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

TRUST BOARD
29th March 2012

TITLE	**Compliance Framework and Trust Operational Performance**
EXECUTIVE SUMMARY	Delivering the target of a maximum wait of 4 hours for 95% of patients continues to be a significant challenge and although performance improved from 90.4% in December 2011 to 92.8% in January 2012, it fell to 90.78% in February. Performance for quarter to date (as at 9th March) stands at 91.46% and it is highly unlikely that performance for the remainder of March will be sufficient to meet the Compliance Framework standard for the quarter as a whole. The Trust continues to achieve an 18 week referral to treatment pathway for more than 90% of patients requiring admitted patient care and more than 95% of patients requiring non-admitted patient care in every specialty. In addition, the Trust is already meeting the Operating Framework standards for 2012/13 in relation to 18 weeks and waits for diagnostic tests.
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 March 2012
Decision:	For noting

TRUST BOARD
29th March 2012

OPERATIONAL PERFORMANCE

MONITOR COMPLIANCE FRAMEWORK

1. Executive Summary

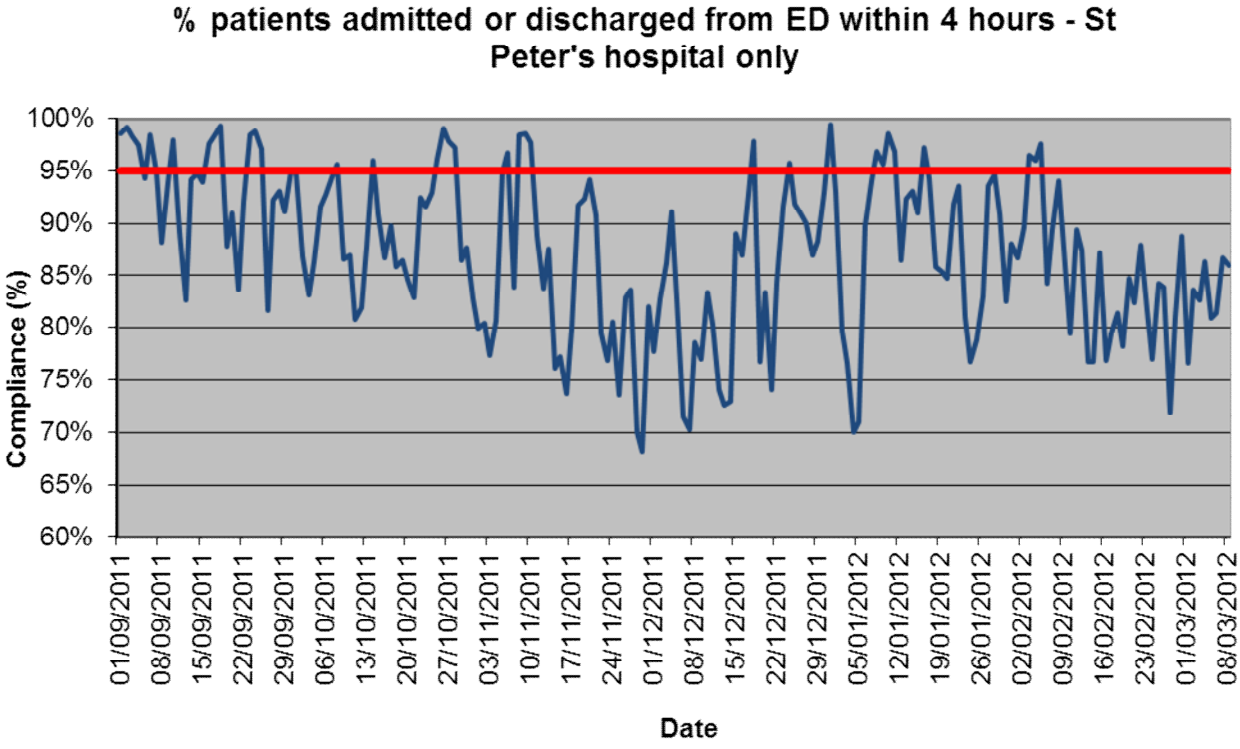
The purpose of this paper is to summarise key operational performance issues and the actions in place to address them. The paper concentrates on the delivery of those targets within the Monitor Compliance Framework, but also draws attention to any other areas of concern on an exception basis.

