Ashford and St. Peter's Hospitals NHS
NHS Trust

TRUST BOARD
27th May 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:	Valerie Howell, Deputy Chief Executive
Date:	21 May 2010
Decision:	For Noting

Ashford and St. Peter's Hospitals NHS
NHS Trust

TRUST BOARD
OPERATIONAL PERFORMANCE – 27th MAY 2010

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 Healthcheck.
- 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 against the Monitor Compliance Framework for April 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 April 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 amber against this indicator. The Trust has established a weekly review of all delayed patients with social care and PCT colleagues. The introduction of a clinical site team is also improving the focus on appropriate and timely discharge, and particular focus is being given to orthopaedics, where many patients are currently delayed.

- 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.

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. Booking and appointment processes in the Trust have been reviewed as part of the Equip programme. It is clear from this exercise that there is scope for considerable improvement to those processes, in particular in terms of standardisation and improved out of hours access for patients. The Trust has developed a proposal for major changes and improvements to booking processes which will be brought to TEC in the near future.

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

The deterioration in rating on the Monitor Compliance Framework is disappointing and is reported on separately in the Quality Report. However the Trust's performance against its operational targets remains strong and sustainable in the majority of areas.

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Trust Operational Performance Report

Ashford and St. Peter's Hospitals NHS
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April 2010

Monitor Compliance Framework - Q1

Overall Scoring Key:

Green - less than 1.0 | Amber - from 1.0 - 2.9 | Red - greater than or equal to 3.0

Target	Monitoring Period	Threshold	Weighting	Apr Actual	Q1 Total	Q1 weighting	Comments
Clostridium Difficile	Quarterly	22	1.0	3	3	0	
MRSA (Hospital)	Quarterly	1	1.0	2	2	1	
Cancer Combined 31 Day Treatments: Drug & Surgery	Quarterly	98%	0.5	100%	100%	0	
Cancer 31-Day First Treatment: All Cancers	Quarterly	96%	1.0	100%	100%	0	
Cancer 62 Day Consultant Upgrade	Quarterly	95%	1.0	100%	100%	0	-Target to be confirmed
Cancer Combined 62 Day Referral to Treatment	Quarterly	85%	1.0	93.2%	93.2%	0	
Cancer Combined Two Week Rules	Quarterly	93%	0.5	99.5%	99.5%	0	
18 weeks Admitted	Quarterly	90%	1.0	93.2%	93.2%	0	
18 weeks Non Admitted	Quarterly	95%	1.0	98.2%	98.2%	0	- All specialties were on target.
A&E 4 hrs Target LHE	Quarterly	98%	0.5	99%	99%	0	
Thrombolysis Call to Needle	Quarterly	68%	0.5	100%	100%	0	- On Target
Screening all elective in-patients for MRSA	Quarterly	100%	0.5	99.1%	99.1%	0.5	- Improving towards the target. 3 out of 363 were not scanned.
Service Performance Score	Amber					1.5	
A&E 4hrs SPH only	Monthly	98%		98.13%	98.13%		

