Performance report
Governors meeting - 27 October 2011

1. Introduction

This report provides Governors with an overview of the Trust's recent performance and gives an update on other matters of interest.

2. Operational Performance

Overall, performance continues to improve. Major risks include meeting the 18 week Referral To Treatment (RTT) admitted 95th percentile target and the cancer 62 day screening service. Both targets were achieved in September although challenges remain around the 62 day screening standard.

2.1 Length of stay

Elective length of stay was above plan in August. Specialties that have shown the greatest movement are Gastroenterology and General Surgery where patients were admitted in month with more complex needs and some learning disabilities. Patients with complex needs are much more difficult to place if they require ongoing care following discharge.

Non-elective length of stay continues to reduce despite the high number of stroke admissions in the month and out of area admissions.

2.2 Contractual Performance

Elective activity was 2.4% over plan for August, which can be mainly attributed to medical specialties.

Non elective activity was 5.29% over plan and Emergency Department attendances were 12.57% over plan in August, mainly due to the number of out of area patients treated during the peak holiday season

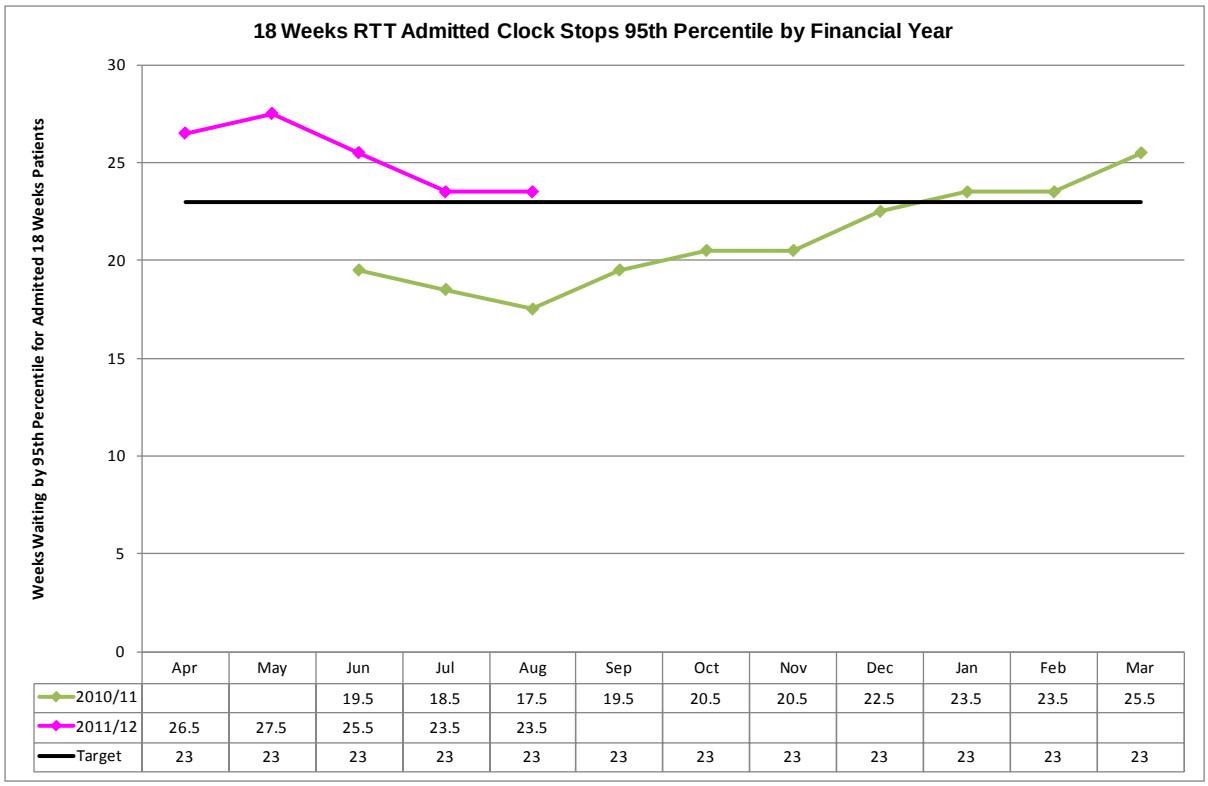
New and follow up attendances are under plan and activity returned to plan in October. Additional activity undertaken in September means that the under-performance in new and follow up attendances is offset by over-performance in outpatient procedures.

2.3 18 Weeks RTT "Admitted" Clock stops 95th Percentile

The national tolerance level for admitted clock stops for 2011/12 is 23 weeks within the 95th percentile level.

The 95th percentile performance in August for admitted pathways was adversely 23.5 weeks. The Trust achieved the 23 week standard in September.

