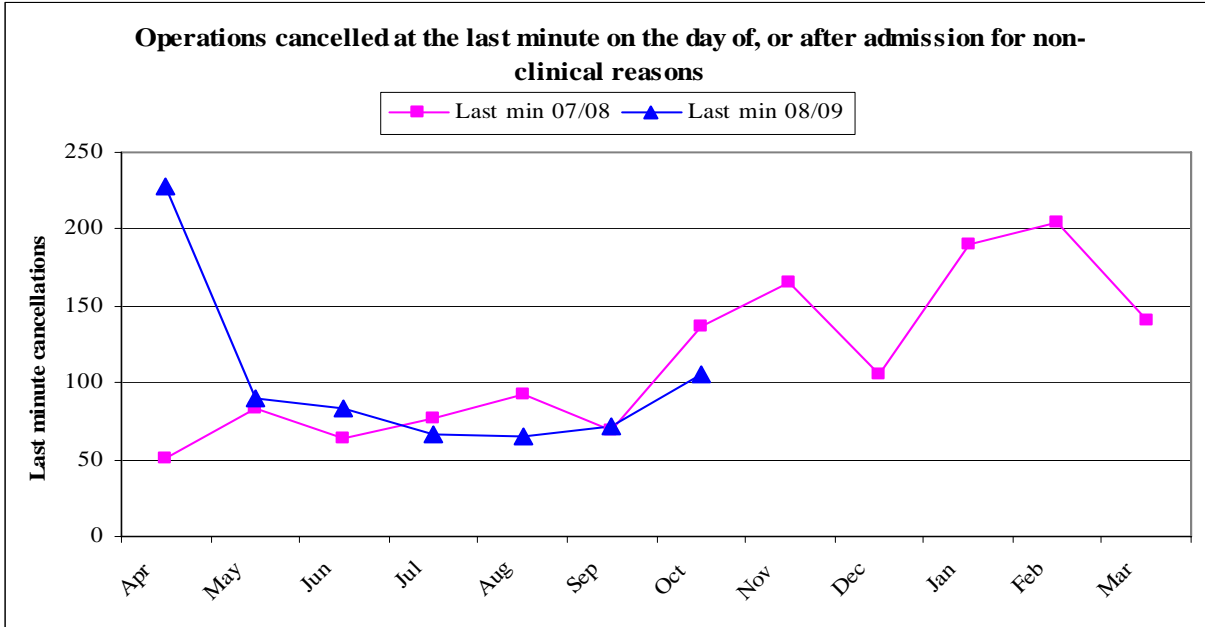
Figure 7



- **Cancelled operations**

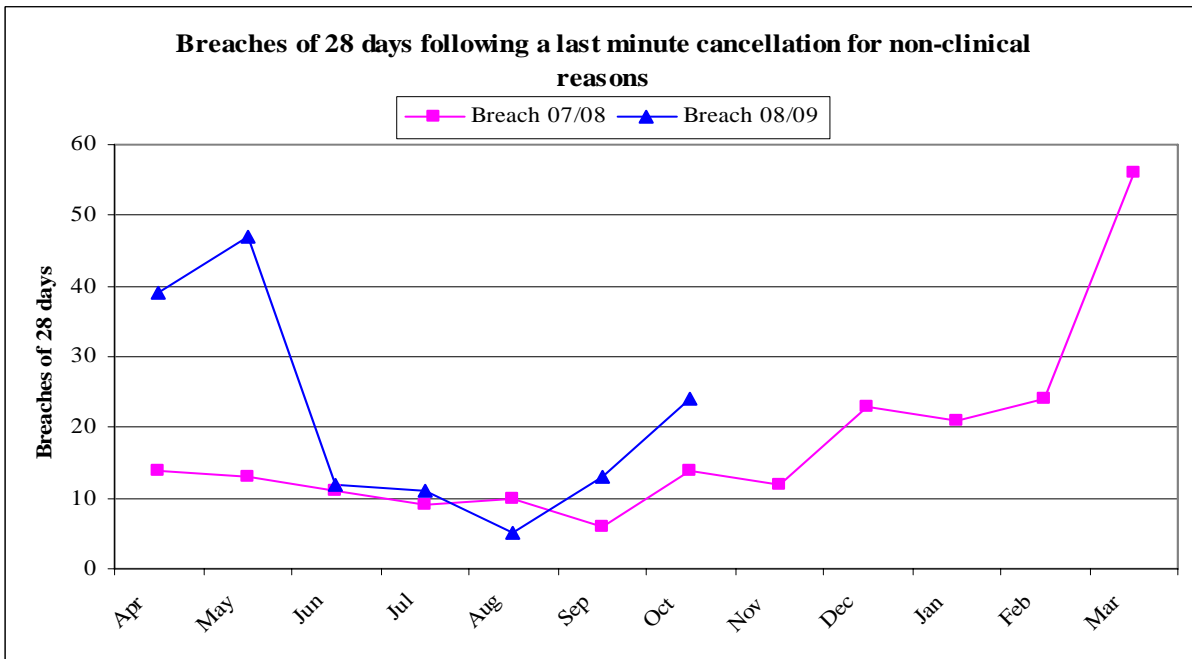
- Figure 8 shows some improvement over the last few months in the number of operations cancelled at the last minute for non-clinical reasons. Between May and October 2008 there were, on average, 80 last minute cancellations per month; this compares to 87 for the same period in 2007. The rise in October was the result of a significant increase in orthopaedic trauma. To achieve this part of the target there should be no more than 55 cancellations per month.

