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

TRUST BOARD
25th October 2012

TITLE	**Compliance Framework and Trust Operational Performance**
EXECUTIVE SUMMARY	The Trust met all of the performance targets associated with the Monitor Compliance Framework in quarter 2 2012/13, including the four hour standard for waiting times in the Emergency Department (ED).
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	None identified.
LEGAL ISSUES	The risk of failure to meet the four hour standard for waiting times in ED creates a potential regulatory issue for the Trust.
The Trust Board is asked to:	Note the report.
Submitted by:	Valerie Bartlett, Deputy Chief Executive Claire Braithwaite, Associate Director of Operations
Date:	16th October 2012
Decision:	For Noting

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

TRUST BOARD
25th October 2012

COMPLIANCE FRAMEWORK
OPERATIONAL PERFORMANCE

1 INTRODUCTION

The purpose of this paper is to summarise key operational performance issues and the actions in place to address them.

The Trust met all of the performance targets associated with the Monitor Compliance Framework in quarter 2, including the four hour standard for waiting times in the Emergency Department (ED).

2 REFERRAL TO TREATMENT TIMES (RTT)

Figure 1 shows performance against the 18 week targets by speciality for September. The Trust continues to meet the 18 week waiting time standards for admitted patient care, non-admitted patient care and incomplete pathways at speciality level on a monthly basis.

	Admitted patient care	**Non-admitted patient care**	**Incomplete pathways**
	%<18wks	%<18wks	%<18wks
General Surgery	90.20%	97.42%	97.42%
Urology	91.04%	97.66%	95.36%
Trauma & Orthopaedics	98.23%	97.58%	98.69%
Ear, Nose & Throat (ENT)	90.91%	97.24%	96.93%
Ophthalmology	93.52%	99.35%	99.13%
Oral Surgery	90.23%	96.02%	98.68%
General Medicine	100.00%	99.62%	98.15%
Gastroenterology	97.73%	96.69%	98.55%
Cardiology	0.00%	99.08%	98.35%
Dermatology		98.42%	98.50%
Neurology		97.62%	97.35%
Rheumatology		100.00%	100.00%
Geriatric Medicine		100.00%	100.00%
Gynaecology	100.00%	100.00%	99.52%
Other	100.00%	100.00%	99.29%
Total	94.11%	98.49%	98.34%

Targets
Admitted: >=90% seen < 18 weeks
Non-admitted: >=95% seen < 18 weeks
Incomplete: >=92% seen < 18 weeks

Figure 1

3 CANCER

Figure 2 shows performance against access targets for patients with cancer. Waiting times were within the maximum threshold for all standards.

	Target	Quarter 2
14 Day TWR Total		**1687**
14 Day TWR Breaches		**33**
% Compliance	**93%**	**98.0%**
Breast Symptomatic First Seen Total		**242**
Breast Symptomatic First Seen Breaches		**8**
% Compliance	**93%**	**96.7%**
31 Day First Treats Total		**240**
31 Day First Treats Breaches		**0**
% Compliance	**96%**	**100.0%**
31 Day Subsequent Treats Palliative and Drug Therapies Total		**31**
31 Day Subsequent Treats Palliative and Drug Therapies Breaches		**0**
% Compliance	**98%**	**100.0%**
31 Day Subsequent Treats Surgery Total		**30**
31 Day Subsequent Treats Surgery Breaches		**1**
% Compliance	**94%**	**96.7%**
62 Day Standard Total		**125**
62 Day Standard Breaches		**12.5**
% Compliance	**85%**	**90.0%**
62 Day Screening Total		**11**
62 Day Screening Breaches		**0.5**
% Compliance	**90%**	**95.5%**
62 Day Consultant Upgrade Total		**7**
62 Day Consultant Upgrade Breaches		**0**
% Compliance	**N/A**	**100.0%**

Figure 2

4 4 HOUR STANDARD FOR WAITING TIMES IN ED

The improvement in waiting times seen in quarter 1 has continued and was above both the internal recovery trajectory and Compliance Framework Standard for quarter 2. Performance for quarter 2 as a whole was 97.1%. Performance for quarter 3 to date stands at 96.6%.

Figure 3 shows the percentage of patients that were admitted or discharged from the ED at St Peter's Hospital within 4 hours of arrival from 1st April 2012.

