Ashford and St. Peter's Hospitals NHS
NHS Trust

**TRUST BOARD**
**29th July 2010**

| | |
|---|---|
| **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 Howell, Deputy Chief Executive |
| **Date:** | 21st July 2010 |
| **Decision:** | For Noting |

Ashford and St. Peter's Hospitals NHS
NHS Trust

**TRUST BOARD**
**29th July 2010**

# OPERATIONAL PERFORMANCE

## 1 Introduction

From April 2010 the Trust has re-focussed its balanced scorecard on its four strategic objectives, in order to enable the Board to track progress against its key objectives. Service Performance (including performance against the Monitor Compliance Framework) is now reported separately. This report therefore 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

The Trust continues to score amber green against the Monitor Compliance Framework for June 2010. This is a continued strong performance.

Two issues drive this rating:

- MRSA performance against trajectory. The Trust is over its MRSA trajectory for Quarter 1 and this bears a significant weighting in the Compliance Framework. The root causes for MRSAs and actions being taken to address this level of performance have been reported on separately in the quality report. These have confirmed that the Trust's systems and processes for tackling healthcare acquired infections are strong, and this has been confirmed following a review by NHS Surrey.

- MRSA elective screening. The Trust continues to show a steady improvement against this target. Progress is hampered by the lack of an electronic tracking mechanism/alert through PAS. This creates an over-reliance on manual systems. The pathology team continue to work with individual clinical teams to improve performance. Benchmarked performance remains strong.

### 2.2 Care Quality Commission

- Delayed transfers of care. The Trust's performance is green however non acute patient stays and the transfer of patients to community or local authority bed based care remains a challenge. The Trust is working with NHS Surrey to develop a sector wide escalation plan that prescribes a community and local authority response to delayed transfers of care at times of high activity levels. In addition through the North West Surrey Transformation Board the Trust is exploring the potential for a joint agency operations room or operations function to improve inter agency management patient flow.

- Smoking during pregnancy. The Trust is a good performer nationally against this indicator. Performance is measured against year on year progress, which

is challenging for a Trust that is already high performing.

2.3 Better Care, Better Value

Emergency Length of Stay. There has been a marginal increase in emergency length of stay in Q1. This is likely to be the result of significant pressure on the hospital (high a and e attendances and high levels of bed occupancy), which in turn has created high numbers of outlying patients across the hospital. Where this is the case there is a natural negative impact on length of stay. The Trust is developing a cross-Trust length of stay programme of work designed to improve overall capacity management, and progress on this will be reported through the Trust's CIP governance mechanisms.

2.4 Local Trust Specified Targets

The Trust's DNA rates remain a cause for concern in Outpatient services. The Appointments Centre have commenced a redesign of the service structure to move towards an increase in working hours and introduce telephone booking as an alternative where appropriate to paper booking.

The Assistant Chief Operating Officer is working with the Patient Pathway Manager to consider an outsourcing option for DNA reduction.

In terms of theatre utilisation the Trust is in the middle of implementing its new theatre management system, which will provide much improved information on utilisation and efficiency. In addition the Trust has secured additional commercial expertise to run a major programme of work on improving theatre utilisation. This is under way and again progress will be reported through the Trust's CIPs governance mechanisms.

2.5 Data Challenges

The Trust's performance against the Fractured Neck of Femur target for June was disappointing at 51% against a target of 60%. An internal agreement has now been reached for the creation of two dedicated fractured neck of femur theatre lists each week (matched to peak days of demand). This should enable significant progress against this target.

## 3 Conclusion

The Trust's performance against its operational targets remains strong and sustainable in the majority of areas. Continued vigilance in terms of healthcare acquired infections is required. Poor performance against the fractured neck of femur target is particularly disappointing and needs to be monitored closely by the Board.

.

.

.

