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

TRUST BOARD
27th October 2011

TITLE	**Compliance Framework and Trust Operational Performance**
EXECUTIVE SUMMARY	The Trust has achieved an overall performance rating of green for quarter 2. It is anticipated that this level of performance will continue in quarter 3, although ensuring that 95% of patients spend less than 4 hours in the A&E Department remains a 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:	18th October 2011
Decision:	For noting

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

TRUST BOARD
27th October 2011

OPERATIONAL PERFORMANCE

MONITOR COMPLIANCE FRAMEWORK

1. Executive Summary

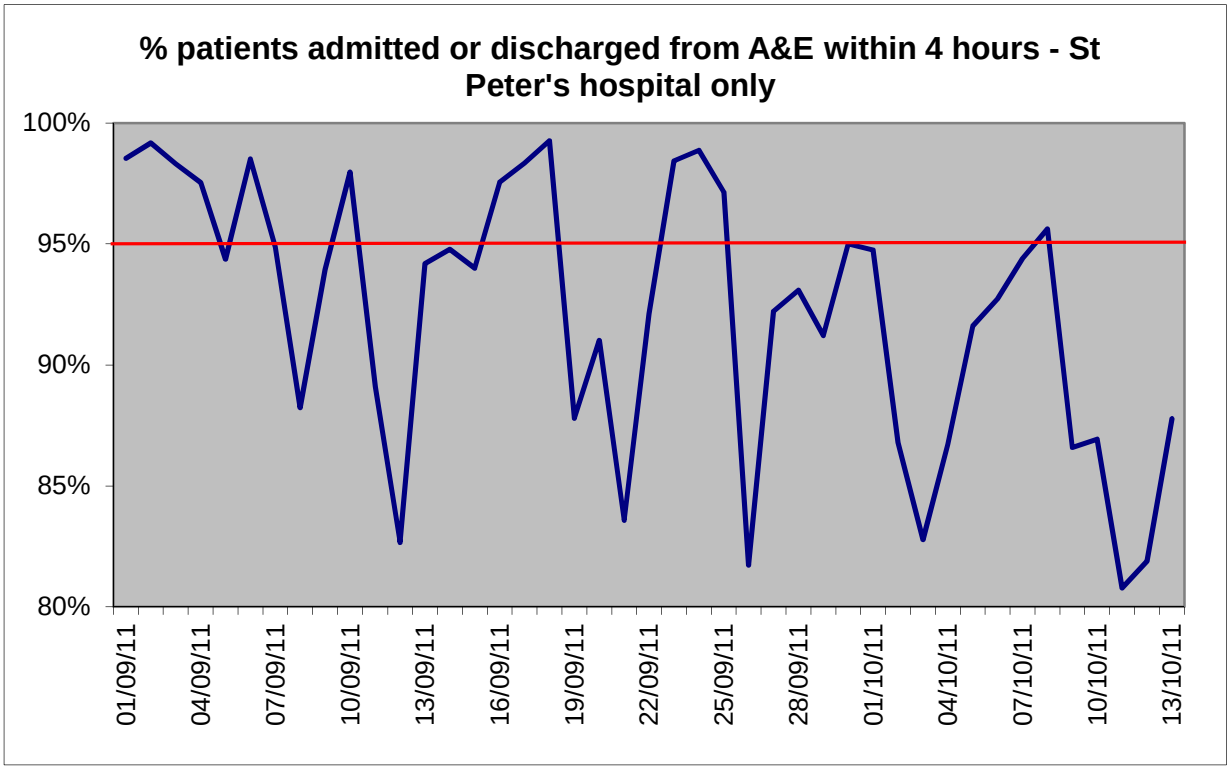
This paper summarises operational performance issues and actions in place to address these. The paper concentrates on the delivery of those targets within the Monitor Compliance Framework, but also draws attention to any other areas of concern on an exception basis.