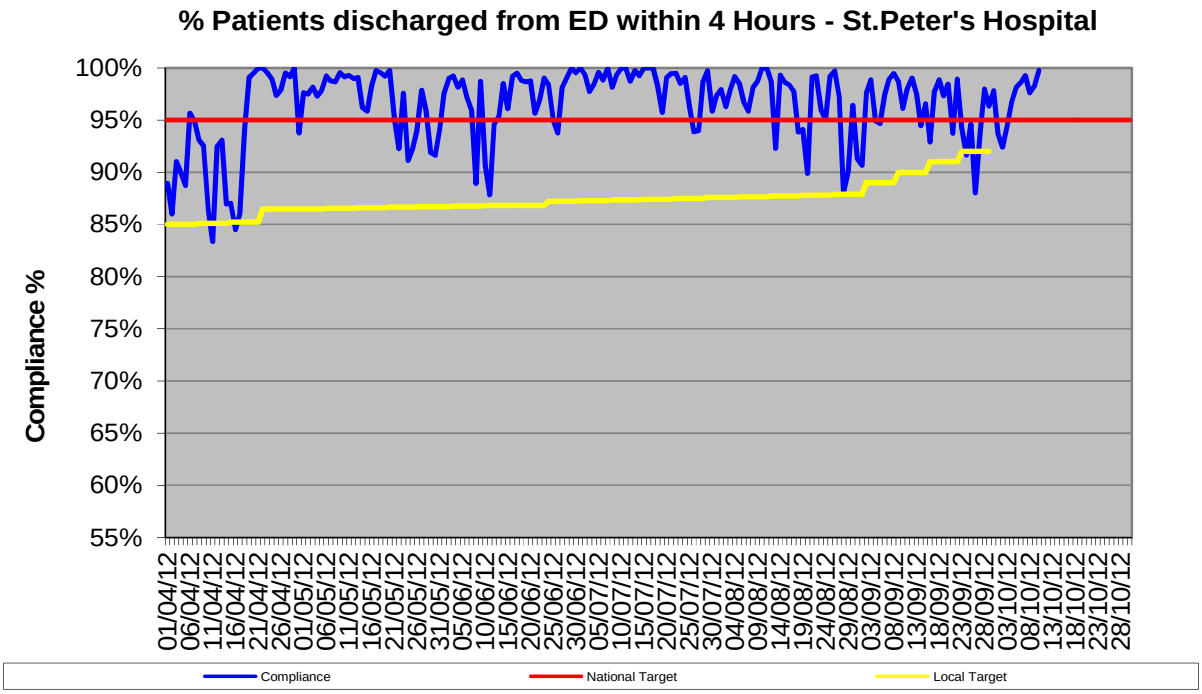

Figure 3

Although performance currently exceeds both the internal recovery trajectory presented to Trust Board in April and the Monitor Compliance Framework standard, achieving the 95% standard for quarters 3 and 4 remains a challenge. As Figure 3 demonstrates September and early October have seen periods of operational pressure and delivery of the 4 hour target has been compromised on a number of very difficult days. These operational issues relate largely to the system's ability to respond when under pressure and continued focus on the unscheduled care programme of work is central to successful and sustainable delivery. A key element of this was the implementation of the new model for emergency medical care on 8th October 2012. Early indications are that this has made a positive impact and further information about progress and next steps is included in paper 5.3.

5 DID NOT ATTEND (DNA) RATES

Figure 4 shows DNA rates per month. Although DNA rates reduced by more than 4% from June 2012 to March 2012, they have steadily increased since March to September 2012 and remain above the target level.