# Trust Operational Performance Report

## June 2010

### Trust Operational Performance Report June 2010

**Care Quality Commission**

| | July | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | YTD 10/11 | 10/11 Plan | Var | Trend | Outturn 10/11 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Cancer 31-Day First Treatment: All Cancers | 100.00 % | 99.01 % | 100.00 % | 100.00 % | 98.90 % | 100.00 % | 100.00 % | 97.18 % | 100.00 % | 98.78 % | 97.75 % | 100.00 % | 98.78 % | 96.00 % | 2.80 % | ⇧ | G |
| Cancer: 31-day wait for surgery & drug treatments | 99.25 % | 99.23 % | 100.00 % | 98.31 % | 98.37 % | 100.00 % | 100.00 % | 97.94 % | 100.00 % | 100.00 % | 100.00 % | 100.00 % | 100.00 % | 98.00 % | 2.00 % | ⇔ | G |
| Cancer Combined 62 Day Referral to Treatment | 97.94 % | 90.11 % | 90.12 % | 91.26 % | 95.88 % | 89.61 % | 98.70 % | 86.49 % | 93.10 % | 93.26 % | 94.38 % | 95.31 % | 94.21 % | 85.00 % | 9.20 % | ⇧ | G |
| Cancer Combined Two Week Rules | 98.38 % | 98.58 % | 98.58 % | 97.83 % | 99.34 % | 99.24 % | 96.47 % | 97.04 % | 98.12 % | 99.55 % | 99.20 % | 97.81 % | 98.79 % | 93.00 % | 5.80 % | ⇩ | G |
| Cancelled Operations | 0.47 % | 0.79 % | 1.14 % | 0.92 % | 0.44 % | 0.74 % | 0.81 % | 0.85 % | 0.39 % | 0.76 % | 0.69 % | 0.50 % | 0.65 % | 0.80 % | -0.20 % | ⇧ | G |
| 28 Day Guarantee | 0.00 % | 0.00 % | 3.03 % | 7.41 % | 0.00 % | 9.52 % | 0.00 % | 0.00 % | 0.00 % | 0.00 % | 5.26 % | 0.00 % | 1.75 % | 5.00 % | -3.20 % | ⇧ | G |
| Delayed Transfers of care | 5.40 % | 4.20 % | 3.30 % | 2.80 % | 4.50 % | 3.36 % | 2.84 % | 4.70 % | 3.75 % | 1.93 % | 2.08 % | 2.28 % | 2.10 % | 3.50 % | -1.40 % | ⇩ | 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 % | 100.00 % | 100.00 % | 100.00 % | 68.00 % | 32.00 % | ⇔ | G |
| LHE A&E < 4Hours | 99.45 % | 98.87 % | 98.43 % | 99.14 % | 98.92 % | 97.74 % | 97.98 % | 99.23 % | 99.25 % | 99.06 % | 98.59 % | 98.11 % | 98.83 % | 98.00 % | 0.80 % | ⇩ | 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 |
| 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 | 4 | 6 | 3 | 4 | 2 | 6 | 4 | 1 | 2 | 3 | 3 | 1 | 7 | 23 | -16 | ⇧ | G |
| MRSA Bacteraemia (Hospital) | 0 | 1 | 4 | 0 | 1 | 1 | 0 | 0 | 1 | 2 | 2 | 0 | 4 | 1 | 3 | ⇧ | A |
| Data Quality on Ethnic Group | 84.74 % | 84.59 % | 83.32 % | 85.65 % | 85.70 % | 87.10 % | 87.50 % | 86.49 % | 86.62 % | 87.55 % | 86.94 % | 85.13 % | 86.54 % | 85.00 % | 1.50 % | ⇩ | G |
| Smoking During Pregnancy | 7.30 % | 10.10 % | 6.20 % | 7.10 % | 9.80 % | 7.30 % | 8.60 % | 11.70 % | 6.00 % | 8.30 % | 8.90 % | 8.20 % | 8.47 % | 8.20 % | 0.30 % | ⇧ | A |
| Breastfeeding Initiation | 82.40 % | 78.80 % | 81.00 % | 80.60 % | 78.40 % | 80.60 % | 80.50 % | 78.70 % | 83.70 % | 83.00 % | 83.50 % | 85.60 % | 84.03 % | 80.70 % | 3.30 % | ⇧ | G |
| Completed Pathways - Admitted patients | 94.51 % | 94.88 % | 93.80 % | 93.88 % | 91.51 % | 92.43 % | 93.28 % | 92.28 % | 93.46 % | 93.29 % | 96.23 % | 95.77 % | 95.10 % | 90.00 % | 5.10 % | ⇩ | G |
| Completed Pathways - Non-admitted patients | 98.17 % | 98.39 % | 97.80 % | 98.26 % | 97.46 % | 98.00 % | 97.51 % | 97.79 % | 97.86 % | 98.23 % | 98.55 % | 98.15 % | 98.31 % | 95.00 % | 3.30 % | ⇩ | 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 | 94.18 % | 94.20 % | 94.22 % | 94.25 % | 94.55 % | 94.56 % | 94.18 % | 94.58 % | 94.62 % | 94.63 % | 95.12 % | 96.24 % | 95.33 % | N/A | N/A | ⇧ | |

