

**TRUST BOARD**  
**24<sup>th</sup> February 2011**

<b>TITLE</b>	<b>Compliance Framework and Trust Operational Performance</b>
<b>EXECUTIVE SUMMARY</b>	This paper reports on the Trust's performance against the Monitor Compliance Framework and other key service performance targets.
<b>BOARD ASSURANCE (Risk) / IMPLICATIONS</b>	Compliance is reflected in the Board Assurance Framework. BAF Risk 1.1 National targets and priorities.
<b>STAKEHOLDER / PATIENT IMPACT AND VIEWS</b>	Patient expectations in terms of access are reflected in NHS performance targets.
<b>EQUALITY AND DIVERSITY ISSUES</b>	The Trust Operational Performance Report includes data quality on ethnic groups.
<b>LEGAL ISSUES</b>	Compliance with performance standards set by the regulator is part of the requirement for the authorisation of Foundation Trusts.
<b>The Trust Board is asked to:</b>	Note the report.
<b>Submitted by:</b>	Valerie Howell, Deputy Chief Executive
<b>Date:</b>	17 <sup>th</sup> February 2011
<b>Decision:</b>	For noting

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**24<sup>th</sup> February 2011**

**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 green against the Monitor Compliance Framework. This is a continued strong performance. However the challenges of delivery for January 2011 have been significant, and sustaining the current levels of performance required significant management effort. Overall winter pressures have continued to create pressure on our A & E department and performance. In order to prioritise the care of emergency patients the Trust cancelled significant numbers of elective patients during January and this in turn reduced theatre utilisation and created a pressure on the 18 week target. The balancing of emergency and elective pressures has therefore been a delicate act during this time and will continue to be a challenge for the Trust throughout Q4.

To respond to the challenges described above the Trust has opened significant additional capacity during the winter, as well as commissioning additional community beds. In addition, every effort has been made to relieve pressure on the St Peter's site by maximising day case work and achieving optimal use of the Ashford day surgery unit. During Q4 additional winter pressures money that has become available across North West Surrey will be deployed in a number of ways that we hope will alleviate some of the current pressures. This will include:

- scaling up of the current nursing home project to cover 20 nursing homes
- implementation of a virtual ward
- implementation of a meet and greet scheme in the A and E department
- additional medical, therapy and social care support in the community, in particular to support weekend discharge

Alongside this the Trust acknowledges that it has much to do to continue to improve its own internal processes, and we continue to have a strong focus on:

- improving the workforce in A & E
- improving the management of discharge
- the system and pathway of unscheduled care in the hospital

Impact of the external initiatives described above will be monitored through the North West Surrey Transformation Board to assess the potential for further roll out in

2011/12. Internally the Trust has re-established its Unscheduled Care Programme Board to support and oversee all of the developments in unscheduled care, ensuring that the attention and support of the entire organisation is focused on the area of greatest need. In addition, a formal Programme Management Office will be introduced from 1<sup>st</sup> April 2011 to strengthen the Trust's management capability and ensure robust management of all schemes focused on improving the emergency pathway.

## 2.2 Better Care Better Value

Despite a decline in overall theatre utilisation, January saw an increase in the Trust's day case rate to over 86%. This reflects the maximisation of the day surgery unit at Ashford during the month. New ways of working were trialled, including 23 hour surgery, which have proved to be very effective. Further work is now being developed across the Trust to put in place a more formal approach to 23 hour surgery from 1<sup>st</sup> April 2011.

## 2.3 A & E Performance

A fuller report on this issue was brought to the January Board meeting. Whilst January saw a marginal improvement in A & E performance on the St Peter's site, performance at the main A & E department continued to be well below the new national target. Trusts across the South East Coast have experienced a similar dip in performance this year, with the Region dropping substantially in its benchmarked performance. As described above in 2.1 a significant number of actions have been put in place across the system to reduce emergency admissions and a further assessment on the impact of these schemes will be available at the end of Q4.