The Trust has achieved an overall performance rating of green for quarter 2. It is anticipated that this level of performance will continue in quarter 3, although ensuring that 95% of patients spend less than 4 hours in the A&E Department remains a risk. This report therefore concentrates on this indicator.

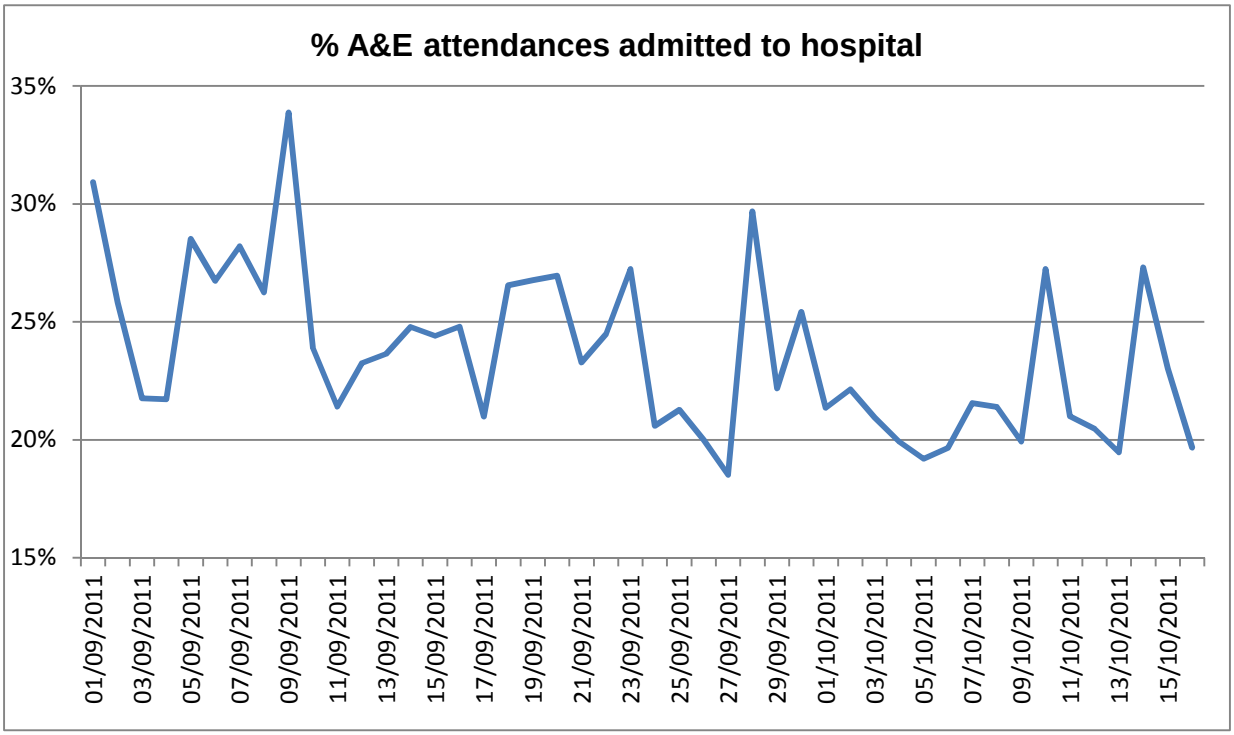
Performance relating to delivery of the referral to treatment pathway for admitted patient care is also of note. In June 2011 the Trust failed to achieve the key Monitor target of a 95th percentile waiting time of less than 23 weeks, which resulted in a failure of the standard for the whole quarter. The actions put in place subsequently to improve performance were successful, and the Trust has consistently achieved this standard in quarter 2. These actions focused on booking and scheduling and, although delivery is expected to continue in quarter 3, additional actions have been identified to achieve further improvements in performance.

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 challenge and performance at St Peter's has deteriorated in recent weeks.