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Care Quality Commission

	May	Jun	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	YTD 10/11	10/11 Plan	Var	YTD 09/10	Last Year Var	Trend	Out turn 09/10
Cancer 31-Day First Treatment: All Cancers	97.65 %	98.06 %	100.00 %	99.01 %	100.00 %	100.00 %	98.90 %	100.00 %	100.00 %	97.18 %	100.00 %	100.00 %	100.00 %	96.00 %	4.00 %	100.00 %	0.00 %	⇔	G
Cancer Combined 31 Day Treatments: Drug & Surgery	98.08 %	97.74 %	99.25 %	99.23 %	100.00 %	98.31 %	98.37 %	100.00 %	100.00 %	97.94 %	100.00 %	100.00 %	100.00 %	98.00 %	2.00 %	100.00 %	0.00 %	⇔	G
Cancer Combined 62 Day Referral to Treatment	82.35 %	91.18 %	97.94 %	90.11 %	90.12 %	91.26 %	95.88 %	89.61 %	98.70 %	86.49 %	93.10 %	93.18 %	93.18 %	85.00 %	8.18 %	86.05 %	7.13 %	⇧	G
Cancer 62 Day Consultant Upgrade	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 %	95.00 %	5.00 %	100.00 %	0.00 %	⇔	G
Cancer Combined Two Week Rules	93.39 %	97.21 %	98.38 %	98.58 %	98.58 %	97.83 %	99.34 %	99.24 %	96.47 %	97.04 %	98.12 %	99.50 %	99.50 %	93.00 %	6.50 %	91.96 %	7.54 %	⇧	G
Cancelled Operations	0.80 %	1.10 %	0.50 %	0.80 %	1.10 %	0.92 %	0.44 %	0.74 %	0.81 %	0.85 %	0.39 %	0.76 %	0.76 %	0.80 %	-0.04 %	1.20 %	-0.44 %	⇩	G
28 Day Guarantee	4.17 %	0.00 %	0.00 %	0.00 %	3.03 %	7.41 %	0.00 %	9.52 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	5.00 %	-5.00 %	2.44 %	-2.44 %	⇔	G
Delayed Transfers of care	5.10 %	5.60 %	5.40 %	4.20 %	3.30 %	2.80 %	4.50 %	3.36 %	2.84 %	4.70 %	3.75 %	3.59 %	3.59 %	3.50 %	0.09 %	3.50 %	0.09 %	⇧	A
Inpatient /Day Cases > 26 Weeks	0.054%	0.048%	0.045%	0.054%	0.097%	0.000%	0.000%	0.000%	0.000%	0.000%	0.060%	0.000%	0.000%	0.030%	-0.03 %	0.000%	0.00 %	⇧	G
Oupatient > 13 Weeks	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.026%	0.000%	0.000%	0.000%	0.013%	0.013%	0.013%	0.030%	-0.02 %	0.000%	0.01 %	⇔	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 %	100.00 %	0.00 %	⇔	G
A&E < 4Hours	99.40 %	99.38 %	99.45 %	98.87 %	98.43 %	99.14 %	98.92 %	97.74 %	97.98 %	99.23 %	99.25 %	99.06 %	99.06 %	98.00 %	1.06 %	98.93 %	0.13 %	⇩	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 %	100.00 %	0.00 %	⇔	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 %	100.00 %	0.00 %	⇔	G
C.Diff	11	5	4	6	3	4	2	6	4	1	2	3	3	90	-87	5	-2	⇩	G
MRSA Bacteraemia (Hospital)	1	0	0	1	4	0	1	1	0	0	1	2	2	5	-3	0	2	⇩	G
Data Quality on Ethnic Group	86.81 %	85.14 %	84.74 %	84.59 %	83.32 %	85.65 %	85.70 %	87.10 %	87.50 %	86.49 %	86.62 %	87.55 %	87.55 %	85.00 %	2.55 %	86.40 %	1.15 %	⇧	G
Smoking During Pregnancy	10.80 %	6.90 %	7.30 %	10.10 %	6.20 %	7.10 %	9.80 %	7.30 %	8.60 %	11.70 %	6.00 %	8.30 %	8.30 %	8.20 %	0.10 %	9.10 %	-0.80 %	⇩	A
Breastfeeding Initiation	77.53 %	79.93 %	82.40 %	78.80 %	81.00 %	80.60 %	78.40 %	80.60 %	80.50 %	78.70 %	83.70 %	83.00 %	83.00 %	80.70 %	2.30 %	78.64 %	4.36 %	⇩	G
Completed Pathways - Admitted patients	94.20 %	95.08 %	94.51 %	94.88 %	93.80 %	93.88 %	91.51 %	92.43 %	93.28 %	92.28 %	93.46 %	93.29 %	93.29 %	90.00 %	3.29 %	91.14 %	2.15 %	⇩	G
Completed Pathways - Non-admitted patients	98.57 %	97.76 %	98.17 %	98.39 %	97.80 %	98.26 %	97.46 %	98.00 %	97.51 %	97.79 %	97.86 %	98.23 %	98.23 %	95.00 %	3.23 %	96.90 %	1.33 %	⇧	G
Audiology Diagnostics > 6 Weeks	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	⇔	G
Maternity - Data Quality Indicator	94.21 %	94.28 %	94.18 %	94.20 %	94.22 %	94.25 %	94.55 %	94.56 %	94.18 %	94.58 %	94.62 %	94.63 %	94.63 %	N/A	N/A	94.18 %	0.45 %	⇧	

