Ashford and St. Peter's Hospitals NHS
NHS Foundation Trust

TRUST BOARD
24th November 2011

TITLE	**Compliance Framework and Trust Operational Performance**
EXECUTIVE SUMMARY	The Trust is forecasting an overall performance rating of green for quarter 3, although ensuring that 95% of patients spend less than 4 hours in the A&E Department is emerging as a significant risk.
BOARD ASSURANCE (Risk) / IMPLICATIONS	Compliance is reflected in the Board Assurance Framework. BAF Risk 1.1 National targets and priorities.
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 is part of the requirement for the authorisation of Foundation Trusts.
The Trust Board is asked to:	Note the report.
Submitted by:	Valerie Bartlett Deputy Chief Executive
Date:	16th November 2011
Decision:	For noting

Ashford and St. Peter's Hospitals NHS
NHS Foundation Trust

TRUST BOARD
24th November 2011

OPERATIONAL PERFORMANCE

MONITOR COMPLIANCE FRAMEWORK

1. Executive Summary

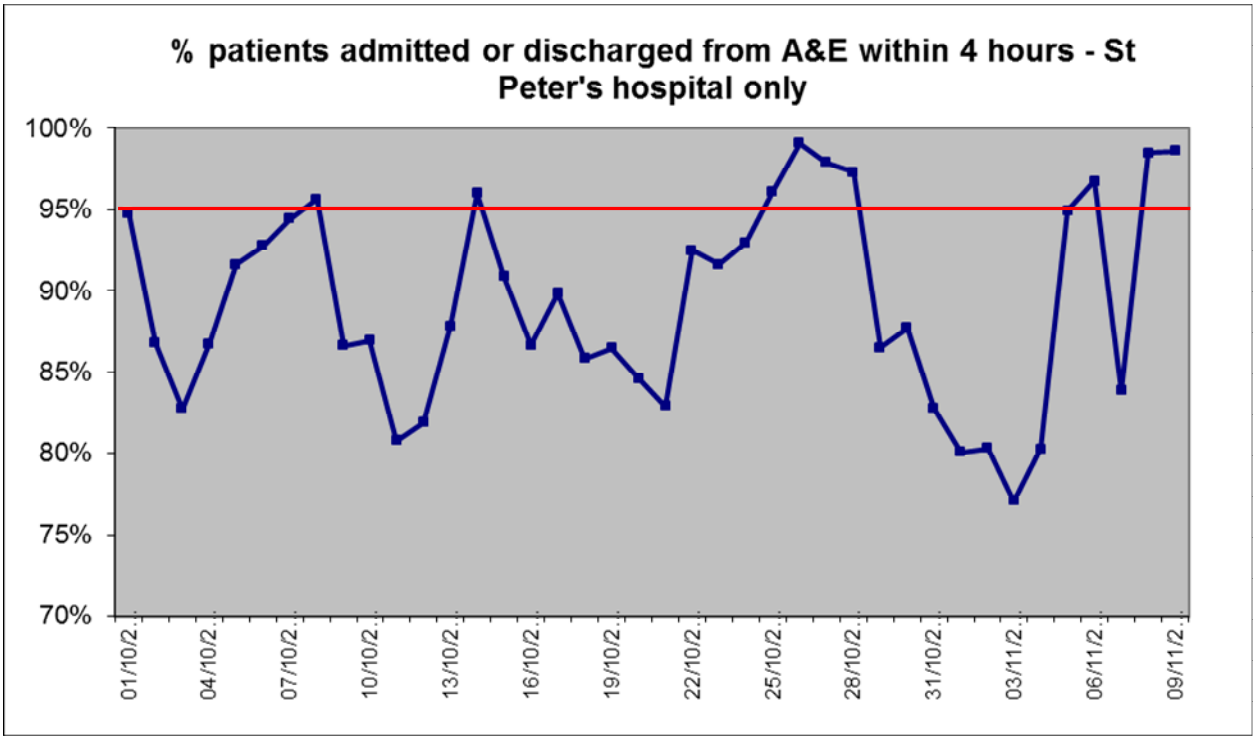
This paper summarises operational performance issues and actions in place to address them. The paper concentrates on the delivery of those targets within the Monitor Compliance Framework, but also draws attention to any other areas of concern on an exception basis.

