

TRUST BOARD
26th April 2012

TITLE	<p>Compliance Framework and Trust Operational Performance</p> <p>The purpose of this paper is to summarise key operational performance issues and the actions in place to address them. For this month, the paper focuses exclusively on performance against the 4 hour waiting time target for patients in the Emergency Department (ED).</p>
EXECUTIVE SUMMARY	<p>Meeting this standard continues to be a significant challenge and is the key risk to the Trust's compliance rating as Monitor could choose to issue a red rating and declare the Trust in breach of authorisation in July if it fails to achieve the 4 hour standard in quarter 1.</p> <p>A recovery plan for ED is in place that compliments a wider piece of work to address issues with patient flow and performance is expected to improve on a month by month basis from May 2012.</p>
BOARD ASSURANCE (Risk) / IMPLICATIONS	<p>Compliance is reflected in the Board Assurance Framework. 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> <p>This paper is accompanied by a stakeholder management plan.</p>
EQUALITY AND DIVERSITY ISSUES	<p>None identified</p>
LEGAL ISSUES	<p>Entering a third quarter with four hour performance at risk creates a potential regulatory issue for the Trust and may result in contract penalties from NHS Surrey.</p>
The Trust Board is asked to:	<p>Note the report</p>
Submitted by:	<p>Valerie Bartlett, Deputy Chief Executive</p>
Date:	<p>17th April 2012</p>
Decision:	<p>For noting</p>

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26th April 2012

OPERATIONAL PERFORMANCE
MONITOR COMPLIANCE FRAMEWORK

1 INTRODUCTION

The purpose of this paper is to summarise key operational performance issues and the actions in place to address them. For this month, the paper focuses exclusively on performance against the 4 hour waiting time target for patients in the Emergency Department (ED).

Meeting this standard continues to be a significant challenge and is the key risk to the Trust's compliance rating as Monitor could choose to issue a red rating and declare the Trust in breach of authorisation in July if it fails to achieve the 4 hour standard in quarter 1.

2 CURRENT PERFORMANCE

Figure 1 shows the percentage of patients that were admitted or discharged from the ED at St Peter's Hospital within 4 hours of arrival.

