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

TRUST BOARD
28th July 2011

TITLE	**Compliance Framework and Trust Operational Performance**
EXECUTIVE SUMMARY	In June 2011 the Trust failed to achieve one of the key Monitor performance indicators (referral to treatment). In the case of the RTT standard, failure to deliver in any single month results in a failure of the standard for the whole quarter. The Trust is currently predicting an amber/green rating for the quarter. Risks in Q2 relate to continuing challenges in relation to trauma and orthopaedic RTT delivery, and more particularly compliance with the new A & E quality indicators.
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:	20 July 2011
Decision:	For noting

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

TRUST BOARD
28th July 2011

OPERATIONAL PERFORMANCE

MONITOR COMPLIANCE FRAMEWORK

1. EXECUTIVE SUMMARY

In June 2011, the Trust failed to achieve one of the key performance indicators (the 95th percentile standard for elective admissions). In the case of the standard for elective admissions, failure to deliver in April 2011 had already resulted in a failure of the standard for the whole quarter.

The Trust has sustained delivery against its C. Diff target for the quarter, and has met the A&E waiting time target for the quarter. The Trust will therefore deliver an amber/green rating for Q1.

2. RTT Admitted Pathway performance

The requirement is that in each reporting period (month) the time waited by patients treated should be such that 95% will have waited less than 23 weeks. This is a complicated measure and needs the Trust to daily monitor its performance as the numbers being booked into each month and the numbers actually admitted both change daily. One case that has waited a long time can significantly skew the performance of a Trust and the ideal is to work towards 100% of patients seen within 23 weeks in the first instance and then draw this down steadily to the 18 weeks constitutional commitment.

The Trust has three specialties which have not delivered the RRT admitted standard in quarter 1: Gynaecology, General Surgery and Trauma & Orthopaedics. However during April, May and June significant progress has been made in reducing the backlog for long waiters in Surgery and Trauma and Orthopaedics. Therefore from 1st July the Trust expects to achieve the aggregated RTT target, with a predicted performance of 21.80 weeks for July. Trauma and Orthopaedics are unlikely to deliver this standard for July, but performance elsewhere in the Trust will be sufficient to compensate.

In response to the performance issues seen in Q1 the Trust has introduced a range of new performance reporting and booking tools which enable booking staff and senior managers to have a much tighter daily grip on the chronological booking of patients.

3. A&E performance

In Q1, the Trust was monitored on the time waiting in A&E for the 95th percentile measured across types 1, 2 and 3 attendances including those attributable from the community. The Trust delivered the standard of 4 hours wait or less for quarter 1 (equivalent to 95% or higher patients waiting under 4 hours):

Period	Total	Total <4hours	% < 4 hrs	95th percentile wait (Hours:min
Quarter 1	51003	48827	**95.73%**	**03:59**

In Q2, the standard changes in three ways:

(1) the Trust is now measured against five standards
(2) the Trust must hit at least three of these in any quarter to achieve an overall green rating on the Monitor Compliance Framework (0.5 risk weighted score), assuming the Trust delivers on all other standards
(3) the standard only includes types 1, 2 and 3 activity on the Trust's sites at St Peter's and Ashford Hospitals and excludes the community activity attributed in quarter 1

Against the five standards, the Trust is performing in Q2 as follows (as at 10th July 2011) and is forecasting to deliver a 0.5 weighted score for Q2 therefore before corrective action, and thus a green rating overall on the Monitor Compliance Framework:

Measure	Actual	Target
95th percentile on total time	5:24:00	<4:00:00
Unplanned re-attendance rate	6.4%	1%-5%
Left without being seen	2.8%	<5%
95th percentile on initial assessment (ambulance conveyed patients only)	0:13:45	<0:15:00
Median on time to treatment	0:48:00	<1:00:00

However, the Trust's aim is to deliver on all five standards in Q 2, and three standards remain at risk during this quarter:

(1 95th percentile on total time
(2 Unplanned re-attendance rate and
(3 95th percentile for initial assessment

95th percentile on total time and for initial assessment

Key to both of the above standards is the delivery of more timely discharges, reducing the number of medical outliers, changing GP direct access flow so that it avoids A&E, increasing acute assessment capacity and addressing minor flows in A&E. The current situation sees patients frequently stacked back in A&E and Pitstop over night resulting in lengthy waits in the department and delays in turning around patients at the front door.

