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

TRUST BOARD
27th September 2012

TITLE	**Compliance Framework and Trust Operational Performance**
EXECUTIVE SUMMARY	The Trust is on track to meet all of the performance targets associated with the Monitor Compliance Framework for quarter two, following good performance in July and August. This includes the four hour standard for waiting times in the Emergency Department (ED). Although improved performance against the four hour target has continued into September, the on-going delivery of this key indicator remains a challenge. Redesign of the emergency care pathway and completing the implementation of the unscheduled care programme of work is the key to sustainable delivery.
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	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:	14th September 2012
Decision:	For noting

TRUST BOARD,
27th September 2012

OPERATIONAL PERFORMANCE

MONITOR COMPLIANCE FRAMEWORK

1 INTRODUCTION

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

The Trust is on track to meet all of the performance targets associated with the Monitor Compliance Framework for quarter two, following good performance in July and August. This includes the four hour standard for waiting times in the Emergency Department (ED).

2 4 HOUR STANDARD FOR WAITING TIMES IN ED

The improvement in waiting times seen in quarter one has continued during July and August and into September. Performance for quarter two to date stands at 97.4%.

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

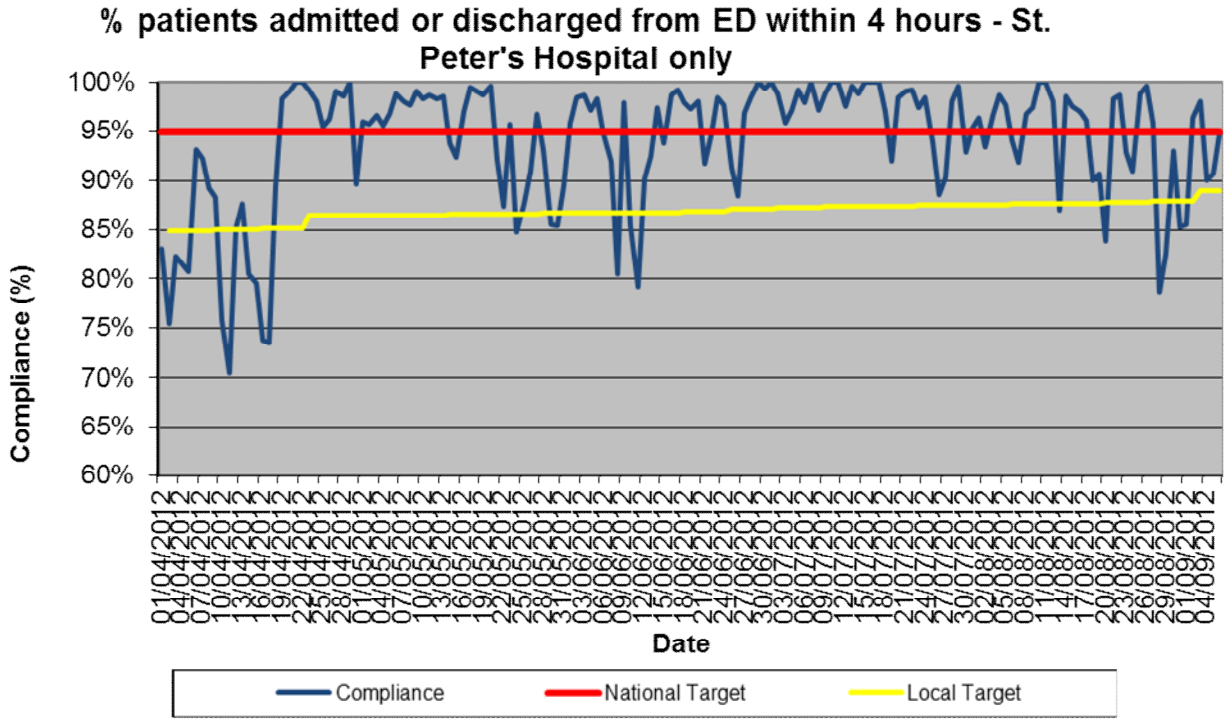


Figure 1

Although cumulative performance to date currently exceeds both the internal recovery trajectory presented to Trust Board in April and the Monitor Compliance Framework standard, achieving the national standard for quarter 2 and beyond remains a challenge. As figure one demonstrates, early September has seen a period 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 implementation of the unscheduled care programme of work is central to successful and sustainable delivery.

Clinical Quality Indicators

There are dangers in focusing too heavily on just the time spent in ED because the four-hour standard does not differentiate between the time when someone is receiving active treatment and the time when they are just waiting for the next step in their care. For this reason, the Department of Health introduced a number of clinical quality indicators as part of the NHS Outcomes Framework for 2011/12. The purpose of these is to provide a balanced and comprehensive view of the quality of care, including outcomes, clinical effectiveness, safety and experience, as well as timeliness, and to remove the isolated focus on faster care. Although Trusts are not currently required to formally report performance against the indicators, they are encouraged to monitor them locally to obtain a balanced view of the quality of care.

