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

TRUST BOARD
29th September 2011

TITLE	**Compliance Framework and Trust Operational Performance**
EXECUTIVE SUMMARY	Overall a performance rating of green is predicted for quarter 2 with the key risk to this being delivery of a maximum waiting time of 4 hours for 95% of patients that attend the A&E department.
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:	20th September 2011
Decision:	For noting

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

TRUST BOARD
29th September 2011

OPERATIONAL PERFORMANCE

MONITOR COMPLIANCE FRAMEWORK

1. Executive Summary

The purpose of this paper is to summarise key operational performance issues and actions in place to address these. The paper concentrates on the delivery of those targets within the Monitor Compliance Framework.

The two main areas of operational performance that this report focuses on are RTT and A&E performance. Other areas (such as cancer) currently represent no concern for quarter 2 but continue to be reviewed weekly at the Operational Performance Meeting chaired by the Associate Director for Performance Improvement and attended by all Divisional General Managers.

Overall a performance rating of green is predicted for quarter 2 with the key risk to this being delivery of a maximum waiting time of 4 hours for 95% of patients that attend the A&E department.

2. RTT Pathway performance – Admitted patient care

The Trust delivered an overall 95th percentile waiting time of less than 23 weeks in all specialties in August, and therefore met the requirement of the Monitor Compliance Framework.

The Trust is still not achieving maximum waiting time of 18 weeks for 90% of patients. Whilst non-delivery of this standard is not recognised as a performance measure in the Monitor Compliance Framework for 2011/12, it is important to note that could lead to the application of contract penalties by the PCT. Work continues to understand the level (and cost) of the additional activity that would be required in Orthopaedics and General Surgery to achieve this standard.

3. A&E performance

Following completion of the Annual Plan Review, Monitor has announced a change to the way that it will use the A&E clinical quality indicators to assess governance risk in the Compliance Framework. This change is effective from quarter 2 and is as follows:

- Monitor will only score trusts for failing to achieve the indicator relating to total time in A&E;
- This will be monitored using the % of patients who have waited less than 4 hours (with the threshold set at 95%); and
- Monitor will score this indicator 1.0 for the purposes of our governance risk rating.

Current performance against all five of the A&E Clinical Quality Indicators is shown in the table below:

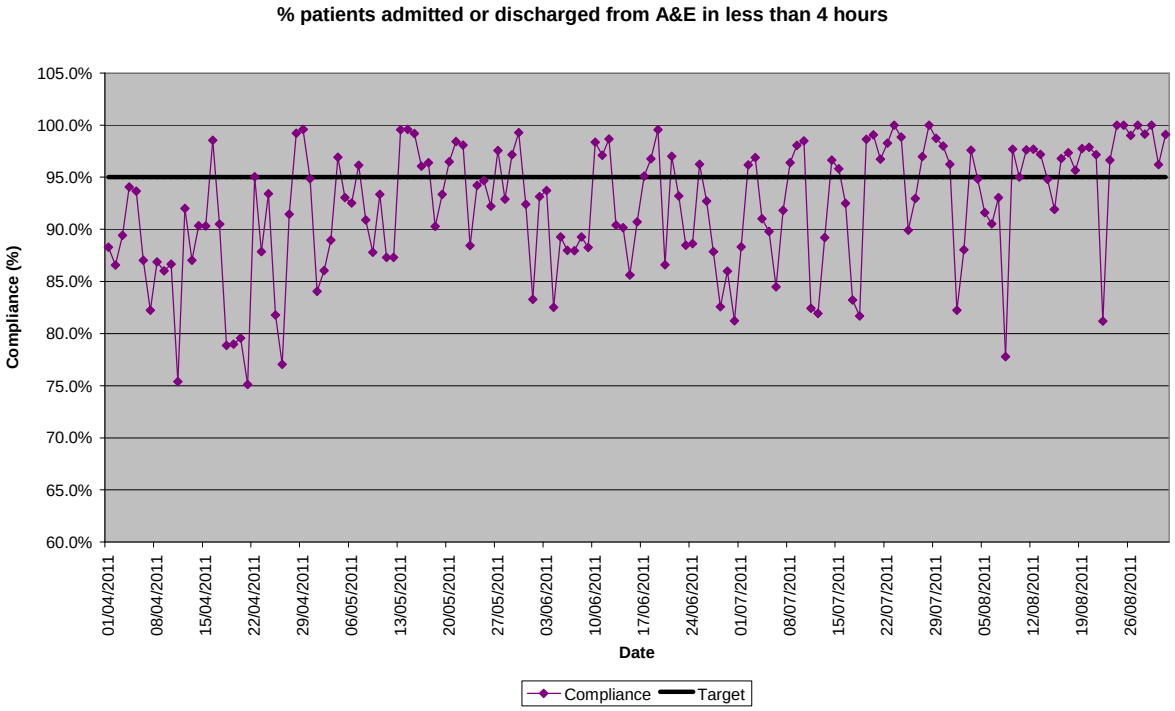
Measure	Intervention Trigger	August 2011
Time to initial assessment	95th percentile above 15 minutes (for ambulance arrivals)	0:10:00
Time to treatment	Median wait above 60 minutes	0:40:00
Left without being seen rate	At or above 5%	0.6%
Total time spent in the A&E department	95th percentile wait over 4 hours	3:55:00
Unplanned re-attendance rate	Above 5%	6.7%