The Trust is forecasting an overall performance rating of green for quarter 3, although ensuring that 95% of patients spend less than 4 hours in the A&E Department is emerging as a significant risk. Quarter to date performance against this target is 92.8% and additional measures have been put into place to address this.

For the first time in 2011/12 the Trust achieved an 18 week referral to treatment pathway for 90% of patients requiring admitted patient care.

2. A&E performance

The graph below shows the percentage of patients that were admitted or discharged from A&E at St Peter's Hospital within 4 hours of arrival.



Delivering the target of a maximum wait of 4 hours for 95% of patients remains a significant challenge and performance for the Trust as a whole stands at 92.8% for the quarter to date.

Work to improve patient flow continues through the Unscheduled Care Programme, of which the next key milestone is the opening of the Clinical Decisions Unit on 1st December 2011. This development is anticipated to have a direct positive impact on waiting times and the delivery of the 4 hour target by

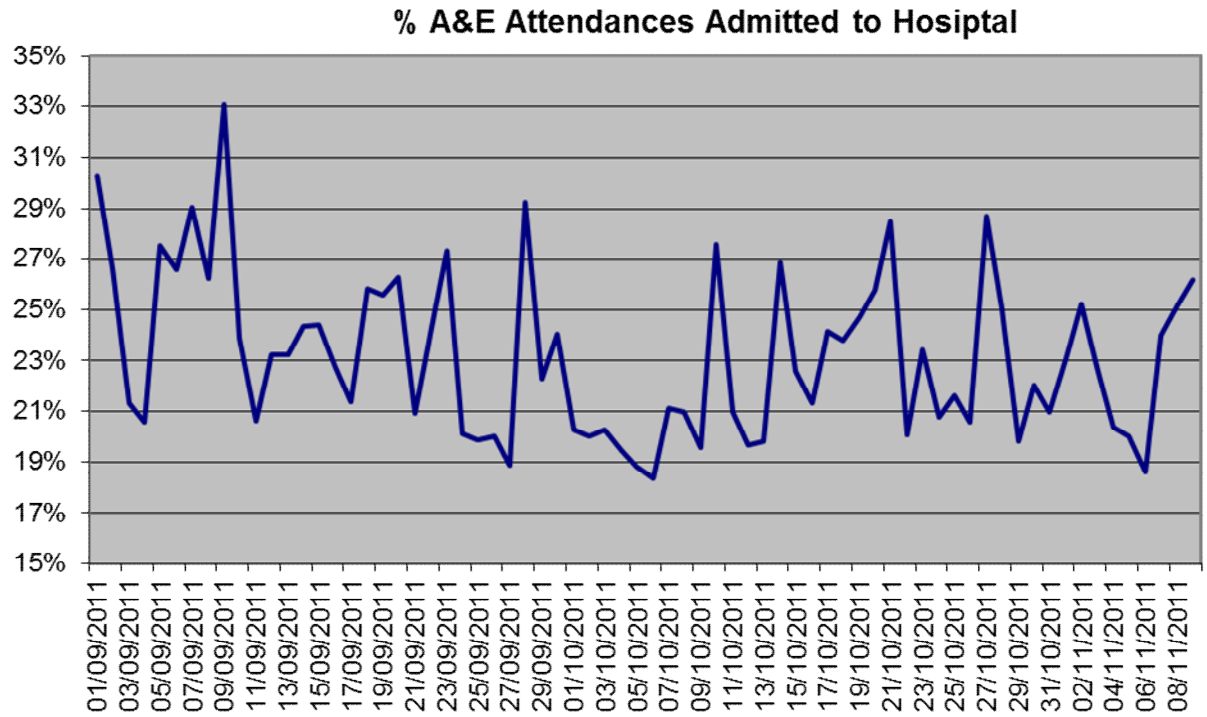
creating more capacity within the A&E Department. Delivery of the actions outlined in the Calm, Ordered Care plan will also support this aim.