Performance against the Clinical Quality Indicators at St. Peter's hospital is shown in Figure 2.

The data for the "time to initial assessment" indicator has been reviewed and the significant deterioration in performance from June is due to a data capture issue associated with the implementation of Patient Centre (an electronic tracking system) in ED, rather than a change in clinical practice. Using the new system, the initial assessment time is incorrectly recorded as the time the assessment is logged as complete on Patient Centre, rather than the time it starts. The IT Department is working with the team in ED to develop a solution to correct this.

The Board should also note that the "unplanned re-attendance" data for August is subject to validation and will be confirmed by the end of September. This is because data quality issues make it difficult to differentiate between planned and unplanned attendances on the patient tracking system and each re-attendance is therefore manually reviewed at the end of each month to ensure it is recorded correctly.

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

Information Services: A&E Performance report

Clinical Quality Indicators Dashboard - ALL

Monitor Targets - St Peter's Data Only

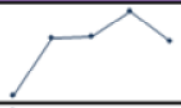
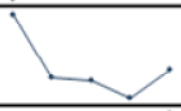
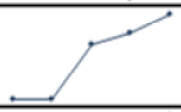
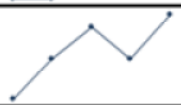
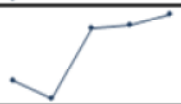
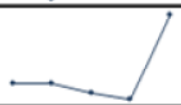
Description	Performance Measure	Target	Trendline by month	April	May	June	July	August
Patients seen < 4Hrs	MONITOR Compliance (SPH,GUM,EPU,ASH)	<=04:00:00		✗ 93.10%	✓ 96.77%	✓ 96.86%	✓ 98.50%	✓ 96.48%
Total Time in A&E	95th percentile	<=04:00:00		✗ 7:23:00	✗ 4:47:00	✗ 4:39:00	✓ 3:58:00	✗ 5:08:00
Time to initial assessment	95th Percentile	<15 min		✓ 0:07:00	✓ 0:07:00	✗ 0:41:00	✗ 0:48:00	✗ 1:01:00
Time to treat	Median	<60 mins		✓ 0:42:00	✓ 0:48:00	✓ 0:53:00	✓ 0:48:00	✓ 0:55:00
Unplanned reattendance	%age	Between 1% and 5%		✓ 2.9%	✓ 2.0%	✗ 5.5%	✗ 5.7%	✗ 6.3%
Left without being seen	%age	<5%		✓ 0.9%	✓ 0.9%	✓ 0.9%	✓ 0.9%	✓ 1.1%

Figure 2

Length of Stay

Another key indicator of patient flow is length of stay and it is anticipated that delivery of the Unscheduled Care programme, primarily through the work with ECIST and implementation of RealTime, will not only reduce the overall average length of stay but also reduce variability of stay for patients with similar clinical conditions. Current average length of stay is shown in Figure 3.

