

<b>TRUST BOARD SUMMARY SHEET</b>	
<b>Title:</b>	Performance Report
<b>Submitted by:</b>	Christine Allen, Director of Operations
<b>Date of meeting:</b>	30th June 2010
<b>Corporate Objectives Addressed:</b>	
<b>SUMMARY OF CRITICAL POINTS:</b>	
<p>This report sets out the key areas of performance for Northampton General Hospital NHS Trust for Month 2 (<b>May 2010</b>).</p> <p>During May the following performance issues are of note:</p> <ul style="list-style-type: none"> <li>• A&amp;E performance – Month position was 98.4% up from 96.46% in April, however the year to date position is 97.3%.</li> <li>• 18 weeks – The Trust achieved the non-admitted and admitted standards for all specialties. The Trust is not set to achieve the admitted standard for all specialties for quarter 1 for T&amp;O.</li> <li>• 62 day standard. The Trust achieved 76.1% against the standard of 85%. Year to date performance is 82.2%.</li> <li>• 31 day subsequent treatment for drug treatments. The Trust achieved 97.1% against the standard of 98%. Year to date performance is 97.7%.</li> </ul>	
<b>PATIENT IMPACT:</b>	
N/A.	
<b>STAFF IMPACT:</b>	
N/A.	
<b>FINANCIAL IMPACT:</b>	
N/A.	
<b>RISK ASSESSMENT:</b>	
N/A.	
<b>EQUALITY &amp; DIVERSITY IMPACT ASSESSMENT:</b>	
<b>RECOMMENDATION:</b>	
Trust Board are asked to note the contents of this report.	

## PERFORMANCE REPORT – JUNE 2010

### 1. Introduction

This report sets out key areas of performance for Northampton General Hospital NHS Trust for **Month 2 (May 2010)**. The report is based on the NHS Performance Framework - Service Performance Standards and Targets.

More detailed performance is reported by exception i.e. where performance is below standard, where there are specific pressures that present a risk to the ongoing achievement of any of the standards or where there are high profile issues e.g. new targets.

### 2. Service Performance

#### 2.1 Performance Against National Targets

Performance Indicator	Monitoring	Standard	Apr-10	May-10
Four-hour maximum wait in A&E from arrival to admission, transfer or discharge	YTD	98%		
Cancelled ops-breaches of 28 days readmission guarantee as % of cancelled ops	YTD	5.00%		
MRSA	YTD	6		
C Diff	YTD	98		
18 weeks RTT-admitted	Quarter	90%		
18 weeks RTT-non- admitted	Quarter	95%		
Achievement of standards in all specialties	Quarter	0		
2 week GP referral to 1st outpatient	YTD	93%		
2 week GP referral to 1st outpatient-breast symptoms	YTD	93%		
31 day second or subsequent treatment-surgery	YTD	94%		
31 day second or subsequent treatment-drug	YTD	98%		
31 day second or subsequent treatment-radiotherapy	YTD	96%		
Proportion of patients waiting no more than 31 days for second or subsequent cancer treatment (radiotherapy treatments) compared to plan	Q4	94%(Q4)	N/A	N/A
62 day referral to treatment from screening	YTD	90%		
62 day referral to treatment from hospital specialist	YTD	85%		
62 days urgent referral to treatment of all cancers	YTD	85%		
Reperfusion: Primary Angioplasty (PPCI)	YTD	75%		
Reperfusion: Thrombolysis	YTD	68%		
2 week RACP	YTD	98%		
Delayed transfer of care	Total in period	3.50%		
Patients that have spent more than 90% of their stay in hospital on a stroke unit	2008-09	60%		

#### 2.2 A&E Performance

In May, the Trust achieved 98.4% up from 96.46% in April 2010. The current performance still remains a significant concern to the Trust, as headroom is required during April and May in order to achieve the year end position in March 2011. To date the June 2010 position is 96.89% and year to date position is 97.3%.

Significant increases in non-elective demand is now being experienced, there is a continued focus on timely discharge management and managing sustained peaks in demand using forecast modelling. A copy of the recovery plan, revised trajectory and weekly breach analysis has now been provided to the PCT and SHA.

The Intensive Support Team returned to the Trust in May to review progress against their recommendations, their draft report acknowledges "that the Trust is making good progress" against its recommendations but that there is more to do, which is reflected in the revised recovery plan.

### **2.3 18 Weeks**

In May, the Trust achieved the 18-week standards for admitted and non-admitted patients for each specialty. However, the Trust will not achieve the admitted standard for each specialty for quarter 1 due to the April performance for T&O. This was planned in order to clear the current backlog and achieve the NHS Constitution pledge that all patients will be treated within 18 weeks; the Directorate has recovered the position in May. In addition to this, the Directorate continue to focus on reducing waits for first out patient appointments in order to prevent the backlog of breaches building up.

### **2.4 62 Day Cancer Standard from Urgent GP Referral to Start of Treatment**

During May there has been a significant increase in the number of cancer patients who have not been treated within 62 days from urgent referral to start of treatment. The Trust achieved 76.1% against a standard of 85%. The year to date position is 82.2% and there are an increased number of breaches identified for June 2010.

A review of the breaches has identified a range of reasons for the increased number of breaches; delays in diagnostics as a result of patient choice and capacity, complex diagnostic pathways, inadequate surgical capacity due to annual leave and delays in inter-Trust referrals from KGH and MK.

### **2.5 31 Day Subsequent Treatment for Drug Therapy**

During May the Trust achieved 97.1% against the standard of 98%. The year to date performance is 97.7%. There was one breach in April and one in May. The Oncology Directorate have reviewed their tracking processes of all cancer standards to ensure there are no more breaches of the 31 day targets.

A detailed review of all breaches for May and June is being undertaken and immediate actions are to be implemented to address key issues that are resulting in breaches. Breaches by specialty are reviewed on an individual basis weekly at the performance meeting and actions taken to avoid breaches where possible. A recovery plan is being developed by the Cancer Manager supported by each Directorate to ensure future improvement of the cancer standards.

## **3. Recommendations**

Trust Board are asked to discuss and debate any issues arising from this report.

