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

TRUST BOARD
28th April 2011

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. 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:	19th April 2011
Decision:	For noting

Ashford and St. Peter's Hospitals NHS
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OPERATIONAL PERFORMANCE

1 Introduction

This paper reports to the Board on the detail of the Trust's operational performance and focuses on:

- Performance against the Monitor Compliance Framework.
- Performance against key targets in the Annual Health check.
- 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: overview

The Trust ends the year scoring green against the Monitor Compliance Framework. This is a continued strong performance and benchmarks well with the FT sector. However the challenges for March in terms of delivery have continued to be significant. The Trust has continued to see late into the year all of the manifestations of winter pressures, including large numbers of additional escalation beds open across both sites, and a slow flow of patients through the system, and a challenge to A and E performance. There was however during the month a concerted management and clinical effort to bring elective work back on track and the Trust returned to full operational status for elective work during the month.

2.2 Emergency care

The Board will see from the March report that whilst the Trust continued to meet the overall A and E four hour target, performance on the St Peter's site alone continued to be poor. In addition, as described above and reported in March, the operational inefficiencies arising from large numbers of escalation beds has increased the length of stay for emergencies.

In response to these challenges the Trust has embarked on a number of internal changes within both acute medicine and the A and E department to improve both overall patient flow across the hospital but also the effective and rapid assessment of patients within A and E. These were all part of a spring operational plan introduced at the end of March to bring the hospital into greater balance, improve patient experience, increase efficiency and reduce the number of escalation beds. These internal schemes and projects will all be managed through the Trust's formal Programme Management Office (PMO) and will form part of the overall programme of work on unscheduled care. All of these internal changes are in addition to system wide changes introduced through the North West Surrey Transformation Board.

2.3 Planned care

Despite the emergency care challenges set out above, the Trust has continued to deliver key elective targets such as 18 weeks and cancer targets and recovered significant volumes of elective activity in March. However the tail of patients created by this winter's pressures will take some time to clear from our system, and the Trust

continues to manage this issue closely.

3 Conclusion

The Trust's performance remains strong and continues to benchmark well. However sustaining this level of performance during Q4 has been extremely challenging. Operational teams have responded well to the immediate challenges, but all recognise that large scale and systematic improvements need to be made to the management of emergency patients in order to mitigate the quality, financial and performance risks created by this winter. This requires a significant programme of change both within the Trust and across the broader health and social care system. A key imperative for 2011/12 is to bring the hospital into greater balance, and delivering a programme of change for unscheduled care in the hospital through our PMO is a key element of bringing the hospital under control.

Submitted by: Valerie Bartlett
Deputy Chief Executive

Date: 19th April 2011

Monitor Compliance Framework

March 2011

Monitor Compliance Framework - Q4

The service performance element of the governance risk ratings

Green : 0.9	Amber-Green : 1.0 - 1.9	Amber-Red : 2.0 to 2.9	Red : 3.0 or more

Acute targets - national requirements	Monitoring	Threshold	Weighting	Jan Actual	Feb Actual	Mar Actual	Q4 Total	YTD Total	Weighting
Clostridium Difficile (Annual threshold is 67: Profile YTD threshold 67)	Quarterly	67	1.0	2	1	3	6	36	0.0
MRSA (Annual threshold is 5: Profile YTD threshold is 5)	Quarterly	5	1.0	0	0	0	0	5	0.0
Cancer: 31-day wait for surgery treatments	Quarterly	94.0 %	1.0	100 %	100 %	100 %	100 %	100 %	0.0
Cancer: 31-day wait for anti cancer drug treatments	Quarterly	98.0 %		100 %	100 %	100 %	100 %	100 %	0.0
Cancer: 62-day wait from urgent GP referral to treatment	Quarterly	85.0 %	1.0	91.14 %	88.16 %	88.79 %	89.30 %	92.69 %	0.0
Cancer: 62-day wait from consultant screening service referral	Quarterly	90.0 %	1.0	100 %	100 %	100 %	100 %	98.92 %	0.0