The Trust has an agreed action plan with the Commissioners and Monitor. This plan includes the intention to book backlog patients in the first Quarter of 2011, continuing with the booking of Orthopaedic backlog patients in the first two months of Quarter 2. The 23 week standard was achieved in September.

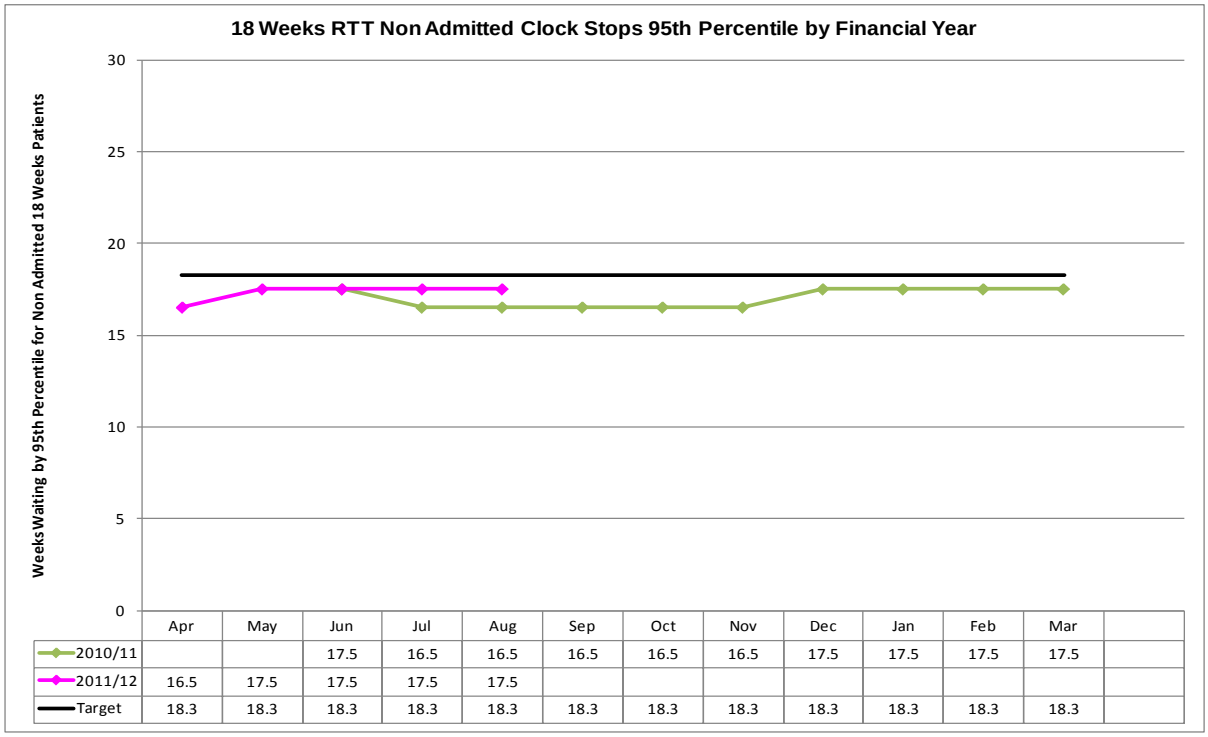


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2010/11			19.5	18.5	17.5	19.5	20.5	20.5	22.5	23.5	23.5	25.5
2011/12	26.5	27.5	25.5	23.5	23.5							
Target	23	23	23	23	23	23	23	23	23	23	23	23

18 Weeks Referral to Treatment "Non Admitted" Clock stops 95th Percentile

The national tolerance level for admitted clock stops for 2011/12 is 18.3 weeks for the non admitted within the 95th percentile measure.

The 95th percentile performance in August 2011 was favourable for non-admitted pathways at 17.5 weeks



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2010/11			17.5	16.5	16.5	16.5	16.5	16.5	17.5	17.5	17.5	17.5
2011/12	16.5	17.5	17.5	17.5	17.5							
Target	18.3	18.3	18.3	18.3	18.3	18.3	18.3	18.3	18.3	18.3	18.3	18.3

A key component of Monitor's Compliance Framework for 2011/12 is that this indicator must be met in each month during the Quarter. To ensure compliance, Trusts are required to report, by exception, any month in which they have breached the RTT measure.

2.4 Cancer Waiting Times

The Trust achieved a green rating in August for all of the Cancer National Standards except the 62 day screening target.

Challenges continue in achieving the 62 day screening pathway standards. The Screening Hub has reduced access to this service for a minimum of one month until the backlog of patients have received treatment. Additional slots have been released across the county to support the management of the backlog. The Trust failed this target in Quarter 1 due to the screening issues as above. Quarter 2 has unfortunately also seen a failure in this target in the first two months for the same reason. The Trust is aiming to achieve the 62 day screening standard in quarter 3 when the backlog of patients should have been treated although this remains a risk as the backlog reduction across the county is proving challenging. A failure of three consecutive quarters could place the Trust in breach of authorisation for quality.

