Ashford and St. Peter's Hospitals NHS
NHS Trust

TRUST BOARD
30th September 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 September 2010
Decision:	For noting

Ashford and St. Peter's Hospitals NHS
NHS Trust

TRUST BOARD
30th September 2010

OPERATIONAL PERFORMANCE

1 Introduction

From April 2010 the Trust has re-focused 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 August 2010. This is a continued strong performance. The Board can also be reassured that performance against the majority of key targets has now been stable for many months.

Two issues drive the current amber green rating:

- MRSA performance against trajectory. The Trust is over its MRSA trajectory year to date 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. Performance of 99% for August represents all bar 3 of the target patient group being screened. A root cause analysis has confirmed that 100% of patients presenting through the Trust's pre operative admission pathway have been MRSA screened before admission. The very small number of patients who were not screened were those who did not present via the standard pre admission pathway. This includes trauma patients initially seen in A & E and then re admitted subsequently for a procedure, and patients admitted from another hospital. Pathway issues for both sets of patients have been addressed with the relevant operational managers and clinicians and are on target to be addressed by November 2010.

2.2 Better Care, Better Value

Emergency Length of Stay. August saw a further marginal increase in the emergency length of stay. The Trust continued to experience significant operational pressure during the month, along with many other local NHS organisations.

2.3 Local Trust Specified Targets

A & E performance at St. Peter's site. The Trust has confirmed its commitment to sustaining the standard of 98% of patients presenting through A & E being seen within 4 hours. This continues to present a challenge to the St Peter's A & E department, although performance within paediatric A & E is very strong.

The Trust has a number of operational actions in play in the short term to improve performance. This includes additional senior medical cover at peak times and strengthened escalation procedures. In addition the Trust is pleased to be welcoming Mr Vijay Gautam its new clinical lead for A & E on 1st October. Alongside internal measures to improve performance the Trust continues to work with colleagues in the broader NW Surrey locality to improve the system for unscheduled care. The current focus remains on implementing key ambulatory pathways.

2.4 Data Challenges

The Trust's performance against the Fractured Neck of Femur target was sustained during August. Additional dedicated fractured neck of femur lists have improved performance in this area, although a significant operational challenge is created when multiple patients present on a single day. This remains the biggest risk to delivery of the target.

3 Conclusion

The Trust's performance against its operational targets remains strong and sustainable. Continued vigilance in terms of healthcare acquired infections is required.

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Monitor Compliance Framework

August 2010

Monitor Compliance Framework - Q2

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	July Actual	Aug Actual	Q2 Total	YTD Total	Weighting
Clostridium Difficile	Quarterly	38	1.0	9	5	14	21	0.0
MRSA	Quarterly	2	1.0	1	0	1	5	**1.0**
Cancer: 31-day wait for surgery treatments	Quarterly	94.0 %	1.0	100 %	100 %	100 %	100 %	0.0
Cancer: 31-day wait for anti cancer drug treatments	Quarterly	98.0 %		100 %	100 %	100 %	100 %	0.0
Cancer: 62-day wait from urgent GP referral to treatment	Quarterly	85.0 %	1.0	97.83 %	91.67 %	95.20 %	94.68 %	0.0
Cancer: 62-day wait from consultant screening service referral	Quarterly	90.0 %	1.0	100 %	100 %	100 %	100 %	0.0

Acute targets - minimum standards	Monitoring	Threshold	Weighting	July Actual	Aug Actual	Q2 Total	YTD Total	Weighting
Cancer: 31-day wait from diagnosis to first treatment	Quarterly	96.0 %	0.5	100 %	100 %	99.13 %	99.31 %	0.0
Cancer: two week wait from referral to date first seen	Quarterly	93.0 %	0.5	98.54 %	97.88 %	98.78 %	98.56 %	0.0
Cancer: two week wait for symptomatic breast patients	Quarterly	93.0 %		93.97 %	97.32 %	93.97 %	96.27 %	0.0
Screening all elective in-patients for MRSA	Quarterly	100.0 %	0.5	98.44 %	99.00 %	98.50 %	98.86 %	**0.5**
LHE A&E 4 hr wait	Quarterly	95.0 %	0.5	99.14 %	98.58 %	98.72 %	98.70 %	0.0
Thrombolysis Call to Needle	Quarterly	68.0 %	0.5	100 %	100 %	100 %	100 %	0.0

