

TRUST BOARD
26th January 2012

TITLE	Compliance Framework and Trust Operational Performance
EXECUTIVE SUMMARY	<p>Throughout quarter 3 the Trust achieved an 18 week referral to treatment pathway for more than 90% of patients requiring admitted patient care and more than 95% of patients requiring non-admitted patient care.</p> <p>The target maximum waiting time of two weeks for symptomatic breast patients was also achieved for quarter 3 as a whole, in spite of a dip in performance during November.</p> <p>However, the Trust failed to deliver the target of a maximum wait of 4 hours for 95% of patients that attended the A&E Department in quarter 3. This, combined with feedback from the recent CQC visit, led to an overall performance rating of amber red.</p>
BOARD ASSURANCE (Risk) / IMPLICATIONS	<p>Compliance is reflected in the Board Assurance Framework.</p> <p>BAF Risk 1.1 National targets and priorities.</p>
STAKEHOLDER / PATIENT IMPACT AND VIEWS	<p>Patient expectations in terms of access are reflected in NHS performance targets.</p>
EQUALITY AND DIVERSITY ISSUES	<p>The Trust Operational Performance Report includes data quality on ethnic groups.</p>
LEGAL ISSUES	<p>Compliance with performance standards set by the regulator is part of the requirement for the authorisation of Foundation Trusts.</p>
The Trust Board is asked to:	<p>Note the report.</p>
Submitted by:	<p>Valerie Bartlett Deputy Chief Executive</p>
Date:	<p>16th January 2012</p>
Decision:	<p>For noting</p>

**TRUST BOARD
26th January 2012**

**OPERATIONAL PERFORMANCE
MONITOR COMPLIANCE FRAMEWORK**

1. Executive Summary

The purpose of this paper is to summarise key operational performance issues and the actions in place to address them. The paper concentrates on the delivery of those targets within the Monitor Compliance Framework, but also draws attention to any other areas of concern on an exception basis.

Throughout quarter 3 the Trust achieved an 18 week referral to treatment pathway for more than 90% of patients requiring admitted patient care and more than 95% of patients requiring non-admitted patient care.

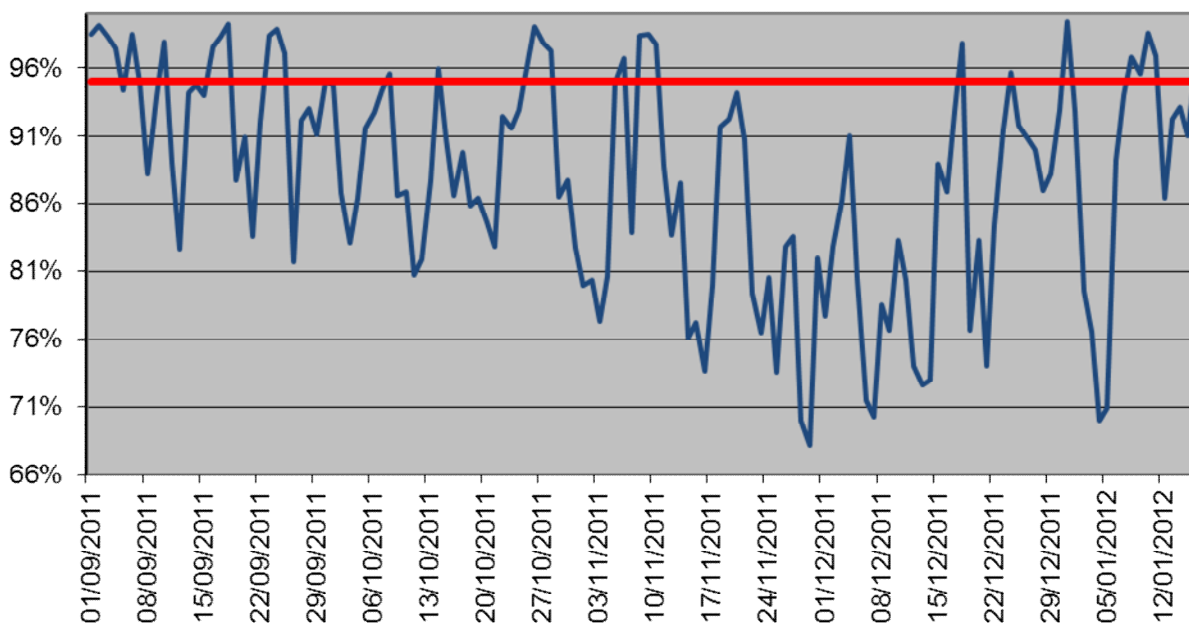
The target maximum waiting time of two weeks for symptomatic breast patients was also achieved for quarter 3 as a whole, in spite of a dip in performance during November.