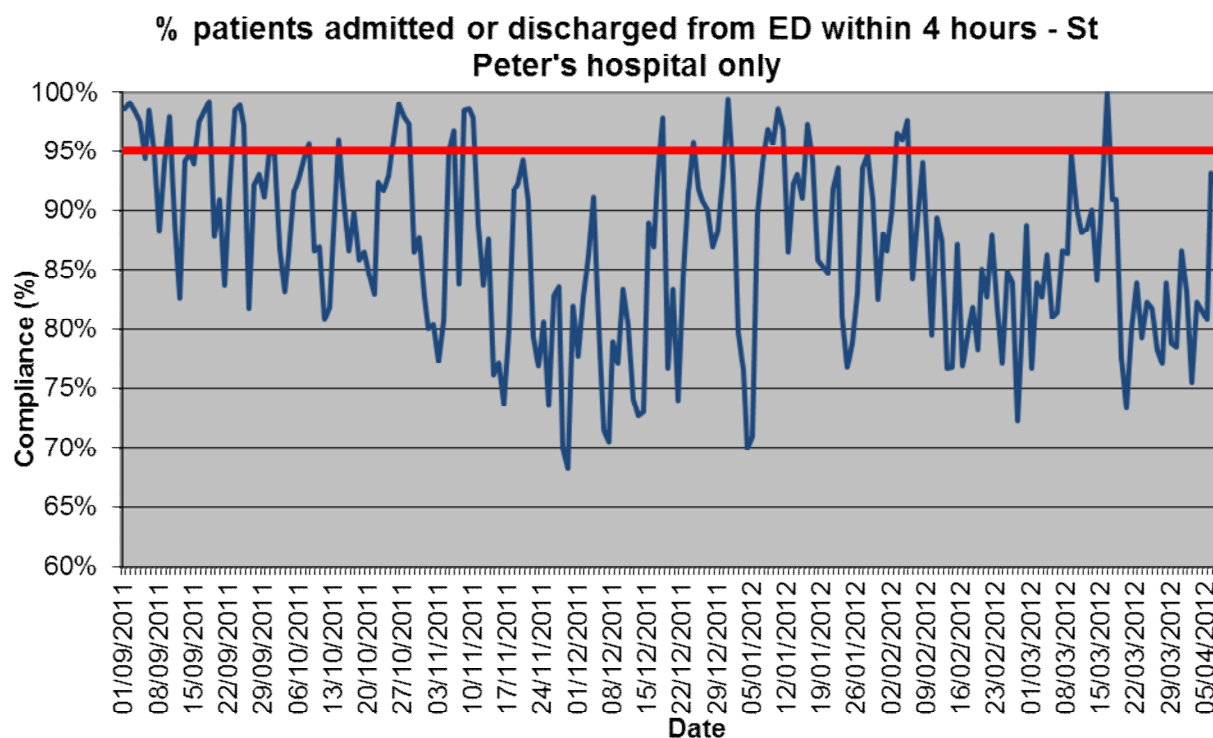


Figure 1

Delivering the target of a maximum wait of 4 hours for 95% of patients continues to be a significant challenge with performance by month as follows:

January 2012:	92.93%
February 2012:	90.84%
March 2012:	90.06%
April 2012 (to 8 th):	87.53%