Monitor Compliance Framework Score:		1.5

Trust Operational Performance Report

August 2010

Trust Operational Performance Report August 2010

Care Quality Commission																	
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	YTD 10/11	10/11 Plan	Var	Trend	Outturn 10/11
Cancer 31-Day First Treatment: All Cancers	100.00 %	100.00 %	98.90 %	100.00 %	100.00 %	97.18 %	100.00 %	98.78 %	97.75 %	100.00 %	100.00 %	100.00 %	99.31 %	96.00 %	3.30 %	⇔	G
Cancer: 31-day wait for drug treatments	100.00 %	98.31 %	98.37 %	100.00 %	100.00 %	97.94 %	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	N/A	N/A	N/A	N/A	N/A	N/A	N/A	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	90.12 %	91.26 %	95.88 %	89.61 %	98.70 %	86.49 %	93.10 %	93.26 %	94.38 %	95.31 %	97.83 %	91.67 %	94.68 %	85.00 %	9.70 %	⇩	G
2 week GP referral to 1st outpatient	98.58 %	97.83 %	99.34 %	99.24 %	96.47 %	97.04 %	98.12 %	99.55 %	99.20 %	97.81 %	98.54 %	97.88 %	98.60 %	93.00 %	5.60 %	⇩	G
2 week GP referral to 1st outpatient breast symptoms	N/A	N/A	N/A	N/A	N/A	N/A	N/A	95.33 %	98.08 %	96.11 %	93.97 %	97.32 %	96.16 %	93.00 %	3.20 %	⇧	G
62 day referral to treatment from screening	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	90.00 %	N/A	⇔	G
Cancelled Operations	1.14 %	0.92 %	0.44 %	0.74 %	0.81 %	0.85 %	0.39 %	0.76 %	0.69 %	0.50 %	0.93 %	0.75 %	0.73 %	0.80 %	-0.10 %	⇧	G
28 Day Guarantee	3.03 %	7.41 %	0.00 %	9.52 %	0.00 %	0.00 %	0.00 %	0.00 %	5.26 %	0.00 %	0.00 %	0.00 %	1.05 %	5.00 %	-3.90 %	⇔	G
Delayed Transfers of care	3.30 %	2.80 %	4.50 %	3.36 %	2.84 %	4.70 %	3.75 %	1.93 %	2.08 %	2.28 %	1.24 %	2.00 %	1.94 %	3.50 %	-1.60 %	⇧	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	98.43 %	99.14 %	98.92 %	97.74 %	97.98 %	99.23 %	99.25 %	99.06 %	98.59 %	98.11 %	99.14 %	98.58 %	98.70 %	98.00 %	0.70 %	⇩	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	4	2	6	4	1	2	3	3	1	9	5	21	38	-17	⇧	G
MRSA Bacteraemia (Hospital)	4	0	1	1	0	0	1	2	2	0	1	0	5	2	3	⇧	R
Data Quality on Ethnic Group	83.32 %	85.65 %	85.70 %	87.10 %	87.50 %	86.49 %	86.62 %	87.55 %	86.94 %	85.13 %	89.92 %	91.14 %	88.13 %	85.00 %	3.10 %	⇧	G

Care Quality Commission																	
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	YTD 10/11	10/11 Plan	Var	Trend	Outturn 10/11
Smoking During Pregnancy	6.20 %	7.10 %	9.80 %	7.30 %	8.60 %	11.70 %	6.00 %	8.30 %	8.90 %	8.20 %	8.40 %	8.40 %	8.44 %	8.20 %	0.20 %	⇔	A
Breastfeeding Initiation	81.00 %	80.60 %	78.40 %	80.60 %	80.50 %	78.70 %	83.70 %	83.00 %	83.50 %	85.60 %	81.20 %	81.60 %	82.98 %	80.70 %	2.30 %	⇧	G
18 weeks RTT - admitted	93.80 %	93.88 %	91.51 %	92.43 %	93.28 %	92.28 %	93.46 %	93.29 %	96.23 %	95.77 %	95.10 %	94.85 %	95.05 %	90.00 %	5.00 %	⇩	G
18 weeks RTT - non-admitted	97.80 %	98.26 %	97.46 %	98.00 %	97.51 %	97.79 %	97.86 %	98.23 %	98.55 %	98.15 %	97.92 %	97.96 %	98.16 %	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	94.22 %	94.25 %	94.55 %	94.56 %	94.18 %	94.58 %	94.62 %	94.63 %	95.12 %	96.24 %	97.25 %	97.00 %	96.05 %	N/A	N/A	⇩	

PCT																	
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	YTD 10/11	10/11 Plan	Var	Trend	Outturn 10/11
Complaints - % Actioned within 25 Days	100.00 %	100.00 %	100.00 %	96.97 %	100.00 %	95.45 %	100.00 %	100.00 %	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	21.79 %	19.84 %	23.74 %	20.33 %	25.38 %	26.55 %	23.86 %	25.21 %	20.48 %	19.83 %	24.12 %	22.36 %	22.40 %	23.45 %	-1.10 %	⇧	G
Pressure Ulcers	11	8	8	13	8	16	10	9	7	16	4	6	42	94	-55.30 %	⇩	G
Access to midwifery/Maternity services(Rpt Qtly)	86.40 %	87.40 %	89.40 %	85.50 %	85.00 %	85.70 %	91.90 %	85.00 %	90.50 %	89.90 %	88.20 %	91.10 %	88.94 %	80.00 %	8.90 %	⇧	G
Caesarean Section Rate	33.70 %	29.50 %	29.00 %	25.40 %	29.40 %	28.30 %	22.60 %	29.70 %	26.50 %	25.00 %	24.00 %	27.20 %	26.48 %	25.00 %	1.50 %	⇩	G