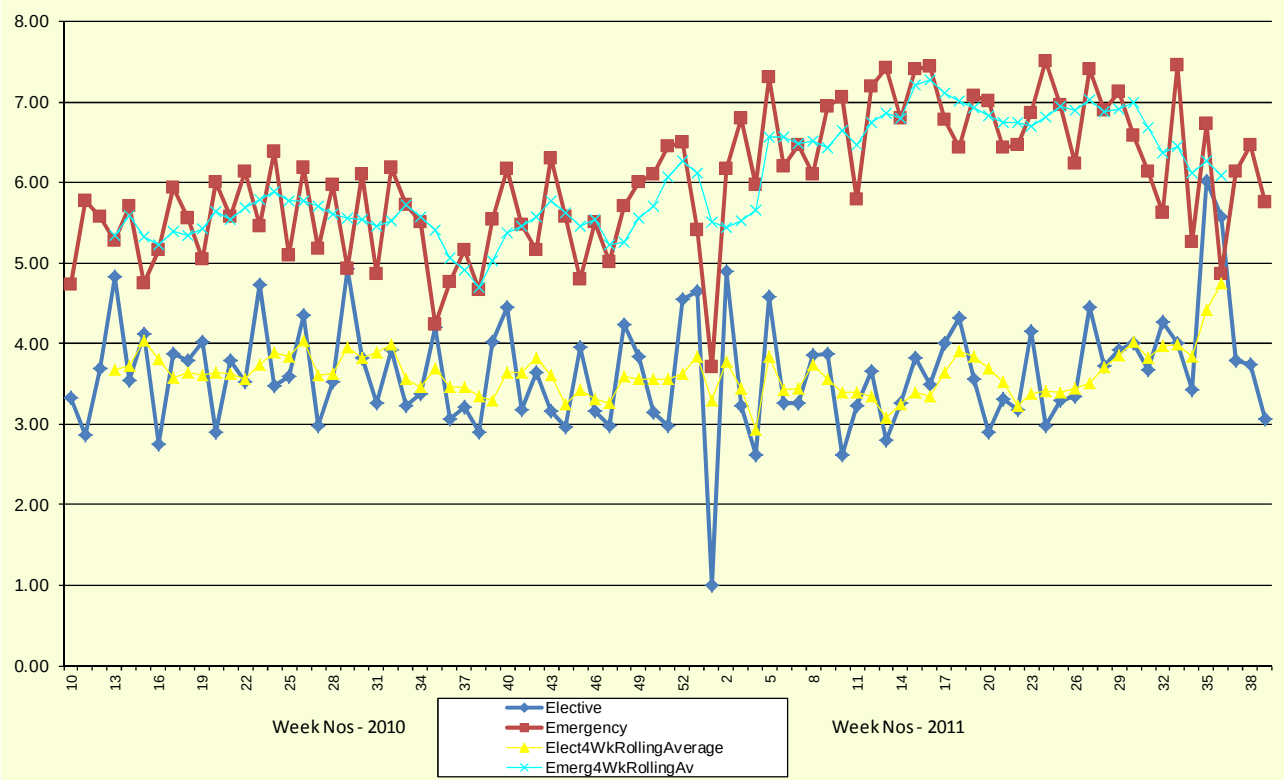


At the same time, as the graph below shows, the percentage of patients admitted to hospital via the A&E department has fallen. This suggests that measures taken to reduce the number of admissions, such as the implementation of ambulatory emergency care pathways and changes to the model of care on MAU are taking effect.