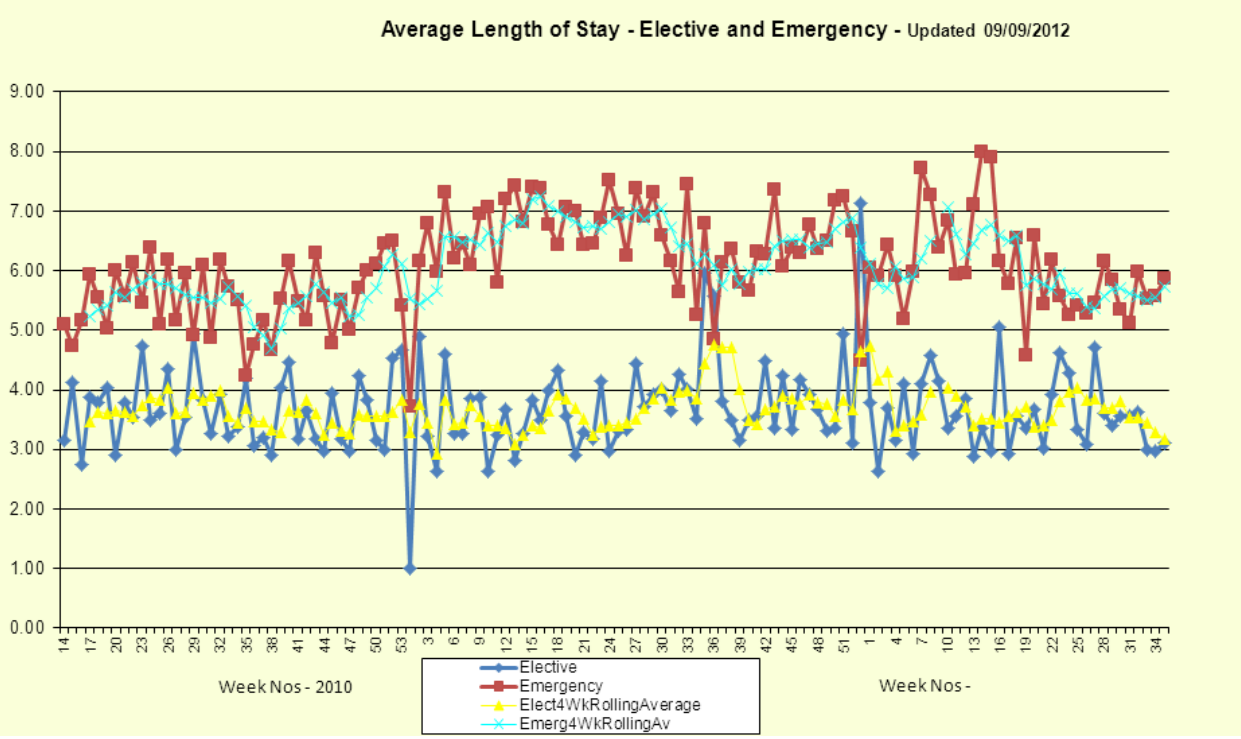


Figure 3

3 REDESIGN ACROSS THE WHOLE PATIENT PATHWAY – PROGRESS WITH THE UNSCHEDULED CARE PROGRAMME

As part of the April report, Trust Board received a briefing on the programme of work put in place to redesign the emergency care pathway. The programme is supported through the Programme Management Office structure and monitored by the Strategic Delivery Board. Governance arrangements for the programme are detailed in Appendix A of this report. Figure 4 highlights the progress made since April.

April 2012	August 2012
Monitor risk rating AMBER / RED	Monitor risk rating GREEN
4 hour performance 80-90%	4 hour performance >95%
Average length of stay 5.4 days	Average length of stay 4.5 days
Average bed occupancy 94%	Average bed occupancy 80%
Average of 60 outliers	Average of 15 outliers

Figure 4

Progress has been achieved primarily through comprehensive stakeholder engagement, minor changes to the pathway in ED and improvements in the organisational response to four hour performance and issues of capacity and flow. Further work, however, is required to implement the required change across the whole hospital. This includes:

- Implementing the agreed, fundamental changes to the emergency care pathway.
- Implementing the recommended Internal Professional Standards.
- Supporting the ECIST whole-system review and improvements.
- Redesigning the emergency care pathway and bed allocation for surgery.
- Continued focus on improving length of stay and completion of the RealTime project.
- Addressing planned care with a focus on improving the elective care pathway.
- Implementing the “Ready-to-Go” discharge project.

The issues affecting performance across the care pathway, progress to date to address them and future planned actions are outlined in the figures below.