In addition to this, and in response to continued poor performance on the St Peter's hospital site, a number of immediate actions were implemented within the Division of Medicine during the week commencing 31st October 2011. These include:

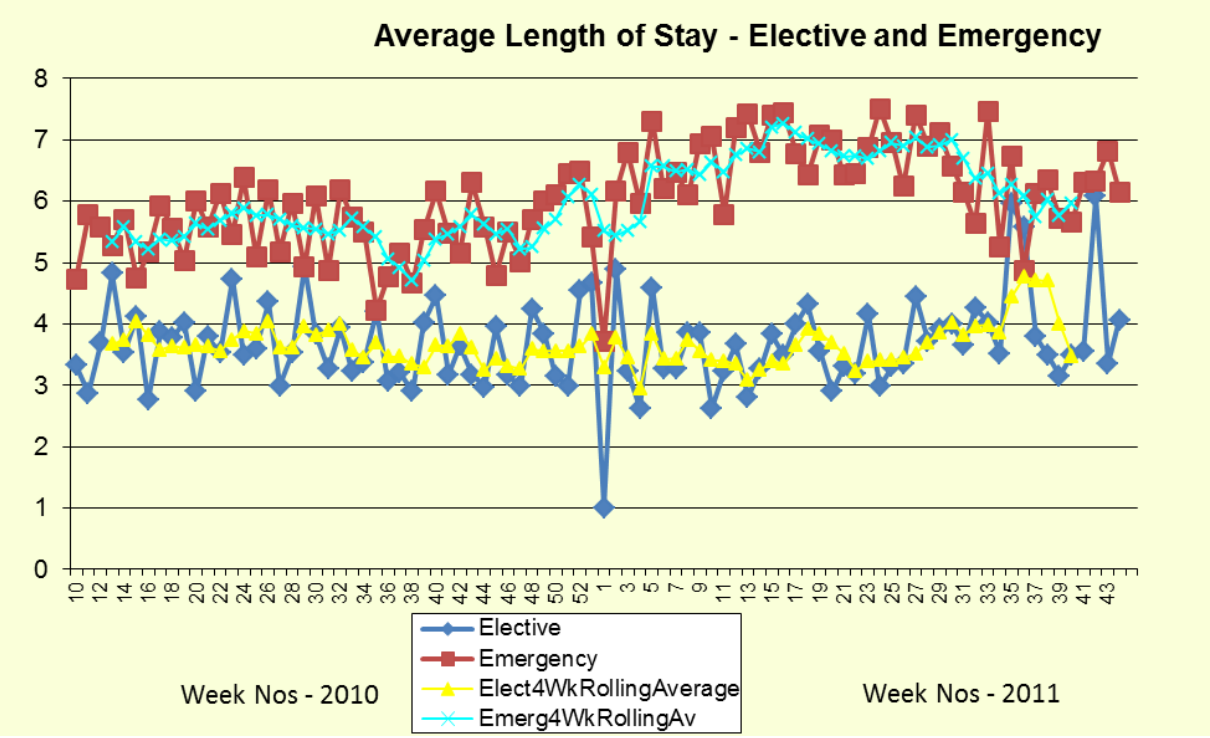
- The establishment of an "outlier team" comprising of a consultant, registrar and senior nurse and with support from therapies and pharmacy. The team operates during working hours, Monday to Friday.
- The instigation of a weekend "discharge team" comprising a consultant and registrar. The team operates during the day on Saturday and Sunday.
- The introduction of an additional Consultant Physician based in the A&E Department from 20:00 to 00:00 on weekdays to support the management of the medical take.

Although early indicators suggest that these measures have had a positive impact, another challenging weekend on 12th and 13th November demonstrated that there is still further work to do and an additional set of interim measures have been put into place. These include additional support in the A&E Department to better manage patient flow, further escalation measures and the introduction of weekend debriefs to ensure that good practice is shared and any issues identified are addressed.