2.5 Emergency Department Clinical Quality Indicators

The Trust achieved all five Emergency Department clinical quality indicators in August despite high volumes of activity

Domain	Standards Reference Number	Standards	Plan 2011/12	Qtr 1	Jul-11	Aug-11
Patient Effectiveness	E14.1	Emergency Department - Unplanned re-attendance rate	<= 5%	5.4%	4.4%	4.0%
Patient Effectiveness	E14.3	Emergency Department - Left department without being seen	<= 5%	0.7%	0.4%	0.8%
Patient Effectiveness	E14.4	Emergency Department - Time to initial assessment (95th percentile)	<= 15 minutes	00:27	00:10	00:12
Patient Effectiveness	E14.5	Emergency Department - Time to treatment in department (median)	<= 60 minutes	00:22	00:30	00:34
Patient Effectiveness	E14.6	Emergency Department - % of patients seen within 4hrs (inc MIU)	95%	98.5%	99.6%	99.2%

Although these measures are no longer included in Monitor's governance scorecard, they form part of the performance measures within the contract with NHS Dorset.

2.6 Percentage time spent on a dedicated stroke unit

Performance is monitored on 2010/11 measures as the definitions for 2011/12 have yet to be published.

During August, performance reached 85.7% of stroke patients spending 90% of their time on the Stroke Unit. This is the third consecutive month that the target of 80% has been achieved.

3. Patient Safety

Infection control rates continue to improve but MRSA screening rates are unsatisfactory. Some areas are below the 90% target for hand hygiene rates. The required target for Venous Thrombo-Embolism (VTE) assessments is not being meet and poses a financial risk.

3.1 MRSA Screening

August showed a slight improvement in both elective and non-elective screening rates and a meeting was held in September, with divisional leads, to agree plans to improve and sustain performance. Issues identified at the meeting included disparity in screening protocols used in community hospitals, clarity on all procedure codes where screening is not required, day surgery screening processes for patients who do not attend a pre-assessment clinic and clarification on the minimum time before screening is required for emergency admissions.

Improvement plans were required by 30th September 2011 and a follow up meeting occurred on 11th October 2011. Monitoring of compliance for this requirement will be undertaken through the monthly performance meetings with divisions.

3.2 Hand Hygiene Rates

Performance is below acceptable levels and, whilst there is evidence that wards are improving their hand hygiene compliance, a number of departments have scope for improvement. A recent Infection Prevention Committee meeting focused on the departments failing to achieve 90% compliance with hand hygiene; Endoscopy, Stroke Unit, Medical Day, Surgical Admissions Lounge, Day Surgery and Main Theatres. All presented their action plans and were reminded of their responsibilities as leaders of these services. The Trust performance across all areas for August was 89%. Ward performance was 94% with eleven ward areas achieving 100%.

Departments failing to achieve the 90% threshold will continue to be called to account at the IPC to explain the actions they are taking to improve compliance rates. Managers of areas failing to achieve over 90% in two consecutive months will be performance managed.

3.3 VTE Assessments

Failure to improve this indicator has been aligned to the VitalPac system not being fully implemented across the organisation; however it has been made clear to the divisions that a consistent approach must be in place until such time as VitalPac can provide the recording mechanism for VTE Assessment.

Daily reviews of VTE assessments, as part of the patient safety briefings, will be undertaken in all ward areas.

A member of the Trust's quality team has been designated to provide support with the work being undertaken on VTE to achieve the required target.

4. Financial Performance

4.1 The financial performance deteriorated in August with a year to date cumulative deficit of £303k against a planned deficit of £198k. Income is ahead of plan but operating expenditure is 1,111k higher than plan. EBITDA is £212k behind plan. The normalised cash position is £2.7m favourable.

5. Other Issues

5.1 Care Quality Commission (CQC) Inspection

The CQC made an unannounced inspection to the Emergency Department on 7th October 2011. The inspector raised some concerns about patients being on trolleys in corridors and evidence has been recently submitted to show that significant progress has been made to ensure that patient care is not compromised. The Emergency Department has a committed team, which is actively engaged in the continual improvement of services.

5.2 Cost Improvement Programme

The Divisions and Clinical Leads met on 14 October 2011 to work on additional saving schemes to ensure that the Trust achieves the financial outturn required for 2011/12. Further work is required to achieve the necessary amount.