3.1 ARRIVING AT THE HOSPITAL

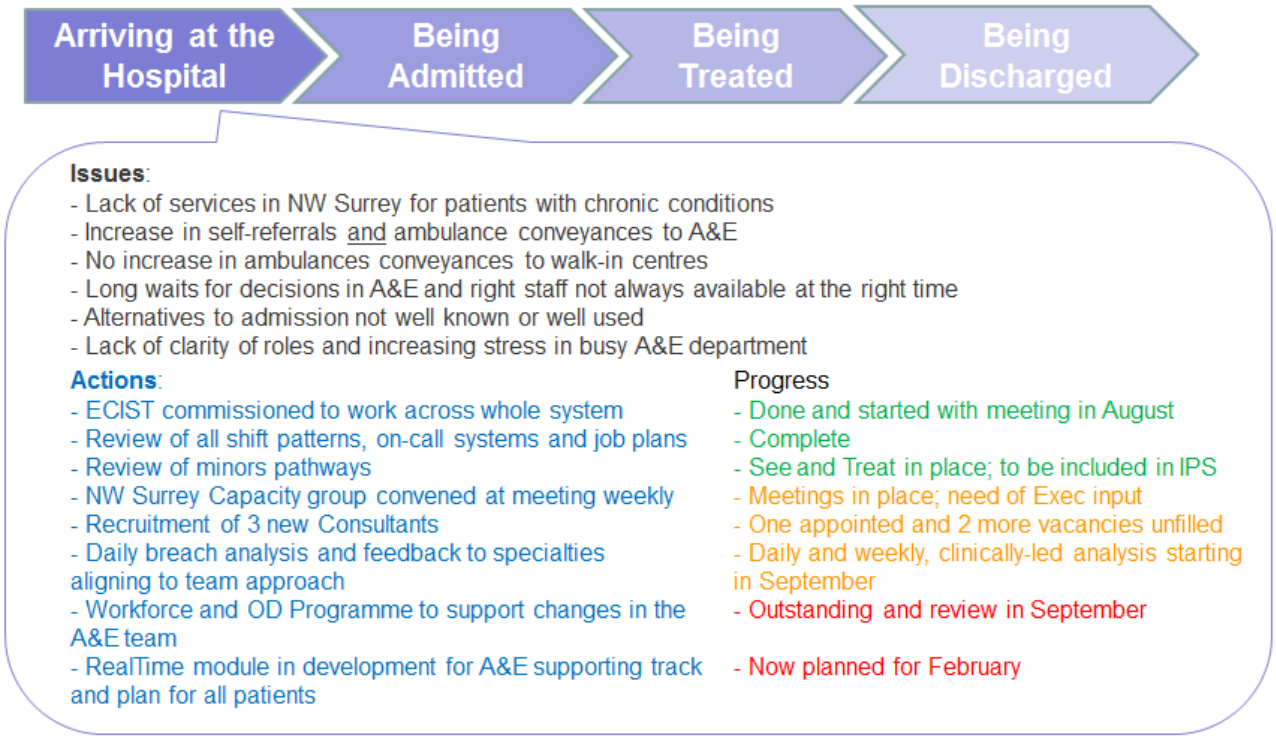


Figure 5

BEING ADMITTED

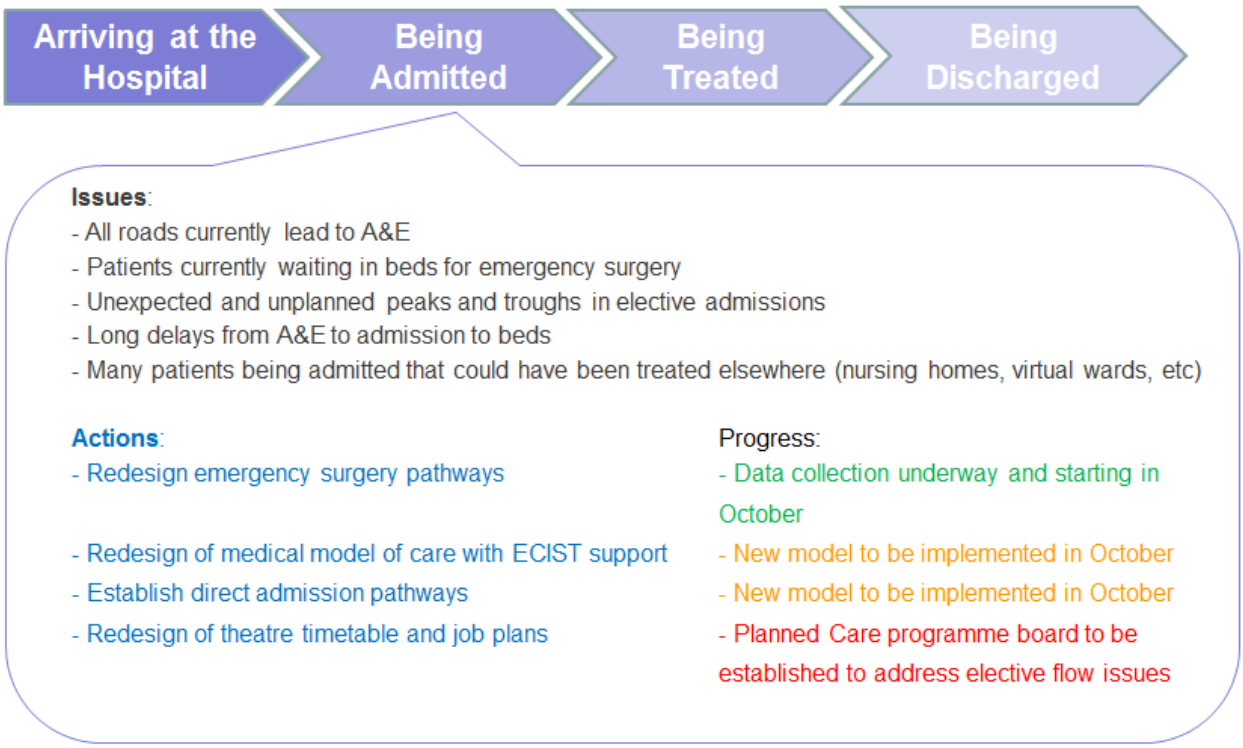


Figure 6

3.2 BEING TREATED

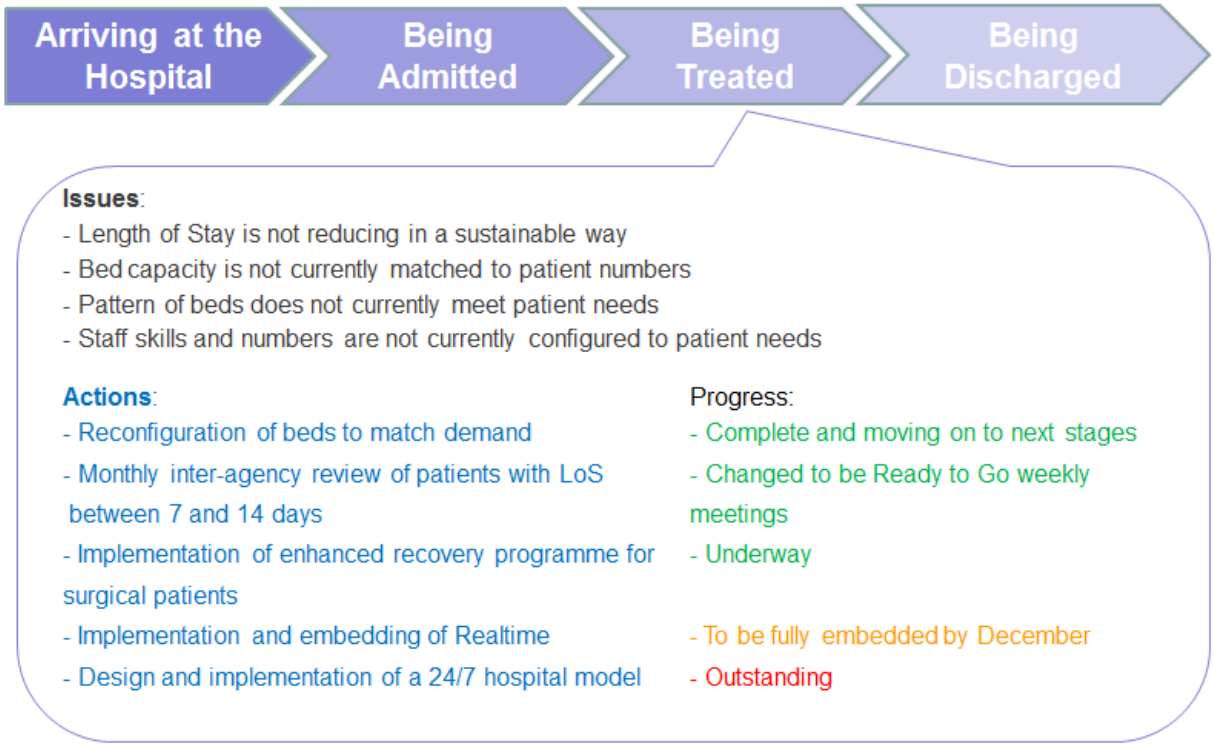


Figure 7

3.3 BEING DISCHARGED