However, the Trust failed to deliver the target of a maximum wait of 4 hours for 95% of patients that attended the A&E Department in quarter 3. This, combined with feedback from the recent CQC visit, led to an overall performance rating of amber red.

2. A&E performance

The graph below shows the percentage of patients that were admitted or discharged from A&E at St Peter's Hospital within 4 hours of arrival.

% patients admitted or discharged from A&E within 4 hours - St Peter's hospital only



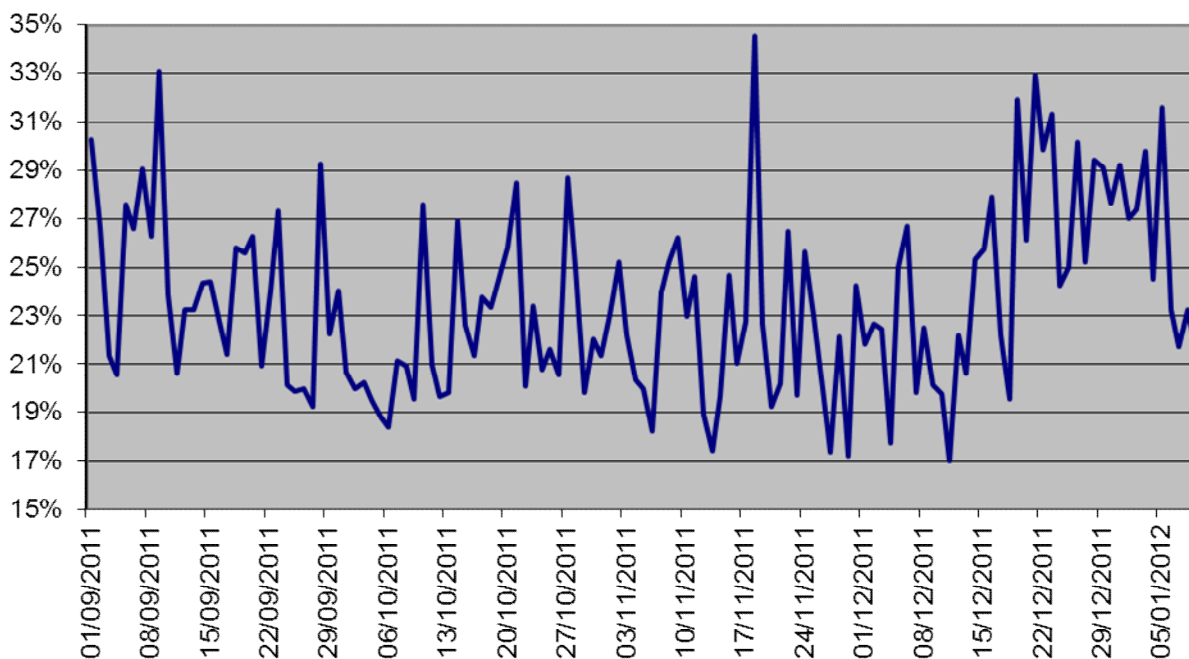
Delivering the target of a maximum wait of 4 hours for 95% of patients continues to be a significant challenge and the Trust failed to achieve this in quarter 3. A formal recovery plan has been agreed to address this and work to improve patient flow is progressing through the Unscheduled Care Programme. A copy of the plan is included in the appendix to this report. Key activities for this month have included the opening of the Clinical Decisions Unit, the implementation of new operational standards for delivery of the 4 hour target and the introduction of STaRT (Simple Triage and Rapid Treatment) in A&E.

