

TRUST BOARD
31st March 2011

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:	22 nd March 2011
Decision:	For noting

TRUST BOARD
31st March 2011**OPERATIONAL PERFORMANCE****1 Introduction**

This paper reports to the Board on the detail of the Trust's operational performance and 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: overview**

The Trust continues to score green against the Monitor Compliance Framework. This is a continued strong performance and benchmarks well with the FT sector. However the challenge of delivery in February has continued to be significant. The Trust has continued to experience significant winter pressures, with some additional 70 escalation beds open across both sites, and a slow flow of patients through the system which has resulted in peaks of high pressure within the A and E department. In addition, the number of escalation beds open across the system has created further operational inefficiencies and has resulted in an increased length of stay for emergency patients. The heavy volume of emergency work has also continued to jeopardise elective work, and it has taken significant management effort to ensure the delivery of 18 week and cancer targets.

2.2 Emergency care

The Board will see from February's report that whilst the Trust continued to meet the overall A and E four hour target, performance on the St Peter's site alone continued to be poor. In addition as described above, the operational inefficiencies arising from large numbers of escalation beds has increased the length of stay for emergencies. However February also saw the start of some important initiatives funded through winter pressures funding. This includes a two week meet and greet pilot in A and E, the roll out of the virtual ward, and the expansion of the nursing home scheme. In addition, other agencies in the North West Surrey implemented their own winter pressures schemes and this brought into play other new ways of working such as increased mental health support to A and E and MAU at the weekends. The challenge through the North West Surrey Transformation Board will be to evaluate the impact of these schemes and assess the changes that need to be implemented across the system in 2011/12.

In addition the Trust has acknowledged the need for greater rigour and discipline in the delivery of the complex change programme that is under way around unscheduled care. It is therefore introducing by 1st April a formal Programme Management Office approach to its major change projects, By the end of March this approach, with its accompanying processes, structures and procedures will have been applied to the Trust's programme of work on unscheduled care, supporting stronger delivery in 2011/12.

2.3 Planned care

Despite the emergency care challenges described above, the Trust has continued to deliver key elective targets such as 18 weeks and cancer targets. In addition the Trust continues to perform well in many key specialties (such as Trauma and Orthopaedics) in terms of median waiting times. Day case rates have also remained high, as has the Trust's delivery of the British Association of Day Surgery basket of procedures. However the cancellation of elective work during December and January has created a significant backlog of 18 week patients which will need to be managed through the system over the next three months. The Trust has robust daily and weekly performance management systems in place to ensure delivery of both cancer and 18 week targets, with early escalation of potential problems.

3 Conclusion

The Trust's performance remains strong and continues to benchmark well. However sustaining this level of performance during February has been a significant challenge. Delivering a continued green rating on the Compliance Framework for Q4 will stretch the Trust considerably, and pressure on elective targets will continue into Q1 2011/12 as a result of the number of elective cancellations during December and January.

Submitted by: Valerie Howell
Deputy Chief Executive

Date: 22nd March 2011

Monitor Compliance Framework

February 2011

Monitor Compliance Framework - Q4

The service performance element of the governance risk ratings



Acute targets - national requirements	Monitoring	Threshold	Weighting	Jan Actual	Feb Actual	Q4 Total	YTD Total	Weighting
Clostridium Difficile (Annual threshold is 67: Profile YTD threshold 54)	Quarterly	61	1.0	2	1	3	33	0.0
MRSA (Annual threshold is 5: Profile YTD threshold is 5)	Quarterly	5	1.0	0	0	0	5	0.0
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	91.14 %	87.32 %	89.23 %	93.10 %	0.0
Cancer: 62-day wait from consultant screening service referral	Quarterly	90.0 %	1.0	100 %	100 %	100 %	98.86 %	0.0

Acute targets - minimum standards	Monitoring	Threshold	Weighting	Jan Actual	Feb Actual	Q4 Total	YTD Total	Weighting
Cancer: 31-day wait from diagnosis to first treatment	Quarterly	96.0 %	0.5	98.61 %	100.00 %	99.30 %	99.17 %	0.0
Cancer: two week wait from referral to date first seen	Quarterly	93.0 %	0.5	97.76 %	99.40 %	98.58 %	98.46 %	0.0
Cancer: two week wait for symptomatic breast patients	Quarterly	93.0 %		94.29 %	96.50 %	95.40 %	95.84 %	0.0
Screening all elective in-patients for MRSA	Quarterly	100.0 %	0.5	100 %	100 %	100 %	99.60 %	0.5
LHE A&E 4 hr wait	Quarterly	95.0 %	0.5	96.03 %	95.17 %	95.60 %	97.80 %	0.0
Thrombolysis Call to Needle	Quarterly	68.0 %	0.5	100 %	100 %	100 %	100 %	0.0

Monitor Compliance Framework Score:	0.5
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Trust Operational Performance Report - February 2011