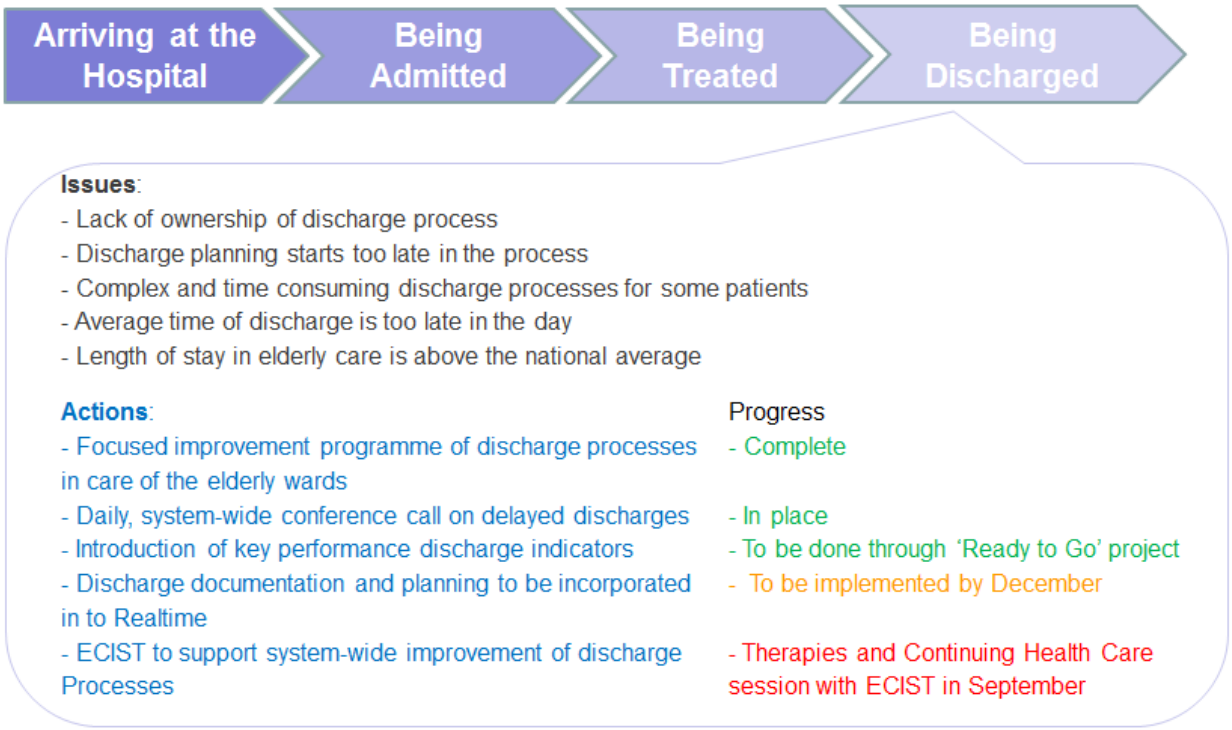


Figure 8

Key milestones for September and early October
Figure 9 shows a summary of the key unscheduled care programme milestones delivered in August and the interventions planned for September and early October.