## 3 **Conclusion**

The Trust's performance remains very strong and continues to benchmark well. However sustaining this level of performance during January has been a significant challenge, and this will continue to be the case during Q4. New ways of working such as 23 hour surgery have proved successful in managing elective demand, but the bigger challenge for the Trust and the system as a whole remains the management of non elective demand.

**Submitted by:** Valerie Howell  
Deputy Chief Executive

**Date:** 17<sup>th</sup> February 2011

# Monitor Compliance Framework

January 2011

## Monitor Compliance Framework - Q4

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	Jan Actual	Q4 Total	YTD Total	Weighting
Clostridium Difficile (Annual threshold is 67: Profile YTD threshold 54)	Quarterly	54	1.0	2	2	32	0.0
MRSA (Annual threshold is 5: Profile YTD threshold is 5)	Quarterly	5	1.0	0	0	5	0.0
Cancer: 31-day wait for surgery treatments	Quarterly	94.0 %	1.0	100 %	100 %	100 %	0.0
Cancer: 31-day wait for anti cancer drug treatments	Quarterly	98.0 %		100 %	100 %	100 %	0.0
Cancer: 62-day wait from urgent GP referral to treatment	Quarterly	85.0 %	1.0	91.46 %	91.46 %	93.60 %	0.0
Cancer: 62-day wait from consultant screening service referral	Quarterly	90.0 %	1.0	100 %	100 %	98.80 %	0.0

Acute targets - minimum standards	Monitoring	Threshold	Weighting	Jan Actual	Q4 Total	YTD Total	Weighting
Cancer: 31-day wait from diagnosis to first treatment	Quarterly	96.0 %	0.5	98.55 %	98.55 %	99.11 %	0.0
Cancer: two week wait from referral to date first seen	Quarterly	93.0 %	0.5	97.23 %	97.23 %	98.33 %	0.0
Cancer: two week wait for symptomatic breast patients	Quarterly	93.0 %		94.34 %	94.34 %	95.77 %	0.0
Screening all elective in-patients for MRSA	Quarterly	100.0 %	0.5	100 %	100 %	<b>99.60 %</b>	<b>0.5</b>
LHE A&E 4 hr wait	Quarterly	95.0 %	0.5	96.03 %	96.03 %	98.00 %	0.0
Thrombolysis Call to Needle	Quarterly	68.0 %	0.5	100 %	100 %	100 %	0.0

<b>Monitor Compliance Framework Score:</b>	<b>0.5</b>
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# Trust Operational Performance Report - January 2011

