Ashford and St. Peter's Hospitals NHS
NHS Trust

TRUST BOARD
24th June 2010

TITLE	**Compliance Framework and Trust Operational Performance**
EXECUTIVE SUMMARY	This paper reports on the Trust's performance against the Monitor Compliance Framework and other key service performance targets.
BOARD ASSURANCE (Risk) / IMPLICATIONS	Compliance is reflected in the Board Assurance Framework.
STAKEHOLDER / PATIENT IMPACT AND VIEWS	Patient expectations in terms of access are reflected in NHS performance targets.
EQUALITY AND DIVERSITY ISSUES	The Trust Operational Performance Report includes data quality on ethnic groups.
LEGAL ISSUES	Compliance with performance standards set by the regulator are part of the requirement for the authorisation of Foundation Trusts.
The Trust Board is asked to:	Note the report.
Submitted by:	Rebecca Carlton on behalf of Valerie Howell, Deputy Chief Executive
Date:	16th June 2010
Decision:	For Noting

Ashford and St. Peter's Hospitals NHS
NHS Trust

TRUST BOARD
24th June 2010

OPERATIONAL PERFORMANCE

1 Introduction

From April 2010 the Trust has re-focussed its balanced scorecard on its four strategic objectives, in order to enable the Board to track progress against its key objectives. Service Performance (including performance against the Monitor Compliance Framework) is now reported separately. This report therefore focuses on:

- Performance against the Monitor Compliance Framework.
- Performance against key targets in the Annual Health check.
- Performance against Better Care, Better Value.
- Performance against key metrics set out in the Trust's contract with NHS Surrey.

The report focuses on exceptions, and actions to address these.

2 Performance Exceptions and Action Plans

2.1 Monitor Compliance Framework

The Trust scores amber/green against the Monitor Compliance Framework for May 10.

Two issues drive this rating:

- MRSA performance against trajectory. The Trust is over its MRSA trajectory for April 10 and this bears a significant weighting in the Compliance Framework. The root causes for MRSAs and actions being taken to address this level of performance are reported on separately in the quality report.

- MRSA elective screening. The Trust continues to show a steady improvement against this target. Progress is hampered by the lack of an electronic tracking mechanism/alert through PAS. This creates an over-reliance on manual systems. The pathology team continue to work with individual clinical teams to improve performance.

2.2 Annual Healthcheck

- Delayed transfers of care. The Trust's performance is green however non acute patient stays and the transfer of patients to community or local authority bed based care remains a challenge. The Trust is working with NHS Surrey to develop a sector wide escalation plan that prescribes a community and local authority response to delayed transfers of care at times of high activity levels. The draft proposal is being presented by the PCT lead for Urgent Care at the next meeting of the Surrey CEOs.

- Smoking during pregnancy. The Trust is a good performer nationally against this indicator. Performance is measured against year on year progress, which is challenging for a Trust that is already high performing.

- A&E performance at SPH has been challenged in May/June as the Department has seen increases in front door attendances and subsequent admissions. This

pattern has been replicated across Surrey and whilst we have posted performances below 98% a recovery plan is in place to deliver Quarter 1 performance to standard.

2.3 Better Care, Better Value

Day Case Rates. The Trust remains a good performer nationally in terms of day case rates, but has set itself a further stretch target for 10/11. A major project is under way this year on theatre utilisation, part of which will be to shift more day case work from main theatres into day theatres. This will support the delivery of this target.

2.4 Local Trust Specified Targets

The Trust's DNA rates remain a cause for concern in Outpatient services. The Appointments Centre have commenced a redesign of the service structure to move towards an increase in working hours and introduce telephone booking as an alternative where appropriate to paper booking.

The Assistant Chief Operating Officer is working with the Patient Pathway Manager to consider a outsourcing option for DNA reduction.

2.5 Data Challenges

Non GP/GDP referrals to out patients The Trust remains above its plan for 10/11 in this area. This will be reviewed in depth during April performance Meetings with directorates, with detailed action plans agreed with each Clinical Directorate.