Although the 4 hour standard is still not being met at the St Peter's site there has been some improvement in performance since early January. For the Trust as a whole 92.3% of patients have been treated within 4 hours for the month to date compared with 90.4% in December. Ambulance handover times have also improved with a 50% reduction in delays of over 60 minutes in recent weeks.

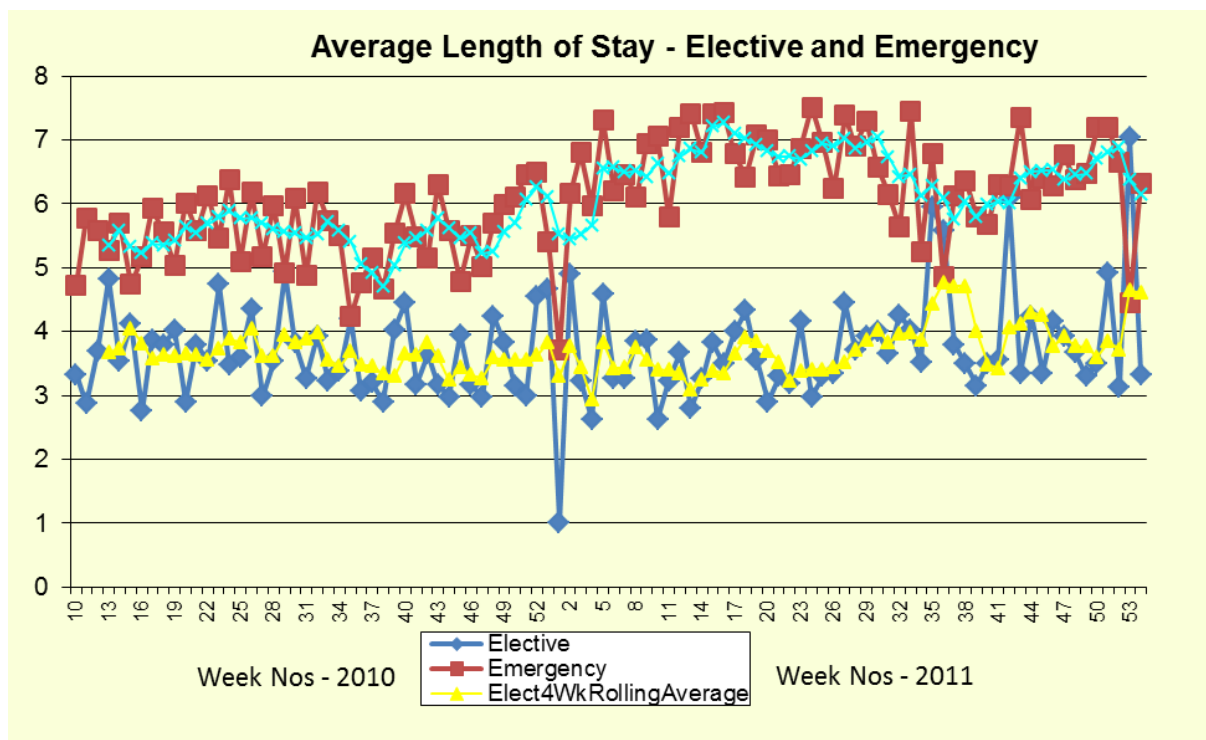
Further actions, including analysis to determine whether reconfiguration of the bed stock will improve patient flow, are planned for the coming weeks and the expectation is that performance will continue to improve.

At the same time, and as the graph below shows, the percentage of patients admitted to hospital via the A&E department increased during December. Further analysis is required to understand the reason for this change (it may, for example, be the result of the opening of the Clinical Decision Unit because patients treated there are classed as admissions) and for reassurance that the measures taken to reduce the number of admissions in quarter 3 continue to have an impact.

