

**Agenda Item No: 6b**

<b>Meeting</b>	Board of Directors
<b>Date</b>	26th September 2012
<b>Title</b>	Board Performance Report
<b>Executive Summary</b>  <ul style="list-style-type: none"> <li>• Why is this paper going to the Board</li> <li>• To summarise the main points and key issues that the Board should focus on including risk, compliance priorities, cost and penalty implications, KPI's, Trends and Projections, conclusions and proposals</li> </ul>	To inform the Board of current performance on key performance indicators

<b>Next steps/future actions</b>  <i>Clearly identify what will follow a Board decision i.e. future KPI's, assurance</i>				
	Discuss	√	Receive	√
	Approve		Note	

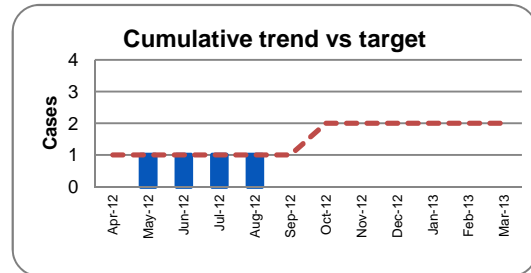
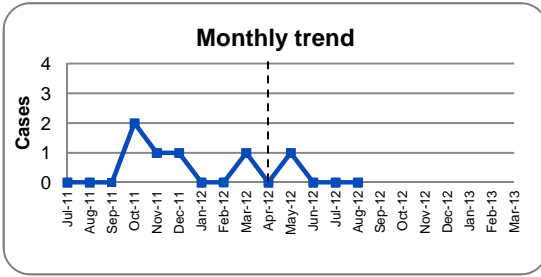
<b>Prepared By</b>	Business Intelligence Manager	<b>Presented By</b>	Chief Operating Officer
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This Report Covers (please tick relevant boxes)

Strategy		NHS Constitution Rights and	
Better Care for Better Health	√	CQC Registration	
Valued, Respected and Proud		Monitor Compliance	√
Responsible Use of Resources	√	NHSLA	
Assurance			
Quality Governance Framework		Legal Implications	
		Equality Impact Assessed	
For Information	√	Confidential	

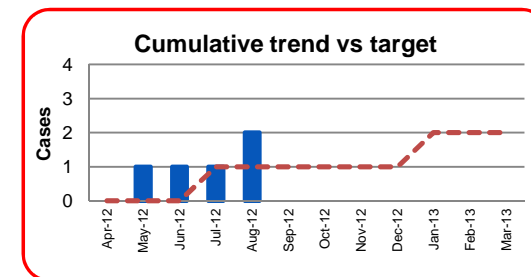
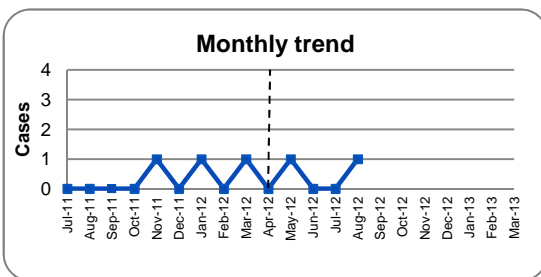
## Quality

### 1a. MRSA - pre 48 hours



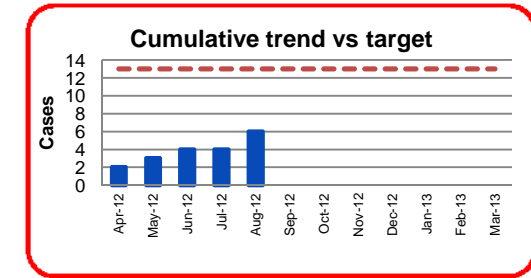
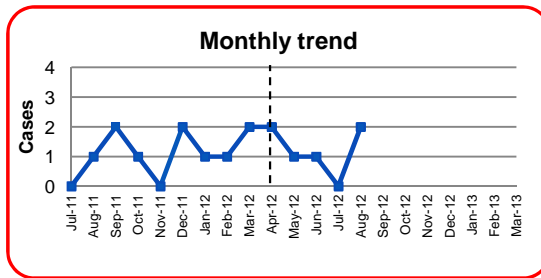
Currently reporting 1 MRSA case for the financial year. 1 case has been attributed to the GP. The case that is currently being reported is under review and early indications are that this will also be attributable to the GP.

### 1b. MRSA - post 48 hours



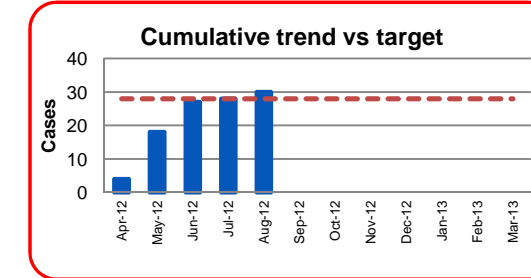
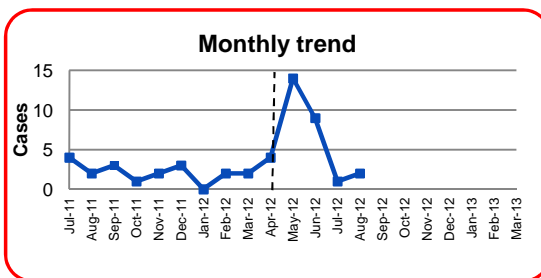
One new case in August. Currently reporting 2 against a year end trajectory of 2. One case is being appealed