Project	Milestones completed this month	To be completed next month
ED PERFORMANCE: Developing and supporting staff in the ED to deliver an improved service, supporting flow and excellent patient experience	• Introduction of "Rapid Treatment and Assessment" in majors and "See and Treat" in minors • New A&E consultant in post • Head of Emergency Care appointed, due to start in November	• Live audit of ambulance conveyances and walk-in attendances to A&E by SECAmb and SCH • Agree surge plan for A&E
DISCHARGE MANAGEMENT: Improving the quality and efficiency of internal discharge processes	• Plan for roll out of discharge project to next wave of wards confirmed • Project Sponsor and internal Project Manager appointed • Launch event held with Chief Nurse and Ward teams	• Initiate weekly weekend planning meeting • Launch weekly "Ready to Go" meetings chaired by Chief Nurse
IMPLEMENTING MAU AND THE ECIST MODEL: Redesign the model of care to focus on short-stay beds and fewer specialty beds, including the new MAU model	• Consultation re new medical model with consultants that participate on the on call rota complete • Workshop to plan therapies support complete • High level design of new MAU and Short Stay Unit complete	• Detailed planning for phased implementation of new medical model from October • Establish team of 6 acute physicians to support MAU and Short Stay Unit. • Engagement with social care, mental health, community services and ambulance service to support new model of care • Staff engagement campaign
BED ALLOCATION AND NURSING ESTABLISHMENTS: Capacity and demand analysis leading to rebalancing beds across the Divisions; and reconfiguration of nursing establishments	• Closure of stage one and lessons learned • Next project stage initiated focusing on Surgical model of care, demand and bed capacity • New Project stage to further review nursing establishments not in scope of stage one initiated	• Data gathering to support review of surgical model of care
EXCELLENCE IN THEATRES: II: Increasing capacity and improving flow through redesign of theatre timetable and new working practices	• First Project Board meeting convened • Utilisation workshop for Gynaecology held on 8th August 2012	• Finalise and publish Theatres dashboard (delayed from previous three months) • Comprehensive review of planned care pathway from referral to admission • Utilisation workshop planned for Specialist Surgery
REALTIME PHASE II: Embedding and exploiting the new software to improve processes and reduce length of stay	• Timescale for IPL transition confirmed • Usage stats and Ward-based KPIs agreed	• Usage stats and Ward-based KPIs to be published

Figure 9

4 STAFF ENGAGEMENT CAMPAIGN

To support the change programme, the Executive Team is undertaking a staff engagement campaign throughout September. The intention is for a senior manager to visit each clinical area to run briefing sessions for staff. These sessions have two purposes, the first is to remind staff of the key issues; namely that our systems and processes for emergency care are broken and ultimately can cause harm to patients, and secondly to take the opportunity to hear their views and ideas about the change programme. The briefings are designed to give staff a supportive message, to encourage them to work together and to remind them that fixing the emergency care pathway is everybody's responsibility.

5 CONCLUSION

The Trust is on track to meet all of the performance targets associated with the Monitor Compliance Framework for quarter two, following good performance in July and August. This includes the four hour standard for waiting times in the Emergency Department (ED).