Figure 8



- The second part of the cancelled operations target concerns the number of breaches of the 28 day standard: that is the number of patients who were not subsequently operated on within 28 days following a last minute cancellation for non-clinical reasons. Figure 9, showing the number of breaches per month, suggests that progress is slow in this area; breaches for September and October 2008 were higher than for the same period in 2007.

Figure 9



## Annual Health Check Targets 2008/09 - Existing Commitment Indicators - October

		Thresholds in 07/08 AHC	2007/08 Results		Result 2007/08	October 2008		YTD Result		YTD Forecast	Potential points
			%	No. Breaches		%	No. Breaches	%	No. Breaches		
Health & Wellbeing	Percentage of patients attending GUM services offered an appointment within 48 hours of contacting the service.	<i>Achieve: consistent with standard Underachieve: poorer than standard Fail: poorer by clear margin</i>	75.2%	4,449	Achieve	97.5%	51	99.6%	53	Achieve	3
	Data quality on ethnic group: Percentage of FCEs with a valid 2001 census coding for ethnic category (excluding not stated and not known). <i>(NB: In 2007/08 ethnicity recording was assessed along with maternity indicators (breastfeeding &amp; smoking). The forecast was therefore 'fail' due to poor data quality on these indicators, even though ethnicity alone would've been 'underachieve').</i>	<i>Achieve: &gt;=80% Underachieve: &gt;=60% Fail: &lt;60%</i>	72.8%	62,913	Underachieve	74.6%	5,645	74.7%	38,052	Underachieve	2
Clinical Quality	Time to reperfusion for patients who have had a heart attack. <i>(NB: This is currently measured by 'thrombolysis: 60 mins call to needle' and is not applicable to LHT. Future assessments, however, will consider performance on 'call to</i>	<i>n/app</i>	n/app	n/app	n/app	n/app	n/app	n/app	n/app	n/app	n/app
Patient Focus and Access	Delayed transfers of care to reduce to a minimal level by 2006 (% delayed, weekly data). <i>(Not published with AHC due to national data issues).</i>	<i>Achieve: &lt;=3.5% Underachieve: &lt;=5% Fail: &gt;5%</i>	1.33%	-	Achieve	1.55%	-	1.40%	-	Achieve	3
	Maintain the 4 hour maximum wait in A&E from arrival to admission, transfer or discharge (% less than 4 hrs).	<i>Achieve: &gt;=98% Underachieve: &gt;=97% Fail: &lt;97%</i>	94.1%	13,049	Fail	98.8%	230	99.4%	772	Achieve	3
	Maintain a maximum wait of 26 weeks for inpatients (% waiting over 26 weeks). <i>(NB: 2007/08 results include retrospective breaches reported to the SHA).</i>	<i>Achieve: &lt;=0.03% Underachieve: &lt;=0.15% Fail: &gt;0.15%</i>	0.12%	77	Underachieve	0.34%	21	0.25%	105	Fail	0
	Maintain a maximum wait of 13 weeks for first outpatient appointment. (% waiting over 13 weeks).	<i>Achieve: &lt;=0.03% Underachieve: &lt;=0.15% Fail: &gt;0.15%</i>	0.02%	14	Achieve	0.12%	11	0.25%	139	Fail	0
	Maintain a 3 month maximum wait for revascularisation (% breaches of 13 weeks).	<i>Achieve: &lt;=0.10% Underachieve: &lt;=0.20% Fail: &gt;0.20%</i>	0.15%	5	Underachieve	0.00%	0	0.14%	3	Underachieve	2
	Maintain a two week maximum wait standard for Rapid Access Chest Pain Clinics (RACPC) (% less than 2wks).	<i>Achieve: &gt;=98% Underachieve: &gt;=90% Fail: &lt;90%</i>	100.0%	0	Achieve	100.0%	0	100.0%	0	Achieve	3
	Number of operations cancelled, by the hospital, for non-clinical reasons, on the day of or after admission (number declared).	<i>Achieve: &lt;=0.8% Underachieve: &lt;=1.5% Fail: &gt;1.5%</i>	1.6%	1,390	Fail	1.3%	105	1.3%	709	Underachieve	0
	From April 2002, all patients who have operations cancelled for non-clinical reasons to be offered another binding date within 28 days or fund the patient's treatment at the time and hospital of the patient's choice (number of breaches declared).	<i>Achieve: &lt;=5% Underachieve: &lt;=15% Fail: &gt;15%</i>	15.3%	212	Fail	22.9%	24	20.6%	146	Fail	0
<b>Total points</b>										<b>16</b>	

### Notes:

Data provided here may reflect amendments to previously reported figures.