The Trust has moved to an earlier start to each day, with key staff undertaking a multi disciplinary meeting (including consultant, junior doctor, nursing, therapy, pharmacy and social care leads) to identify the outstanding parts of any patient's treatment plan that can be completed that day.

In addition, the Trust has identified its location for an extended MAU and is currently outto recruit the additional staff needed to operate this. The Trust will look to accelerate the implementation of the extended MAU by end of July 2011 in order to allow GP direct access to be via MAU rather than A&E in the future

The Trust has implemented the NHS Institute guidance on addressing outliers including piloting a consultant led outlier team during the week commencing 27th June, which model will be fully implemented during the week commencing 18th July 2011.

The Trust has agreed to move away from the use of section 2 and section 5 requests for social care assessment and implement a jointly agreed process with Surrey County Council whereby social care staff pick up referrals to assess from the daily multi disciplinary meetings.

Key risks to the delivery of this standard are:

(1) mental health liaison. 24 hour cover for psychiatric liaison is not in place and this remains a NSF

standard that is not being commissioned nor delivered in NW Surrey;
(2) community capacity. The Trust temporarily commissioned additional rapid response support (equivalent to 10 beds in the community) to offset the consequence of a reduction in PCT investment in community capacity. The Trust's investment is due to cease at the end of July 2011
(3) closure of escalation beds. The Trust still has nine escalation beds that are unfunded but have remained open in Maple ward. These are due to close by the end of July 2011 to allow angiography to be undertaken in Maple from August 2011
(4) continuing health care assessments. The pace at which these are completed sometimes is a cause of delay in the system.

Unplanned re-attendance rate

This indicator measures all re-attendances to A&E within 7 days of an original attendance at any of the Trust's A&E departments including those not managed by the Trust but on one of its two sites. All re-attendances without a clinical diagnosis code and all planned re-attendances are excluded. Significant coding issues have been identified regarding this indicator and are currently being addressed.

4. Conclusion

The Trust has made a good recovery on RTT performance and its C. Diff trajectory and ends Q1 amber/green, starting Q2 from a strong position.

RTT is on target to deliver to the standard in Q2 but further work is required to develop a capacity plan for Trauma and Orthopaedics such that the Trust delivers this standard for all specialties.

A&E performance is fragile but delivering for Q1. Q2 performance is reliant on the delivery of a significant programme of change both within the A and E department and across the whole hospital system for unscheduled care.

Removing escalation beds has been important in order to bring Divisions back towards a balanced financial run rate and further length of stay reduction is needed to ensure the Trust can keep escalation beds closed over the winter and deliver a stronger A&E performance.

5. Action required

The Board is asked to note the Trust's amber/green performance for Q1 and the ongoing risks associated with A & E performance for Q2.