Acute targets - minimum standards	Monitoring	Threshold	Weighting	Jan Actual	Feb Actual	Mar Actual	Q4 Total	YTD Total	Weighting
Cancer: 31-day wait from diagnosis to first treatment	Quarterly	96.0 %	0.5	98.61 %	100.00 %	98.82 %	99.10 %	99.15 %	0.0
Cancer: two week wait from referral to date first seen	Quarterly	93.0 %	0.5	97.76 %	99.21 %	96.28 %	97.70 %	98.25 %	0.0
Cancer: two week wait for symptomatic breast patients	Quarterly	93.0 %		94.29 %	96.50 %	95.04 %	95.40 %	95.77 %	0.0
Screening all elective in-patients for MRSA	Quarterly	100.0 %	0.5	100 %	100 %	99.30 %	**99.80 %**	**99.40 %**	**0.5**
LHE A&E 4 hr wait	Quarterly	95.0 %	0.5	96.03 %	95.17 %	95.90 %	95.70 %	97.64 %	0.0
*Thrombolysis Call to Needle	Quarterly	68.0 %	0.5	100 %	75 %	100 %	80.00 %	92.86 %	0.0

Monitor Compliance Framework Score:	0.5

*Feb performance was updated due to data validation completed in March.

Trust Operational Performance Report - March 2011

Care Quality Commission	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD 10/11	10/11 Plan	Var	Trend	Outturn 10/11
Cancer 31-Day First Treatment: All Cancers	98.84 %	97.75 %	100.00 %	100.00 %	100.00 %	100.00 %	98.99 %	99.04 %	97.62 %	98.61 %	100.00 %	98.82 %	99.15 %	96.00 %	3.20 %	⇩	G
Cancer: 31-day wait for drug treatments	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 %	⇔	G
Cancer: 31-day wait for surgery treatments	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 %	94.00 %	6.00 %	⇔	G
62 days urgent referral to treatment of all cancers	93.26 %	94.57 %	96.05 %	97.83 %	94.32 %	91.84 %	89.02 %	96.55 %	89.86 %	91.14 %	88.16 %	88.79 %	92.69 %	85.00 %	7.70 %	⇧	G
2 week GP referral to 1st outpatient	99.55 %	99.20 %	97.93 %	98.53 %	98.22 %	99.05 %	96.72 %	98.31 %	98.33 %	97.76 %	99.21 %	96.28 %	98.25 %	93.00 %	5.30 %	⇩	G
2 week GP referral to 1st outpatient breast symptoms	95.33 %	98.08 %	96.11 %	93.97 %	97.30 %	96.52 %	94.53 %	94.56 %	96.12 %	94.29 %	96.45 %	95.04 %	95.77 %	93.00 %	2.80 %	⇩	G
62 day referral to treatment from screening	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	90.91 %	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	98.92 %	90.00 %	8.90 %	⇔	G
Cancelled Operations	0.76 %	0.69 %	0.50 %	0.93 %	0.75 %	0.93 %	0.87 %	0.62 %	1.30 %	0.74 %	0.70 %	0.64 %	0.79 %	0.80 %	0.00 %	⇧	G
28 Day Guarantee	0.00 %	5.26 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	9.09 %	0.00 %	5.30 %	0.00 %	1.64 %	5.00 %	-3.40 %	⇧	G
Delayed Transfers of care	1.73 %	2.08 %	1.80 %	1.54 %	2.01 %	2.24 %	2.20 %	2.00 %	2.10 %	4.10 %	3.30 %	3.37 %	2.37 %	3.50 %	-1.10 %	⇩	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 %	75.00 %	100.00 %	92.86 %	68.00 %	24.90 %	⇔	G
LHE A&E < 4Hours	99.17 %	98.79 %	98.46 %	99.20 %	98.75 %	98.68 %	98.32 %	97.44 %	95.06 %	96.03 %	95.17 %	95.90 %	97.64 %	95.00 %	2.60 %	⇧	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 %	⇔	G
48 hours 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 %	⇔	G
*C.Diff	3	3	1	9	5	3	0	3	3	2	1	3	36	67	-31	⇩	G
*MRSA Bacteraemia (Hospital)	2	2	0	1	0	0	0	0	0	0	0	0	5	5	0	⇔	G
Data Quality on Ethnic Group	87.55 %	86.94 %	85.13 %	89.92 %	91.14 %	91.23 %	88.25 %	88.11 %	89.62 %	86.67 %	86.21 %	85.27 %	88.25 %	85.00 %	3.30 %	⇩	G
Smoking During Pregnancy	8.30 %	8.90 %	8.20 %	8.40 %	8.40 %	4.40 %	7.60 %	7.80 %	8.20 %	8.70 %	9.20 %	6.60 %	7.90 %	8.20 %	-0.30 %	⇧	G
Breastfeeding Initiation	83.00 %	83.50 %	85.60 %	81.20 %	81.60 %	82.70 %	83.00 %	83.20 %	81.30 %	82.80 %	81.50 %	83.20 %	82.70 %	80.70 %	2.00 %	⇧	G
18 weeks RTT - admitted	93.29 %	96.23 %	95.77 %	95.10 %	94.85 %	93.02 %	93.47 %	93.03 %	93.49 %	92.98 %	92.21 %	92.18 %	94.11 %	90.00 %	4.10 %	⇩	G
18 weeks RTT - non-admitted	98.23 %	98.55 %	98.15 %	97.92 %	97.96 %	97.77 %	97.86 %	98.61 %	99.10 %	97.79 %	97.61 %	97.57 %	98.19 %	95.00 %	3.20 %	⇩	G
Audiology Diagnostics > 6 Weeks	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	⇔	G
Maternity - Data Quality Indicator	94.63 %	95.12 %	96.24 %	97.25 %	97.00 %	95.70 %	96.52 %	96.45 %	96.78 %	97.02 %	97.25 %	98.20 %	96.51 %	N/A	N/A	⇧	