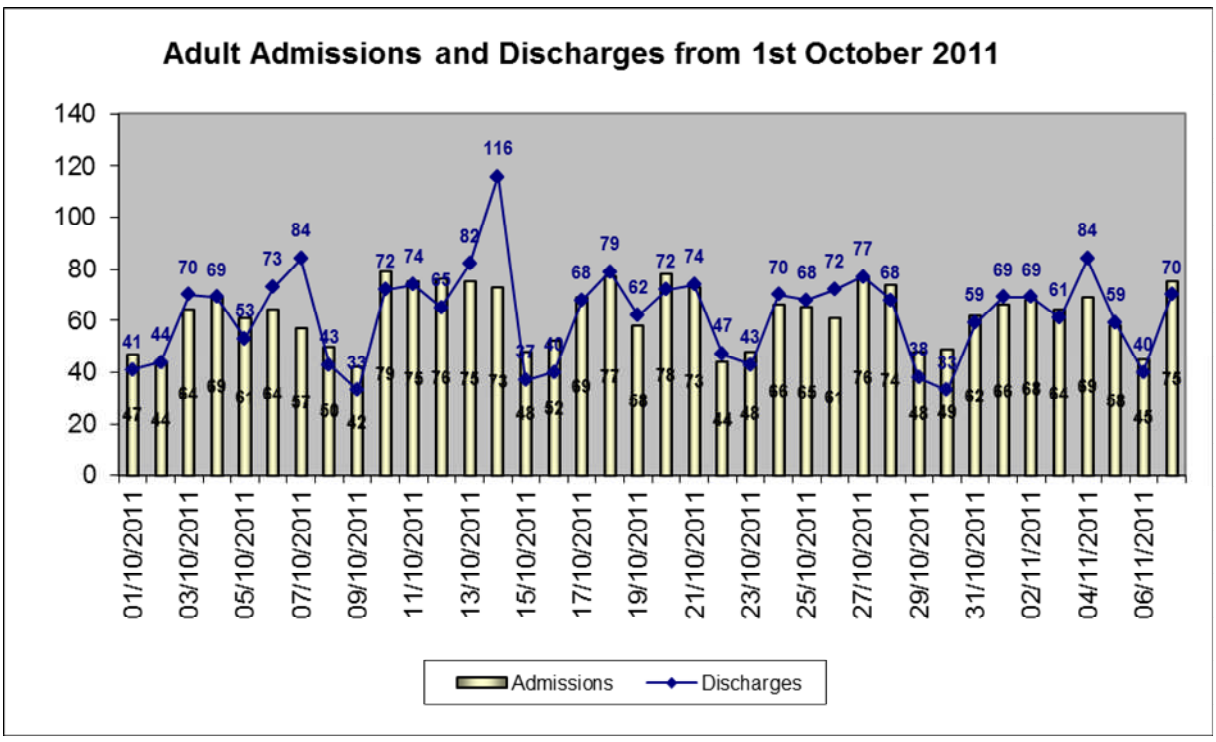
At the same time, and as the graph below shows, the reduction in the percentage of patients admitted to hospital via the A&E department has been sustained, suggesting that measures taken to reduce the number of admissions continue to have an impact.



To support delivery of the A&E standard and to ensure that measures to improve patient flow have been successful, the Trust is also actively monitoring average length of stay. The graph below shows average length of stay by week for the last 12 months. The key message is that average length of stay for non-elective patients has remained steady for the last few weeks. Although further work is needed to reduce length of stay, this is good news in the context of holding improvements during the onset of winter pressures.



Whilst measures to reduce admissions seem to be working and average length of stay has fallen, the Trust is still experiencing difficulty maintaining patient flow. As in September, this has been characterised by the number of admissions exceeding the number of discharges on a frequent basis. As the graph below shows this has happened on 15 of the last 38 days. This is, however, an improvement on the position recorded in the October report where admissions had exceeded discharges on 20 of the last 41 days. Improving the discharge process is a key work stream in the Unscheduled Care Programme and work is also underway with the Divisional General Managers and Heads of Nursing to put processes in place to support discharge earlier in the day (i.e. before lunch) where appropriate.



3. 18 weeks

Admitted patient care

During August and September the Trust achieved a 95th percentile waiting time of less than 23 weeks for all specialties. Performance for October continued at this level and the Trust is confident that ensuring sustainable delivery for the remainder of the year does not represent a significant risk.

October 2011 was the first month that the Trust has achieved a maximum waiting time of 18 weeks for 90% of patients. Delivery of this target at Trust level is expected to continue for the remainder of 2011/12, although further work is needed to fully understand the additional level of activity required to sustain this.

Ensuring that 90% of patients are treated within 18 weeks at specialty level is a greater challenge. The key pressure points are General Surgery and Orthopaedics, where performance in October was 86% and 84% retrospectively. Demand and capacity analysis is underway in both of these specialties to establish what would be required to deliver 18 weeks on a sustainable basis, with the aim of producing action plans to meet the target before the end of December.