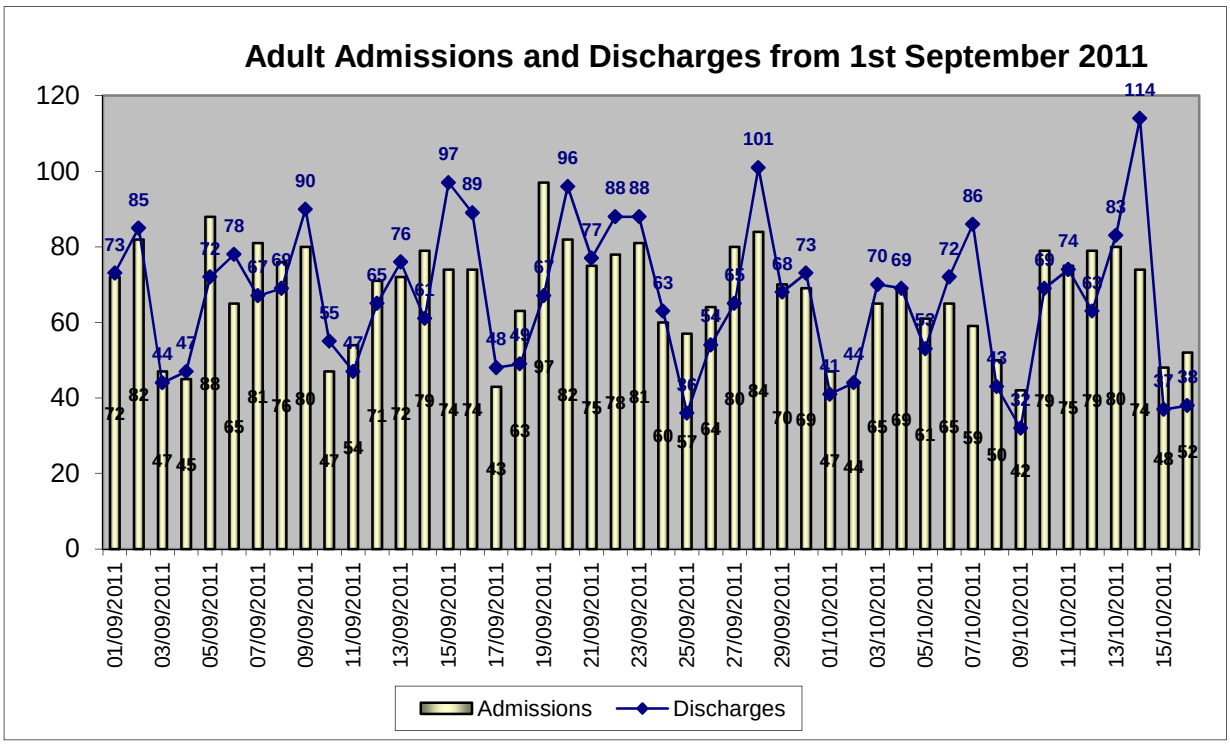


To support delivery of the A&E standard and to ensure that measures to improve patient flow have been successful, the Trust is actively monitoring average length of stay. The graph below shows average length of stay by week for the last 12 months. Its key messages is that average length of stay for non-elective patients has continued to fall.

Average length of stay – elective and emergency



Whilst measures to reduce admissions seem to be working and average length of stay is reducing, the Trust continues to experience difficulty maintaining patient flow. In recent weeks this has been characterised by the number of admissions exceeding the number of discharges. As the graph below shows, this has happened on 23 of the last 46 days.



An action plan is in place to ensure sustainable delivery of the A&E Clinical Quality Indicators as part of the Unscheduled Care project. This is monitored through a weekly meeting chaired by the Deputy Chief Executive and a monthly programme board meeting. The action plan is delivering some successes but

attention now needs to be given to the discharge process. This will be addressed in part through the discharge element of the Unscheduled Care project and through delivery of the Trust's Calm, Ordered Care action plan.

The purpose of the Calm, Ordered Care action plan is to ensure that mechanisms are in place to optimise patient flow and enable the Trust to respond appropriately at times of escalation and peaks in demand. Divisional Directors have taken lead accountability for the delivery of the plan and progress is reviewed at a weekly meeting between the Divisional Directors and Executive Directors. A copy of the plan is included as an appendix to this report. Early wins include the implementation of daily ward rounds in Medicine and Trauma and Orthopaedics (with similar to follow in Surgery in due course).