3 Conclusion

Amber-Green status is not ideal, and we need to continue to focus on preventing MRSA and increasing MRSA screening. However the Trust's performance against its operational targets remains strong and sustainable in the majority of areas.

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Monitor Compliance Framework

Ashford and St. Peter's Hospitals NHS
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May 2010

Monitor Compliance Framework - Q1

The service performance element of the governance risk ratings

Green : less than 1.0	Amber-Green : 1.0 - 1.9	Amber-Red : 2.0 to 3.9	Red : 4.0 or more

Acute targets - national requirements	Monitoring	Threshold	Weighting	Apr Actual	May Actual	Q1 Total	Q1 Weighting	Comments
Clostridium Difficile	Quarterly	15	1.0	3	3	6	0.0	
MRSA	Quarterly	1	1.0	2	2	4	1.0	
Cancer: 31-day wait for surgery treatments	Quarterly	94.0 %	1.0	100.0 %	100.0 %	100.0 %	0.0	
Cancer: 31-day wait for anti cancer drug treatments	Quarterly	98.0 %		100.0 %	100.0 %	100.0 %	0.0	
Cancer: 62-day wait from urgent GP referral to treatment	Quarterly	85.0 %	1.0	92.9 %	94.0 %	93.4 %	0.0	
Cancer: 62-day wait from consultant screening service referral	Quarterly	90.0 %	1.0	100.0 %	100.0 %	100.0 %	0.0	
RTT 18 weeks admitted	Quarterly	90.0 %	1.0	93.3 %	96.2 %	94.8 %	0.0	
RTT 18 weeks non-admitted	Quarterly	95.0 %	1.0	98.2 %	98.6 %	98.4 %	0.0	

Acute targets - minimum standards	Monitoring	Threshold	Weighting	Apr Actual	May Actual	Q1 Total	Q1 Weighting	Comments
Cancer: 31-day wait from diagnosis to first treatment	Quarterly	96.0 %	0.5	98.8 %	97.1 %	98.0 %	0.0	
Cancer: two week wait from referral to date first seen	Quarterly	93.0 %	0.5	99.5 %	99.0 %	99.3 %	0.0	
Cancer: two week wait for symptomatic breast patients	Quarterly	93.0 %		94.8 %	96.8 %	95.8 %	0.0	
Screening all elective in-patients for MRSA	Quarterly	100.0 %	0.5	99.1 %	97.1 %	98.1 %	0.5	
Trust A&E 4 hr wait	Quarterly	98.0 %	0.5	99.06 %	97.46 %	98.26 %	0.0	
Thrombolysis Call to Needle	Quarterly	68.0 %	0.5	100.0 %	100.0 %	100.0 %	0.0	
Monitor Compliance Framework Score							**1.5**	

Monitor Compliance Framework

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Monitor Compliance Framework - 18 weeks RTT - Q1

Admitted	Monitoring	Threshold	Apr Actual	May Actual	Q1 Total	Comments
General Surgery	Quarterly	90%	93.1 %	96.6 %	94.7 %	
Urology	Quarterly	90%	97.2 %	100.0 %	98.4 %	
Trauma & Orthopaedics	Quarterly	90%	93.1 %	94.5 %	93.8 %	
Ear Nose and Throat	Quarterly	90%	96.8 %	93.2 %	95.0 %	
Ophthalmology	Quarterly	90%	90.1 %	96.9 %	93.5 %	
Oral Surgery	Quarterly	90%	90.9 %	92.3 %	91.6 %	
Pain Management	Quarterly	90%	100.0 %	100.0 %	100.0 %	
Gastroenterology	Quarterly	90%	100.0 %	100.0 %	100.0 %	
Cardiology	Quarterly	90%	100.0 %	100.0 %	100.0 %	
Gynaecology	Quarterly	90%	96.6 %	100.0 %	98.1 %	