Delivering the target of a maximum wait of 4 hours for 95% of patients continues to be a significant challenge and although performance improved from 90.4% in December 2011 to 92.8% in January 2012, it fell to 90.78% in February. Performance for quarter to date (as at 9th March) stands at 91.46% and it is highly unlikely that performance for the remainder of March will be sufficient to meet the Compliance Framework standard for the quarter as a whole.

The Trust continues to achieve an 18 week referral to treatment pathway for more than 90% of patients requiring admitted patient care and more than 95% of patients requiring non-admitted patient care in every specialty. In addition, the Trust is already meeting the Operating Framework standards for 2012/13 in relation to 18 weeks and waits for diagnostic tests.

2. ED performance

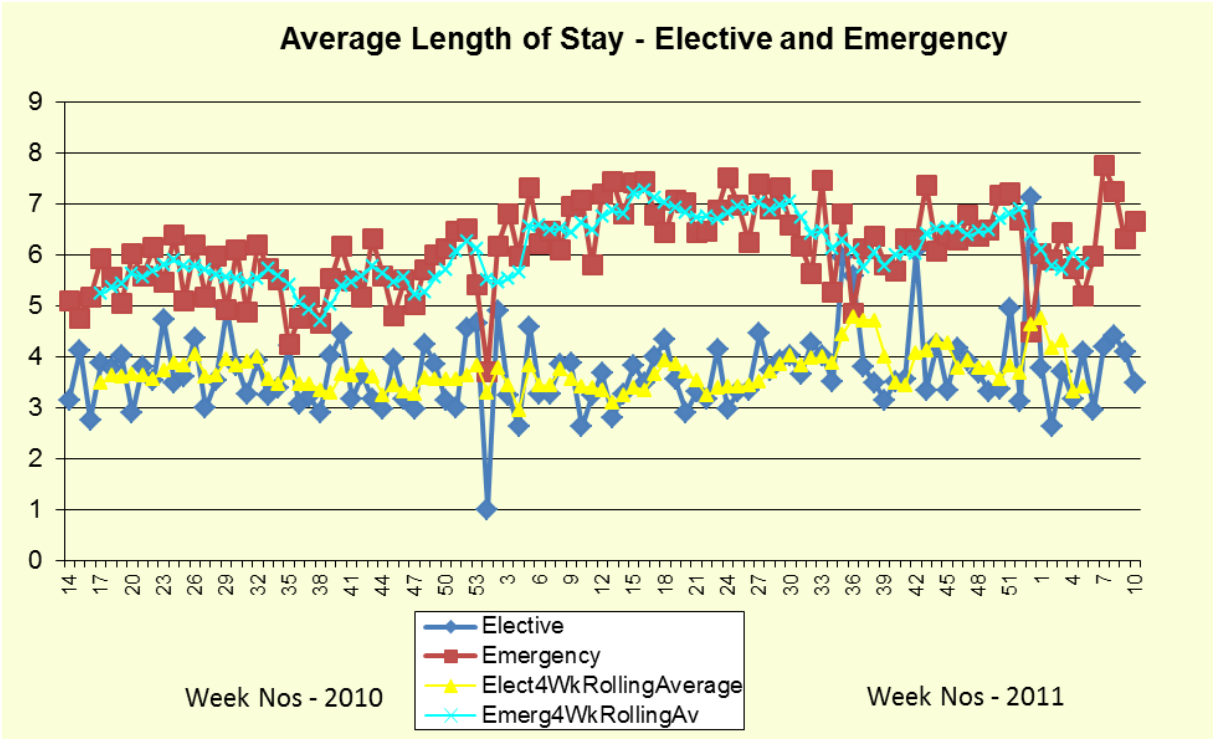
The graph below shows the percentage of patients that were admitted or discharged from the ED at St Peter's Hospital within 4 hours of arrival.



Delivering the target of a maximum wait of 4 hours for 95% of patients continues to be a significant challenge and although performance improved from 90.4% in December 2011 to 92.8% in January 2012, it fell to 90.78% in February. Performance for quarter to date (as at 9th March) stands at 91.46%, compared with 91.44% for quarter 3, and it is highly unlikely that performance for the remainder of March will be sufficient to meet the Compliance Framework standard for the quarter as a whole. The expectation, however, is that the target will be achieved for the month of March.