Trust Operational Performance Report - June 2011

Operating Framework			Apr	May	Jun	Q1 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%	98%	2.0%		G
	Surgery		100.0%	100.0%	100.0%	100.0%	94%	6.0%		G
All cancers: 62-day wait for first treatment	From Consultant Screening Service Referral		100.0%	90.91%	100.0%	95.83%	90%	5.8%		G
	Urgent GP Referral To Treatment		95.77%	89.80%	86.08%	90.32%	85%	5.3%		G
31-Day Wait For First Treatment	All Cancers		98.67%	99.05%	98.77%	98.85%	96%	2.9%		G
Two week wait from referral to date first seen	All Cancers		96.09%	96.52%	97.57%	96.75%	93%	3.8%		G
	For symptomatic breast patients		95.37%	94.66%	96.27%	95.44%	93%	2.4%		G
Referral to Treatment wait (RTT)										
Referral to treatment waiting times - admitted (95th percentile)		! New	24.72	26.00	24.88	25.81	23 wks	2.8		R
Referral to treatment waiting times - Non-admitted (95th percentile)		! New	16.42	16.65	16.39	16.48	18.3 wks	-1.8		G
Referral to treatment waiting times - admitted (median)		! New	10.53	11.10	11.46	11.02	N/A			
Referral to treatment waiting times - Non admitted (median)		! New	6.42	7.16	6.86	6.86	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 (95th percentile)		! New	8:29:00	5:32:00	7:35:00	7:15:00	<= 4 hrs	3:15:00		R
Total time in A&E (Median)		! New	2:20:00	2:14:00	2:18:00	2:17:00	<=2:30:00	0:13:00		G
Single longest time recorded from arrival at A&E to admission, transfer or discharge		! New	24:36:00	26:26:00	21:57:00	26:26:00	<=6 hrs			R
Time to initial assessment (95th percentile)		! New	0:30:00	0:26:00	0:14:00	0:22:00	< 15 min	0:07:00		R
Time to initial assessment (Median)		! New	0:00:00	0:00:00	0:00:00	0:00:00	< 20 min	-0:20:00		G
Single longest time recorded from arrival at A&E to full initial assessment (brought by ambulance)		! New	Data Quality		3:52:00	DQ				R
Time to treatment decision (95th percentile)		! New	2:16:00	2:18:00	2:27:00	2:19:00	< 60 min	1:19:00		R
Time to treatment decision (Median)		! New	0:48:00	0:47:00	0:48:00	0:48:00	< 60 min	-0:12:00		G
Single longest time recorded from arrival at A&E to treatment		! New	Data Quality		10:08:00	DQ				R
Unplanned reattendance rate		! New	7.7%	7.7%	7.9%	7.8%	1% - 5%	2.8%		A
Left without being seen		! New	0.8%	0.6%	0.6%	0.7%	< 5%	-4.3%		G
Ambulatory Care (Quarterly)	%age of A&E patients admitted for Cellulitis	! New	work in progress							
	%age of A&E patients admitted for DVT	! New								
Service Experience (Quarterly)		! New	Planned not yet completed							
Consultant Sign-off (Six month)		! New								
Quality & Safety										
C.Diff (hospital acquired)			2	6	0	8	9	-11%		G
MRSA Bacteraemia (hospital acquired)			0	0	0	0	1	0		G
Patient Experience Survey		! New	80.2%	79.7%	78.9%	79.6%	90.0%	-10.4%		A
Breach of Same Sex Accommodation		! New	0	0	0	0	0	0		G
VTE Risk Assessment		! New	91.4%	90.8%	93.0%	91.7%	90.0%	1.70%		G
Stroke Pts - 90% time on Stroke Unit			87.88%	83.78%	87.50%	86.44%	80.00%	6.44%		G

Trust Operational Performance Report - June 2011

Operating Framework		Apr	May	Jun	Q1 11/12	11/12 Plan	Var	Trend	11/12 Outturn
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%	88.3%	80.0%	8.3%		G
Smoking During Pregnancy		6.2%	6.6%	8.4%	7.1%	8.2%	-1.1%		G
Breastfeeding Initiation		80.9%	80.6%	83.0%	81.6%	80.7%	0.9%		G

Trust Operational Performance Report - June 2011

Operating Framework		Apr	May	Jun	Q1 11/12	11/12 Plan	Var	Trend	11/12 Outturn
Activity									
Acute Bed Capacity	! New	574	542	541	541				
Avg. Length of Stay - Elective (Acute)	! New	3.03	2.59	2.72	2.78	2.95	-0.2		G
Avg. Length of Stay - Emergency (Acute)	! New	5.48	5.64	5.81	5.64	4.80	0.8		R
Daycase Rate		84.1%	83.6%	84.0%	83.9%	81.5%	-4.0		G
Delayed Transfers of Care – Acute & MH		3.8%	4.1%	2.6%	3.5%	3.5%	-4.8		G
GP Written Referrals to Hospital		6,305	7,714	7,799	21,818	24,708	-11.7%		A
Other Referrals For a First Outpatient Appointment		4,023	4,659	4,928	13,610	TBA			
All First Outpatient Attendances		7,814	9,211	9,399	26,424	25,980	1.7%		G
Elective FFCEs		400	457	503	1,360	1,484	-8.3%		A
Non-elective FFCEs		482	499	556	1,537	1,543	-0.4%		A
A&E Attendances		7,712	7,918	7,577	23,207	22,241	4.3%		G