Monitor Compliance Framework

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Non Admitted	Monitoring	Threshold	Apr Actual	May Actual	Q1 Total	Comments
General Surgery	Quarterly	95%	96.8 %	98.4 %	97.7 %	
Urology	Quarterly	95%	97.1 %	96.8 %	96.9 %	
Trauma & Orthopaedics	Quarterly	95%	95.3 %	96.0 %	95.6 %	
Ear Nose and Throat	Quarterly	95%	98.2 %	99.7 %	98.9 %	
Ophthalmology	Quarterly	95%	98.7 %	97.6 %	98.2 %	
Oral Surgery	Quarterly	95%	97.9 %	97.2 %	97.6 %	
Pain Management	Quarterly	95%	100.0 %	99.0 %	99.5 %	
General Medicine	Quarterly	95%	99.7 %	99.1 %	99.4 %	
Gastroenterology	Quarterly	95%	99.1 %	99.3 %	99.2 %	
Cardiology	Quarterly	95%	100.0 %	100.0 %	100.0 %	
Dermatology	Quarterly	95%	99.8 %	100.0 %	99.9 %	
Neurology	Quarterly	95%	98.9 %	100.0 %	99.5 %	
Rheumatology	Quarterly	95%	100.0 %	100.0 %	100.0 %	
Paediatrics	Quarterly	95%	98.3 %	99.5 %	98.9 %	
Geriatric Medicine	Quarterly	95%	100.0 %	100.0 %	100.0 %	
Gynaecology	Quarterly	95%	99.4 %	99.5 %	99.5 %	

Weighting = 0.5 for 3 or more specialties under achieving threshold

Trust Operational Performance Report

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May 2010

Trust Operational Performance Report May 2010

Care Quality Commission

	Jun	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	YTD 10/11	10/11 Plan	Var	Trend	Outturn 10/11
Cancer 31-Day First Treatment: All Cancers	98.06 %	100.00 %	99.01 %	100.00 %	100.00 %	98.90 %	100.00 %	100.00 %	97.18 %	100.00 %	98.80 %	97.14 %	98.00 %	96.00 %	2.00 %	⇩	G
Cancer: 31-day wait for surgery & drug treatments	97.74 %	99.25 %	99.23 %	100.00 %	98.31 %	98.37 %	100.00 %	100.00 %	97.94 %	100.00 %	100.00 %	100.00 %	100.00 %	98.00 %	2.00 %	⇔	G
Cancer Combined 62 Day Referral to Treatment	91.18 %	97.94 %	90.11 %	90.12 %	91.26 %	95.88 %	89.61 %	98.70 %	86.49 %	93.10 %	92.94 %	93.95 %	93.40 %	85.00 %	8.40 %	⇧	G
Cancer Combined Two Week Rules	97.21 %	98.38 %	98.58 %	98.58 %	97.83 %	99.34 %	99.24 %	96.47 %	97.04 %	98.12 %	99.50 %	99.00 %	99.30 %	93.00 %	6.30 %	⇩	G
Cancelled Operations	1.10 %	0.50 %	0.80 %	1.10 %	0.92 %	0.44 %	0.74 %	0.81 %	0.85 %	0.39 %	0.76 %	0.69 %	0.73 %	0.80 %	-0.08 %	⇧	G
28 Day Guarantee	0.00 %	0.00 %	0.00 %	3.03 %	7.41 %	0.00 %	9.52 %	0.00 %	0.00 %	0.00 %	0.00 %	5.26 %	2.63 %	5.00 %	-2.37 %	⇩	G
Delayed Transfers of care	5.60 %	5.40 %	4.20 %	3.30 %	2.80 %	4.50 %	3.36 %	2.84 %	4.70 %	3.75 %	3.59 %	1.80 %	2.70 %	3.50 %	-0.81 %	⇧	G
Thrombolysis call to needle	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	68.00 %	32.00 %	⇔	G
A&E < 4Hours	99.38 %	99.45 %	98.87 %	98.43 %	99.14 %	98.92 %	97.74 %	97.98 %	99.23 %	99.25 %	99.06 %	98.59 %	98.82 %	98.00 %	0.26 %	⇩	G
RACPC	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	98.00 %	2.00 %	⇔	G
GUM Access	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	0.00 %	⇔	G
C.Diff	5	4	6	3	4	2	6	4	1	2	3	3	6	15	-9	⇔	G
MRSA Bacteraemia (Hospital)	0	0	1	4	0	1	1	0	0	1	2	2	4	1	3	⇔	R
Data Quality on Ethnic Group	85.14 %	84.74 %	84.59 %	83.32 %	85.65 %	85.70 %	87.10 %	87.50 %	86.49 %	86.62 %	87.55 %	86.94 %	87.24 %	85.00 %	2.24 %	⇩	G
Smoking During Pregnancy	6.90 %	7.30 %	10.10 %	6.20 %	7.10 %	9.80 %	7.30 %	8.60 %	11.70 %	6.00 %	8.30 %	8.90 %	8.60 %	8.20 %	0.40 %	⇩	A
Breastfeeding Initiation	79.93 %	82.40 %	78.80 %	81.00 %	80.60 %	78.40 %	80.60 %	80.50 %	78.70 %	83.70 %	83.00 %	83.50 %	83.25 %	80.70 %	2.55 %	⇧	G
Completed Pathways - Admitted patients	95.08 %	94.51 %	94.88 %	93.80 %	93.88 %	91.51 %	92.43 %	93.28 %	92.28 %	93.46 %	93.29 %	96.23 %	94.76 %	90.00 %	4.76 %	⇧	G