February proved to be a challenging month from a patient flow perspective, with particular operational pressure coinciding with the week of the half term holiday. This pressure was experienced across all of the acute Trusts in Surrey, with the majority reaching escalation status black (the most severe level of pressure) and remaining at such for the whole of half term week.

To support delivery of the ED clinical quality indicators the Trust is also actively monitoring average length of stay. The graph below shows average length of stay by week for the last 2 years. As the graph demonstrates, there was a peak in length of stay during February, which also coincided with the half term holiday. Average length of stay has fallen slightly over the last couple of weeks, although has not completely recovered from the February peak, and plans for the Easter break are currently under review to ensure that appropriate cover arrangements are in place to maintain service provision and patient flow.



Performance assurance

A number of additional actions have been put in place to address the long waiting times in the ED and poor patient flow across the hospital more generally. These actions are over and above those in already progress as part of the Unscheduled Care Programme and are documented as part of the formal recovery plan for the Acute Medicine and Emergency Services Division. The additional actions include:

- The introduction of new management arrangements in the division of Acute Medicine and Emergency Services.
- Bringing forward the implementation of RealTime – all wards are now live.
- Weekly circulation of "long stay" reports to consultants, heads of nursing, matrons and divisional management teams.
- Instigation of a 16:00 daily board round.

- Implementing a process for the concurrent writing of TTOs during ward rounds.
- Change in function of the Medical Assessment Unit and reinstatement of the short-stay area for the assessment of patients referred directly from ED.
- Obtaining support from ECIST in the further redesign of the medical assessment function.
- Additional senior management support in ED to facilitate board rounds and unblock delays in patient flow during the month of March.
- Development of a weekly operational scorecard to support the Divisional Management Teams in their management of patient flow.

Assurance that the internally-focused actions outlined in the recovery plan are in place and having the desired effect is achieved through a weekly performance meeting chaired by the Deputy Chief Executive. The Associate Director of Operations and the Divisional General Manager and Chief Nurse for Acute Medicine and Emergency Services also attend this meeting.

Although the Trust is unlikely to meet the Compliance Framework standard for waiting times in ED for quarter 4 as a whole, the expectation is that it will be met for the month of March.

3. The Operating Framework for the NHS in England 2012/13

As part of the Operating Framework for the NHS in England 2012/13, the Trust will be required to ensure that the 90% of patients on an admitted care pathway and 95% of patients on a non-admitted pathway receive treatment within 18 weeks at specialty level. This standard was achieved in both January and February. The existing 95th percentile waiting time targets were also met at Trust and specialty level for both types of pathway.

In addition, a new standard relating to 18 weeks will be introduced from April 2012. Trusts will be required to ensure that 92% of patients on incomplete pathways (i.e. those that have not yet received their first definitive treatment) have waited for less than 18 weeks. The Trust is already meeting this standard.

The Trust is also meeting the standard that less than 1% of patients wait six weeks or more for a diagnostic test.

4. Conclusion

The Trust is meeting the 18 week performance targets on a consistent basis and is already achieving the new standards that come into effect from April 2012 as part of the Operating Framework for the NHS in England 2012/13.

Delivering the target of a maximum wait of 4 hours for 95% of patients in ED continues to be a significant challenge and it is highly unlikely that performance for the remainder of March will be sufficient to meet the Compliance Framework standard for the quarter as a whole. The expectation, however, is that the target will be achieved for the month of March.

5. Action Required

The Board is asked to note the risk of failing to meet the A&E 4 hour standard in quarter 4 and the actions that are under way to address the underlying issues of flow and capacity.