### 2a. CDiff - pre 72 hours



Currently reporting 6 cases against a year end trajectory of 13

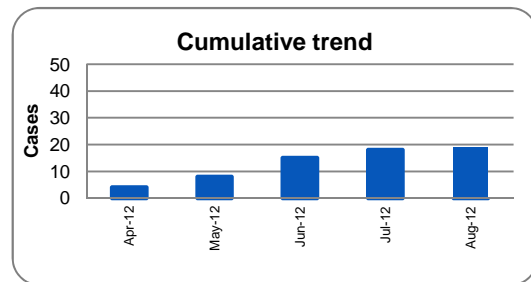
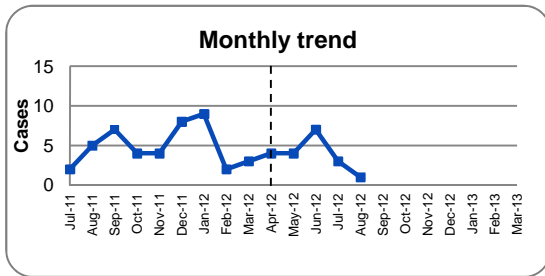
### 2b. CDiff - post 72 hours



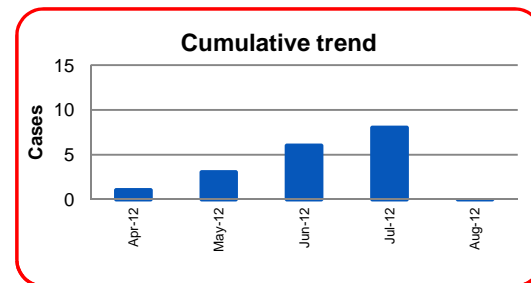
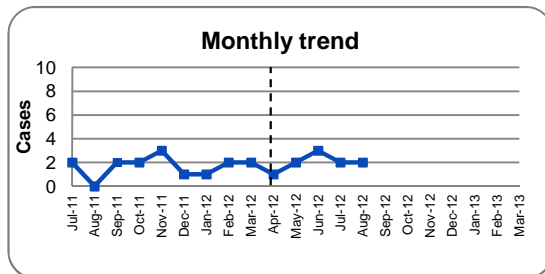
Reporting 30 against an annual trajectory of 28

Quality contd.....

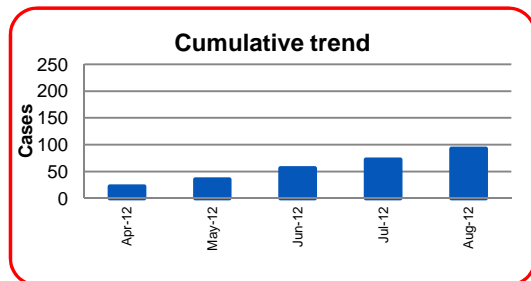
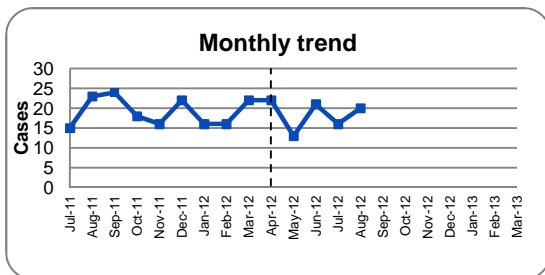
3a. MSSA - pre 48 hours



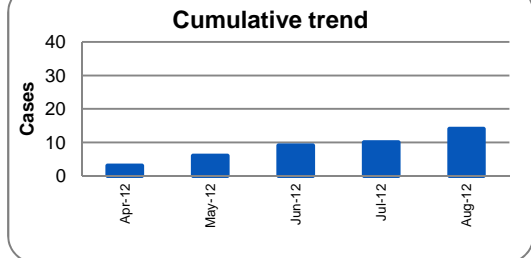
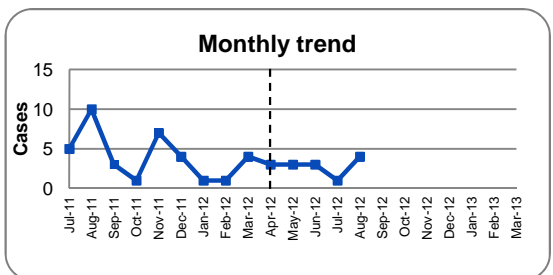
3b. MSSA - post 48 hours



4a. E. Coli - pre 48 hours



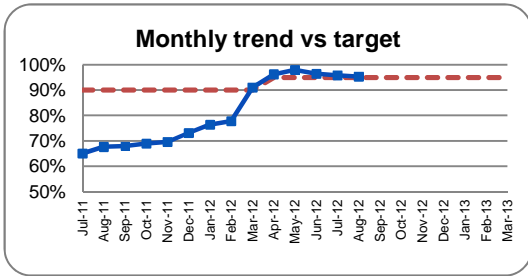
4b. E. Coli - post 48 hours



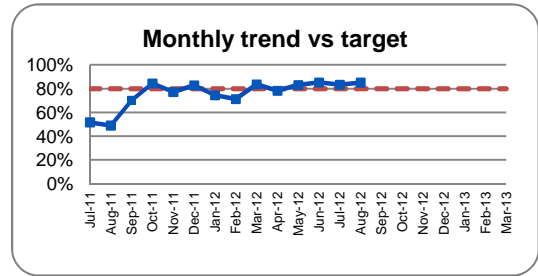
No national target, but mandatory surveillance

Quality contd.....