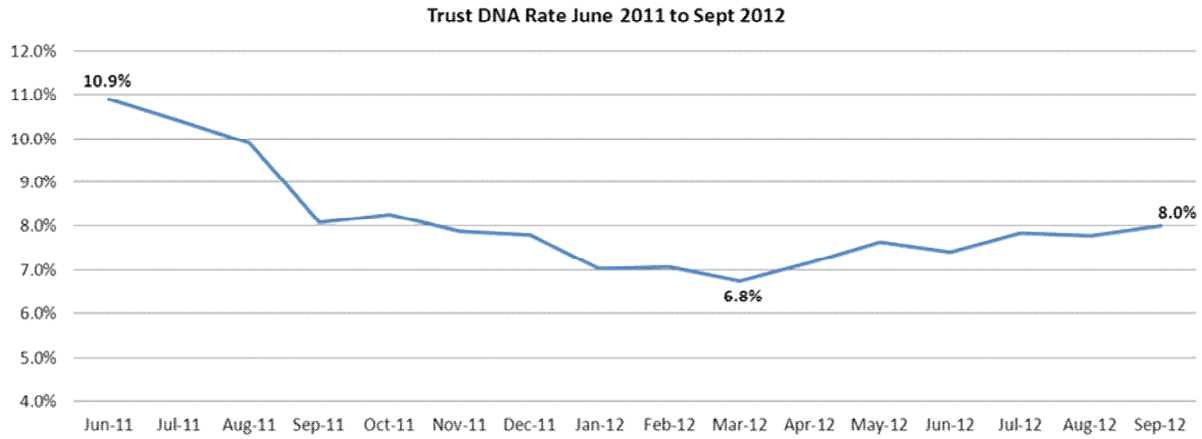

Figure 4

The 10 specialities with the most opportunity to improve DNA rates (i.e. those with a high number of DNAs or a high percentage DNA rate) are shown in figure 5. Action plans are being developed to improve performance in the top 5 specialities and options include:

- Implementing the Chronos reminder service (not all specialities are currently using it).
- Ensuring that the standard operating procedure for using Chronos is being followed.
- Implementing partial booking.
- Reviewing arrangements for answering the telephone in the clinical offices (as the departments with the highest level of unanswered calls also have the highest % DNA rates).

Progress with action plans will be monitored through the monthly Divisional Integrated Performance Review meetings.

Specialty	Average number of DNAs per month
650 PHYSIOTHERAPY	429
130 OPHTHALMOLOGY	301
110 TRAUMA & ORTHOPAEDICS	320
330 DERMATOLOGY	167
420 PAEDIATRICS	143
144 MAXILLO-FACIAL SURGERY	87
655 ORTHOPTICS	56
120 ENT	84
191 PAIN MANAGEMENT	82
101 UROLOGY	74

Figure 5

6 CONCLUSION

The Trust met all of the performance targets associated with the Monitor Compliance Framework in quarter 2, including the four hour standard for waiting times in the Emergency Department (ED).

7 ACTION REQUIRED

The Trust Board is asked to note delivery of all of the performance targets associated with the Monitor Compliance Framework in quarter 2, including the four hour standard for waiting times in the Emergency Department.

The Board is also asked to note that the continued delivery of 4 hour standard remains a challenge and completing the implementation of the unscheduled care programme of work is the key to sustainable delivery.

Monitor Compliance Framework - Governance Indicators Financial Risk Ratings as at September 2012