Care Quality Commission																	
	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	YTD 10/11	10/11 Plan	Var	Trend	Outturn 10/11
Cancer 31-Day First Treatment: All Cancers	97.18 %	100.00 %	98.84 %	97.75 %	100.00 %	100.00 %	100.00 %	100.00 %	98.99 %	98.98 %	97.37 %	98.55 %	99.11 %	96.00 %	3.10 %	↑	G
Cancer: 31-day wait for drug treatments	97.94 %	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	N/A	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	86.49 %	93.10 %	93.26 %	94.57 %	96.05 %	97.83 %	94.32 %	91.84 %	89.02 %	96.55 %	87.14 %	91.46 %	93.60 %	85.00 %	8.60 %	↑	G
2 week GP referral to 1st outpatient	97.04 %	98.12 %	99.55 %	99.20 %	97.93 %	98.53 %	98.22 %	99.05 %	96.72 %	98.31 %	98.35 %	97.23 %	98.33 %	93.00 %	5.30 %	↓	G
2 week GP referral to 1st outpatient breast symptoms	N/A	N/A	95.33 %	98.08 %	96.11 %	93.97 %	97.30 %	96.52 %	94.53 %	94.56 %	96.23 %	94.34 %	95.77 %	93.00 %	2.80 %	↓	G
62 day referral to treatment from screening	N/A	N/A	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	90.91 %	100.00 %	100.00 %	100.00 %	100.00 %	98.80 %	90.00 %	8.80 %	↔	G
Cancelled Operations	0.85 %	0.39 %	0.76 %	0.69 %	0.50 %	0.93 %	0.75 %	0.93 %	0.87 %	0.62 %	1.30 %	0.74 %	0.80 %	0.80 %	0.00 %	↑	G
28 Day Guarantee	0.00 %	0.00 %	0.00 %	5.26 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	9.09 %	0.00 %	1.44 %	5.00 %	-3.60 %	↑	G
Delayed Transfers of care	4.70 %	3.75 %	1.73 %	2.08 %	1.80 %	1.54 %	2.01 %	2.24 %	2.20 %	2.00 %	2.10 %	5.10 %	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	99.23 %	99.25 %	99.17 %	98.79 %	98.46 %	99.20 %	98.75 %	98.68 %	98.32 %	97.44 %	95.06 %	96.03 %	98.00 %	95.00 %	3.00 %	↑	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	1	2	3	3	1	9	5	3	0	3	3	2	32	54	-22	↑	G
*MRSA Bacteraemia (Hospital)	0	1	2	2	0	1	0	0	0	0	0	0	5	5	0	↔	G
Data Quality on Ethnic Group	86.49 %	86.62 %	87.55 %	86.94 %	85.13 %	89.92 %	91.14 %	91.23 %	88.25 %	88.11 %	89.62 %	86.67 %	88.45 %	85.00 %	3.50 %	↓	G
Smoking During Pregnancy	11.70 %	6.00 %	8.30 %	8.90 %	8.20 %	8.40 %	8.40 %	4.40 %	7.60 %	7.80 %	8.20 %	8.70 %	7.90 %	8.20 %	-0.30 %	↓	G
Breastfeeding Initiation	78.70 %	83.70 %	83.00 %	83.50 %	85.60 %	81.20 %	81.60 %	82.70 %	83.00 %	83.20 %	81.30 %	82.80 %	82.80 %	80.70 %	2.10 %	↑	G
18 weeks RTT - admitted	92.28 %	93.46 %	93.29 %	96.23 %	95.77 %	95.10 %	94.85 %	93.02 %	93.47 %	93.05 %	93.30 %	92.99 %	94.11 %	90.00 %	4.10 %	↓	G
18 weeks RTT - non-admitted	97.79 %	97.86 %	98.23 %	98.55 %	98.15 %	97.92 %	97.96 %	97.77 %	97.86 %	98.61 %	99.10 %	97.79 %	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	94.58 %	94.62 %	94.63 %	95.12 %	96.24 %	97.25 %	97.00 %	95.70 %	96.52 %	96.45 %	96.78 %	97.02 %	96.27 %	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)

	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	YTD 10/11	10/11 Plan	Var	Trend	Outturn 10/11
Complaints - % Actioned within 25 Days	95.45 %	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	95.00 %	100.00 %	86.00 %	100.00 %	100.00 %	98.10 %	80.00 %	18.10 %	↔	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	26.55 %	23.86 %	25.21 %	20.48 %	19.83 %	24.12 %	22.36 %	23.39 %	21.90 %	18.68 %	21.21 %	24.32 %	22.15 %	23.45 %	-1.30 %	↓	G
Pressure Ulcers	16	10	9	7	16	4	6	12	5	2	11	9	81	153	-47.10 %	↑	G
Access to midwifery/Maternity services(Rpt Qtly)	85.70 %	91.90 %	85.00 %	90.50 %	89.90 %	88.20 %	90.00 %	86.50 %	90.75 %	92.23 %	93.26 %	87.75 %	89.41 %	80.00 %	9.40 %	↓	G
Caesarean Section Rate	28.30 %	22.60 %	29.70 %	26.50 %	25.00 %	24.00 %	27.20 %	26.20 %	19.50 %	24.20 %	24.40 %	27.90 %	25.40 %	25.00 %	0.40 %	↓	A