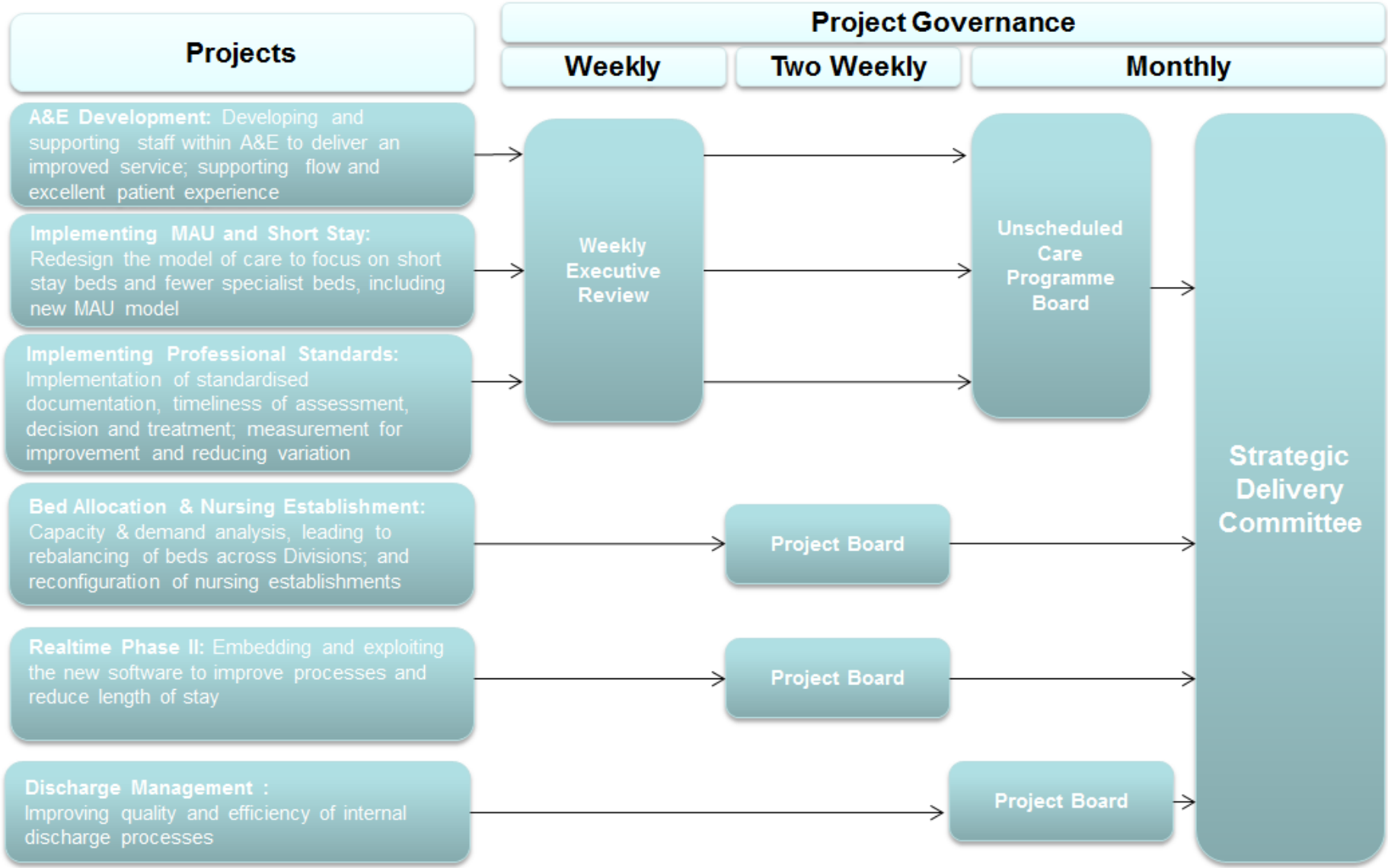
6 ACTION REQUIRED

The Trust Board is asked to note forecast delivery of all of the performance targets associated with the Monitor Compliance Framework for quarter two.[1]

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

[1] The Trust's template report for the Compliance Framework (attached) will need updating to mirror the Monitor worksheet once issued in October for Q2. The Compliance Framework only scores non compliance with essential standards with a major impact (scores 2) from Q2

APPENDIX A – UNSCHEDULED CARE PROJECT PORTFOLIO



Monitor Compliance Framework - Governance Indicators Financial Risk Ratings as at August 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	9	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%	95.5% 100.0%			97.3% 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%	91.1% 93.8%			90.4% 96.2%
All Cancers: 31 day wait from diagnosis to first treatment		96%	0.5	Quarterly	96%	99.0%	100.0%			99.5%
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%	98.1% 97.2%			96.6% 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%	95.03%			94.50%
Referral to treatment waiting times - non admitted		95%	1.0	Quarterly	95%	97.63%	98.22%			97.87%
Referral to treatment waiting times - Incomplete pathways		92%	1.0	Quarterly	92%	98.11%	98.78%			98.38%
Compliance with requirements re access to healthcare for people with a learning disability.		Annual Target	0.5	Quarterly		Yes	Yes			
Governance:			**Weighting**	**Monitoring Period**	**12/13 Plan**	**Q1**	**Q2**	**Q3**	**Q4**	**Yr End**
Risk of, or actual, failure to deliver mandatory services			4.0	Quarterly	No	No	No			
CQC compliance action outstanding (as at 30 Jun 2012)			Monitor Discretion	Quarterly	No	Yes	Yes			
CQC enforcement action within last 12 months (up to 30 Jun 2012)			Monitor Discretion	Quarterly	No	No	No			
CQC enforcement notice currently in effect (as at 30 Jun 2012)			4.0	Quarterly	No	No	No			
Minor CQC concerns or impacts regarding the safety of healthcare provision (as at 30 Jun 2012)			Monitor Discretion	Quarterly	No	No	No			
Moderate CQC concerns or impacts regarding the safety of healthcare provision (as at 30 Jun 2012)			Monitor Discretion	Quarterly	No	No	Yes			
Major CQC concerns or impacts regarding the safety of healthcare provision (as at 30 Jun 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 Jun 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	Yes			
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	8.8%	3	3			3
2. Achievement of Plan - EBITDA achieved		3	10%	Annual	96.7%	5	4			5
3. Financial Efficiency - Net Return after Financing		3	20%	Annual	4.8%	5	5			4
4. Financial Efficiency - I&E Margin		2	20%	Annual	3.3%	4	5			3
5. Liquidity - Liquidity Ratio*		3	25%	Annual	29.3	4	4			3
Weighted Average Rating		2.8				4.1	4.2			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
Jane Gear - Head of Corporate Affairs
Desiree Irving-Brown - Assistant Director, Financial Management