# Trust Operational Performance Report

## June 2010

| PCT | July | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | 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 % | 96.97 % | 100.00 % | 95.45 % | 100.00 % | 100.00 % | 100.00 % | 100.00 % | 100.00 % | 80.00 % | 20.00 % | ⇔ | 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 % | 100.00 % | 0.00 % | ⇔ | G |
| A&E Attendances Resulting In Admission | 16.98 % | 23.49 % | 21.79 % | 19.84 % | 23.74 % | 20.33 % | 25.38 % | 26.55 % | 23.86 % | 25.21 % | 20.48 % | 19.83 % | 21.84 % | 23.45 % | -1.60 % | ⇧ | G |
| Pressure Ulcers | 18 | 23 | 11 | 8 | 8 | 13 | 8 | 16 | 10 | 9 | 7 | 16 | 32 | 56 | -42.90 % | ⇩ | G |
| Access to midwifery/Maternity services (Rpt Qtly) | 87.50 % | 91.20 % | 86.40 % | 87.40 % | 89.40 % | 85.50 % | 85.00 % | 85.70 % | 91.90 % | 85.00 % | 90.50 % | 89.90 % | 88.47 % | 80.00 % | 8.50 % | ⇩ | G |
| Caesarean Section Rate | 26.00 % | 28.20 % | 33.70 % | 29.50 % | 29.00 % | 25.40 % | 29.40 % | 28.30 % | 22.60 % | 29.70 % | 26.50 % | 25.00 % | 27.07 % | 25.00 % | 2.10 % | ⇧ | G |

# Trust Operational Performance Report

## June 2010

| Better Care Better Value | July | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | YTD 10/11 | 10/11 Plan | Var | Trend | Outturn 10/11 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Day Case Rate | 80.31 % | 80.14 % | 81.81 % | 80.93 % | 81.28 % | 82.10 % | 80.78 % | 81.71 % | 81.59 % | 80.42 % | 81.59 % | 82.64 % | 82.50 % | 81.50 % | 1.00 % | ⇧ | G |
| BADS Procedures | 89.72 % | 88.68 % | 89.15 % | 89.93 % | 89.72 % | 90.63 % | 90.22 % | 89.40 % | 89.42 % | 89.01 % | 90.97 % | 92.04 % | 90.67 % | 85.00 % | 5.70 % | ⇧ | G |
| Inpatients Admitted before Day of Operation | 8.76 % | 7.04 % | 4.88 % | 5.18 % | 4.22 % | 5.04 % | 8.40 % | 5.11 % | 4.32 % | 5.17 % | 6.08 % | 3.10 % | 4.78 % | 10.00 % | -5.20 % | ⇧ | G |
| Emergency LOS | 5.67 | 4.78 | 4.63 | 5.28 | 4.98 | 5.84 | 5.78 | 6.29 | 5.45 | 4.70 | 4.92 | 4.96 | 4.91 | 4.80 | 2.30 % | ⇩ | A |