Old Better Care Better Value (not transferred to Operating Framework)		Apr	May	Jun	YTD 11/12	11/12 Plan	Var	Trend	11/12 Outturn
BADS Procedures		94%	91%	91%	**92%**	85.0%	6.7%		G
Inpatients Admitted before day of Operation		7.4%	6.9%	5.3%	**6.5%**	10.0%	-3.5%		G

PCT CQUIN		Apr	May	Jun	YTD 11/12	11/12 Plan	Var	Trend	11/12 Outturn
VTE Risk Assessment	! New	91.4%	90.8%	93.0%	91.1%	90.0%	1.1%		G
Patient Experience Survey	! New	80.2%	79.7%	78.9%	79.6%	90.0%	-10.4%		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 Surrey PCT

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

Monitor - Governance Indicators June 2011

Q1 Monitor Performance: **AMBER-GREEN** Forecast Q2 Performance: **AMBER-GREEN**

Action Plan: Improvement programme for A&E indicators; RTT 23 week recovery plan.

Monitor Compliance Framework - June - Q1

The service performance element of the governance risk ratings

Green : < 1.0 | **Amber-Green : >=1.0 and <2.0** | **Amber-Red : >=2.0 and < 4.0** | **Red: >=4.0**

	Safety			Monitoring		Target	Weighting	Apr	May	Jun	Q1 Total	Q1 Weighting	11/12 YTD
1-01	Clostridium Difficile (Hospital acquired only). Total Annual Target is 33 but is reported against the cumulative profile. (Q1 profile is Apr 3, May 3, Jun 3 = 9 cases)				Quarterly	9	1.0	2	6	0	8	0.0	8
1-02	MRSA (Hospital acquired only. Annual threshold is 4; Profile YTD threshold is 1)				Quarterly	1	1.0	0	0	0	0	0.0	0
	Quality			**Monitoring**		**Target**	**Weighting**	**Apr**	**May**	**Jun**	**Q1 Total**	**Q1 Weighting**	**11/12 YTD**
2-01	All cancers: 31-day wait for second or subsequent treatment		Anti Cancer Drug Treatments		Quarterly	98.0%	1.0	100.0%	100.0%	100.0%	100.0%	0.0	100.00%
2-02			Surgery		Quarterly	94.0%		100.0%	100.0%	100.0%	100.0%	0.0	100.00%
2-03	All cancers: 62-day wait for first treatment		From Consultant Screening Service Referral		Quarterly	90.0%	1.0	100.0%	90.91%	100.0%	95.83%	0.0	95.83%
2-04			Urgent GP Referral To Treatment		Quarterly	85.0%		95.77%	89.80%	86.08%	90.32%	0.0	90.32%
2-05	31-Day (Diagnosis To Treatment) Wait For First Treatment		All Cancers		Quarterly	96.0%	0.5	98.67%	99.05%	98.77%	98.85%	0.0	98.85%
2-06	Two week wait from referral to date first seen		All Cancers		Quarterly	93.0%	0.5	96.09%	96.52%	97.57%	96.75%	0.0	96.75%
2-07			For symptomatic breast patients		Quarterly	93.0%	0.5	95.37%	94.66%	96.27%	95.44%	0.0	95.44%
2-08	A&E: Q1 - Local Health Economy		Total time in A&E (95th percentile)	! New	Quarterly	<= 4 hr	1.0	4:26:00	3:58:00	3:59:00	3:59:00	0.0	3:59:00
2-09	A&E: To be reported to Monitor from **Q2:** St Peter's A&E Depts (A&E, EPU & GUM) + Ashford GP Walk-in Centre. Currently only St Peter's data available for 2-5.	1	Total time in A&E (95th percentile)	! New	Quarterly	<= 4 hr	**1.0** (Failing 3 or more); **0.5** (Failing 2 or less)	**6:03:00**	**3:59:00**	**5:03:00**	**5:00:00**		**5:00:00**
2-10		2	Time to initial assessment (95th percentile)	! New	Quarterly	<= 15 min		**0:30:00**	**0:26:00**	0:14:00	**0:22:00**		**0:22:00**
2-11		3	Time to treatment decision (median)	! New	Quarterly	<= 60 min		0:48:00	0:47:00	0:48:00	0:48:00		0:48:00