Whilst the Trust is forecasting delivery against all five standards in quarter 2, the indicators relating to the total time spent in A&E and the unplanned re-attendance rate remain a risk.

Although performance against the 4 new A&E clinical indicators does not have to be submitted to Monitor, there is still a formal requirement to report performance on all 5 indicators to the NHS Information Centre which will in turn publish the data.

Total time spent in the A&E department

The graph below shows the percentage of patients that were admitted or discharged from A&E within 4 hours of arrival at St Peter's hospital. Although performance fluctuates, the graph demonstrates an improvement since the beginning of July and that variation in performance has been reduced.



The Trust is currently on track to deliver a maximum waiting time of less than 4 hours for 95% of patients in quarter 2. An action plan is in place to ensure sustainable delivery of this target and the other clinical quality indicators. This is monitored through a weekly meeting chaired by the Deputy Chief Executive.

Unplanned re-attendance rate

This indicator measures all re-attendances within 7 days of departure from the A&E department (regardless of whether the patient was admitted to hospital or discharged), excluding planned follow-ups and where the attendance category is unknown.

The Trust has sought clarification from the Department of Health on the data definitions associated with this standard to ensure that performance is reported accurately. On the basis of their advice an audit was undertaken of all re-attendances in August. The audit demonstrates that the rate of re-attendance is less than the target level of 5% and that the reported values are a reflection of poor data quality.

To address this issue a number of actions have been agreed. These include:

- Recalculation of the re-attendance rate for July and August prior to submission of quarter 2 data to Monitor.
- Implementing daily validation of re-attendances.
- Revising the methodology for capturing re-attendance data.

5. Conclusion

The Trust has made a good recovery on RTT performance and is maintaining delivery against target 95th percentile waits in quarter 2.
A&E performance is fragile but delivering for quarter 2. Sustainable delivery of a maximum waiting time of 4 hours for 95% of patients is reliant on the implementation of a significant programme of change both within the A&E department and across the whole hospital system for unscheduled care.

A focus will remain on reducing length of stay as this is central to delivering sustainable improvements in patient flow.

6. Action required

The Board is asked to note the Trust's forecast green performance rating for quarter 2 and the ongoing risk associated with A&E performance.

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

Monitor - Governance Indicators August 2011

Q2 Monitor Performance: **GREEN**

Forecast end of Q2 Performance: **GREEN**

Action Plan: **A&E:** Continue St Peter's Improvement Programme, escalate Walk-in data issues. **RTT:** Continue Improvement Programme.