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PCT	May	Jun	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	YTD 10/11	10/11 Plan	Var	YTD 09/10	Last Year Var	Trend	Out turn 09/10
Complaints - % Actioned within 25 Days	97.00 %	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	96.97 %	100.00 %	95.45 %	100.00 %	100.00 %	100.00 %	80.00 %	20.00 %	90.90 %	9.10 %	⇔	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 %	100.00 %	0.00 %	⇔	G
A&E Attendances Resulting In Admission	12.65 %	13.88 %	16.98 %	23.49 %	21.79 %	19.84 %	23.74 %	20.33 %	25.38 %	26.55 %	23.86 %	25.21 %	25.21 %	23.45 %	1.76 %	18.71 %	6.50 %	⇩	A
Pressure Ulcers	23	9	18	23	11	8	8	13	8	16	10	9	9	21	-57.14 %	13	-30.77 %	⇧	G
Access to midwifery/Maternity services(Rpt Qtly)	88.63 %	78.30 %	87.50 %	91.20 %	86.40 %	87.40 %	89.40 %	85.50 %	85.00 %	85.70 %	91.90 %	85.00 %	85.00 %	80.00 %	5.00 %	79.46 %	5.54 %	⇩	G
Caesarean Section Rate	26.90 %	27.80 %	26.00 %	28.20 %	33.70 %	29.50 %	29.00 %	25.40 %	29.40 %	28.30 %	22.60 %	29.70 %	29.70 %	25.00 %	4.70 %	24.90 %	4.80 %	⇩	A

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Better Care Better Value

	May	Jun	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	YTD 10/11	10/11 Plan	Var	YTD 09/10	Last Year Var	Trend	Out turn 09/10
Day Case Rate	81.37 %	81.11 %	80.31 %	80.14 %	81.81 %	80.93 %	81.28 %	82.10 %	80.78 %	81.71 %	81.59 %	80.40 %	80.40 %	81.50 %	-1.10 %	80.24 %	0.16 %	⇩	A
BADS Procedures	87.39 %	86.71 %	89.72 %	88.68 %	89.15 %	89.93 %	89.72 %	90.63 %	90.22 %	89.40 %	89.42 %	85.50 %	85.50 %	85.00 %	0.50 %	86.81 %	-1.31 %	⇩	G
Inpatients Admitted before Day of Operation	10.20 %	9.78 %	8.76 %	7.04 %	4.88 %	5.18 %	4.22 %	5.04 %	8.40 %	5.11 %	4.32 %	3.50 %	3.50 %	10.00 %	-6.50 %	8.50 %	-5.00 %	⇧	G
Emergency LOS	5.53	5.57	5.67	4.78	4.63	5.28	4.98	5.84	5.78	6.29	5.45	4.70	4.70	4.80	-2.08 %	6.33	-25.72 %	⇧	G