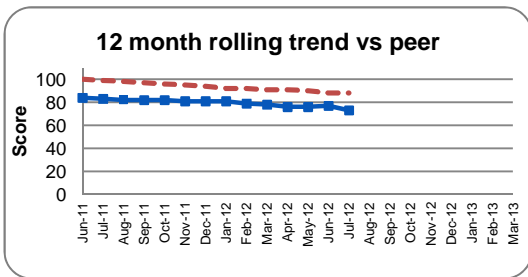
3. VTE Assessment



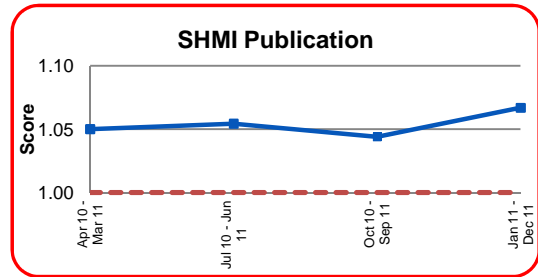
4. Stroke (90% stay on stroke unit)



5a. Mortality (RAMI)

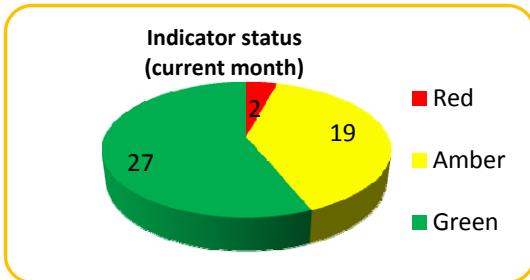


5b. Mortality (SHMI)



RAMI - CHKS Risk Adjusted Mortality Indicator - Consistently under peer.

6. CQUINs

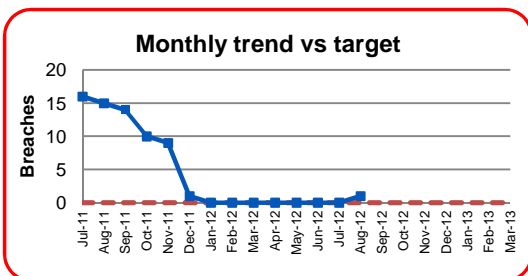


Monetary Value (Year End Prediction)

Red	£92,430
Amber	£2,232,688
Green	£3,599,882
Total	£5,925,000

As at quarter 1, work in progress to provide monthly updates for those indicators reported to those timescales.

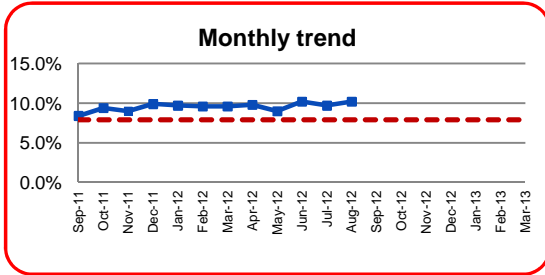
7. Single sex accommodation



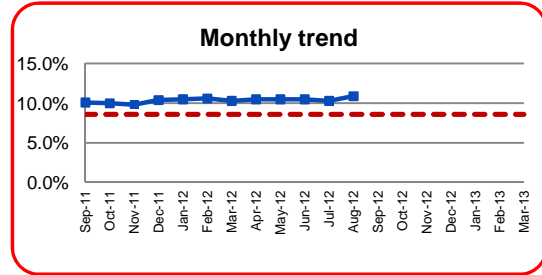
Single sex - one breach reported in August.

## Operational Performance : Efficiency

### 1a. DNA - new appointments

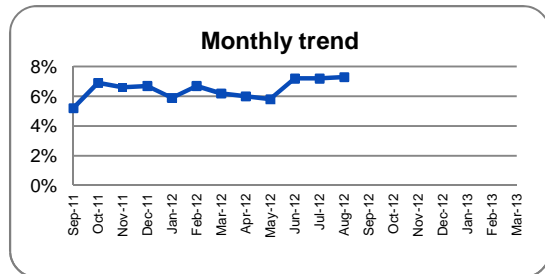


### 1b. DNA - follow up appts

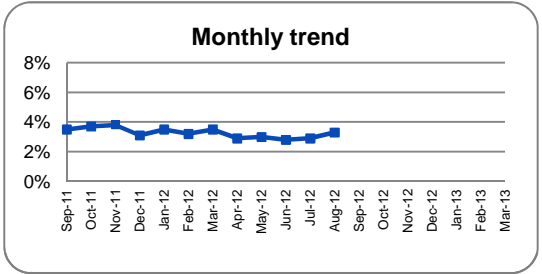


Reporting is now against CHKS targets, with individual specialties performance vs peer now identified via CHKS reports. Each specialty over the peer is completing a detailed action plan utilising both the call reminder service and the roll out of choice of date for booking of appointments

### 2a. Cancellations - new appointments

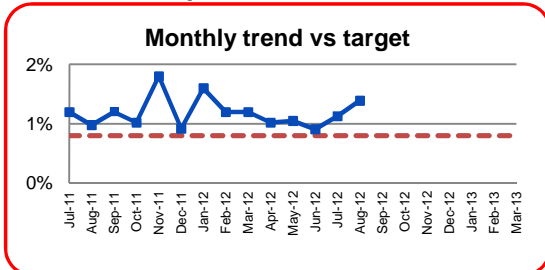


### 2b. Cancellations - follow up appts

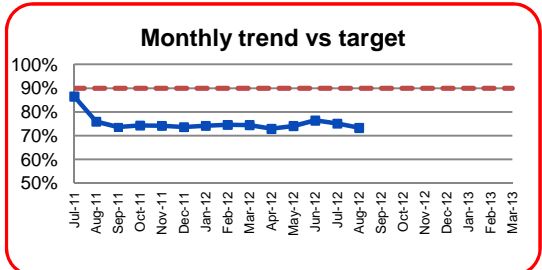


Increased cancellations in July due to the move to Bolton One, consultant changes and consultant annual leave. There have also been changes due to flexing capacity between new and follow up appointments.