Monitor Compliance Framework - August - Q2

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	Jul	Aug	Q2 Total	Q2 Weighting	11/12 YTD
1-01	Clostridium Difficile (Hospital acquired only). Total Annual Target is 33 but is reported against the cumulative profile. (Q2 profile is Jul 3, Aug 3, Sep 3)			Quarterly	13	1.0	2	6	0	1	2	3	0.0	11
1-02	MRSA (Hospital acquired only. Annual threshold is 4; Profile YTD threshold is 1)			Quarterly	2	1.0	0	0	0	0	1	1	0.0	1
	Quality		**Monitoring**		**Target**	**Weighting**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Q2 Total**	**Q2 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%	100.0%	100.0%	0.0	100.00%
2-02		Surgery		Quarterly	94.0%		100.0%	100.0%	100.0%	100.0%	94.1%	97.37%	0.0	98.80%
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%	100.0%	90.9%	95.24%	0.0	94.12%
2-04		Urgent GP Referral To Treatment		Quarterly	85.0%		95.77%	89.80%	88.10%	88.42%	88.04%	88.24%	0.0	87.07%
2-05	31-Day (Diagnosis To Treatment) Wait For First Treatment	All Cancers		Quarterly	96.0%	0.5	98.67%	99.05%	98.90%	100.00%	100.00%	100.00%	0.0	99.16%
2-06	Two week wait from referral to date first seen	All Cancers		Quarterly	93.0%	0.5	96.09%	96.52%	97.57%	98.37%	97.38%	97.87%	0.0	97.13%
2-07		For symptomatic breast patients		Quarterly	93.0%	0.5	95.37%	94.66%	94.66%	94.70%	96.30%	95.37%	0.0	94.05%
2-08	A&E: St Peter's A&E Depts (A&E, EPU & GUM) + Ashford GP Walk-in Centre	Total time in A&E	! New	Quarterly	95.0%	1.0	**92.49%**	95.95%	**94.17%**	95.85%	96.82%	96.32%	0.0	95.05%
2-09	Stroke Pts - 90% time on Stroke Unit		! New	Quarterly	80.0%	TBC	87.88%	83.78%	87.50%	91.43%	89.74%	90.54%	0.0	88.02%
2-10	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**	**Jul**	**Aug**	**Q2 Total**	**Q2 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**	21.43	20.95	21.20	0.0	**23.60**
3-02	Referral to treatment waiting times - Non-admitted (95th percentile)		! New	Quarterly	18.3 weeks	1.0	16.42	16.65	16.39	16.52	15.98	16.25	0.0	16.37
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 - Q2						**Score 0.0**							
	Monitor Compliance Framework Score - Predicted for end of Q2						**Score 0.0**							

! 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.
3-	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-	Monitor is to confirm if they will be using these Stroke measures; we have taken the NHS Operating Framework targets.