Non-admitted patient care

The Trust is meeting targets relating to non-admitted patient care at trust and specialty level on a consistent basis. It is anticipated that this level of performance will continue for the remainder of 2011/12.

4. Performance across Surrey

Enclosed as an appendix to this report is a document complied by NHS Surrey that reviews the performance of it's providers against a number of metrics. In terms of the ASPH position the key message is that the Trust is highlighted as having the fewest indicators marked red but further work to do on elective waiting times and a significant challenge to be faced in terms of A&E performance.

5. Conclusion

The Trust is forecasting an overall performance rating of green for quarter 3, although ensuring that 95% of patients spend less than 4 hours in the A&E Department is emerging as a significant risk. An immediate and sustained improvement on the October level of performance is required to ensure that this target is met. It is anticipated that the additional immediate measures put in place, as well as the opening of the Clinical Decisions Unit on 1st December 2012, will facilitate this.

6. Action required

The Board is asked to note the forecast green performance rating for quarter 3 and the risk associated with A&E performance.

Monitor Compliance Framework - Governance Indicators Financial Risk Ratings

Safety:		11/12 Threshold	Weighting	Monitoring Period	11/12 YTD Plan	Q1	Q2	Q3	Q4	YTD
Clostridium Difficile - meeting the Clostorium Difficile objective		33	1.0	Quarterly	18	8	4	2		14
MRSA - meeting the MRSA objective		4	1.0	Quarterly	2	0	2	0		2
Quality:		**Threshold**	**Weighting**	**Monitoring Period**	**11/12 Plan**	**Q1**	**Q2**	**Q3**	**Q4**	**YTD**
All Cancers: 31 day wait for second or subsequent treatment (surgery)	Surgery anti-cancer drug treatments	94% 98%	1.0	Quarterly	94% 98%	100% 100%	98.11% 100%	100% 100%		99.20% 100%
All Cancers: 62 day wait for first treatment from urgent GP referral to treatment	urgent GP referral consultant screening service	85% 90%	1.0	Quarterly	85% 90%	90.91% 95.83%	91.61% 96.97%	93.70% 92.30%		91.70% 95.70%
All Cancers: 31 day wait from diagnosis to first treatment		96%	0.5	Quarterly	96%	98.89%	100%	98.70%		99.40%
Cancer: 2 week wait from referral to date first seen	all cancers symptomatic breast patients	93% 93%	0.5	Quarterly	93% 93%	96.75% 94.86%	97.57% 95.53%	98.40% 94.50%		97.40% 95.20%
A&E	95th Percentile (Q1) Total time in A&E (95%)	95%	1.0	Quarterly	95%	3:59:00 94.23%	96.27%	93.51%		94.99%
Stroke indicator		TBC	0.5	Quarterly	80%	86.39%	80.06%	86.10%		83.20%
Patient Experience:		**Threshold**	**Weighting**	**Monitoring Period**	**11/12 Plan**	**Q1**	**Q2**	**Q3**	**Q4**	**YTD**
Referral to treatment waiting times - admitted (95th percentile)		<23 Weeks	1.0	Quarterly	<23 Weeks	25.20	21.09	19.89		22.68
Referral to treatment waiting times - non admitted (95th percentile)		<18.3 Weeks	1.0	Quarterly	<18.3 Weeks	16.49	16.25	16.40		16.37
Compliance with requirements re access to healthcare for people with a learning disability.		Annual Target	0.5	Quarterly						
Indicative Governance risk rating						A/G	G	A/G		
Financial Risk Score		**10/11 Scores**	**Weighting**	**Monitoring Period**	**Current Score**	**Q1**	**Q2**	**Q3**	**Q4**	**Yr End Forecast**
1. Underlying Performance - EBITDA Margin		3	25%	Annual	6.40%	3	3	3		3
2. Achievement of Plan - EBITDA achieved		4	10%	Annual	83.10%	3	3	3		4
3. Financial Efficiency - Return on Assets		4	20%	Annual	4.30%	2	3	3		4
4. Financial Efficiency - I&E Margin		3	20%	Annual	0.80%	2	2	2		3
5. Liquidity - Liquidity Ratio*		4	25%	Annual	27.5	4	4	4		3
Weighted Average Rating		3.6				2.9	3.1	3.1		3.3
Overall Rating		4	100			3	3	3		3

Notes:

Monitor Compliance Framework produced monthly, where the reporting month is not a quarterly submission date performance will be for the quarter to date.