### 3. Cancelled operations

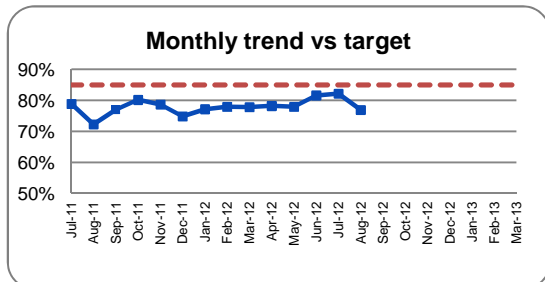


### 4. Theatre utilisation

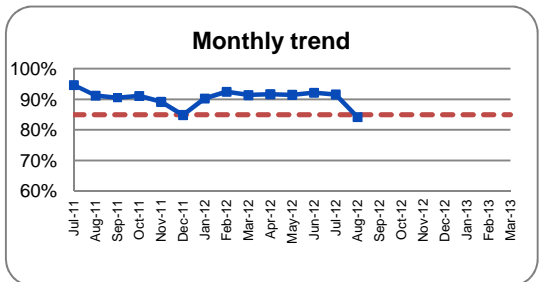


The spike in cancelled operations relates to the multiple failures of endoscopy washers, which led to 10 of the 13 cancellations on the day due to equipment failures in August. A further 9 cancellations were due to emergency / trauma procedures taking priority and 6 due to list over runs. All cancelled on the day operations are discussed weekly, corrective actions sought and learning shared.

### 5a. Bed occupancy



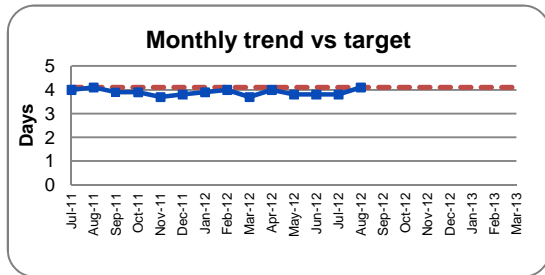
### 5b. Bed occupancy of Useable Beds



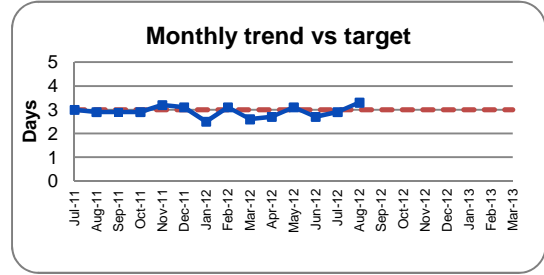
Useable bed occupancy excludes critical and specialist care beds on ICU, HDU, CCU, SCBU, Stroke and TSU plus Paediatrics, Maternity and Neonatal wards.

Operational Performance : Efficiency contd....

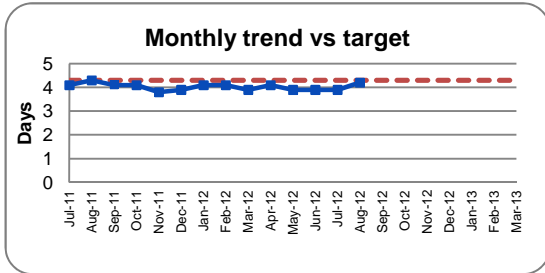
6a. Average length of stay



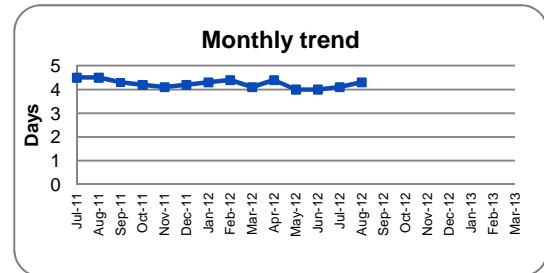
6b. Avg length of stay (elective)



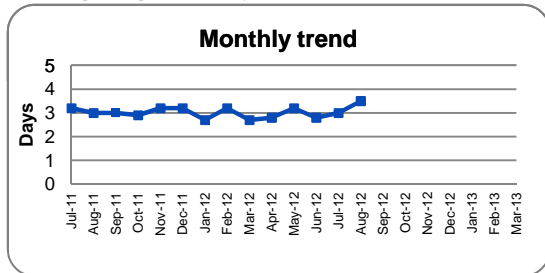
6c. Avg length of stay (non-elective)



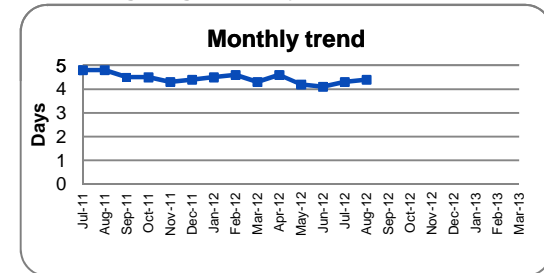
6d. Avg length of stay (adults)



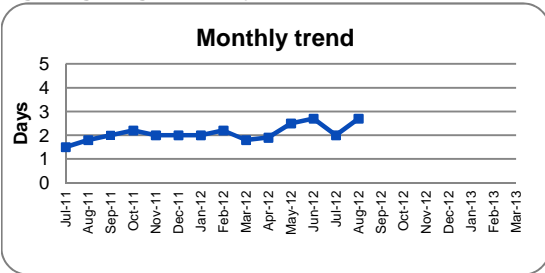
6e. Avg length of stay (adults, elective)



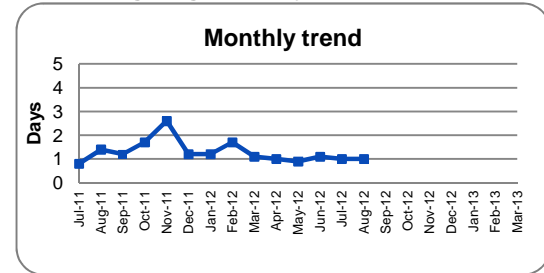
6f. Avg length of stay (adults, non-elective)