5.3 Community Hospitals

The Trust has begun a review of the way it delivers a number of services in community hospitals, which has attracted some media coverage. The Service Level Agreement (SLA) with Dorset Healthcare University NHS Foundation Trust (DHUFT) expires in March 2012 and the Trust has signalled that it can no longer continue to deliver services in the way that it currently does. NHS Dorset have commissioned less activity from the Trust, which means that it is even less efficient to deliver services in the same way.

NHS Dorset will consult with the community and will ultimately decide what they wish to commission in community hospitals.

5.4 CQC/Ofsted Inspection

For two weeks in September, inspectors conducted a two-week, Dorset-wide inspection of health, social services and the police looking at Safeguarding Children procedures. A number of areas where service improvements could be made around management of looked after children were highlighted but there were no major concerns for the hospital. The formal report will be published on 26th October.

5.5 Bed reconfiguration

The consultation process has now been completed with feedback presented to affected staff. These staff have now submitted their preferences and the vast majority have now been placed to their favoured location or to the new nurse pool.
The bed reconfiguration occurred on 7th October 2011 and went fairly smoothly.

Phase 2 of the bed reconfiguration will focus on the following:

- finalisation of a business case for an integrated emergency assessment unit to manage the assessment of medical and surgical emergencies

- the development of a dedicated cancer ward by April 2012

- increasing day surgery rates enabling more patients to go home on the day of their procedure

- reviewing the feasibility of co-locating gastroenterology and colorectal inpatient beds

5.6 Hand Hygiene Week

Hand hygiene week took place between 17th and 21st October and events for the week included a stand in Damers Restaurant, a quiz, hand massages and a display of art work.

5.7 Flu Vaccinations

The Department of Health is keen to see strong, organisational support for staff to be vaccinated against the flu. Numbers of staff being vaccinated nationally and locally are low, which puts vulnerable patients at risk. A proactive local campaign is being planned.

5.8 Olympic Preparation

The Trust has taken a number of steps in preparation for its role as an Olympic Designated hospital, working with partner organisations to ensure consistency and a sharing of intelligence.

We have now signed the agreement with the London Organising Committee for the Olympic and Paralympic Games (LOCOG) and secured some additional funding. There are continuing discussions around the many aspects of the Games such as transportation, first aid pre-hospital and minor injuries services and staffing.

On 09th October, members of the Trust took part in Exercise Osprey, which tested our preparedness in the event of a Chemical, Biological, Radiological or Nuclear attack. The exercise, which involved a number of other agencies such as the fire service and police, went well and was useful to resolve issues in a 'live' situation.

Jean O'Callaghan
Chief Executive
October 2011

Monitor Compliance Indicators @ mth 5 2011/12

Domain	Standards Reference Number	Plan 2011/12	Qtr 1	Jul-11	Aug-11	Sep-11	Forecast Qtr 2	Weighting (Monitor)	Quarter 1	Quarter 2 Forecast (August-11)	Comment
Patient Safety	S6.1	2	1	0	0		0	1.0			
Patient Safety	S6.2	45	9	2	1		3	1.0			
Patient Experience	PE1.3	23 weeks	26.5	23.5	23.5		23.5	1.0	1.0	1.0	
Patient Experience	PE1.4	18.3 weeks	17.2	17.5	17.5		17.5	1.0			
Patient Experience	PE13.1	Compliant						0.5			
Patient Effectiveness	E5.1	93%	96.4%	99.7%	99.1%		99.4%	0.5			
Patient Effectiveness	E5.2	93%	96.0%	96.7%	96.8%		96.8%				
Patient Effectiveness	E5.3	96%	100.0%	100.0%	99.5%		99.8%	0.5			
Patient Effectiveness	E5.4	94%	100.0%	100.0%	100.0%		100.0%	1.0			
Patient Effectiveness	E5.5	98%	100.0%	100.0%	100.0%		100.0%				
Patient Effectiveness	E5.6	94%	100.0%	100.0%	100.0%		100.0%				
Patient Effectiveness	E5.7	85%	94.9%	89.6%	85.1%		87.4%	1.0	1.0	1.0	
Patient Effectiveness	E5.8	90%	63.3%	71.4%	83.3%		77.4%				second consecutive Qtr. Green @ 2010/11 Qtr 4
Patient Effectiveness	E14.7	95%	97.7%	99.5%	98.8%		99.1%	1.0			
Patient Effectiveness	E32.5	tbc						0.5			
Patient Effectiveness	E42.1			compliant				1.0			
Patient Effectiveness	E42.2			compliant				2.0			
Patient Effectiveness	E42.3			compliant				4.0			
Patient Effectiveness	E42.4			compliant							
Patient Effectiveness	E42.5			compliant							
Patient Effectiveness	E42.6			compliant							
Patient Effectiveness	E42.7			compliant							
								Total	2.0	2.0	
									AMBER-RED	AMBER-RED	