Better Care Better Value																	
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	YTD 10/11	10/11 Plan	Var	Trend	Outturn 10/11
Day Case Rate	81.81 %	80.93 %	81.28 %	82.10 %	80.78 %	81.71 %	81.59 %	80.42 %	81.59 %	82.69 %	81.60 %	83.18 %	81.90 %	81.50 %	0.40 %	⇧	G
BADS Procedures	89.15 %	89.93 %	89.72 %	90.63 %	90.22 %	89.40 %	89.42 %	89.01 %	90.97 %	92.04 %	91.60 %	92.01 %	91.13 %	85.00 %	6.10 %	⇧	G
Inpatients Admitted before Day of Operation	4.88 %	5.18 %	4.22 %	5.04 %	8.40 %	5.11 %	4.32 %	5.17 %	6.08 %	3.10 %	3.05 %	4.10 %	4.30 %	10.00 %	-5.70 %	⇩	G
Emergency LOS	4.63	5.28	4.98	5.84	5.78	6.29	5.45	4.70	4.92	4.96	4.71	5.25	4.85	4.80	1.00 %	⇩	A

Local																	
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	YTD 10/11	10/11 Plan	Var	Trend	Outturn 10/11
Total DNA	13.40 %	13.01 %	13.17 %	13.38 %	18.71 %	13.81 %	13.34 %	10.12 %	10.38 %	10.57 %	10.66 %	10.92 %	10.53 %	8.80 %	1.70 %	⇩	R
A&E < 4Hours (SPH Only)	96.74 %	97.81 %	97.86 %	95.56 %	95.95 %	98.52 %	98.54 %	98.13 %	97.17 %	96.08 %	98.24 %	96.98 %	97.39 %	98.00 %	-0.60 %	⇩	A
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	15	23	21	14	21	13	15	35	34	48	49	29	39	N/A	N/A	⇧	
Theatre Utilisation	N/A	N/A	N/A	N/A	N/A	N/A	N/A	80.00 %	83.00 %	N/A	N/A	N/A	N/A	85.00 %	N/A	⇧	

DNA calculation excludes special package of care as for the SLA
The new theatre system is under implementation.

Data Challenges																	
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	YTD 10/11	10/11 Plan	Var	Trend	Outturn 10/11
OP New Follow Up Ratios	1.62	1.56	1.61	1.55	1.63	1.67	1.64	1.60	1.62	1.58	1.62	1.74	1.63	2.00	-18.40 %	⇩	G
Inpatient Readmission On Day Of Discharge	10	10	4	5	9	5	10	12	6	1	10	12	41	N/A	N/A	⇩	G
OP (New appointment only) Non GP/GDP Referral	24.06 %	22.74 %	23.01 %	24.38 %	23.38 %	22.61 %	24.23 %	23.19 %	23.22 %	23.55 %	24.02 %	22.04 %	23.21 %	25.00 %	-1.80 %	⇧	G
Stroke Pts - 90% time on Stroke Unit	43.80 %	61.30 %	50.00 %	61.10 %	76.47 %	85.20 %	97.70 %	92.68 %	97.44 %	94.12 %	97.67 %	92.86 %	94.95 %	80.00 %	15.00 %	⇩	G
Fractured NOF Operated on with in 36 hrs (%)	N/A	N/A	N/A	N/A	37.84 %	51.22 %	54.22 %	61.90 %	61.90 %	51.85 %	86.20 %	76.50 %	67.70 %	70.00 %	-0.02	⇩	A
Stroke Care - CQUIN Scanning with in 24 hrs	85.70 %	84.40 %	79.50 %	97.80 %	90.60 %	91.30 %	92.10 %	97.70 %	100.00 %	79.40 %	100.00 %	96.00 %	94.62 %	100.00 %	-5.40 %	⇩	A
Stroke Care - CQUIN Scanning with in 3 hrs	74.30 %	50.00 %	72.70 %	60.90 %	81.30 %	78.30 %	76.30 %	88.60 %	88.90 %	70.60 %	93.00 %	81.00 %	84.42 %	80.00 %	4.40 %	⇩	G
Stroke Care - CQUIN Scanning with in 1 hr	N/A	N/A	N/A	N/A	N/A	N/A	N/A	77.30 %	88.90 %	64.70 %	93.00 %	33.00 %	71.38 %	50.00 %	21.40 %	⇩	G