3. Conclusion

Performance in quarter two was good, with the Trust achieving an overall rating of green. The key risk to operational performance remains delivery of the A&E clinical quality indicator relating to the total time spent in the A&E department. However, with the actions put into place to improve performance, it is anticipated that the Trust will also achieve an overall rating of green for quarter 3.

4. Action required

The Board is asked to note the Trust's green performance rating for quarter 2 and the ongoing 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	15	8	4			12
MRSA - meeting the MRSA objective		4	1.0	Quarterly	2	0	2			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%			99.44% 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%			91.17% 96.30%
All Cancers: 31 day wait from diagnosis to first treatment		96%	0.5	Quarterly	96%	98.89%	100%			99.25%
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%			97.07% 95.09%
A&E	95th Percentile (Q1) Total time in A&E (95%)	95%	1.0	Quarterly	95%	3:59:00 94.23%	96.27%			95.19%
Stroke indicator		TBC	0.5	Quarterly	80%	86.39%	80.06%			83.00%
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		25.20	20.9			23.14
Referral to treatment waiting times - non admitted (95th percentile)		<18.3 Weeks	1.0	Quarterly		16.49	16.3			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			
Financial Risk Rating		**10/11 Scores**	**Weighting**	**Monitoring Period**	**Current Score**	**Q1**	**Q2**	**Q3**	**Q4**	**Yr End Forecast**
1. Underlying Performance - EBITDA Margin		3	25%	Quarterly	6.13%	3	3			3
2. Achievement of Plan - EBITDA achieved		4	10%	Quarterly	81.91%	3	3			4
3. Financial Efficiency - Return on Assets		4	20%	Quarterly	3.84%	2	3			4
4. Financial Efficiency - I&E Margin		3	20%	Quarterly	0.54%	2	2			3
5. Liquidity - Liquidity Ratio		4	25%	Quarterly	26.59	4	4			3
Weighted Average Rating		3.6				2.9	3.1			3.3
Overall FRR		4	100			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. Fot 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.
The RAG is as follows: 4&5 = Green, 3 = Green or Amber depending on the its proximity to the lower limit. 1&2 = Red.

Governance Indicators:

There are currently no issues in Quarter 2 . All Governance Indicators have been met and are rated green. The overall Governance Risk rating is also Green.

Financial Indicators:

The overall financial risk rating for Quarter 2 is a 3 compared to plan of 4. This is as a result of the Trust being behind on EBITDA and surplus at 30th September 2011.

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 - September 2011

Operating Framework			Apr	May	Jun	Jul	Aug	Sep	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%	98%	2.0%		G
	Surgery		100.0%	100.0%	100.0%	100.0%	94.12%	100.00%	99.13%	94%	5.1%		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%	96.49%	90%	6.5%		G
	Urgent GP Referral To Treatment		95.77%	89.80%	88.10%	88.42%	91.75%	94.34%	91.29%	85%	6.3%		G
31-Day Wait For First Treatment	All Cancers		98.67%	99.05%	98.90%	100.00%	100.0%	100.00%	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%	97.23%	93%	4.2%		G
	For symptomatic breast patients		95.37%	94.66%	94.66%	94.70%	96.26%	95.90%	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	23.15	23 wks	0.1		G
Referral to treatment waiting times - Non-admitted (95th percentile)		! New	16.42	16.65	16.39	16.52	15.98	16.26	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	11.11	N/A			
Referral to treatment waiting times - Non admitted (median)		! New	6.42	7.16	6.86	6.04	6.39	7.16	6.67	N/A			
Incomplete median		! New	6.47	5.74	5.65				5.95	N/A			
A&E Clinical Quality (St Peter's A&E Only)													
Total time in A&E (95%)		! New	8:29:00	5:32:00	7:35:00	5:47:00	4:36:00	97.02%	95.25%	>95%	0.3%		G
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	12	13	-8%		G
MRSA Bacteraemia (hospital acquired)			0	0	0	0	1	1	2	2	0%		G
Patient Experience Survey		! New	80.2%	79.7%	78.9%	80.6%	80.4%	80.1%	80.0%	90.0%	-10.0%		A
Breach of Same Sex Accommodation		! New	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%	90.2%	90.0%	0.18%		G
Stroke Pts - 90% time on Stroke Unit			87.88%	83.78%	87.50%	91.43%	89.74%	59.0%	83.2%	80.00%	3.22%		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%	88.1%	80.0%	8.1%		G
Smoking During Pregnancy			6.2%	6.6%	8.4%	6.4%	8.3%	8.5%	7.4%	8.2%	-0.8%		G
Breastfeeding Initiation			80.9%	80.6%	83.0%	86.8%	77.9%	81.4%	81.8%	80.7%	1.1%		G