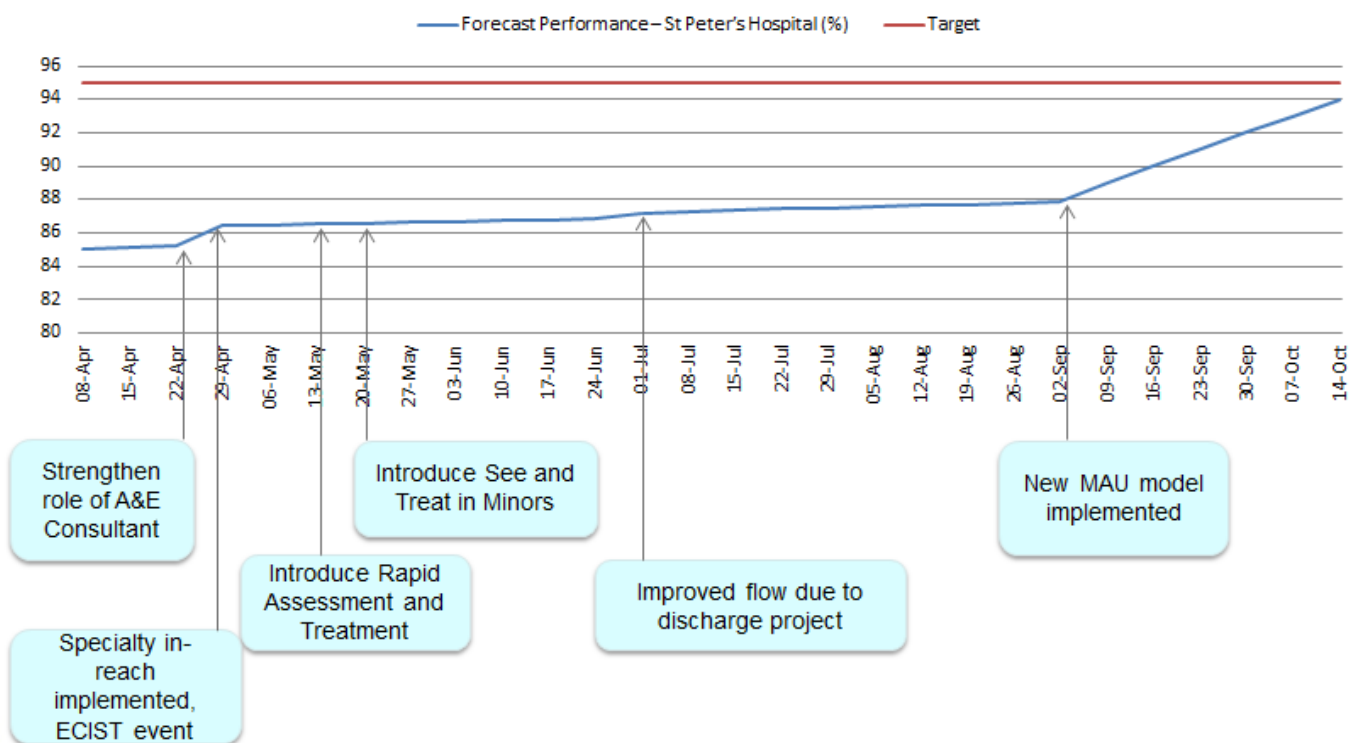
3 PERFORMANCE TRAJECTORY

Given current levels of performance and the programme of work required to ensure sustainable delivery of the 4 hour target, it is unlikely that the Trust will meet the Compliance Framework standard for the first quarter of 2012/2013. This is a significant risk as Monitor could choose to issue a red rating and declare the Trust in breach of authorisation in July if it fails to achieve the 4 hour standard in quarter 1.

It is, however, anticipated that improvement will be delivered on a month by month basis from May 2012 and Figures 2 shows the forecast performance trajectory for St. Peter’s hospital. This forecast is based on delivering the programme of work outlined in the ED recovery plan (Appendix B) and the wider programme of work relating to patient flow described below.

The performance trajectory includes data for St. Peter’s hospital and it is anticipated that sustainable delivery of the 4 hour target will be achieved by the end of October 2012. As the Board will be aware, however, the Monitor Compliance Framework measure allows us to include activity from the Ashford Walk-in Centre. On this basis compliance against the Monitor measure is anticipated from the beginning of quarter 3.

Forecast Performance – St Peter’s Hospital (%)



4 ED RECOVERY PLAN

With the support of the Department of Health’s Emergency Care Intensive Support Team (ECIST), a recovery plan has been developed to improve performance and improve patient flow. A copy of the plan is included in Appendix B of this report. It is anticipated that sustainable improvement performance against the 4 hour target will be delivered on a month by month basis from May 2012.

ECIST specialise in urgent and emergency care, focusing on improving performance, quality assurance and programme enhancement and have agreed to support the Trust in redesigning its model of care for medical patients. They are currently involved in similar work in two other Trusts in Surrey.

5 PERFORMANCE ASSURANCE

Assurance that the actions outlined in the ED recovery plan are in place and having the desired effect is achieved through a weekly performance meeting chaired by the Deputy Chief Executive and attended by the other Executive Directors.

In addition, daily breach review meetings take place within the medical division and the output of these is discussed at a performance meeting Chaired by the Deputy Chief Executive three times per week.

Weekly Calm Ordered Care meetings with the Divisional Directors and the Divisional General Managers and Divisional Heads of Nursing continue on a weekly basis with delivery of the 4 hour waiting time standard as a key focus. Each Division has their own action plan outlining what they will do to improve performance. In addition, each of the Associate Directors has an action plan detailing the steps their corporate teams will take in support of meeting the 4 hour target.

6 REDESIGN ACROSS THE WHOLE PATIENT PATHWAY

Although the ED recovery plan identifies a number of actions designed to reduce waiting times in the ED, further work is needed to deliver sustainable improvement and address poor patient flow across the hospital more generally.

Delivery of the 4 hour target therefore requires a whole hospital effort and change is needed at all points along the care pathway for both emergency and elective patients, including in discharge planning and securing the right supporting balance of community and primary care services.

The issues affecting performance across the care pathway and the actions in place to address these are outlined in the figures below:

6.1 ARRIVING AT THE HOSPITAL



Issues:

- Lack of services in NW Surrey for patients with chronic conditions
- Increase in self-referrals and ambulance conveyances to A&E
- No increase in ambulances conveyances to walk-in centres
- Long waits for decisions in A&E and right staff not always available at the right time
- Alternatives to admission not well known or well used
- Lack of clarity of roles and increasing stress in busy A&E department

Actions:

- NW Surrey Capacity group convened at meeting weekly
- ECIST commissioned to work across whole system
- Recruitment of 3 new Consultants - joint posts with St George's ◆
- Daily breach analysis and feedback to specialties ◆
- Review of all shift patterns, on-call systems and job plans aligning to team approach ◆
- Workforce and OD Programme to support changes in the A&E team ◆
- RealTime module in development for A&E supporting track and plan for all patients ▲
- Ambulatory emergency care pathways reinforced and usage monitored ◆
- Review of minors pathways ◆