% A&E Attendances Admitted to Hospital



To support delivery of the A&E standard the Trust is also actively monitoring average length of stay. The graph below shows average length of stay by week for the last 12 months. As the graph demonstrates, average non-elective length of stay has fallen in recent weeks.



3. 18 weeks

The referral to treatment time standards of ensuring that 90% of patients on an admitted care pathway and 95% of patients on a non-admitted care pathway receive treatment within 18 weeks were met at Trust level throughout quarter 3. The 95th percentile waits were also met at Trust and specialty level for both types of pathway.

As part of the 2011/12 Operating Framework, Trusts will be required to ensure that the 90% and 95% referral to treatment time targets are met at specialty level. The Trust is currently delivering this on a consistent basis for non-admitted patient care, and specialty level performance was achieved for the first time in December for admitted patient care. Action plans are in place to ensure sustainable delivery of all 18 week targets at specialty level from March 2012.

In addition, a new standard relating to 18 weeks will be introduced as part of the Operating Framework from April 2012. Trusts will be required to ensure that 92% of patients on incomplete pathways (i.e. those that have not yet received their first definitive treatment) have waited for less than 18 weeks. The Trust is already meeting this standard.

4. Conclusion

As anticipated, the Trust failed to deliver the target of a maximum wait of 4 hours for 95% of patients that attended the A&E Department in quarter 3. This, combined with feedback from the recent CQC visit, led to an overall performance rating of amber red. Action plans are in place to recover A&E performance in quarter 4.

5. Action Required

The Board is asked to note the amber red performance rating for quarter 3.

ED Recovery Action Plan 2011/2012

Please document all key project milestones and the weeks they fall due. Using the key below, update milestones to show progress against plan.

Plan Name	ED Recovery
Accountable / Sponsoring Director	Claire Brathwaite/ Valerie Bartlett
Senior Service Manager	Steven Crouch
Marcus Wootton	MW
Steven Crouch	SC
Mike Wood	MWD
Vijay Gautam	VG
Raj Bhambher	RB
Claire Braithwaite	CB
Helen Cannon	HC
Debbie Morgan	DM
Vanessa Avlonitis	VA
Richard Lloyd-Booth	RLB
Sue Harris	SH
Anthea Edwards	AE
Elaine Inglis	EI
Deb Sutton	DS
Valerie Bartlett	VB

- O** Original milestone due date, not yet due. This is the starting position for all milestones
- OC** Original milestone, Completed on time.
- OM** Original milestone, target date for completion missed
- R** Revised milestone, not yet due. This is used if a milestone has been re-scheduled.
- RC** Revised milestone, completed on or before revised due date
- RM** Revised milestone, revised target date for completion missed

Date updated (DD/MM/YYYY)	11/01/2012	Weekly Milestone Report																			
		Due																			
Achieved	0	0	0	0	1	5	6	10	11	5	6	7	8	3	2	0	4	0	1	0	6
Variance																					
Cumulative Variance																					
This week included in reporting?																					

Theme	Overarching Aim Of The Workstreams	Workstream	Relates to key milestones in	Milestone Owner	Nov-11				Dec-11				Jan-12				Feb-12				Mar-12							
					07-Nov-11	14-Nov-11	21-Nov-11	28-Nov-11	05-Dec-11	12-Dec-11	19-Dec-11	26-Dec-11	02-Jan-12	09-Jan-12	16-Jan-12	23-Jan-12	30-Jan-12	06-Feb-12	13-Feb-12	20-Feb-12	27-Feb-12	05-Mar-12	12-Mar-12	19-Mar-12	26-Mar-12			
Reduce time to first value added step for the patient in ED			Introduce Rapid Assessment and Treatment system for majors (STaRT)	VG					OC																			
				Develop operational standards	SC					OC																		
				Operational standards approved by Directors	SC					OC																		
				Implement operational Standards	SC						OM	RC																
				Pilot STaRT in a number of different locations from where 'Pitstop' is done currently	VG					OC																		
				Reduce the requirement of triage in the Minors stream by developing a See & Treat model (similar to Kettering General Hospital)	MW														O									
				Assign Nurse to focus on compliance with ambulance handover	MW						OC																	
				Develop plan to improve compliance with handover target (Target 80%)	MW								OC															
				Implement compliance plan	MW									OC														
				Include Ambulance handover delays in the revised escalation policy	SC/MW										OC													
				Implement escalation for ambulance handover delays	SC/MW											O												
				Reduce the ambulance handover time for all patients to enable handover within 15 mins for all patients which present at an ED.	SC																							