2-12		4	Unplanned reattendance rate	! New	Quarterly	<=5%		**7.7%**	**7.7%**	**7.9%**	**7.8%**		**7.8%**
2-13		5	Left without being seen	! New	Quarterly	<=5%		0.8%	0.6%	0.6%	0.7%		0.7%
2-14	Stroke Pts - 90% time on Stroke Unit			! New	Quarterly	80.0%	TBC	87.88%	83.78%	87.50%	86.44%	0.0	86.44%
2-15	Patients at higher risk of stroke who experience TIA are assessed and treated within 24 hours			! New	Quarterly	60.0%	TBC						
	Patient Experience			**Monitoring**		**Target**	**Weighting**	**Apr**	**May**	**Jun**	**Q1 Total**	**Q1 Weighting**	**11/12 YTD**
3-01	Referral to treatment waiting times - admitted (95th percentile)			! New	Quarterly	23 weeks	1.0	**24.72**	**26.00**	**24.88**	**25.81**	**1.0**	**25.81**
3-02	Referral to treatment waiting times - Non-admitted (95th percentile)			! New	Quarterly	18.3 weeks	1.0	16.42	16.65	16.39	16.48	0.0	16.48
3-03	Self-certification against compliance with requirements regarding access to healthcare for people with a learning disability				Quarterly		0.5	The Trust considers that it is compliant to the six criteria, scoring between 3-4 (4 being fully implemented)					
	Monitor Compliance Framework Score - Q1			**Score 1.0 (3-01 RTT not achieved)**									
	Monitor Compliance Framework Score - Predicted for Q2			**Score 1.0 (A&E at risk)**									

! New measures 2011/12

1-02:	**MRSA objective:** NHS FTs which are not in the best performing quartile for MRSA should deliver performance that is at least in line with the MRSA objective targets calculated by the DH Monitor expects NHS FTs without a centrally calculated MRSA objective to agree an MRSA target for 2011/12 that at least maintains existing performance. Where an NHS foundation trust has an annual MRSA objective of six cases or fewer (the de minimis limit) and has reported six cases or fewer in the year to date, the MRSA objective will not apply for the purposes of Monitor's Compliance Framework. If an NHS FT with an annual objective of six cases or fewer declares a risk of exceeding the de minimis level and its annual MRSA objective in-year, but has not yet done so, it will be required to [provide, and then] report monthly against, an MRSA action plan until the risk has been satisfactorily addressed.
2-08/12:	A&E targets from quarter two. In quarter one, 95th percentile waits of 4 hours or less to be used.
	• Unplanned reattendance rate: within 7 days of original attendance. Includes patients referred back by another health professional.
	• Time to initial assessment: for **ambulance** arrivals.
	• Time to treatment decision: time from arrival to see a decision-making clinician (defining management plan and may potentially discharge the patient, all attendances **not** just ambulance)
3-01/02:	Performance is measured on an aggregate basis, NHS FTs are required to meet the threshold on a monthly basis – failure in any month represents failure for the quarter and should be reported via the exception reporting process.
2-13/14:	Monitor is to confirm if they will be using these Stroke measures; we have taken the NHS Operating Framework targets.