Supporting projects:

- ◆ A&E Performance Project
- ▲ RealTime Phase II Project

6.2 BEING ADMITTED



Issues:

- All roads currently lead to A&E
- Patients currently waiting in beds for emergency surgery
- Unexpected and unplanned peaks and troughs in elective admissions
- Long delays from A&E to admission to beds
- Many patients being admitted that could have been treated elsewhere (nursing homes, virtual wards, etc)

Actions:

- Redesign emergency surgery pathways ●
- Redesign of medical model of care with ECIST support +
- Establish direct admission pathways +
- Redesign of theatre timetable and job plans ◇
- Extension of board round process to include on-call physician and surgeon ◆

Supporting projects:

- ◆ A&E Performance Project ● Bed Allocation & Nursing Establishment Project
- + Implementing MAU and ECIST Model Project ◇ Excellence in Theatres Project

6.3 BEING TREATED



Issues:

- Length of Stay is not reducing in a sustainable way
- Bed capacity is not currently matched to patient numbers
- Pattern of beds does not currently meet patient needs
- Staff skills and numbers are not currently configured to patient needs

Actions:

- Implementation and embedding of Realtime ▲
- Reconfiguration of beds across the hospital to match demand and patient needs ●
- Monthly inter-agency review of patients with Length of Stay between 7 and 14 days ■
- Design and implementation of a 24/7 hospital model
- Implementation of enhanced recovery programme for surgical patients ●

Supporting projects:

- ▲ RealTime Phase II Project ● Bed Allocation & Nursing Establishment Project
- Discharge Management Project

6.4 BEING DISCHARGED



Issues:

- Lack of ownership of discharge process
- Discharge planning starts too late in the process
- Complex and time consuming discharge processes for some patients
- Average time of discharge is too late in the day
- Length of stay in elderly care is above the national average

Actions:

- Focused programme of improvement of discharge processes in care of the elderly wards ■
- Daily, system-wide conference call on delayed discharges ■
- Discharge documentation and planning to be incorporated in to Realtime ▲
- Introduction of key performance indicators related to discharge ▲
- ECIST to support system-wide improvement of discharge processes ■

Supporting projects:

- ▲ RealTime Phase II Project ■ Discharge Management Project

6.5 PROJECT GOVERNANCE

From a governance perspective, this work falls into three key programmes, all of which are supported through the Programme Management Office structure and monitored by the Strategic Delivery Board. The work programmes include:

- Unscheduled Care (including the ED recovery plan, discharge project and MAU redesign)
- Excellence in Theatres
- Review of bed allocation and nursing establishments
- RealTime

Details of each programme and their governance arrangements are shown in Appendix A and detailed action plans are available for each.

7 CONCLUSION

Delivering the target of a maximum wait of 4 hours for 95% of patients in ED continues to be a significant challenge and it is likely that the Trust will fail to deliver the Compliance Framework standard for quarter 1 of 2012/13. This is a significant risk as Monitor could choose to issue a red rating and declare the Trust in breach of authorisation in July if it fails to achieve the 4 hour standard in quarter 1.