Care Quality Commission																	
	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	YTD 10/11	10/11 Plan	Var	Trend	Outturn 10/11
Cancer 31-Day First Treatment: All Cancers	100.00 %	98.84 %	97.75 %	100.00 %	100.00 %	100.00 %	100.00 %	98.99 %	99.04 %	97.62 %	98.61 %	100.00 %	99.17 %	96.00 %	3.20 %	↑	G
Cancer: 31-day wait for drug treatments	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
Cancer: 31-day wait for surgery treatments	N/A	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	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	93.10 %	93.26 %	94.57 %	96.05 %	97.83 %	94.32 %	91.84 %	89.02 %	96.55 %	89.86 %	91.14 %	87.32 %	93.10 %	85.00 %	8.10 %	↓	G
2 week GP referral to 1st outpatient	98.12 %	99.55 %	99.20 %	97.93 %	98.53 %	98.22 %	99.05 %	96.72 %	98.31 %	98.33 %	97.76 %	99.40 %	98.46 %	93.00 %	5.50 %	↑	G
2 week GP referral to 1st outpatient breast symptoms	N/A	95.33 %	98.08 %	96.11 %	93.97 %	97.30 %	96.52 %	94.53 %	94.56 %	96.12 %	94.29 %	96.50 %	95.84 %	93.00 %	2.80 %	↑	G
62 day referral to treatment from screening	N/A	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	90.91 %	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	98.86 %	90.00 %	8.90 %	↔	G
Cancelled Operations	0.39 %	0.76 %	0.69 %	0.50 %	0.93 %	0.75 %	0.93 %	0.87 %	0.62 %	1.30 %	0.74 %	0.70 %	0.80 %	0.80 %	0.00 %	↑	G
28 Day Guarantee	0.00 %	0.00 %	5.26 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	9.09 %	0.00 %	5.30 %	1.79 %	5.00 %	-3.20 %	↓	G
Delayed Transfers of care	3.75 %	1.73 %	2.08 %	1.80 %	1.54 %	2.01 %	2.24 %	2.20 %	2.00 %	2.10 %	4.10 %	3.30 %	2.28 %	3.50 %	-1.20 %	↑	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	99.25 %	99.17 %	98.79 %	98.46 %	99.20 %	98.75 %	98.68 %	98.32 %	97.44 %	95.06 %	96.03 %	95.17 %	97.80 %	95.00 %	2.80 %	↓	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
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	2	3	3	1	9	5	3	0	3	3	2	1	33	61	-28	↑	G
*MRSA Bacteraemia (Hospital)	1	2	2	0	1	0	0	0	0	0	0	0	5	5	0	↔	G
Data Quality on Ethnic Group	86.62 %	87.55 %	86.94 %	85.13 %	89.92 %	91.14 %	91.23 %	88.25 %	88.11 %	89.62 %	86.67 %	86.21 %	88.25 %	85.00 %	3.30 %	↓	G
Smoking During Pregnancy	6.00 %	8.30 %	8.90 %	8.20 %	8.40 %	8.40 %	4.40 %	7.60 %	7.80 %	8.20 %	8.70 %	9.20 %	8.00 %	8.20 %	-0.20 %	↓	G
Breastfeeding Initiation	83.70 %	83.00 %	83.50 %	85.60 %	81.20 %	81.60 %	82.70 %	83.00 %	83.20 %	81.30 %	82.80 %	81.50 %	82.70 %	80.70 %	2.00 %	↓	G
18 weeks RTT - admitted	93.46 %	93.29 %	96.23 %	95.77 %	95.10 %	94.85 %	93.02 %	93.47 %	93.05 %	93.30 %	92.99 %	92.23 %	94.11 %	90.00 %	4.10 %	↓	G
18 weeks RTT - non-admitted	97.86 %	98.23 %	98.55 %	98.15 %	97.92 %	97.96 %	97.77 %	97.86 %	98.61 %	99.10 %	97.79 %	97.70 %	98.19 %	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	94.62 %	94.63 %	95.12 %	96.24 %	97.25 %	97.00 %	95.70 %	96.52 %	96.45 %	96.78 %	97.02 %	97.25 %	96.36 %	N/A	N/A	↑	

*Clostridium Difficile (Annual threshold is 67: Profiled YTD threshold is 54); MRSA (Annual threshold is 5: Profiled YTD threshold is 5)

PCT																	
	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	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 %	100.00 %	95.00 %	100.00 %	86.00 %	100.00 %	100.00 %	88.00 %	97.18 %	80.00 %	17.20 %	↓	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 %	N/A	0.00 %	↔	G
A&E Attendances Resulting In Admission	23.86 %	25.21 %	20.48 %	19.83 %	24.12 %	22.36 %	23.39 %	21.90 %	18.68 %	21.21 %	24.32 %	22.03 %	22.14 %	23.45 %	-1.30 %	↑	G
Pressure Ulcers	10	9	7	16	4	6	12	5	2	11	13	4	89	153	-41.80 %	↑	G
Access to midwifery/Maternity services(Rpt Qtly)	91.90 %	85.00 %	90.50 %	89.90 %	88.20 %	90.00 %	86.50 %	90.75 %	92.23 %	93.26 %	87.75 %	86.00 %	89.10 %	80.00 %	9.10 %	↓	G
Caesarean Section Rate	22.60 %	29.70 %	26.50 %	25.00 %	24.00 %	27.20 %	26.20 %	19.50 %	24.20 %	24.40 %	27.90 %	28.60 %	25.60 %	25.00 %	0.60 %	↓	A