# Trust Operational Performance Report

## June 2010

**Local**

| | July | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | YTD 10/11 | 10/11 Plan | Var | Trend | Outturn 10/11 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Total DNA | 13.03 % | 13.84 % | 13.40 % | 13.01 % | 13.17 % | 13.38 % | 18.71 % | 13.81 % | 13.34 % | 10.12 % | 10.38 % | 10.59 % | 10.36 % | 8.80 % | 1.60 % | ⇩ | R |
| A&E < 4Hours (SPH Only) | 98.80 % | 97.45 % | 96.74 % | 97.81 % | 97.86 % | 95.56 % | 95.95 % | 98.52 % | 98.54 % | 98.13 % | 97.17 % | 96.08 % | 97.18 % | 95.00 % | 2.20 % | ⇩ | G |
| 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 | 16 | 12 | 15 | 23 | 21 | 14 | 21 | 13 | 15 | 35 | 34 | 48 | 39 | N/A | 39 | ⇩ | |
| Theatre Utilisation | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 80.00 % | 83.00 % | N/A | 83.00 % | 85.00 % | -2.00 % | ⇧ | A |

DNA calculation excludes special package of care as for the SLA

# Trust Operational Performance Report

## June 2010

**Data Challenges**

| | July | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | YTD 10/11 | 10/11 Plan | Var | Trend | Outturn 10/11 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| OP New Follow Up Ratios | 1.59 | 1.60 | 1.62 | 1.56 | 1.61 | 1.55 | 1.63 | 1.67 | 1.64 | 1.60 | 1.62 | 1.58 | 1.60 | 2.00 | -20.10 % | ⇧ | G |
| Inpatient Readmission On Day Of Discharge | 6 | 9 | 10 | 10 | 4 | 5 | 9 | 5 | 10 | 12 | 6 | 1 | 19 | N/A | N/A | ⇧ | G |
| OP (New appointment only) Non GP/GDP Referral | 31.91 % | 22.97 % | 24.06 % | 22.74 % | 23.01 % | 24.38 % | 23.38 % | 22.61 % | 24.23 % | 23.19 % | 23.22 % | 23.55 % | 23.32 % | 25.00 % | -1.70 % | ⇩ | G |
| Stroke Pts - 90% time on Stroke Unit | 61.10 % | 66.70 % | 43.80 % | 61.30 % | 50.00 % | 61.10 % | 76.47 % | 85.20 % | 97.70 % | 92.68 % | 97.44 % | 94.12 % | 94.75 % | 80.00 % | 14.70 % | ⇩ | G |
| Fractured NOF Operated on with in 36 hrs (%) | N/A | N/A | N/A | N/A | N/A | N/A | 37.84 % | 51.22 % | 54.22 % | 61.90 % | 61.90 % | 51.85 % | 58.60 % | 60.00 % | -0.01 | ⇩ | R |
| Stroke Care - CQUIN Scanning with in 24hrs | 92.30 % | 74.10 % | 85.70 % | 84.40 % | 79.50 % | 97.80 % | 90.60 % | 91.30 % | 92.10 % | 97.70 % | 100.00 % | 79.40 % | 92.37 % | 90.00 % | 2.40 % | ⇩ | G |
| Stroke Care - CQUIN Scanning with in 3hrs | 61.50 % | 55.60 % | 74.30 % | 50.00 % | 72.70 % | 60.90 % | 81.30 % | 78.30 % | 76.30 % | 88.60 % | 88.90 % | 70.60 % | 82.70 % | 80.00 % | 2.70 % | ⇩ | G |