07-021Monitor 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	*30*	8	4	4	1	17
MRSA - meeting the MRSA objective		4	1.0	Quarterly	*4*	0	2	0	0	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%	100% 100%	100% 100%	99.46% 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%	90.95% 96.15%	90.70% 80.00%	92.00% 95.60%
All Cancers: 31 day wait from diagnosis to first treatment		96%	0.5	Quarterly	96%	98.89%	100%	98.05%	98.60%	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%	98.00% 93.90%	98.50% 96.30%	97.70% 95.26%
A&E	95th Percentile (Q1) Total time in A&E (95%)	95%	1.0	Quarterly	95%	3:59:00 94.23%	96.27%	91.44%	91.84%	93.56%
Stroke indicator		TBC	0.5	Quarterly	80%	86.44%	82.18%	83.78%	81.16%	83.71%
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	<23 Weeks	25.20	21.09	19.75	17.96	21.11
Referral to treatment waiting times - non admitted (95th percentile)		<18.3 Weeks	1.0	Quarterly	<18.3 Weeks	16.49	16.25	16.28	16.57	16.37
Compliance with requirements re access to healthcare for people with a learning disability.		Annual Target	0.5	Quarterly						
Governance:			**Weighting**	**Monitoring Period**		**Q1**	**Q2**	**Q3**	**Q4**	**Yr End Forecast**
Risk of, or actual, failure to deliver mandatory services			4.0	Quarterly		No	No	No	No	
CQC compliance action outstanding			2.0	Quarterly		No	No	No	No	
CQC enforcement notice currently in effect			4.0	Quarterly		No	No	No	No	
Moderate CQC concerns regarding the safety of healthcare provision			1.0	Quarterly		No	No	No	No	
Major CQC concerns regarding the safety of healthcare provision			2.0	Quarterly		No	No	Yes	Yes	
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	No	
Indicative Governance risk rating						A/G	G	A/R	A/R	
Financial Risk Score		**10/11 Scores**	**Weighting**	**Monitoring Period**	**Current Score**	**Q1**	**Q2**	**Q3**	**Q4**	**Yr End Forecast**
1. Underlying Performance - EBITDA Margin		3	25%	Annual	6.3%	3	3	3	3	3
2. Achievement of Plan - EBITDA achieved		4	10%	Annual	83.4%	3	3	3	3	3
3. Financial Efficiency - Return on Assets		4	20%	Annual	4.1%	2	3	3	3	3
4. Financial Efficiency - I&E Margin		3	20%	Annual	0.7%	2	2	2	2	2
5. Liquidity - Liquidity Ratio*		4	25%	Annual	24.5	4	4	3	3	3
Weighted Average Rating		3.6				2.9	3.1	2.8	2.8	2.8
Overall Rating		4	100			3	3	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. 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.

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 - February 2012

Operating Framework			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	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%	100.00%	100.00%	100.00%	100.00%	100.00%	98%	2.0%		G
	Surgery		100.0%	100.0%	100.0%	100.0%	94.12%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	99.46%	94%	5.5%		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%	92.31%	100.00%	100.00%	100.00%	66.67%	95.65%	90%	5.7%		G
	Urgent GP Referral To Treatment		95.77%	89.80%	88.10%	88.42%	91.75%	94.92%	95.35%	91.11%	95.18%	90.79%	90.67%	91.98%	85%	7.0%		G
31-Day Wait For First Treatment	All Cancers		98.67%	99.05%	98.90%	100.00%	100.0%	100.00%	98.82%	98.89%	100.00%	98.65%	98.46%	99.25%	96%	3.3%		G
Two week wait from referral to date first seen	All Cancers		96.09%	96.52%	97.57%	98.37%	97.37%	97.91%	98.16%	97.22%	98.48%	98.74%	98.30%	97.68%	93%	4.7%		G
	For symptomatic breast patients		95.37%	94.66%	94.66%	94.70%	96.26%	96.67%	96.43%	91.72%	95.69%	96.58%	96.03%	95.26%	93%	2.3%		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	19.90	19.60	17.90	17.90	17.95	21.10	23 wks	-1.9		G
Referral to treatment waiting times - Non-admitted (95th percentile)		! New	16.42	16.65	16.40	16.52	15.96	16.26	16.40	16.20	16.10	16.50	16.60	16.36	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	12.30	12.52	11.39	13.23	13.06	**11.74**	N/A			
Referral to treatment waiting times - Non admitted (median)		! New	6.42	7.16	6.86	6.04	6.39	7.16	6.80	6.71	6.37	7.46	6.55	**6.72**	N/A			
A&E Clinical Quality																		
Total time in A&E (95%)		! New	92.49%	95.95%	94.17%	95.85%	96.82%	97.02%	93.58%	90.26%	90.43%	92.93%	90.78%	93.56%	>95%	-1.4%		R
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	2	1	1	1	0	17	**30**	-43%		G
MRSA Bacteraemia (hospital acquired)			0	0	0	0	1	1	0	0	0	0	0	2	**4**	-50%		G
Patient Experience Survey		! New	80.2%	79.7%	78.9%	80.6%	80.4%	80.1%	80.3%	80.2%	81.1%	78.9%	79.9%	80.0%	90.0%	-10.0%		A
Breach of Same Sex Accommodation		! New	0	0	0	0	0	0	0	0	0	0	0	0	0	0		G
VTE Risk Assessment *		! New	91.4%	90.8%	93.0%	90.4%	90.1%	90.0%	90.1%	91.1%	90.2%	to be finalised		74.3%	90.0%	-15.72%		A
Stroke Pts - 90% time on Stroke Unit			87.88%	83.78%	87.50%	91.43%	89.74%	59.3%	86.11%	78.6%	87.88%	82.35%	80.00%	83.7%	80.00%	3.71%		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%	82.4%	91.4%	94.1%	to be finalised		88.5%	80.0%	8.5%		G
Smoking During Pregnancy			6.2%	6.6%	8.4%	6.4%	8.3%	8.5%	8.1%	10.6%	8.4%	5.8%	4.9%	7.5%	8.2%	-0.7%		G
Breastfeeding Initiation			80.9%	80.6%	83.0%	86.8%	77.9%	81.4%	85.1%	84.0%	79.7%	86.1%	88.9%	83.1%	80.7%	2.4%		G

