

PUBLIC TRUST BOARD SUMMARY SHEET	
Title: -	Performance Report
Submitted by: -	Christine Allen - Director of Operations
Date of meeting: -	28th September 2010
Corporate Objectives Addressed: -	
SUMMARY OF CRITICAL POINTS: -	
<p>This report sets out the key areas of performance for Northampton General Hospital NHS Trust for Month 5 (August 2010).</p> <p>During August the following performance issues are of note: -</p> <ul style="list-style-type: none"> • A&E performance – the month position was 99.32% up from 97.16% in July. The year to date position is 97.56%. • There has been 1 case of post 48 hour MRSA Bacteraemia. • The Trust did not achieve the 62 day cancer standard from screening - the Trust achieved 86% against the standard of 90%. The year to date position is 95.6%. • Reperfusion Thrombolysis - In August the Trust achieved 67% against the standard of 68% the year to date position is 88%. 	
PATIENT IMPACT: -	
N/A	
STAFF IMPACT: -	
N/A	
FINANCIAL IMPACT: -	
N/A	
RISK ASSESSMENT: -	
N/A	
EQUALITY & DIVERSITY IMPACT ASSESSMENT: -	
RECOMMENDATION: -	
Trust Board are asked to note the contents of this report	

PERFORMANCE REPORT – SEPTEMBER 2010

1. INTRODUCTION

This report sets out key areas of performance for Northampton General Hospital NHS Trust for **Month 5 (August 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	Jun-10	Jul-10	Aug-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 specialities	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	N/A	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 Transit Time Target

During August 2010, the monthly position for the 4-Hour Transit Time Standard improved to 99.32% from 97.16% in July. The Department of Health has changed the threshold following the publication of the White Paper and the reduction in the target from 98% to 95%. The year to date figure is calculated from the week ending 4th July 2010, the year to date position is 97.56% which is an increase from 96.14% at the end of July.

Projections show that in order to manage the demands of the winter period, the Trust must achieve performance of 97.5% - 98% for the period of September to December in order to deliver the year end target of 95%.

2.3 MRSA Bacteraemia

During August 2010, there was 1 case of post 48 hour MRSA Bacteraemia reported on Cedar Ward. A full root cause analysis has been undertaken and lessons learnt will be shared.

2.4 62-Day Cancer Standard Referral from Screening Services

The Trust achieved 86% against the standard of 90%; the year to date position is 95.6%. Two patients who were referred from the bowel screening service were not treated within 62 days. Currently there are delays at the bowel screening hub (KGH) for colonoscopies. NGH is developing plans to take part in the bowel screening service as a bowel screening centre and there will be additional colonoscopy capacity at NGH to manage this demand.

2.5 Thrombolysis

In August the Trust achieved 67% of patients' thrombolysed within 60 minutes of a call against the standard of 68% the circumstances behind this are being investigated. The Trust remains on target for the year end target of 68%.

3. RECOMMENDATIONS

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