### Scoring Methodology used 2007/08

Number of targets that apply: 9

Maximum points available: 27

Fully Met	Almost Met	Partly Met	Not Met
>=25	>=22	>=19	<19

Annual Health Check Targets 2008/09 - National Priority Indicators - October

		Thresholds in 07/08 AHC	2007/08 Results		Result 2007/08	October 2008		YTD Result		YTD Result/ Forecast	
			%	No. Breaches		%	No. Breaches	%	No. Breaches		
Health & Wellbeing	Percentage of mothers known to initiate breastfeeding (% change between 06/07 and 07/08). (N.B: Figures provided are the actual proportion for the current year). In order for performance to be assessed, a minimum standard of 95% for data completeness must be achieved.	Achieve: within tolerance of 06/07 performance or national average for both indicators Underachieve: achieved only 1 of the 2 parts of indicator Fail: failed both parts of indicator	Poor data quality	Underachieve	Quarter 2	70.0%	-	Quarters 1 & 2	68.3%	-	
	Percentage of women smoking at time of delivery (% change between 06/07 and 07/08). (N.B: Figures provided are the actual proportion for the current year). In order for performance to be assessed, a minimum standard of 95% for data completeness must be achieved.					100.0%	-		97.1%	-	
						13.3%	-		13.7%	-	
						95.4%	-		93.4%	-	
Clinical Quality	Experience of patients - health and wellbeing domain (s).	New for 2008/09	n/app	n/app	n/app	Annual data collection					
	Participation in heart disease audits.	Achieve: 'Yes' to all 4 questions Underachieve: 'Yes' to at least 2 of 4 Fail: 'Yes' to fewer than 2 questions			Achieve	Annual data collection					
	Engagement in clinical audits.		n/app			Annual data collection					
	Stroke care.		n/app			Annual data collection					
	Experience of patients - clinical quality domain(s).		n/app			Annual data collection					
Safety	Maternity Hospital Episode Statistics: data quality indicator.		n/app			Annual data collection					
	MRSA - Achieve year on year reductions in MRSA levels. Absolute numbers minus trajectory number based on 60% reduction from 2003/04 baseline - 2008/09 target to have no more than 72 cases (number per quarter).	Achieve: performance consistent with plan Underachieve: poorer than plan Fail: poorer than plan by clear margin	-	150	Fail	-	22	-	64	Underachieve	
	C-Difficile - Number of Clostridium Difficile cases (patients over 2 years old) - 08/09 target is to reduce number of cases to 740.	C-Difficile indicator was based on data quality alone	-	906		-	85	-	561	Underachieve	
Patient Focus & Access	Experience of patients - safety domain(s).	New for 2008/09	n/app	n/app	n/app	Annual data collection					
	Referral to treatment time milestones - by December 2008, 90% of admitted patients seen within 18 weeks. Trusts will be assessed on having maintained this performance during the final quarter of the year (January to March 2009)*.	Achieve: achieve data completeness for both & >=85% admitted & >=90% non-admitted Underachieve: didn't fail data completeness for both & >=75% admitted & >=80% non-admitted Fail: failed data completeness for either or <75% admitted or <80% non-admitted patients	89.3%	Trust achieved RTT element, but failed the target due to the diagnostic wait indicator.	Fail	91.1%		-	-	Achieve	
	Referral to treatment time milestones - by December 2008, 95% of non-admitted patients seen within 18 weeks. Trusts will be assessed on having maintained this performance during the final quarter of the year (January to March 2009)*.		89.7%			96.0%		-	-		
	No patient to wait longer than 6 weeks for a (non audiology) diagnostic test or for the 14 non audiology key tests by 31st March 2008 (% waiting over 6 weeks).	Achieve: <=4% Underachieve: <=20% Fail: >20%	8.8%	510		0.08%	5	0.08%	5		
	No patient to wait longer than 6 weeks for audiology diagnostic tests by 31st March 2008 (% waiting over 6 weeks).	Achieve: <=2% Underachieve: <=15% Fail: >15%	19.7%	99		0.00%	0	0.00%	0		
	Maintain a maximum two week wait from urgent GP referral to 1st outpatient appointment for all urgent suspected cancer referrals (% seen within 2 weeks).	Achieve: >=98% Underachieve: >=95% Fail: <95%	99.3%	35		Achieve	100.0%	0	99.8%		13
	Ensure a maximum waiting time of one month from diagnosis to treatment for all cancers (% within 1 month).	Achieve: >=98% Underachieve: >=95% Fail: <95%	98.4%	70		Achieve	98.7%	5	98.2%		47
	Achieve a maximum waiting time of two months from urgent referral to treatment for all cancers (% within 2 months).	Achieve: >=95% Underachieve: >=90% Fail: <90%	89.4%	143		Fail	96.4%	4.5	92.7%		56
Experience of patients - patient focus & access domain(s).	New for 2008/09	n/app	n/app	n/app		Annual data collection					
NHS staff satisfaction.	New for 2008/09	n/app	n/app	n/app	Annual data collection						

Notes:

Data provided here may reflect amendments to previously reported figures.

\* From October 2008, the RTT figures shown are the adjusted position.