*Clostridium Difficile (Annual threshold is 67: Profiled YTD threshold is 67); MRSA (Annual threshold is 5: Profiled YTD threshold is 5)

PCT	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD 10/11	10/11 Plan	Var	Trend	Outturn 10/11
Complaints - % Actioned within 25 Days	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	95.00 %	100.00 %	86.00 %	100.00 %	100.00 %	88.00 %	92.00 %	96.75 %	80.00 %	16.80 %	⇧	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 %	N/A	0.00 %	⇔	G
A&E Attendances Resulting In Admission	25.21 %	20.48 %	19.83 %	24.12 %	22.36 %	23.39 %	21.90 %	18.68 %	21.21 %	24.32 %	22.03 %	22.04 %	22.14 %	23.45 %	-1.30 %	⇩	G
Pressure Ulcers	9	7	16	4	6	12	5	2	11	13	7	16	108	153	-29.40 %	⇩	G
Access to midwifery/Maternity services(Rpt Qtly)	85.00 %	90.50 %	89.90 %	88.20 %	90.00 %	86.50 %	90.75 %	92.23 %	93.26 %	87.75 %	86.00 %	92.00 %	89.30 %	80.00 %	9.30 %	⇧	G
Caesarean Section Rate	29.70 %	26.50 %	25.00 %	24.00 %	27.20 %	26.20 %	19.50 %	24.20 %	24.40 %	27.90 %	28.60 %	28.60 %	25.90 %	25.00 %	0.90 %	⇔	A

Better Care Better Value																	
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD 10/11	10/11 Plan	Var	Trend	Outturn 10/11
Day Case Rate	80.42 %	81.59 %	82.70 %	81.63 %	83.28 %	81.79 %	82.00 %	84.50 %	82.27 %	86.37 %	85.40 %	83.40 %	82.91 %	81.50 %	1.40 %	⇩	G
BADS Procedures	89.01 %	90.97 %	92.04 %	91.60 %	92.01 %	86.35 %	85.08 %	90.34 %	88.68 %	93.35 %	93.28 %	88.64 %	89.17 %	85.00 %	4.20 %	⇩	G
Inpatients Admitted before Day of Operation	6.92 %	10.67 %	4.83 %	5.85 %	10.35 %	9.09 %	8.50 %	4.78 %	4.79 %	4.99 %	6.08 %	5.89 %	7.62 %	10.00 %	-2.40 %	⇧	G
Emergency LOS	4.70	4.92	4.96	4.71	5.00	4.80	5.69	5.32	6.18	5.28	6.55	6.87	4.90	4.80	2.10 %	⇩	A