Trust Operational Performance Report - September 2011

Operating Framework		Apr	May	Jun	Jul	Aug	Sep	YTD 11/12	11/12 Plan	Var	Trend	11/12 Outturn
Activity												
Acute Bed Capacity	! New	574	542	541	524	523	523	523				
Avg. Length of Stay - Elective (Acute)	! New	3.03	2.59	2.72	3.21	4.00	2.89	3.07	2.95	0.1		A
Avg. Length of Stay - Emergency (Acute)	! New	5.48	5.64	5.81	5.50	5.10	5.13	5.44	4.80	0.6		A
Daycase Rate		84.1%	83.6%	84.0%	82.0%	82.0%	78.4%	82%	81.5%	-4.0		G
Delayed Transfers of Care – Acute & MH		3.8%	4.1%	2.6%	2.4%	2.2%	1.5%	2.8%	3.5%	-4.8		G
GP Written Referrals to Hospital		6,268	7,699	8,222	7,597	7,640	7,605	45,031				
Other Referrals For a First Outpatient Appointment		4,023	4,659	4,928	4,681	4,459	4,748	27,498	TBA			
All First Outpatient Attendances		7,729	9,225	9,950	8,814	9,176	9,655	54,669	54,124	1.0%		G
Elective FFCEs		406	458	506	541	498	634	3,051	3,091	-1.3%		A
Non-elective FFCEs		466	480	516	487	495	474	2,918	3,102	-5.9%		A
A&E Attendances		7,712	7,919	7,577	7,766	7,116	7,488	45,578	44,726	1.9%		G

Old Better Care Better Value (not transferred to Operating Framework)		Apr	May	Jun	Jul	Aug	Sep	YTD 11/12	11/12 Plan	Var	Trend	11/12 Outturn
BADS Procedures		94%	91%	91%	92%	93%	94%	92%	85.0%	7.4%		G
Inpatients Admitted before day of Operation		7.4%	6.9%	5.3%	4.2%	6.1%	4.3%	5.7%	10.0%	-4.3%		G

PCT CQUIN		Apr	May	Jun	Jul	Aug	Sep	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%	90.2%	90.0%	0.2%		G
Patient Experience Survey	! New	80.2%	79.7%	78.9%	80.6%	80.4%	80.1%	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

DELIVERING CALM, ORDERED CARE (last updated 17/10/2011)