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Care Quality Commission	Jun	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	YTD 10/11	10/11 Plan	Var	Trend	Outturn 10/11
Completed Pathways - Non-admitted patients	97.76 %	98.17 %	98.39 %	97.80 %	98.26 %	97.46 %	98.00 %	97.51 %	97.79 %	97.86 %	98.23 %	98.55 %	98.39 %	95.00 %	3.39 %	⇧	G
Audiology Diagnostics > 6 Weeks	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	⇔	G
Maternity - Data Quality Indicator	94.28 %	94.18 %	94.20 %	94.22 %	94.25 %	94.55 %	94.56 %	94.18 %	94.58 %	94.62 %	94.63 %	95.12 %	94.87 %	N/A	N/A	⇧	

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PCT	Jun	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	YTD 10/11	10/11 Plan	Var	Trend	Outturn 10/11
Complaints - % Actioned within 25 Days	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	96.97 %	100.00 %	95.45 %	100.00 %	100.00 %	100.00 %	100.00 %	80.00 %	20.00 %	⇔	G
SUI - RCA within 60 Days	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	0.00 %	⇔	G
A&E Attendances Resulting In Admission	13.88 %	16.98 %	23.49 %	21.79 %	19.84 %	23.74 %	20.33 %	25.38 %	26.55 %	23.86 %	25.21 %	20.48 %	22.84 %	23.45 %	-0.61 %	⇧	G
Pressure Ulcers	9	18	23	11	8	8	13	8	16	10	9	7	16	42	-61.91 %	⇧	G
Access to midwifery/Maternity services(Rpt Qtly)	78.30 %	87.50 %	91.20 %	86.40 %	87.40 %	89.40 %	85.50 %	85.00 %	85.70 %	91.90 %	85.00 %	90.50 %	87.75 %	80.00 %	7.75 %	⇧	G
Caesarean Section Rate	27.80 %	26.00 %	28.20 %	33.70 %	29.50 %	29.00 %	25.40 %	29.40 %	28.30 %	22.60 %	29.70 %	26.50 %	28.10 %	25.00 %	3.10 %	⇧	R