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Local

	May	Jun	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	YTD 10/11	10/11 Plan	Var	YTD 09/10	Last Year Var	Trend	Out turn 09/10
New DNA	2.66 %	3.05 %	4.11 %	3.58 %	3.46 %	3.63 %	3.26 %	3.32 %	6.35 %	3.51 %	10.42 %	11.05 %	11.05 %	8.20 %	2.85 %	2.72 %	8.33 %	⇩	A
Follow Up DNA	15.04 %	18.11 %	18.43 %	19.59 %	19.02 %	17.91 %	18.18 %	18.75 %	25.06 %	19.02 %	14.82 %	14.78 %	14.78 %	8.20 %	6.58 %	15.24 %	-0.45 %	⇧	A
Total DNA	10.62 %	12.57 %	13.03 %	13.84 %	13.40 %	13.01 %	13.17 %	13.38 %	18.71 %	13.81 %	13.34 %	13.53 %	13.53 %	8.20 %	5.33 %	10.59 %	2.94 %	⇩	A
A&E < 4Hours (SPH Only)	98.43 %	99.01 %	98.80 %	97.45 %	96.74 %	97.81 %	97.86 %	95.56 %	95.95 %	98.52 %	98.54 %	98.13 %	98.13 %	98.00 %	0.13 %	97.34 %	0.80 %	⇩	G
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	0.00	N/A	⇔	G
Outliers	22	15	16	12	15	23	21	14	21	13	15	10	10	N/A	10	16	-6	⇔	
Theatre Utilisation	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	80.00 %	80.00 %	85.00 %	-5.00 %	N/A	N/A	⇔	R

* DNA calculation excludes special package of care as for the SLA

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Data Challenges

	May	Jun	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	YTD 10/11	10/11 Plan	Var	YTD 09/10	Last Year Var	Trend	Out turn 09/10
OP New Follow Up Ratios	1.57	1.53	1.59	1.60	1.62	1.56	1.61	1.55	1.63	1.67	1.64	1.60	1.60	2.00	-0.40	1.65	-0.05	⇧	G
Inpatient Readmission On Day Of Discharge	6	12	6	9	10	10	4	5	9	5	10	12	12	N/A	N/A	7	71.43 %	⇩	G
OP (New appointment only) Non GP/GDP Referral	32.05 %	27.54 %	31.91 %	22.97 %	24.06 %	22.74 %	23.01 %	24.38 %	23.38 %	22.61 %	24.23 %	23.19 %	23.19 %	17.50 %	5.69 %	28.00 %	-4.81 %	⇧	R
Fractured NOF Operated on with in 48 hrs (%)	74.07 %	81.48 %	91.00 %	85.29 %	88.90 %	90.63 %	93.75 %	71.10 %	72.97 %	87.80 %	85.70 %	90.40 %	90.40 %	100.00 %	-9.60 %	85.71 %	4.69 %	⇧	A
Emergency Admissions: Readmissions between 1 and 13 days	2.31 %	2.94 %	3.31 %	3.50 %	3.00 %	3.20 %	3.20 %	3.30 %	3.20 %	0.15 %	0.02 %	0.02 %	2.68 %	3.70 %	-1.02 %	2.43 %	0.25 %	⇔	G
Stroke Pts - 90% time on Stroke Unit	34.40 %	48.60 %	61.10 %	66.70 %	43.80 %	61.30 %	50.00 %	61.10 %	76.47 %	85.20 %	97.70 %	92.68 %	92.68 %	80.00 %	12.68 %	68.20 %	24.48 %	⇩	G
Fractured NOF Operated on with in 36 hrs (%)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	37.84 %	51.22 %	54.22 %	61.90 %	61.90 %	85.00 %	-23.10 %	N/A	N/A	⇧	R
Stroke Care - CQUIN Scanning with in 24hrs	82.60 %	78.60 %	92.30 %	74.10 %	85.70 %	84.40 %	79.50 %	97.80 %	90.60 %	91.30 %	92.10 %	97.70 %	97.70 %	90.00 %	7.70 %	92.30 %	5.40 %	⇧	G
Stroke Care - CQUIN Scanning with in 3hrs	69.60 %	64.30 %	61.50 %	55.60 %	74.30 %	50.00 %	72.70 %	60.90 %	81.30 %	78.30 %	76.30 %	88.60 %	88.60 %	95.00 %	-6.40 %	73.10 %	15.50 %	⇧	R