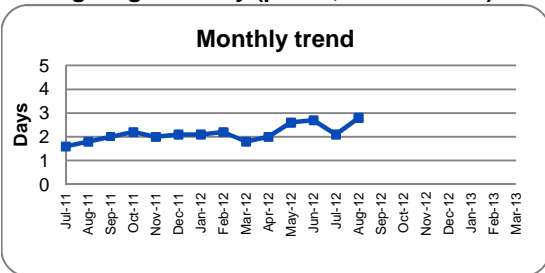
6g. Avg length of stay (paeds)



6h. Avg length of stay (paeds, elective)



6i. Avg length of stay (paeds, non-elective)

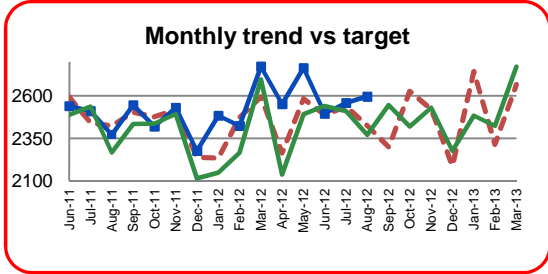


Further work to do to ensure consistency with CHKS

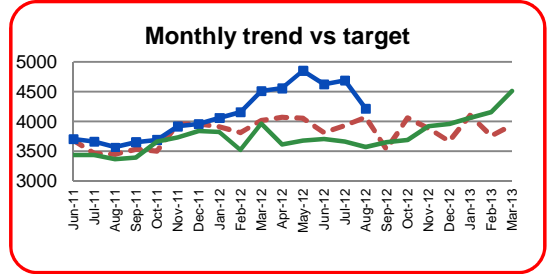
Key  
Current Actual  
Current Plan  
Previous Year Actual

**Operational Performance : Activity vs Plan**

**1. Elective**

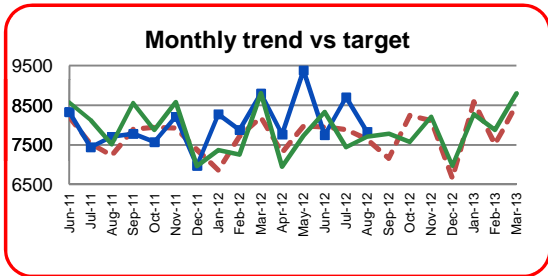


**2. Non-elective**

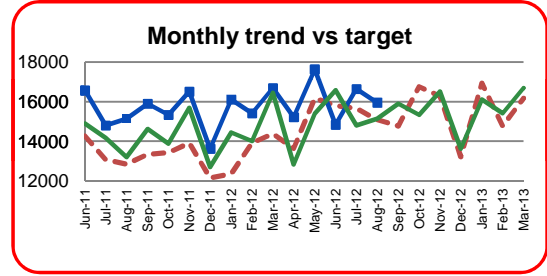


Elective activity - over plan. Non elective activity - over plan

**3. New outpatients**

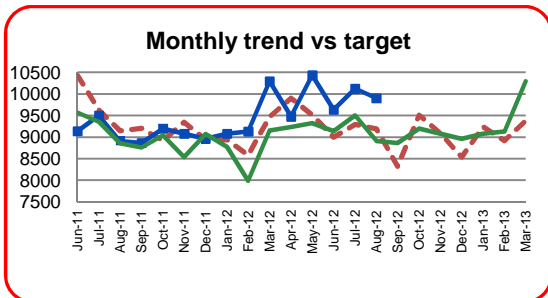


**4. Follow-up outpatients**



New outpatient activity- over plan  
Follow-up outpatient activity - over plan

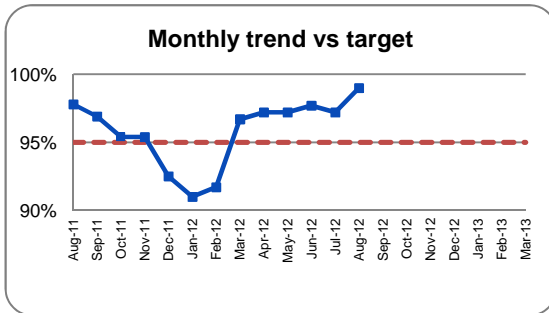
**5. A&E attendances**



A&E activity - over plan

## Operational Performance : Access

### 1a. A&E 4 hr waits



A&E 4 hrs - above the 95% target .

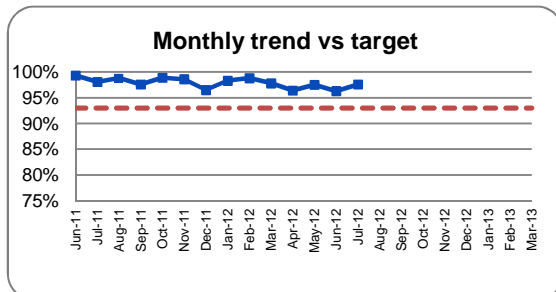
ECIST work will focus on the total time spent in the department.