Safety:		12/13 Threshold	Weighting	Monitoring Period	12/13 YTD Plan	Q1	Q2	Q3	Q4	YTD
Clostridium Difficile - meeting the Clostorium Difficile objective		20	1.0	Quarterly	10	6	3			9
MRSA - meeting the MRSA objective		1	1.0	Quarterly	1	1	0			1
Quality:		**Threshold**	**Weighting**	**Monitoring Period**	**12/13 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%	98.0% 100%	96.7% 100.0%			97.6% 100%
All Cancers: 62 day wait for first treatment from urgent GP referral to treatment	urgent GP referral NHS Cancer Screening Service	85% 90%	1.0	Quarterly	85% 90%	90.5% 100.0%	90.0% 95.5%			89.9% 96.9%
All Cancers: 31 day wait from diagnosis to first treatment		96%	0.5	Quarterly	96%	99.0%	100.0%			99.6%
Cancer: 2 week wait from referral to date first seen	all urgent referrals (cancer suspected) symptomatic breast patients	93% 93%	0.5	Quarterly	93% 93%	95.6% 95.2%	98.0% 96.7%			96.8% 95.9%
A&E (maximum wait time of 4 hours from arrival to admission/ transfer/ discharge)		95%	1.0	Quarterly	95%	95.62%	97.51%			96.40%
Patient Experience:		**Threshold**	**Weighting**	**Monitoring Period**	**12/13 Plan**	**Q1**	**Q2**	**Q3**	**Q4**	**YTD**
Referral to treatment waiting times - admitted		90%	1.0	Quarterly	90%	94.14%	94.75%			94.44%
Referral to treatment waiting times - non admitted		95%	1.0	Quarterly	95%	97.63%	98.25%			97.94%
Referral to treatment waiting times - Incomplete pathways		92%	1.0	Quarterly	92%	98.11%	98.61%			98.36%
Governance:			**Weighting**	**Monitoring Period**	**12/13 Plan**	**Q1**	**Q2**	**Q3**	**Q4**	**Yr End**
Failure to comply with requirements regarding access to healthcare for people with a learning disability			0.5	Quarterly	No	Yes	No			
Risk of, or actual, failure to deliver mandatory services			4.0	Quarterly	No	No	No			
CQC compliance action outstanding (as at 30 Sep 2012)			Monitor Discretion	Quarterly	No	Yes	No			
CQC enforcement action within last 12 months (up to 30 Sep 2012)			Monitor Discretion	Quarterly	No	No	No			
CQC enforcement notice currently in effect (as at 30 Sep 2012)			4.0	Quarterly	No	No	No			
Minor CQC concerns or impacts regarding the safety of healthcare provision (as at 30 Sep 2012)			Monitor Discretion	Quarterly	No	No	No			
Moderate CQC concerns or impacts regarding the safety of healthcare provision (as at 30 Sep 2012)			Monitor Discretion	Quarterly	No	No	No			
Major CQC concerns or impacts regarding the safety of healthcare provision (as at 30 Sep 2012)			2.0	Quarterly	No	No	No			
Unable to maintain, or certify, a minimum published CNST level of 1.0 or have in place appropriate alternative arrangements			2.0	Quarterly	No	No	No			
Trust unable to declare ongoing compliance with minimum standards of CQC registration			Monitor Discretion	Quarterly	No	No	No			
Has the Trust has been inspected by CQC (in the quarter ending 30 Sep 2012)			Monitor Discretion	Quarterly	No	Yes	Yes			
If so, did the CQC inspection find non compliance with 1 or more essential standards			Monitor Discretion	Quarterly	No	Yes	No			
Indicative Governance risk rating						A/G	G			
Financial Risk Score		**11/12 Scores**	**Weighting**	**Monitoring Period**	**Current Score**	**Q1**	**Q2**	**Q3**	**Q4**	**Yr End Forecast**
1. Underlying Performance - EBITDA Margin (%)		3	25%	Annual	8.3%	3	3			3
2. Achievement of Plan - EBITDA achieved		3	10%	Annual	96.9%	5	4			5
3. Financial Efficiency - Net Return after Financing		3	20%	Annual	3.9%	5	5			4
4. Financial Efficiency - I&E Margin		2	20%	Annual	2.7%	4	4			3
5. Liquidity - Liquidity Ratio*		3	25%	Annual	29.9	4	4			3
Weighted Average Rating		2.8				4.1	4.0			3.4
Overall Rating		3	100			4	4			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 Ratings

The Trust was inspected on the 11th September and compliance with outcome 21 was noted.
The governance risk rating for the foundation trust was amended by Monitor from amber-red to green in August 2012 due to the removal of CQC compliance issues/actions.

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%	3%	2%	-0.5%	-5%	<-5%
4	20%	3%	2%	1%	-2%	<-2%
5	25%	60	25	15	10	<10

Aasiya Moreea - Head of Information Services
George Roe - Head of Corporate Affairs
Desiree Irving-Brown - Assistant Director, Financial Management