Theme	Overarching Aim Of The Workstreams	Workstream	Relates to key milestones in	Milestone Owner	Nov-11				Dec-11				Jan-12					Feb-12				Mar-12				
					07-Nov-11	14-Nov-11	21-Nov-11	28-Nov-11	05-Dec-11	12-Dec-11	19-Dec-11	26-Dec-11	02-Jan-12	09-Jan-12	16-Jan-12	23-Jan-12	30-Jan-12	06-Feb-12	13-Feb-12	20-Feb-12	27-Feb-12	05-Mar-12	12-Mar-12	19-Mar-12	26-Mar-12	
Managing the demand	Review GP Pathway into the Trust	VG						OM		RC																
	Define the processes around how this model will be implemented.	HC								OC																
	Implement revised GP Pathway into the Trust	VG																								
	Establish UCC Workgroup	CB							OC																	
	Agree future model of care	CB																								
	Develop an implementation plan	CB																								
	Open CDU	MW																								
	Clarify escalation within the minors stream	MW/ SC																								
	Circulate ED escalation	SC/ MWT																								
	Plan how to redirect inappropriate pateint presentations at the ED	SC																								
	Review and draft a revised minors model	VG																								
	Pilot revised minors model																									
	Review revised minors model pilot																									
	Implement revised minors model																									
Improving the cross functionality within the Teams	Develop a clinical workforce strategy	VG																								
	Make sure that no gaps appear in cover and develop the skills to enable cross functionality within the teams	MW																								
	Introduce an ED Flow Co-ordinator within the ED	SC/ DM																								
	Change the functionality of the Nurse Shift Leader within the ED	MW																								
	Re-Brand the A&E to an Emergency Department (ED)	CB																								
	Review and agree nursing establishment to support CDU and ED.	VA/ MW/ SC																								
	Use Bank/ Agency staff whilst recruiting to the posts	MW																								
	Staff are recruited and in post	MW																								R
	All Sisters to have shadowed a CNSP (or have a Ward Sisters and CNSP to shadow ED Sister and vice versa (or have a date to do so)	SH/ MW																								
		SH/ MW																								
Data utilisation	Make sure that the data that we are collecting is used in a way that others can benefit from	SC																								
	Make sure that the data is what we need to be collecting and will demonstrate the direction of travel.	AE/ SC																								
Getting the patient seen in the right place at the right time	Review admission pathways for MAU and SAU	VG																								
	Implement revised admission pathways for MAU and SAU	MWD																								
	Review the escalation processes within the ED	SC/ MW																								
	Review the medical/ MAU model	CB/ VG/ MWD																								
	Implement changes from MAU model review	MWD/ VG																								
	Establish clarity across all admitting specialties as to what is a senior review	VG/ MWD																								R