A new minors model pathway will focus on reducing the time to initial assessment and time to treatment

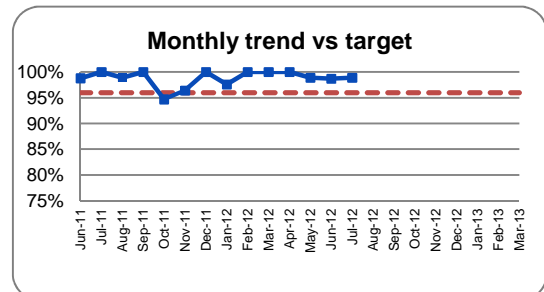
### 1b. A&E Quality Indicators

Indicator	Threshold	Adm	Non-Adm	Total
Unplanned re-attend rate <= 7 days	5%	5.6	7.7	6.2
Total time spent in the dept. (95 <sup>th</sup> %)	240 mins	238.0	209.0	224.0
Left dept without being seen	5%	0.0	3.9	3.2
Time to initial assess. (95 <sup>th</sup> %)	15 mins	20.0	20.5	20.0
Time to treatment (median)	60 mins	41.5	51.0	49.0

### 2a. Cancer 14 days

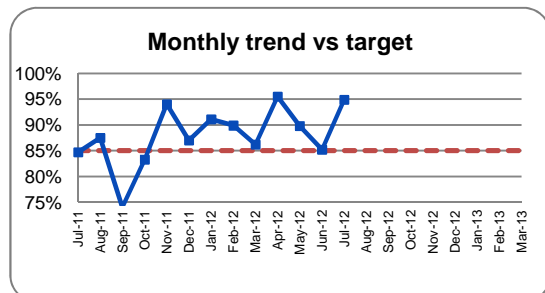


### 2b. Cancer 31 days

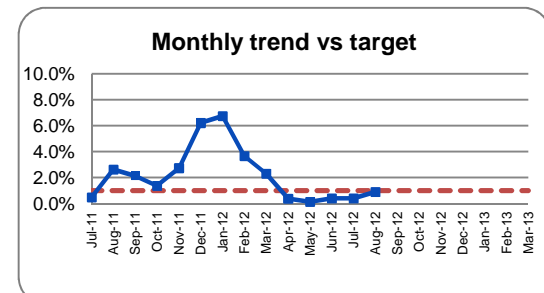


Both KPIs above target

### 2c. Cancer 62 days



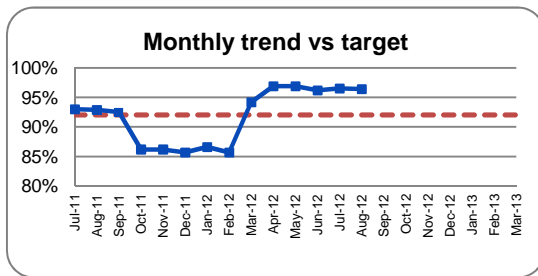
### 3. Diagnostics 6 wk waits



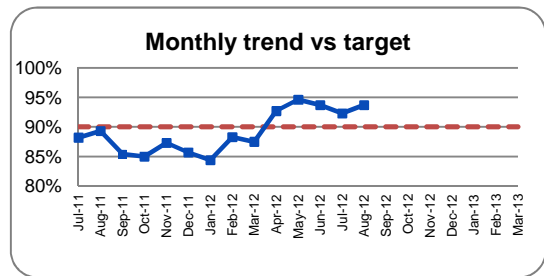


**Operational Performance : Access contd.....**

**4. 18 wks incomplete pathways**

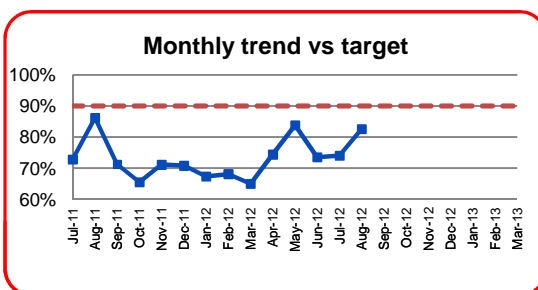


**5a. 18 wks admitted performance**

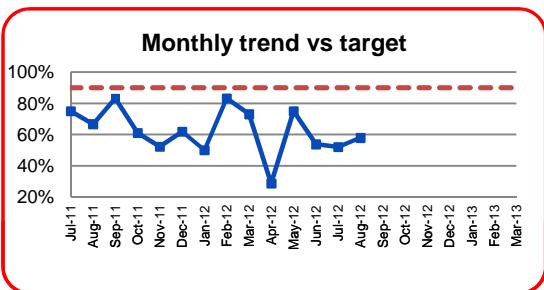


Performance in Pain and Orthopaedics was below standard in month due to backlog clearance which is ongoing. The changes to the Orthopaedic pathway are starting to impact overall waiting times, but it will take time for this to be further reflected in the admitted performance. The Pain pathway remains challenging, although volumes are small. Work is ongoing internally and with commissioners to shorten the first outpatient wait times, which are the reason for failure of both the admitted and non-admitted performance.

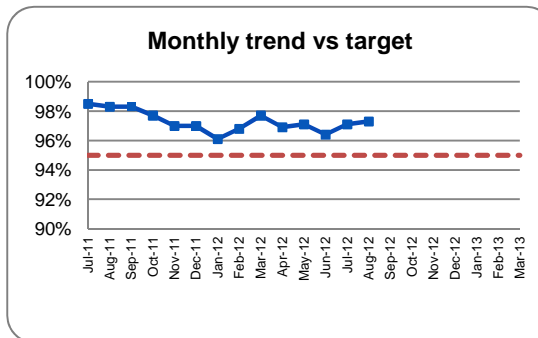
**5b. 18 wks admitted Orthopaedics**



**5c. 18 wks admitted Pain Management**

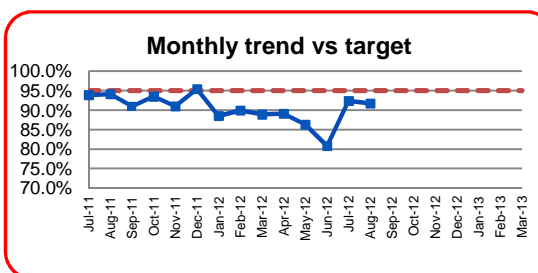


**6a. 18 wks non-admitted performance**

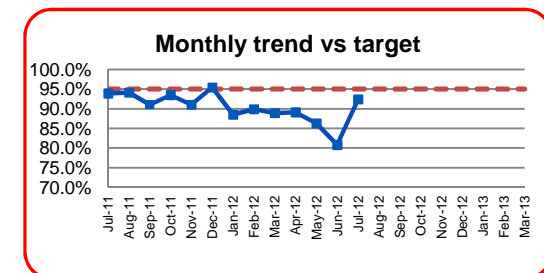


Overall non-admitted above target.