Better Care Better Value

	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	YTD 10/11	10/11 Plan	Var	Trend	Outturn 10/11
Day Case Rate	81.59 %	80.42 %	81.59 %	82.70 %	81.63 %	83.28 %	81.79 %	82.00 %	84.50 %	82.27 %	86.37 %	85.40 %	82.91 %	81.50 %	1.40 %	↓	G
BADS Procedures	89.42 %	89.01 %	90.97 %	92.04 %	91.60 %	92.01 %	86.35 %	85.08 %	90.34 %	88.68 %	93.35 %	93.28 %	90.25 %	85.00 %	5.20 %	↓	G
Inpatients Admitted before Day of Operation	4.32 %	6.92 %	10.67 %	4.83 %	5.85 %	10.35 %	9.09 %	8.50 %	4.78 %	4.79 %	4.99 %	6.08 %	6.99 %	10.00 %	-3.00 %	↓	G
Emergency LOS	5.45	4.70	4.92	4.96	4.71	5.00	4.80	5.69	5.32	6.18	5.28	6.55	4.90	4.80	2.10 %	↓	A

Local																	
	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	YTD 10/11	10/11 Plan	Var	Trend	Outturn 10/11
Total DNA	13.34 %	10.12 %	10.38 %	10.57 %	10.63 %	10.86 %	10.90 %	10.72 %	10.14 %	12.49 %	11.32 %	10.43 %	10.60 %	8.80 %	20.50 %	↑	R
*A&E < 4Hours (SPH Only)	98.54 %	98.13 %	97.17 %	96.08 %	98.24 %	96.98 %	97.01 %	96.04 %	94.46 %	89.48 %	91.17 %	88.61 %	94.92 %	98.00 %	-3.10 %	↓	R
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	35	34	48	49	29	22	30	55	67	76	71	47	N/A	N/A	↑	
Theatre Utilisation	N/A	80.00 %	83.00 %	N/A	N/A	N/A	N/A	78.50 %	78.10 %	81.30 %	77.90 %	80.00 %	79.80 %	**79.20%	0.60 %	↓	G

DNA calculation excludes special package of care as for the SLA.

* National A&E target is 95% and Trust internal A&E target is 98%.

** 10/11 Plan = Outturn Oct-Feb 2009/10.

Data Challenges

	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	YTD 10/11	10/11 Plan	Var	Trend	Outturn 10/11
OP New Follow Up Ratios	1.64	1.60	1.62	1.58	1.62	1.74	1.68	1.68	1.73	1.70	1.76	1.72	1.70	2.00	-15.00 %	↑	G
Inpatient Readmission On Day Of Discharge	10	20	19	11	18	15	13	17	9	8	12	9	151	N/A	N/A	↑	G
OP (New appointment only) Non GP/GDP Referral	24.23 %	23.19 %	23.22 %	23.55 %	24.02 %	22.04 %	25.88 %	25.96 %	25.34 %	25.15 %	27.89 %	29.15 %	25.00 %	25.00 %	0.00 %	↓	G
Stroke Pts - 90% time on Stroke Unit	97.70 %	92.68 %	97.44 %	94.12 %	97.67 %	92.86 %	97.30 %	93.02 %	97.00 %	81.00 %	90.48 %	91.18 %	92.51 %	80.00 %	12.50 %	↑	G
**Fractured NOF Operated on with in 36 hrs (%)	54.22 %	61.90 %	61.90 %	51.85 %	86.20 %	76.50 %	83.40 %	81.40 %	93.50 %	90.90 %	97.30 %	96.80 %	92.00 %	85.00 %	7.00 %	↓	G
Stroke Care - CQUIN Scanning with in 24 hrs	92.10 %	97.70 %	100.00 %	79.40 %	100.00 %	96.00 %	100.00 %	100.00 %	94.00 %	96.00 %	98.00 %	100.00 %	96.00 %	100.00 %	-4.00 %	↑	A
Stroke Care - CQUIN Scanning with in 3 hrs	76.30 %	88.60 %	88.90 %	70.60 %	93.00 %	81.00 %	76.00 %	78.00 %	61.29 %	86.00 %	78.00 %	84.00 %	81.00 %	80.00 %	1.00 %	↑	G
Stroke Care - CQUIN Scanning with in 1 hr	N/A	77.30 %	88.90 %	64.70 %	93.00 %	33.00 %	32.00 %	34.00 %	26.00 %	42.00 %	29.00 %	47.00 %	47.00 %	50.00 %	-3.00 %	↑	A

**YTD shows achievement of 92% from Q3, Jan and Feb 2011.