Theme	Overarching Aim Of The Workstreams	Workstream	Relates to key milestones in	Milestone Owner	Nov-11				Dec-11				Jan-12				Feb-12				Mar-12			
					07-Nov-11	14-Nov-11	21-Nov-11	28-Nov-11	05-Dec-11	12-Dec-11	19-Dec-11	26-Dec-11	02-Jan-12	09-Jan-12	16-Jan-12	23-Jan-12	30-Jan-12	06-Feb-12	13-Feb-12	20-Feb-12	27-Feb-12	05-Mar-12	12-Mar-12	19-Mar-12
Sustaining the change				Develop a RAG rating for the ED	SC/MW																			
				Develop escalation triggers for ED	SC/MW																			
				Implement RAG for ED	VG																			
				Introduce nurse enabled criteria led discharge on the short stay areas	VA/ MWD																			
				Reduce nursing agency usage	MW																			
				Reconfigure bed model to identify the capacity for unplanned activity	CB/ MWD				OC															
				Close escalation capacity	VB												O							
				Implement RealTime for ED	SC/ MW/ VG/ EI												O							
				Implement MAU "Hub"	CB								OM											
				Develop an ED Newsletter	SC/ MW/ DM								OM				R							
Performance				Stop the decay	SC/ MW/ VG				OC															
				Start to improve the performance	SC/ MW/ VG								O											
				Achieve the Transit Time CQI	SC/ MW/ VG												O							
Review				1/12 Review	CB/ SC/ MW												O							
				Schedule 6/12 Review	CB/ MW/ VG												O							
				Close	VB/ CB												R							

07-020 Monitor Compliance Framework - Governance Indicators and Financial Risk Ratings

December 2011

Safety:					11/12 Threshold	Weighting	Monitoring Period	11/12 YTD Plan	Q1	Q2	Q3	Q4	YTD	
Clostridium Difficile - meeting the Clostridium Difficile objective					33	1.0	Quarterly	21	8	4	4		16	
MRSA - meeting the MRSA objective					4	1.0	Quarterly	3	0	2	0		2	
Quality:					Threshold	Weighting	Monitoring Period	11/12 Plan	Q1	Q2	Q3	Q4	YTD	
All Cancers: 31 day wait for second or subsequent treatment (surgery)					Surgery anti-cancer drug treatments	94% 98%	1.0	Quarterly	94% 98%	100% 100%	98.11% 100%	100% 100%		99.36% 100%
All Cancers: 62 day wait for first treatment from urgent GP referral to treatment					urgent GP referral consultant screening service	85% 90%	1.0	Quarterly	85% 90%	90.91% 95.83%	91.61% 96.97%	93.80% 96.40%		92.21% 96.47%
All Cancers: 31 day wait from diagnosis to first treatment						96%	0.5	Quarterly	96%	98.89%	100%	99.20%		99.36%
Cancer: 2 week wait from referral to date first seen					all cancers symptomatic breast patients	93% 93%	0.5	Quarterly	93% 93%	96.75% 94.86%	97.57% 95.53%	97.90% 94.60%		97.50% 95.06%
A&E					95th Percentile (Q1) Total time in A&E (95%)	95%	1.0	Quarterly	95%	3:59:00 94.23%	96.27%	91.44%		93.95%
Stroke indicator						TBC	0.5	Quarterly	80%	86.39%	80.06%	83.78%		83.00%
Patient Experience:					Threshold	Weighting	Monitoring Period	11/12 Plan	Q1	Q2	Q3	Q4	YTD	
Referral to treatment waiting times - admitted (95th percentile)					<23 Weeks	1.0	Quarterly	<23 Weeks	25.20	21.09	19.18		21.61	
Referral to treatment waiting times - non admitted (95th percentile)					<18.3 Weeks	1.0	Quarterly	<18.3 Weeks	16.49	16.25	16.23		16.32	
Compliance with requirements re access to healthcare for people with a learning disability.					Annual Target	0.5	Quarterly							
Indicative Governance risk rating									A/G	6	A/R			
Financial Risk Score					10/11 Scores	Weighting	Monitoring Period	Current Score	Q1	Q2	Q3	Q4	Yr End Forecast	
1. Underlying Performance - EBITDA Margin					3	25%	Annual	6.40%	3	3	3			
2. Achievement of Plan - EBITDA achieved					4	10%	Annual	82.50%	3	3	3			
3. Financial Efficiency - Return on Assets					4	20%	Annual	4.30%	2	3	3			
4. Financial Efficiency - I&E Margin					3	20%	Annual	0.90%	2	2	2			
5. Liquidity - Liquidity Ratio*					4	25%	Annual	25.0	4	4	3			
Weighted Average Rating					3.6				2.9	3.1	2.8			
Overall Rating					4	100			3	3	3		3	