**6b. 18 wks non-admitted Oral Surg**



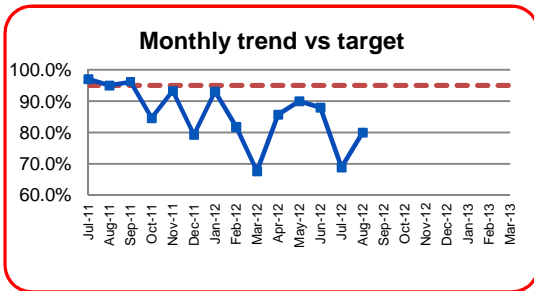
**6c. 18 wks non-admitted Plastic Surg**



1 patient failed the non-admitted standard in plastics. Due to the small number of patients, this meant the 95% standard could not be met. For Oral Surgery, there is currently a significant volume of patients requiring minor surgery. Further work is ongoing to increase capacity, but the implementation of the new access policy will support this area as there are significant DNAs, who would be removed under the new policy.

### Operational Performance : Access contd.....

#### 6d. 18 wks non-admitted Pain Mgt.



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Bolton NHS Foundation Trust : Board of Directors Performance Dashboard as at August 2012

Key Metrics	Measure	Lead	Monthly					YTD				Forecast				Commentary	Tolerances		
			Plan	Actual	Previous Month	Risk Movm't	Prev Year	Plan	Actual	Trend	Prev Year	Plan	Actual	Prev Year	Assurance		On Target	Of Concern	Action Req'd
<b>Clinical Quality and Safety</b>																			
1	Deaths following elective admission - count	MD	1	2	3	▲	1	≤4	7	▼	11						≤1	≥3	
2	Risk Adjusted Mortality Indicator - latest 12 month rolling period					As YTD			≤100	73	▲	83						≤100.0	≥130.0
3	Summary Hospital-level Mortality Indicator (SHMI) - latest available data					As YTD			1	1.067	▼	-						1	≥1.3
4	Clostridium Difficile - Pre 72 hours	DoPSE	1	2	0	▼	1	3	6	▲	2						≤3	>3	
5	Clostridium Difficile - Post 72 hours			3	2	1	▲	2	8	30	▲	9						≤8	>8
6	MRSA bacteraemia - Pre 48 hours			0	0	0	▲	0	1	1	▲	1						≤1	>1
7	MRSA bacteraemia - Post 48 hours		0	1	0	▲	0	1	2	▼	0						≤1	>1	
8	Pressure ulcer incidences	DoPSE	≥95.0	93.2	92.5	▲		≥95.0	91.7	▲									
9	Infection free catheter insertions			≥95.0	95.4	95.9	▼	67.6	≥95.0	95.9	▼	62.4						≥95.0	≤90.0
10	% patients assessed	MD			352	▲			1491	▲									
11	Emergency readmissions within 30 days of discharge - rate	MD				▲			4	▲									
12	Incidents of harm reportable to Dept of Health	DoPSE	0	1	2	▲		0	4	▲									
13	Midwife:Birth ratio (1:)	DoPSE	1:28	29	29	▲	-	1:28	1:29	▲	-								
14	15 - 24yrs positive test results	DoPSE	≥69.0	32	31	▲	-	276	132	▲	-								
15	% of establishment (Qualified Nursing Staff)	DoW	As YTD					3.5	3.5	▲	N/A	3.5	3.5	N/A			≤3.5	3.6-4.5	>4.5
16	% of establishment (Medical staff)			As YTD					3.5	-1.6	▲	N/A	3.5	3.5	N/A			≤3.5	3.6-4.5
17	Reports of low staffing levels on wards	DoPSE	14	16	20	▲	7	56	68	▲	26						≥95	80-95	≤80
18	Appraisal (rolling 12 month average)	DoW	80	76.8	75.0	▲	76.1		AS MONTH			80	80	73.7			≥80	60-80	<60
19	% of patients receiving brain imaging within 24 hours of admission	COO	Indicator Under Construction																
20	% of stroke patients who spend 90% of their stay on the stroke unit			≥80.0	85.1	83.3	▲	49.0	≥80.0	83	▲							>80.0	≤80.0
21	% of 48 Clinical Quality Indicators achieved	DoPSE			27	▲			13	▲									
22	% of 6 CQC access criteria complied with	DoPSE	As per Year to Date					100	83.0	▶									
23	The number of patient falls recorded	DoPSE	49	53	56	▲		≤196	258	▼							≤196	>196	
24	% compliance	DoW	As YTD					95	53.8	▲	N/A	95	95	N/A					
<b>Patient Experience</b>																			
25	Formal complaints from patients	DoPSE		26	13														
26	% of all responded to with the agreed time				61.5	53.8													
27	Net Promoter Score %	DoPSE																	
28	Reportable breaches	COO	0	1	0	▼	15	0	1	▼	70						1	3	
29	Last minute cancellations of elective admissions	COO	0.8	1.39	1.13	▼	0.98	0.8	1.12	▼	0.97						20	>20	
30	Cleaning audits	DoPSE	95.0	96.8	97.5	▼	-	95.0	95.4	▼	-						95%	85%	
31	% of patients in Dept within 4 hours of from arrival to admissions, transfer or discharge (Including WIC)	COO	≥95.0	99.0	97.2	▲		≥95.0	97.6	▲	94.5						≥95.0	≤95.0	
32	% of patients who left without being seen			≤5.0	3.2	3.6	▲	2.8	≤5.0	3.1	▶	3.3						≤5.0	≥5.0
33	Time to Treatment - Median Wait (mins)			<60	49	61	▲	57	<60	58	▲	62						<60	≥60
<b>Efficiency</b>																			
34	First to follow-up ratio (1:)	COO	1:2.1	2.0	1.9	▼	2.0	1:2.1	1:1.9	▶	2.0						≤2.1	>2.1	
35	Overnight bed occupancy rate (Useable)	COO	85	84.2	91.6	▲	91.2	85.0	91.8	▲	-						≤85.0	≥90.0	
36	ALoS - Non elective patients discharged in month	COO	4.3	4.2	3.9	▼	4.3	4.3	4.0	▼	4.4						≤4.3	>4.3	
37	ALoS - Elective patients discharged in month	COO	3.0	3.3	2.9	▼	2.9	2.6	2.9	▶	2.9						≤2.6	>3.0	
38	British Association of % Day Surgery efficiency score	COO	≥80		82.9	▲		≥80	82.4	▲	-						≥80.0	≤70.0	
39	Time used in sessions as % of available time	COO		73.3	75.1	▼			74.4	▼									
40	Cancelled Sessions				85	60	▼												
41	% occupied bed days delayed (hospital attributable only)	COO	≤2.0	2.3	1.0	▼	-	≤2.0	1.5	▼	-						≤2.0	>2.0	