The Financial Risk Ratings table shows the Monitor FRR at the quarter end period calculated in accordance to the Monitor guidance. For the individual ratings, the RAG is: 3,4,5 = Green and 1&2 = Red.

The Financial Risk Rating Sensitivity Matrix is also included which shows the headroom against those individual ratings. This illustrates the movement before a change in rating score would be triggered.

Governance Indicators:

There are currently no issues in Quarter 3 . All Governance Indicators have been met and are rated green. The overall Governance Risk rating is also Green.

Financial Risk Rating Sensitivity Matrix

	Weighting	5	4	3	2	1
1	25%	11%	9%	5%	1%	<1%
2	10%	100%	85%	70%	50%	<50%
3	20%	6%	5%	3%	-2%	<-2%
4	20%	3%	2%	1%	-2%	<-2%
5	25%	60	25	15	10	<10

Trust Operational Performance Report - October 2011

Operating Framework			Apr	May	Jun	Jul	Aug	Sep	Oct	YTD 11/12	11/12 Plan	Var	Trend	11/12 Outturn
Cancer indicators and targets														
All cancers: 31-day wait for second or subsequent treatment	Anti Cancer Drug Treatments		100.0%	100.0%	100.0%	100.0%	100.0%	100.00%	100.00%	100.00%	98%	2.0%		G
	Surgery		100.0%	100.0%	100.0%	100.0%	94.12%	100.00%	100.00%	99.20%	94%	5.2%		G
All cancers: 62-day wait for first treatment	From Consultant Screening Service Referral		100.0%	90.91%	100.0%	100.0%	90.91%	100.00%	92.30%	95.70%	90%	5.7%		G
	Urgent GP Referral To Treatment		95.77%	89.80%	88.10%	88.42%	91.75%	94.34%	93.70%	91.70%	85%	6.7%		G
31-Day Wait For First Treatment	All Cancers		98.67%	99.05%	98.90%	100.00%	100.0%	100.00%	98.70%	99.44%	96%	3.4%		G
Two week wait from referral to date first seen	All Cancers		96.09%	96.52%	97.57%	98.37%	97.37%	97.52%	98.40%	97.40%	93%	4.4%		G
	For symptomatic breast patients		95.37%	94.66%	94.66%	94.70%	96.26%	95.90%	94.50%	95.20%	93%	2.2%		G
Referral to Treatment wait (RTT)														
Referral to treatment waiting times - admitted (95th percentile)		! New	24.72	26.00	24.88	21.43	20.95	20.89	19.89	22.68	23 wks	-0.3		G
Referral to treatment waiting times - Non-admitted (95th percentile)		! New	16.42	16.65	16.39	16.52	15.98	16.26	16.40	16.37	18.3 wks	-1.9		G
Referral to treatment waiting times - admitted (median)		! New	10.53	11.10	11.46	11.23	10.86	11.45	12.30	11.28	N/A			
Referral to treatment waiting times - Non admitted (median)		! New	6.42	7.16	6.86	6.04	6.39	7.16	6.80	6.69	N/A			
Incomplete median		! New	6.47	5.74	5.65					5.95	N/A			
A&E Clinical Quality														
Total time in A&E (95%)		! New	92.49%	95.95%	94.17%	95.85%	96.82%	97.02%	93.51%	92.80%	>95%	-2.2%		R
Service Experience (Quarterly)		! New	Planned not yet completed											
Consultant Sign-off (Six month)		! New												
Quality & Safety														
C.Diff (hospital acquired)			2	6	0	1	2	1	2	14	18	-22%		G
MRSA Bacteraemia (hospital acquired)			0	0	0	0	1	1	0	2	2	0%		G
Patient Experience Survey		! New	80.2%	79.7%	78.9%	80.6%	80.4%	80.1%	80.3%	80.0%	90.0%	-10.0%		A
Breach of Same Sex Accommodation		! New	0	0	0	0	0	0	0	0	0	0		G
VTE Risk Assessment		! New	91.4%	90.8%	93.0%	90.4%	90.1%	85.5%	85.8%	89.6%	90.0%	-0.44%		A
Stroke Pts - 90% time on Stroke Unit			87.88%	83.78%	87.50%	91.43%	89.74%	59.0%	86.10%	83.6%	80.00%	3.63%		G
Higher risk TIA cases treated within 24 hours of first contact with health professional		! New	work in progress											
Maternity 12 weeks (Quarterly)			86.0%	90.8%	88.2%	92.7%	86.6%	84.6%	82.4%	87.3%	80.0%	7.3%		G
Smoking During Pregnancy			6.2%	6.6%	8.4%	6.4%	8.3%	8.5%	8.1%	7.5%	8.2%	-0.7%		G
Breastfeeding Initiation			80.9%	80.6%	83.0%	86.8%	77.9%	81.4%	85.1%	82.2%	80.7%	1.5%		G