Notes:
 The Monitor Compliance Framework is produced monthly, where the reporting month is not a quarterly submission date performance will be for the quarter to date.
 The Financial Risk Ratings table shows the Monitor FRR at the quarter end period calculated in accordance to the Monitor guidance. For the individual ratings, the RAG is: 3,4,5 = Green and 1&2 = Red.
 The Financial Risk Rating Sensitivity Matrix is also included which shows the headroom against those individual ratings. This illustrates the movement before a change in rating score would be triggered.
Governance Indicators:
 The Quarter 3 A&E Indicator was not achieved for the quarter. The CQC visit identified a major concern which has resulted in the Trust Governance Rating of Amber/Red.

Financial Risk Rating Sensitivity Matrix

Weighting	5	4	3	2	1	
1	25%	11%	9%	5%	1%	<1%
2	10%	100%	85%	70%	50%	<50%
3	20%	6%	5%	3%	-2%	<-2%
4	20%	3%	2%	1%	-2%	<-2%
5	25%	60	25	15	10	<10

Trust Operational Performance Report - December 2011

Operating Framework		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	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%	100.00%	100.00%	100.00%	100.00%	98%	2.0%		G	
	Surgery		100.0%	100.0%	100.0%	100.0%	94.12%	100.00%	100.00%	100.00%	100.00%	99.36%	94%	5.4%		G
All cancers: 62-day wait for first treatment	From Consultant Screening Service Referral		100.0%	90.91%	100.0%	100.0%	90.91%	100.00%	92.30%	100.00%	100.00%	96.47%	90%	6.5%		G
	Urgent GP Referral To Treatment		95.77%	89.80%	88.10%	88.42%	91.75%	94.34%	93.70%	91.10%	95.20%	92.21%	85%	7.2%		G
31-Day Wait For First Treatment	All Cancers		98.67%	99.05%	98.90%	100.00%	100.0%	100.00%	98.70%	98.90%	100.00%	99.36%	96%	3.4%		G
Two week wait from referral to date first seen	All Cancers		96.09%	96.52%	97.57%	98.37%	97.37%	97.52%	98.40%	97.20%	98.50%	97.50%	93%	4.5%		G
	For symptomatic breast patients		95.37%	94.66%	94.66%	94.70%	96.26%	95.90%	94.50%	91.70%	95.80%	95.06%	93%	2.1%		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	20.89	19.89	19.60	17.97	21.61	23 wks	-1.4		G	
Referral to treatment waiting times - Non-admitted (95th percentile)	! New	16.42	16.65	16.39	16.52	15.98	16.26	16.40	16.16	16.10	16.32	18.3 wks	-2.0		G	
Referral to treatment waiting times - admitted (median)	! New	10.53	11.10	11.46	11.23	10.86	11.45	12.30	12.52	11.39	11.43	N/A				
Referral to treatment waiting times - Non admitted (median)	! New	6.42	7.16	6.86	6.04	6.39	7.16	6.80	6.71	6.37	6.66	N/A				
Incomplete median	! New	6.47	5.74	5.65							5.95	N/A				
A&E Clinical Quality																
Total time in A&E (95%)	! New	92.49%	95.95%	94.17%	95.85%	96.82%	97.02%	93.58%	90.26%	90.43%	93.95%	>95%	-1.1%		R	
Service Experience (Quarterly)	! New	Planned not yet completed														
Consultant Sign-off (Six month)	! New	Planned not yet completed														
Quality & Safety																
C.Diff (hospital acquired)		2	6	0	1	2	1	2	1	1	16	24	-33%		G	
MRSA Bacteraemia (hospital acquired)		0	0	0	0	1	1	0	0	0	2	3	-33%		G	
Patient Experience Survey	! New	80.2%	79.7%	78.9%	80.6%	80.4%	80.1%	80.3%	80.2%	81.1%	80.2%	90.0%	-9.8%		A	
Breach of Same Sex Accommodation	! New	0	0	0	0	0	0	0	0	0	0	0	0		G	
VTE Risk Assessment *	! New	91.4%	90.8%	93.0%	90.4%	90.1%	90.0%	90.1%	91.1%	74.3%	89.0%	90.0%	-0.98%		A	
Stroke Pts - 90% time on Stroke Unit		87.88%	83.78%	87.50%	91.43%	89.74%	59.0%	86.10%	78.6%	87.88%	83.5%	80.00%	3.54%		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%	86.6%	84.6%	82.4%	91.4%	94.1%	88.5%	80.0%	8.5%		G	
Smoking During Pregnancy		6.2%	6.6%	8.4%	6.4%	8.3%	8.5%	8.1%	10.6%	8.4%	8.0%	8.2%	-0.2%		G	
Breastfeeding Initiation		80.9%	80.6%	83.0%	86.8%	77.9%	81.4%	85.1%	80.4%	79.7%	82.2%	80.7%	1.5%		G	