Better Care Better Value

	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	YTD 10/11	10/11 Plan	Var	Trend	Outturn 10/11
Day Case Rate	81.71 %	81.59 %	80.42 %	81.59 %	82.70 %	81.63 %	83.28 %	81.79 %	82.00 %	84.50 %	82.27 %	86.37 %	82.60 %	81.50 %	1.10 %	↑	G
BADS Procedures	89.40 %	89.42 %	89.01 %	90.97 %	92.04 %	91.60 %	92.01 %	86.35 %	85.08 %	90.34 %	88.68 %	93.35 %	89.94 %	85.00 %	4.90 %	↑	G
Inpatients Admitted before Day of Operation	5.11 %	4.32 %	6.92 %	10.67 %	4.83 %	5.85 %	10.35 %	9.09 %	8.50 %	4.78 %	4.79 %	4.99 %	7.08 %	10.00 %	-2.90 %	↓	G
Emergency LOS	6.29	5.45	4.70	4.92	4.96	4.71	5.00	4.80	5.69	5.32	6.18	5.28	4.90	4.80	2.10 %	↑	A

## Local

	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	YTD 10/11	10/11 Plan	Var	Trend	Outturn 10/11
Total DNA	13.81 %	13.34 %	10.12 %	10.38 %	10.57 %	10.63 %	10.86 %	10.90 %	10.72 %	10.14 %	12.49 %	11.32 %	10.80 %	8.80 %	22.70 %	↑	R
*A&E < 4Hours (SPH Only)	98.52 %	98.54 %	98.13 %	97.17 %	96.08 %	98.24 %	96.98 %	97.01 %	96.04 %	94.46 %	89.48 %	91.17 %	95.50 %	98.00 %	-2.50 %	↑	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	13	15	35	34	48	49	29	22	30	55	67	76	46	N/A	N/A	↓	
Theatre Utilisation	N/A	N/A	80.00 %	83.00 %	N/A	N/A	N/A	N/A	78.50 %	78.10 %	81.30 %	77.90 %	79.40 %	**79.20%	0.20 %	↓	G

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

The new theatre system is under implementation.

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

\*\* 10/11 Plan = Outturn Oct-Jan 2009/10.

Data Challenges

	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	YTD 10/11	10/11 Plan	Var	Trend	Outturn 10/11
OP New Follow Up Ratios	1.67	1.64	1.60	1.62	1.58	1.62	1.74	1.68	1.68	1.73	1.70	1.76	1.70	2.00	-15.00 %	↓	G
Inpatient Readmission On Day Of Discharge	5	10	38	24	16	28	34	18	24	16	8	5	211	N/A	N/A	↑	G
OP (New appointment only) Non GP/GDP Referral	22.61 %	24.23 %	23.19 %	23.22 %	23.55 %	24.02 %	22.04 %	25.88 %	25.96 %	25.34 %	25.15 %	27.89 %	24.63 %	25.00 %	-0.40 %	↓	G
Stroke Pts - 90% time on Stroke Unit	85.20 %	97.70 %	92.68 %	97.44 %	94.12 %	97.67 %	92.86 %	97.30 %	93.02 %	97.00 %	81.00 %	90.48 %	92.62 %	80.00 %	12.60 %	↑	G
**Fractured NOF Operated on with in 36 hrs (%)	51.22 %	54.22 %	61.90 %	61.90 %	51.85 %	86.20 %	76.50 %	83.40 %	81.40 %	93.50 %	90.90 %	97.30 %	90.30 %	85.00 %	5.30 %	↑	G
Stroke Care - CQUIN Scanning with in 24 hrs	91.30 %	92.10 %	97.70 %	100.00 %	79.40 %	100.00 %	96.00 %	100.00 %	100.00 %	94.00 %	96.00 %	98.00 %	96.00 %	100.00 %	-4.00 %	↑	A
Stroke Care - CQUIN Scanning with in 3 hrs	78.30 %	76.30 %	88.60 %	88.90 %	70.60 %	93.00 %	81.00 %	76.00 %	78.00 %	61.29 %	86.00 %	78.00 %	81.00 %	80.00 %	1.00 %	↓	G
Stroke Care - CQUIN Scanning with in 1 hr	N/A	N/A	77.30 %	88.90 %	64.70 %	93.00 %	33.00 %	32.00 %	34.00 %	26.00 %	42.00 %	29.00 %	47.00 %	50.00 %	-3.00 %	↓	A

\*\*YTD shows achievement of 90.3% from Q3 and Jan 2011.