Trust Operational Performance Report - October 2011

Operating Framework		Apr	May	Jun	Jul	Aug	Sep	Oct	YTD 11/12	11/12 Plan	Var	Trend	11/12 Outturn
Activity													
Acute Bed Capacity	! New	574	542	541	524	523	523	520	520				
Avg. Length of Stay - Elective (Acute)	! New	3.03	2.59	2.72	3.21	4.00	2.89	3.60	3.15	2.95	0.2		A
Avg. Length of Stay - Emergency (Acute)	! New	5.48	5.64	5.81	5.50	5.10	5.13	5.00	5.38	4.80	0.6		A
Daycase Rate		84.1%	83.6%	84.0%	82.0%	82.0%	78.4%	80.4%	82%	84.0%	-4.0		A
Delayed Transfers of Care – Acute & MH		3.8%	4.1%	2.6%	2.4%	2.2%	1.5%	2.0%	2.7%	3.5%	-4.8		G
GP Written Referrals to Hospital		6,268	7,699	8,222	7,597	7,640	7,605	7,216	52,247				
Other Referrals For a First Outpatient Appointment		4,023	4,659	4,928	4,681	4,459	4,748	4,711	32,209	TBA			
All First Outpatient Attendances		7,729	9,225	9,950	8,814	9,176	9,655	9,405	64,086	63,217	1.4%		G
Elective FFCEs		406	458	506	541	498	634	565	3,618	3,610	0.2%		G
Non-elective FFCEs		466	480	516	487	495	474	540	3,472	3,629	-4.3%		A
A&E Attendances		7,712	7,919	7,577	7,766	7,116	7,488	7,925	53,503	52,303	2.3%		G

Old Better Care Better Value (not transferred to Operating Framework)		Apr	May	Jun	Jul	Aug	Sep	Oct	YTD 11/12	11/12 Plan	Var	Trend	11/12 Outturn
BADS Procedures		94%	91%	91%	92%	93%	94%	95%	93%	85.0%	7.7%		G
Inpatients Admitted before day of Operation		7.4%	6.9%	5.3%	4.2%	6.1%	4.3%	5.1%	5.6%	10.0%	-4.4%		G

PCT CQUIN		Apr	May	Jun	Jul	Aug	Sep	Oct	YTD 11/12	11/12 Plan	Var	Trend	11/12 Outturn
VTE Risk Assessment	! New	91.4%	90.8%	93.0%	90.4%	90.1%	85.5%	85.8%	89.6%	90.0%	-0.4%		G
Patient Experience Survey	! New	80.2%	79.7%	78.9%	80.6%	80.4%	80.1%	80.3%	80.0%	90.0%	-10.0%		A
EQ Pneumonia, Orthopaedic, Heart Failure pathway improvements	! New												
EQ AMI pathway improvements in the agreed MINAP areas.	! New												
EQ Acute Pneumonia and Heart Failure outcome improvements.	! New												
Acute pathway maintenance and development.	! New												
Targeted screening for alcohol misuse within A&E Departments	! New												
Successful smoking quitters	! New												
Baby Friendly progress	! New												
Specialist Mental Health Teams to facilitate earlier discharge	! New												
Ambulatory Care	! New												
Composite indicator on Stroke Assessment, Stroke Discharge and Thrombolysis	! New												

Possible targets - to be agreed with NHS Surrey