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Better Care Better Value	Jun	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	YTD 10/11	10/11 Plan	Var	Trend	Outturn 10/11
Day Case Rate	81.11 %	80.31 %	80.14 %	81.81 %	80.93 %	81.28 %	82.10 %	80.78 %	81.71 %	81.59 %	80.40 %	81.53 %	82.10 %	81.40 %	-0.54 %	⇧	G
BADS Procedures	86.71 %	89.72 %	88.68 %	89.15 %	89.93 %	89.72 %	90.63 %	90.22 %	89.40 %	89.42 %	89.01 %	90.97 %	89.99 %	85.00 %	4.99 %	⇧	G
Inpatients Admitted before Day of Operation	9.78 %	8.76 %	7.04 %	4.88 %	5.18 %	4.22 %	5.04 %	8.40 %	5.11 %	4.32 %	5.17 %	6.08 %	5.63 %	10.00 %	-4.38 %	⇩	G
Emergency LOS	5.57	5.67	4.78	4.63	5.28	4.98	5.84	5.78	6.29	5.45	4.70	4.92	4.87	4.80	1.77 %	⇩	A

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Local

	Jun	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	YTD 10/11	10/11 Plan	Var	Trend	Outturn 10/11
Total DNA	12.57 %	13.03 %	13.84 %	13.40 %	13.01 %	13.17 %	13.38 %	18.71 %	13.81 %	13.34 %	10.20 %	10.41 %	10.31 %	8.80 %	1.51 %	⇩	R
A&E < 4Hours (SPH Only)	99.01 %	98.80 %	97.45 %	96.74 %	97.81 %	97.86 %	95.56 %	95.95 %	98.52 %	98.54 %	98.13 %	97.17 %	97.64 %	98.00 %	-0.36 %	⇩	R
12Hour Trolley Wait	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	N/A	⇔	G
Outliers	15	16	12	15	23	21	14	21	13	15	10	N/A	N/A	N/A	N/A	⇔	
Theatre Utilisation	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	80.00 %	83.00 %	83.00 %	85.00 %	-3.50 %	⇧	A

DNA calculation excludes special package of care as for the SLA

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Data Challenges

	Jun	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	YTD 10/11	10/11 Plan	Var	Trend	Outturn 10/11
OP New Follow Up Ratios	1.53	1.59	1.60	1.62	1.56	1.61	1.55	1.63	1.67	1.64	1.60	1.62	1.61	2.00	-0.39	⇩	G
Inpatient Readmission On Day Of Discharge	12	6	9	10	10	4	5	9	5	10	12	6	18	N/A	N/A	⇧	G
OP (New appointment only) Non GP/GDP Referral	27.54 %	31.91 %	22.97 %	24.06 %	22.74 %	23.01 %	24.38 %	23.38 %	22.61 %	24.23 %	23.19 %	23.22 %	23.21 %	17.50 %	5.71 %	⇩	R
Stroke Pts - 90% time on Stroke Unit	48.60 %	61.10 %	66.70 %	43.80 %	61.30 %	50.00 %	61.10 %	76.47 %	85.20 %	97.70 %	92.68 %	N/A	N/A	80.00 %	N/A	⇩	G
Fractured NOF Operated on with in 36 hrs (%)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	37.84 %	51.22 %	54.22 %	61.90 %	61.90 %	61.90 %	85.00 %	-0.23	⇔	R
Stroke Care - CQUIN Scanning with in 24hrs	78.60 %	92.30 %	74.10 %	85.70 %	84.40 %	79.50 %	97.80 %	90.60 %	91.30 %	92.10 %	97.70 %	N/A	N/A	90.00 %	N/A	⇧	G
Stroke Care - CQUIN Scanning with in 3hrs	64.30 %	61.50 %	55.60 %	74.30 %	50.00 %	72.70 %	60.90 %	81.30 %	78.30 %	76.30 %	88.60 %	N/A	N/A	95.00 %	N/A	⇧	R