THEME	ACCOUNTABLE MANAGER	ACCOUNTABLE CLINICIAN	DEADLINE
Weekends			
Audit of Monday discharges to establish potential for weekend discharge and blockages to discharge.	CO'B	GP	Initial audit complete. Repeat planned 17/10/2011.
Produce schedule of Sunday diagnostic and therapeutic services available.	JC	AL	COMPLETE
Investigate potential for an OT "twilight" service and OT / physio second on call at weekends.	JC	AL	22/09/2011
Implement training plan to up skill nurses in A&E, MAU & SAU in physio / OT.	JC	AL	Competency framework in draft for discussion with Chief Nurse. Update due 06/10/2011.
Confirm competencies achieved in training plan to up skill nurses are recognised by external agencies	JC	AL	To follow once competency framework has been agreed.
Obtain criteria for accessing social services patient escort service out of hours.	RLB	MW	22/09/2011
Log discharge issues during Sunday on call.		MW	COMPLETE
Strengthen medical presence at weekends.	HJ	MW	On going - update due 20/10/11
Restate expectations of medical consultant on call.		MW	COMPLETE
Develop action plan proforma for the front of patient notes.	RLB	MW	COMPLETE
Check whether Carotid Doppler could appropriately be done as outpatient after discharge or in x-ray at weekend.		MW	Update due 20/10/2011
Address availability of Neurology review on Fridays through new appointment and investigate potential for an informal weekend rota.		GP	Update due 20/10/2011
Instigate review of pathway for PEG.		MW	Update due 20/10/2011
Review arrangements for teaching management of PEG.		SR	Update due 20/10/2011

THEME	ACCOUNTABLE MANAGER	ACCOUNTABLE CLINICIAN	DEADLINE
Outliers			
Implement SpR-led board rounds at 15:00.	HJ	MW	06/10/2011
Implement outlier team when number of outliers >10 (led by Medicine Matron).	HJ	MW	COMPLETE
Clarify consultant responsible for all medical outliers through "buddy" system and ensure daily senior review.	HJ	MW	Update due 20/10/2011
Confirm surgical junior doctor support for outlier ward rounds.	VG	JH	24/10/2011
Establish fixed time for all outlier ward rounds.	HJ	MW	24/10/2011
Ensure IPL is kept up to date for all medical patients.	HJ	MW	24/10/2011
Review junior doctor rota to identify support for MAU consultants	HJ	MW	06/10/2011
Develop outlier policy and identify clear trigger points for escalation.	RLJ	MW	COMPLETE

THEME	ACCOUNTABLE MANAGER	ACCOUNTABLE CLINICIAN	DEADLINE
Length of stay			
Finalise summary length of stay data with profit pivot.	CB	GP	Next draft due 20/10/2011
Agree process for review / use of this information within the Divisions.	CB	GP	To follow once data is available
Establish daily email to all consultants listing details of all current inpatients with a LoS over 15 days.	CB	GP	Still under development. Draft with CB for review with GP
Establish weekly LoS meeting to include ward manager, specialty lead, social services, therapies, discharge team.	CB	GP	21/10/2011
Root cause analysis for delayed discharges due to outstanding PCT decisions about funding.	RLB	MW	21/10/2011
Review composition and functioning of discharge team.	RLB	MW	Action plan due 21/10/2011
Review composition and functioning of capacity team.	HJ	MW	Action plan due 21/10/2011
Gap analysis of ward manager development programme & agreement re next phase		SR	Action plan due 03/11/2011
Day case rates			
Confirm default position for hernia surgery is day case.	VG	JH	COMPLETE
Identify other “quick wins” with a focus Breast Surgery and implement them.	JM	MI	COMPLETE
Agree arrangements for the management of short stay patients including admission criteria for DSU.	KE	MI	22/09/2011
Adapt weekend action plan proforma for short stay patients on DSU.	KE	MI	22/09/2011
Primary care			
Cost benefit analysis for strengthening front door presence by primary care and ENPs at weekends.	HJ	VG	22/09/2011