Trust Operational Performance Report - February 2012

Operating Framework		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	YTD 11/12	11/12 Plan	Var	Trend	11/12 Outturn
Activity																	
Acute Bed Capacity	! New	574	542	541	524	523	523	520	520	555	553	558	558				
Avg. Length of Stay - Elective (Acute)	! New	2.59	3.07	2.60	2.83	3.23	4.02	2.88	3.60	3.09	3.20	3.06	**3.10**	2.95	0.2		A
Avg. Length of Stay - Emergency (Acute)	! New	5.86	5.64	5.78	5.62	5.15	5.14	5.13	5.29	5.30	4.97	5.53	**5.39**	4.80	0.6		A
Daycase Rate		84.1%	83.6%	84.0%	82.0%	82.0%	78.4%	80.4%	81.2%	80.9%	82.5%	79.6%	81%	84.0%	-4.0		A
Delayed Transfers of Care – Acute & MH		3.8%	4.1%	2.6%	2.4%	2.2%	1.5%	2.0%	1.7%	1.5%	2.6%	3.1%	**2.51%**	3.5%	-4.8		G
GP Written Referrals to Hospital		6,272	7,704	8,239	7,587	7,566	7,129	7,353	7,893	6,478	7,433	7,398	81,052				
Other Referrals For a First Outpatient Appointment		4,023	4,659	4,928	4,681	4,459	4,748	4,711	4,781	4,049	4,886	4,450	50,375	TBA			
All First Outpatient Attendances		7,729	9,225	10,040	8,871	9,132	9,673	9,318	9,786	8,351	9,517	9,066	100,708	99,588	1.1%		G
Elective Spells		406	458	506	545	503	637	562	616	510	552	604	5,899	5,687	3.7%		G
Non-elective (maternity & transfers)		466	480	515	484	508	478	552	496	490	493	466	5,428	5,189	4.6%		A
A&E Attendances		7,712	7,919	7,577	7,766	7,116	7,488	7,925	7,829	7,532	7,421	7,566	83,851	81,875	2.4%		G

Old Better Care Better Value (not transferred to Operating Framework)		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	YTD 11/12	11/12 Plan	Var	Trend	11/12 Outturn
BADS Procedures		94%	91%	91%	92%	93%	94%	95%	96%	94%	96%	95%	93.6%	85.0%	8.6%		G
Inpatients Admitted before day of Operation		7.4%	6.9%	5.3%	4.2%	6.1%	4.3%	5.1%	7.6%	4.1%	5.9%	5.4%	5.7%	10.0%	-4.3%		G

PCT CQUIN		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	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%	90.0%	90.1%	91.1%	90.2%	to be finalised		89.5%	90.0%	-0.5%		A
Patient Experience Survey	! New	80.2%	79.7%	78.9%	80.6%	80.4%	80.1%	80.3%	80.2%	81.1%	78.9%	79.9%	**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

* VTE Risk Assesment figures are currently being validated and will be updated for January. It is assumed the Trust will meet the target on completion of validations.