Local

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD 10/11	10/11 Plan	Var	Trend	Outturn 10/11
Total DNA	10.12 %	10.38 %	10.57 %	10.63 %	10.86 %	10.90 %	10.72 %	10.14 %	12.49 %	11.32 %	10.43 %	10.59 %	10.60 %	8.80 %	20.50 %	⇩	R
*A&E < 4Hours (SPH Only)	98.13 %	97.17 %	96.42 %	98.24 %	96.98 %	97.01 %	96.04 %	94.46 %	89.48 %	91.17 %	88.52 %	90.77 %	94.56 %	98.00 %	-3.40 %	⇧	R
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	⇔	G
Outliers	35	34	48	49	29	22	30	55	67	76	68	75	50	N/A	N/A	⇩	
Theatre Utilisation	80.00 %	83.00 %	N/A	N/A	N/A	N/A	78.50 %	78.10 %	81.30 %	77.90 %	80.00 %	86.80 %	80.40 %	**79.20%	1.20 %	⇧	G

DNA calculation excludes special package of care as for the SLA.
* National A&E target is 95% and Trust internal A&E target is 98%.
** 10/11 Plan = Outturn Oct-Mar 2009/10.

Data Challenges																	
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD 10/11	10/11 Plan	Var	Trend	Outturn 10/11
OP New Follow Up Ratios	1.60	1.62	1.58	1.62	1.74	1.68	1.68	1.73	1.70	1.76	1.72	1.73	1.77	2.00	-11.70 %	⇩	G
Inpatient Readmission On Day Of Discharge	20	19	11	18	15	13	17	9	8	12	9	8	338	N/A	N/A	⇧	G
OP (New appointment only) Non GP/GDP Referral	23.19 %	23.22 %	23.55 %	24.02 %	22.04 %	25.88 %	25.96 %	25.34 %	25.15 %	27.89 %	29.15 %	26.99 %	25.19 %	25.00 %	0.20 %	⇧	A
Stroke Pts - 90% time on Stroke Unit	92.68 %	97.44 %	94.12 %	97.67 %	92.86 %	97.30 %	93.02 %	97.00 %	81.00 %	90.48 %	91.18 %	80.00 %	91.19 %	80.00 %	11.20 %	⇧	G
**Fractured NOF Operated on with in 36 hrs (%)	61.90 %	61.90 %	51.85 %	86.20 %	76.50 %	83.40 %	81.40 %	93.50 %	90.90 %	97.30 %	96.80 %	96.40 %	93.00 %	85.00 %	8.00 %	⇩	G
Stroke Care - CQUIN Scanning with in 24 hrs	97.70 %	100.00 %	79.40 %	100.00 %	96.00 %	100.00 %	100.00 %	94.00 %	96.00 %	98.00 %	100.00 %	100.00 %	97.00 %	100.00 %	-3.00 %	⇧	A
Stroke Care - CQUIN Scanning with in 3 hrs	88.60 %	88.90 %	70.60 %	93.00 %	81.00 %	76.00 %	78.00 %	61.29 %	86.00 %	78.00 %	84.00 %	83.00 %	81.00 %	80.00 %	1.00 %	⇧	G
Stroke Care - CQUIN Scanning with in 1 hr	77.30 %	88.90 %	64.70 %	93.00 %	33.00 %	32.00 %	34.00 %	26.00 %	42.00 %	29.00 %	47.00 %	52.00 %	48.00 %	50.00 %	-2.00 %	⇧	A

**YTD shows achievement of 93% from Q3, Jan, Feb and March 2011.