Key Metrics	Measure	Lead	Monthly					YTD				Forecast				Commentary	Tolerances		
			Plan	Actual	Previous Month	Risk Movm't	Prev Year	Plan	Actual	Trend	Prev Year	Plan	Actual	Prev Year	Assurance		On Target	Of Concern	Action Req'd
42	<b>Workforce</b> Staff sickness - % of days last (rolling 12 month average)	DoW	As YTD					3.75	4.8	▲		3.75	3.75	4.75			<3.75	3.75-4.75	>4.75
43	Premium staffing costs - difference between rates paid and NHS rates in respect of agency staff and locums (£k)		Indicator Under Construction																
44	<b>Activity - Outpatients</b> Actual compared to plan- consultant & midwife first appointments	COO	100	102	110	▼	106	100	107	▼	102					On plan		Below Plan	
45	<b>Activity - Elective admissions</b> Actual compared to plan	COO	100.0	107.0	100	▲	97	100	105	▲	101					On plan		Below Plan	
<b>Access and targets</b>																			
46	<b>Referral to treatment</b> % Admitted pathways within 18 weeks	COO	≥ 90.0	93.7	92.3	▲	89.3	≥ 90.0	93.4	▼						≥ 90.0		≤ 90.0	
47	% Non-admitted pathways within 18 weeks		≥ 95.0	97.3	97.1	▲	98.3	≥ 95.0	97.0	▲						≥ 95.0		≤ 95.0	
48	% Incomplete pathways within 18 weeks		≥ 92.0	96.4	96.5	▼	92.9	N/A	N/A	N/A						≥ 92.0		≤ 92.0	
49	% Patients 2 week wait (all cancers)	COO	≥ 93.0	97.6	96.3	▲	98.1	≥ 93.0	97	▲	98.4				≥ 93.0		≤ 93.0		
50	% Patients 2 week wait (breast symptomatic)		≥ 93.0	99.0	100	▲	98.1	≥ 93.0	99.6	▼	97.9				≥ 93.0		≤ 93.0		
51	% 31 days to first treatment		≥ 96.0	98.9	98.7	▲	100	≥ 96.0	99.1	▼	98.8				≥ 96.0		≤ 96.0		
52	<b>Cancer (1 month in arrears)</b> % 31 days subsequent treatment (surgery)		≥ 94.0	100	100	▲	100	≥ 94.0	100	▼	100				≥ 94.0		≤ 94.0		
53	% 31 days subsequent treatment (anti-cancer drugs)		≥ 98.0	97.3	100	▼	100	≥ 98.0	98.9	▼	100				≥ 98.0		≤ 98.0		
54	% 31 days subsequent treatment (radiotherapy)		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A				N/A		N/A		
55	% 62 day standard	≥ 84.0	94.9	85.2	▲	86.2	≥ 84.0	91	▲	86.2				≥ 84.0		≤ 84.0			
56	% 62 day screening	≥ 90.0	95.1	95.5	▼	100	≥ 90.0	96.3	▼	99.3				≥ 90.0		≤ 90.0			
57	<b>GP Referrals</b> Compared to previous year	DoF													100		≥ 105.0		
58	<b>Maternity - Deliveries</b> % of plan (hospital & home deliveries)	COO													100		≥ 105.0		
59	<b>GUM</b> % GUM patients offered an appointment within 48 hours	COO	100	100	100	▶		100	100	▶					100		< 100		
<b>Financial</b>																			
60	<b>Financial Risk Rating</b> Overall rating of '3' for achievement of plan, underlying performance, financial efficiency and liquidity. No metric lower than 2.	DoF	As Per YTD					1	1	▼		1	1	2		3		< 3	

▲	Improvement in performance and within plan	▼	Deterioration in performance but still within plan	▶	Performance continuing on plan	Assurances
▲	Improvement in performance but still slightly off plan	▼	Deterioration in performance and slightly off plan	▶	Performance continuing but still slightly off plan	1 No plan in place
▲	Improvement in performance but still off plan	▼	Deterioration in performance and off plan	▶	Performance continuing off plan	2 Plan in place, progress insufficient
■	Denotes Monitor Compliance Framework Target					3 Plan in place, progress satisfactory
						4 On target, no plan required

NB : Exception Report required where most recent monthly trend is either 2 ambers or 1 red.