Trust Operational Performance Report - August 2011

Operating Framework			Apr	May	Jun	Jul	Aug	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%	100.0%	98%	2.0%		G
	Surgery		100.0%	100.0%	100.0%	100.0%	94.1%	98.8%	94%	4.8%		G
All cancers: 62-day wait for first treatment	From Consultant Screening Service Referral		100.0%	90.91%	100.0%	100.0%	90.9%	94.12%	90%	4.1%		G
	Urgent GP Referral To Treatment		95.77%	89.80%	88.10%	88.42%	88.0%	87.07%	85%	2.1%		G
31-Day Wait For First Treatment	All Cancers		98.67%	99.05%	98.90%	100.00%	100.0%	99.16%	96%	3.2%		G
Two week wait from referral to date first seen	All Cancers		96.09%	96.52%	97.57%	98.37%	97.4%	97.13%	93%	4.1%		G
	For symptomatic breast patients		95.37%	94.66%	94.66%	94.70%	96.3%	94.05%	93%	1.0%		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	23.60	23 wks	0.6		G
Referral to treatment waiting times - Non-admitted (95th percentile)		! New	16.42	16.65	16.39	16.52	15.98	16.39	18.3 wks	-1.9		G
Referral to treatment waiting times - admitted (median)		! New	10.53	11.10	11.46	11.23	10.86	11.04	N/A			
Referral to treatment waiting times - Non admitted (median)		! New	6.42	7.16	6.86	6.04	6.39	6.57	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)								**Q2 to Date**				
Total time in A&E (95th percentile)		! New	8:29:00	5:32:00	7:35:00	5:47:00	4:36:00	5:13:00	<= 4 hrs	1:13:00		R
Total time in A&E (Median)		! New	2:20:00	2:14:00	2:18:00	2:12:00	2:12:00	2:12:00	<=2:30:00	0:18:00		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	23:29:00	22:59:00	25:49:00	<=6 hrs			R
Time to initial assessment (95th percentile)		! New	0:30:00	0:26:00	0:14:00	0:08:00	0:10:00	0:10:00	< 15 min	-0:5:00		G
Time to initial assessment (Median)		! New	0:00:00	0:00:00	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	4:01:00	1:53:00	DQ				
Time to treatment decision (95th percentile)		! New	2:16:00	2:18:00	2:27:00	2:16:00	2:07:00	2:11:00	< 60 min	1:11:00		R
Time to treatment decision (Median)		! New	0:48:00	0:47:00	0:48:00	0:45:00	0:40:00	0:42:00	< 60 min	-0:18:00		G
Single longest time recorded from arrival at A&E to treatment		! New	Data Quality		10:08:00	6:21:00	5:42:00	DQ				
Unplanned reattendance rate		! New	7.7%	7.7%	7.9%	6.8%	6.7%	6.7%	1% - 5%	1.7%		R
Left without being seen		! New	0.8%	0.6%	0.6%	0.7%	0.6%	0.6%	< 5%	-4.4%		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	1	2	11	13	-15%		G
MRSA Bacteraemia (hospital acquired)			0	0	0	0	1	1	2	-50%		G
Patient Experience Survey		! New	80.2%	79.7%	78.9%	80.6%	80.4%	80.0%	90.0%	-10.0%		A
Breach of Same Sex Accommodation		! New	0	0	0	0	0	0	0	0		G
VTE Risk Assessment		! New	91.4%	90.8%	93.0%	90.4%	90.1%	91.1%	90.0%	1.12%		G
Stroke Pts - 90% time on Stroke Unit			87.88%	83.78%	87.50%	91.43%	89.74%	88.1%	80.00%	8.07%		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%		90.3%				G
Smoking During Pregnancy			6.2%	6.6%	8.4%	6.4%	8.3%	7.2%	8.2%	-1.0%		G
Breastfeeding Initiation			80.9%	80.6%	83.0%	86.8%	77.9%	81.8%	80.7%	1.1%		G

Trust Operational Performance Report - August 2011

Operating Framework		Apr	May	Jun	Jul	Aug	YTD 11/12	11/12 Plan	Var	Trend	11/12 Outturn
Activity											
Acute Bed Capacity	! New	574	542	541	524	523	541				
Avg. Length of Stay - Elective (Acute)	! New	3.03	2.59	2.72	3.21	4.00	3.11	2.95	0.2		A
Avg. Length of Stay - Emergency (Acute)	! New	5.48	5.64	5.81	5.50	5.10	5.51	4.80	0.7		A
Daycase Rate		84.1%	83.6%	84.0%	82.0%	82.0%	83%	81.5%	-4.0		G
Delayed Transfers of Care – Acute & MH		3.8%	4.1%	2.6%	2.4%	2.2%	3.0%	3.5%	-4.8		G
GP Written Referrals to Hospital		6,272	7,704	8,239	7,587	7,566	37,368	41,180	-9.3%		A
Other Referrals For a First Outpatient Appointment		4,023	4,659	4,928	4,681	4,459	22,750	TBA			
All First Outpatient Attendances		7,729	9,225	9,950	8,814	9,176	44,894	44,598	0.7%		G
Elective FFCEs		406	458	506	541	498	2,409	2,547	-5.4%		A
Non-elective FFCEs		466	480	516	487	495	2,444	2,594	-5.8%		A
A&E Attendances		7,712	7,919	7,577	7,766	7,116	38,090	37,394	1.9%		G

Old Better Care Better Value (not transferred to Operating Framework)		Apr	May	Jun	Jul	Aug	YTD 11/12	11/12 Plan	Var	Trend	11/12 Outturn
BADS Procedures		94%	91%	91%	92%	93%	92%	85.0%	7.0%		G
Inpatients Admitted before day of Operation		7.4%	6.9%	5.3%	4.2%	6.1%	6.0%	10.0%	-4.0%		G

PCT CQUIN		Apr	May	Jun	Jul	Aug	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%	91.1%	90.0%	1.1%		G
Patient Experience Survey	! New	80.2%	79.7%	78.9%	80.6%	80.4%	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