THEME	ACCOUNTABLE MANAGER	ACCOUNTABLE CLINICIAN	DEADLINE
Emergency Surgery			
Strengthen senior medical presence in A&E / SAU / on wards at peak times by reinstating bleep to senior manager system (weekdays) and escalation of delays to consultant on call (weekends and out of hours).	VG	JH	COMPLETE
Confirm escalation process with A&E and CNSPs.	HJ	MW	COMPLETE
Establish daily 08:00 board rounds and daily ward rounds on all wards.	VG	JH	Update due 20/10/2011
Review requirement for separate vascular and general surgery emergency theatre lists.	JM	MI	COMPLETE
All cancelled surgical lists to be available for emergency general surgery.	JM	MI	COMPLETE
Implement process for all non-elective admissions to be agreed by consultant on call.	VG	JH	Update due 20/10/2011
No medical admissions to SAU.	CNSPs	DF	Outstanding - Medical patients continue to be accommodated on SAU
Establish process for consultant triage of all emergency GP referrals.	VG	JH	Linked to SAU action - update due 20/10/2011
Re-establish chaired area on SAU as receiving area for emergency GP referrals.	VG	JH	Update due 20/10/2011
Review SAU operational policy.	VG	JH	Update due 20/10/2011
Appoint project manager to lead implementation of Enhanced Recovery.	CB	DF	COMPLETE
Emergency Gynaecology & Paediatrics			
Strengthen senior medical presence in A&E / SAU / on wards at peak times by reinstating bleep to senior manager system (weekdays) and escalation of delays to consultant on call (weekends and out of hours).	HS	PC	COMPLETE
Ensure arrangements are in place for daily senior review of all patients.	HS	PC	COMPLETE
Implement process for all non-elective admissions to be agreed by SpR or consultant on call.	HS	PC	COMPLETE

THEME	ACCOUNTABLE MANAGER	ACCOUNTABLE CLINICIAN	DEADLINE
Establish process for consultant triage of all emergency GP referrals.	HS	PC	Not required - scheme tested and proven to have no impact on the number of admissions

THEME	ACCOUNTABLE MANAGER	ACCOUNTABLE CLINICIAN	DEADLINE
Trauma			
Strengthen senior medical presence in A&E at peak times by reinstating bleep to senior manager system (weekdays), escalation of delays to consultant on call (weekends and out of hours) and supernumerary middle grade 08:00-17:30 on weekdays from 01/10/2011.	CP	DE	COMPLETE
Confirm with A&E that consultant in fracture clinic is available for advice on weekday mornings.	CP	DE	COMPLETE
Establish daily board round immediately after 08:00 trauma meeting.	CP	DE	COMPLETE
Agree plan for roll out of daily board round to other consultants	CP	DE	Update due 20/10/2011
Implement process for all non-elective admissions to be agreed by SpR or consultant on call.	CP	DE	COMPLETE
Implement additional ward round by Divisional Director every Friday.		DE	COMPLETE
Reissue contact details for GP "hotline" to triage all emergency referrals. Open "hotline" for internal calls.	CP	DE	COMPLETE

THEME	ACCOUNTABLE MANAGER	ACCOUNTABLE CLINICIAN	DEADLINE
Alternative pathways			
Implementation of the first 6 agreed ambulatory emergency care pathways.	CB	GP	On going - update due 20/10/2011
Emergency GP referrals to medicine to be triaged through Ashford RAC as appropriate.	HJ	MW	COMPLETE
Escalation			
Standardise agenda and approach to 11.30 CAT meetings.	HJ	MW	24/10/2011
Amend Site Capacity Management Plan to include actions for escalation status Black.	CB	DF	For approval at TEC 28/10/2011
Review format of CAT meetings to include review of trends over last 7 days and forward predictions.	HJ	DF	COMPLETE
Review escalation triggers.	CB	DF	For approval at TEC 28/10/2011
Formulate Divisional "action cards" for escalation status Red.	CB	DF	For approval at TEC 28/10/2011
Confirm actions required at weekend / out of hours for each escalation level.	CB	DF	For approval at TEC 28/10/11
Review and amend process for escalation of long waits in A&E.	HJ	MW	23/09/2011
Confirm arrangements for staffing of escalation beds.	RLB	MW	Update due 20/10/2011
Map, agree and implement process for cancellation of elective surgery.	VG	JH	21/10/2011