Trust Operational Performance Report - August 2012

Operating Framework		Apr	May	Jun	Jul	Aug	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%	98%	2.0%	
	Surgery	100%	95.7%	100%	100%	90%	97.3%	94%	3.3%	
All cancers: 62-day wait for first treatment	From Consultant Screening Service Referral	100%	100%	100%	100%	89%	96%	90%	6.2%	
	Urgent GP Referral To Treatment	85.1%	92.6%	92.8%	92.1%	89.7%	90.4%	85%	5.4%	
31-Day Wait For First Treatment	All Cancers	97.5%	100.0%	100.0%	100%	100%	99.5%	96%	3.5%	
Two week wait from referral to date first seen	All Cancers	95.5%	96.0%	95.2%	98.2%	98.0%	96.6%	93%	3.6%	
	For symptomatic breast patients	96.1%	97.7%	93.0%	98.1%	95.9%	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%	94.50%	90.00%	-22.1	
Referral to treatment waiting times - Non-admitted		97.87%	98.05%	97.46%	98.14%	98.50%	97.87%	95.00%	-17.3	
Referral to treatment waiting times - Incomplete		98.11%	98.61%	97.96%	99.04%	98.58%	98.38%	-	-	
A&E Clinical Quality										
Total time in A&E (95%)		93.1%	96.8%	96.9%	98.5%	96.5%	96.4%	>95%	1.4%	
Time to initial assessment (95th percentile)		00:07	00:07	00:41	00:48	01:01	-	< 15 min	-	
Time to treatment decision (Median)		00:42	00:48	00:53	00:48	00:55	-	< 60 min	-	
Unplanned reattendance rate		2.9%	2.0%	5.5%	5.7%	6.3%	-	1% - 5%	-	
Left without being seen		0.9%	0.9%	0.9%	90.0%	1.1%	-	< 5%	-	
Quality & Safety										
C.Diff (hospital acquired)		3	3	0	1	2	9	20	-55%	
MRSA Bacteraemia (hospital acquired)		1	0	0	0	0	1	1	0%	
Patient Experience Survey		79.7%	81.6%	80.6%	79.5%	80.5%	80.5%	90.0%	-9.5%	
Breach of Same Sex Accommodation		0	0	0	0	0	0	0	0	
VTE Risk Assessment *		90.9%	90.1%	90.3%	91.3%	89.8%	90.44%	90.0%	0.44%	
Stroke Pts - 90% time on Stroke Unit		86.11%	89.74%	84.90%	90.70%	80.00%	86.00%	80.00%	6.00%	
Maternity 12 weeks (Quarterly)		92.2%	91.8%	91.0%	92.3%	92.7%	92.7%	80.0%	12.7%	
Smoking During Pregnancy		10.1%	8.9%	3.8%	5.7%	8.2%	7.9%	8.2%	-0.3%	
Breastfeeding Initiation		83.0%	81.3%	82.0%	85.1%	84.5%	84.2%	80.7%	3.5%	
Activity										
Acute Bed Capacity		559	555	559	538	534	560	-	-	
Avg. Length of Stay - Elective (Acute)		2.8	3.0	2.8	3.1	2.9	2.9	2.95	-0.05	
Avg. Length of Stay - Emergency (Acute)		5.4	4.7	4.3	4.6	5.0	4.7	4.80	-0.10	
Daycase Rate		81.0%	81.2%	79.6%	79.5%	80.7%	80.2%	84.0%	-4.0	
Delayed Transfers of Care – Acute & MH		3.2%	2.7%	2.2%	2.1%	2.7%	2.6%	3.5%	-4.8	
GP Written Referrals to Hospital		7,698	8,880	7,451	8,429	7,596	32,356	-	-	
Other Referrals For a First Outpatient Appointment		4,665	5,566	4,870	5,229	4,918	25,248	-	-	
All Outpatient Attendances		26,890	33,876	27,170	30,279		87,936	58,050	51.5%	
Elective Spells		2,738	3,124	2,662	3,030		8,524	5,464	56.0%	
Non-elective (inc maternity & transfers)		3044	3,377	3,389	3,434		9,810	-	-	
A&E Attendances		7,557	8,302	8,035	8,004		23,894	15,243	56.8%	

Old Better Care Better Value (not transferred to Operating Framework)	Apr	May	June	July	August	YTD 12/13	12/13 Plan	Var	Trend
BADS Procedures	84.5%	82.9%	84.6%	85.9%	85.6%	84.0%	85.0%	-1.0%	
Inpatients Admitted before day of Operation	5.8%	3.8%	4.5%	7.5%	4.6%	7.1%	10.0%	-2.9%	