Trust Operational Performance Report - September 2012

		Apr	May	Jun	Jul	Aug	Sep	YTD 12/13	12/13 Plan	Var	Trend
Cancer indicators and targets											
All cancers: 31-day wait for second or subsequent treatment	Anti Cancer Drug Treatments	100%	100%	100%	100%	100%	100%	100%	98%	2.0%	
	Surgery	100%	95.7%	100%	100%	90%	100%	97.6%	94%	3.6%	
All cancers: 62-day wait for first treatment	From Consultant Screening Service Referral	100%	100%	100%	100%	89%	100%	97%	90%	6.9%	
	Urgent GP Referral To Treatment	85.1%	92.6%	92.8%	92.1%	91.5%	86.7%	89.9%	85%	4.9%	
31-Day Wait For First Treatment	All Cancers	97.5%	100.0%	100.0%	100%	100%	100%	99.6%	96%	3.6%	
Two week wait from referral to date first seen	All Cancers	95.5%	96.0%	95.2%	98.2%	98.0%	98.0%	96.8%	93%	3.8%	
	For symptomatic breast patients	96.1%	97.7%	93.0%	98.1%	95.9%	95.4%	95.9%	93%	2.9%	
Referral to Treatment wait (RTT)											
Referral to treatment waiting times - admitted		94.62%	95.10%	94.56%	95.35%	94.70%	94.11%	94.50%	90.00%	-22.1	
Referral to treatment waiting times - Non-admitted		97.87%	98.05%	97.46%	98.14%	98.50%	98.32%	97.94%	95.00%	-17.3	
Referral to treatment waiting times - Incomplete		98.11%	98.61%	97.96%	99.04%	98.58%	98.27%	98.38%	-	-	
A&E Clinical Quality											
Total time in A&E (95%) - Monitor Position		93.1%	96.8%	96.9%	98.5%	96.5%	96.2%	96.4%	>95%	1.4%	
Total time in A&E (95%) - Unify & Contract Monitoring Position		89.8%	95.3%	95.4%	97.8%	94.9%	94.5%	94.7%	>95%	-0.3%	
Time to initial assessment (95th percentile)		00:07	00:07	00:41	00:48	01:01	00:57	-	< 15 min	-	
Time to treatment decision (Median)		00:42	00:48	00:53	00:48	00:55	00:59	-	< 60 min	-	
Unplanned reattendance rate		2.9%	2.0%	5.5%	5.7%	6.3%	4.9%	-	1% - 5%	-	
Left without being seen		0.9%	0.9%	0.9%	90.0%	1.1%	1.1%	-	< 5%	-	
Quality & Safety											
C.Diff (hospital acquired)		3	3	0	1	2	0	9	20	-55%	
MRSA Bacteraemia (hospital acquired)		1	0	0	0	0	0	1	1	0%	
Patient Experience Survey		79.7%	81.6%	80.6%	79.5%	80.5%	81.9%	80.7%	90.0%	-9.3%	
Breach of Same Sex Accommodation		0	0	0	0	0	0	0	0	0	
VTE Risk Assessment *		90.9%	90.1%	90.3%	91.3%	91.4%	90.2%	90.44%	91.0%	-0.56%	
Stroke Pts - 90% time on Stroke Unit		86.11%	89.74%	84.90%	90.70%	80.00%	81.40%	85.30%	80.00%	5.30%	
Maternity 12 weeks (Quarterly)		92.2%	91.8%	91.0%	92.3%	92.7%	89.3%	92.7%	80.0%	12.7%	
Smoking During Pregnancy		10.1%	8.9%	3.8%	5.7%	8.2%	5.4%	7.5%	8.2%	-0.7%	
Breastfeeding Initiation		83.0%	81.3%	82.0%	85.1%	84.5%	83.8%	84.2%	80.7%	3.5%	
Activity											
Acute Bed Capacity		559	555	559	538	534	534	560	-	-	
Avg. Length of Stay - Elective (Acute)		2.8	3.0	2.8	3.1	2.9	3.6	3.0	2.95	0.05	
Avg. Length of Stay - Emergency (Acute)		5.4	4.7	4.3	4.6	5.0	4.6	5.0	4.80	0.20	
Daycase Rate		81.0%	81.2%	79.6%	79.5%	80.7%	80.3%	80.5%	84.0%	-4.0	
Delayed Transfers of Care – Acute & MH		3.2%	2.7%	2.2%	2.1%	2.7%	3.6%	2.7%	3.5%	-4.8	
GP Written Referrals to Hospital		7,698	8,876	7,454	8,426	7,655	6,964	32,356	-	-	
Other Referrals For a First Outpatient Appointment		4,665	5,564	4,871	5,259	5,040	4,759	25,248	-	-	
All Outpatient Attendances		26,890	33,805	27,240	30,655	29,272	27,145	175,007	355,916	-50.8%	
Elective Spells		2,742	3,130	2,670	3,033	2,778	2,709	17,062	34,417	-50.4%	
Non-elective (inc maternity & transfers)		3044	3,377	3,389	3,442	3,381	3,265	19,898	37,644	-47.1%	
A&E Attendances		7,557	8,302	8,035	8,004	7,575	7,573	47,046	91,243	-48.4%	

Old Better Care Better Value (not transferred to Operating Framework)	Apr	May	Jun	Jul	Aug	Sep	YTD 12/13	12/13 Plan	Var	Trend
BADS Procedures	84.5%	82.9%	84.6%	85.9%	85.6%	84.4%	84.0%	85.0%	-1.0%	
Inpatients Admitted before day of Operation	5.8%	3.8%	4.5%	7.5%	4.6%	4.9%	7.2%	10.0%	-2.8%	