Trust Operational Performance Report - December 2011

Operating Framework		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD 11/12	11/12 Plan	Var	Trend	11/12 Outturn
Activity															
Acute Bed Capacity	! New	574	542	541	524	523	523	520	520	522	522				
Avg. Length of Stay - Elective (Acute)	! New	3.03	2.59	2.72	3.21	4.00	2.89	3.60	3.00	3.17	3.13	2.95	0.2		A
Avg. Length of Stay - Emergency (Acute)	! New	5.48	5.64	5.81	5.50	5.10	5.13	5.00	5.30	5.26	5.36	4.80	0.6		A
Daycase Rate		84.1%	83.6%	84.0%	82.0%	82.0%	78.4%	80.4%	81.2%	80.9%	82%	84.0%	-4.0		A
Delayed Transfers of Care – Acute & MH		3.8%	4.1%	2.6%	2.4%	2.2%	1.5%	2.0%	1.7%	1.5%	2.4%	3.5%	-4.8		G
GP Written Referrals to Hospital		6,272	7,704	8,239	7,587	7,566	7,129	7,353	7,893	6,478	66,221				
Other Referrals For a First Outpatient Appointment		4,023	4,659	4,928	4,681	4,459	4,748	4,711	4,781	4,049	41,039	TBA			
All First Outpatient Attendances		7,729	9,225	10,040	8,871	9,132	9,672	9,317	9,881	8,377	82,244	81,403	1.0%		G
Elective FFCes		406	458	506	545	503	637	562	613	506	4,736	4,649	1.9%		G
Non-elective FFCes		466	480	515	484	508	478	552	500	477	4,460	4,137	7.8%		A
A&E Attendances		7,712	7,919	7,577	7,766	7,116	7,488	7,925	7,829	7,532	68,864	67,211	2.5%		G
Old Better Care Better Value (not transferred to Operating Framework)															
BADS Procedures		94%	91%	91%	92%	93%	94%	95%	94%	96%	93%	85.0%	8.2%		G
Inpatients Admitted before day of Operation		7.4%	6.9%	5.3%	4.2%	6.1%	4.3%	5.1%	7.6%	4.1%	5.7%	10.0%	-4.3%		G
PCT CQUIN															
VTE Risk Assessment	! New	91.4%	90.8%	93.0%	90.4%	90.1%	85.5%	85.8%	91.1%	74.3%	88.0%	90.0%	-2.0%		A
Patient Experience Survey	! New	80.2%	79.7%	78.9%	80.6%	80.4%	80.1%	80.3%	80.2%	81.1%	80.2%	90.0%	-9.8%		A
EQ Pneumonia, Orthopaedic, Heart Failure pathway improvements	! New	Possible targets - to be agreed with NHS Surrey													
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														

* VTE Risk Assessment figures are currently being validated and will be updated for December. It is assumed the Trust will meet the target on completion of validations.