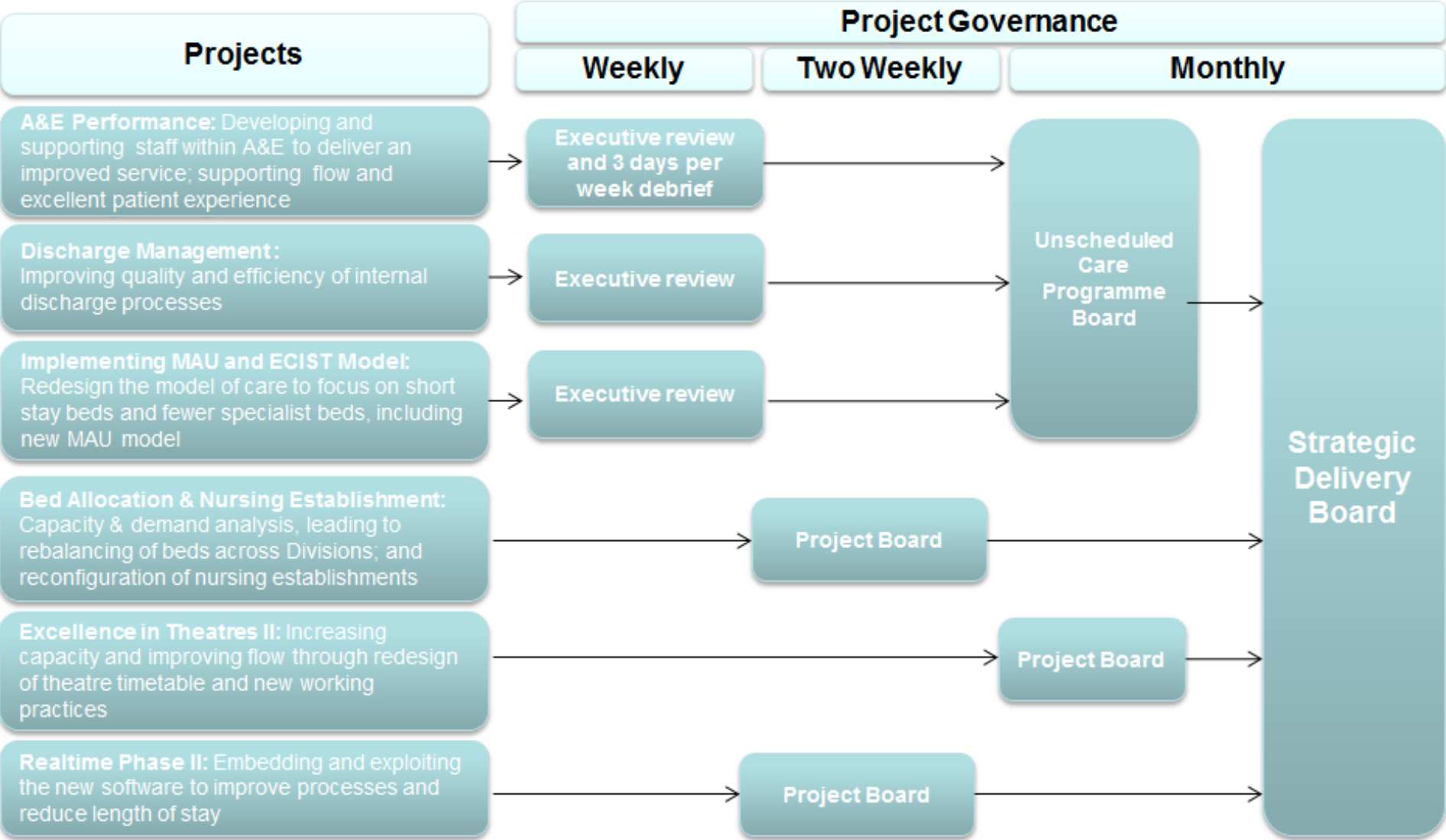
An action plan for ED is in place that fits with a wider piece of work to address issues with patient flow and performance is expected to improve on a month by month basis from May 2012.

8 ACTION REQUIRED

The Board is asked to note the risk of failing to meet the A&E 4 hour standard in quarter 1 and the actions that are under way to address the underlying issues of flow and capacity.

The Board is asked also to note the governance and performance management arrangements in place to ensure delivery, and to highlight any further information it requires to assure itself that this important action plan is being delivered and progress made.

APPENDIX A – UNSCHEDULED CARE PROJECT PORTFOLIO



APPENDIX B - ED RECOVERY PLAN

Objective / Owner	Details	Target Completion Date
<p>1 – Daily analysis of A&E breaches</p> <p>Owner(s): Head of Emergency Care and Dr Jacob Addo, A&E Consultant</p>	<p>Analysis of all A&E breaches to be completed before 10:00 each day and report on the following:</p> <ul style="list-style-type: none"> • All breaches validated, including removal of inputting errors • Number of A&E breaches and actions identified to prevent a recurrence • Breakdown of breaches by Speciality/Ward; reported to General Managers for action • Details of Shift Manager, Bed Manager and A&E Consultant on duty 	<p>Every day before 10:00 from 10/04/2012</p> <p>Report presented at Debrief meeting for all previous days</p>
<p>2 – Clarification and reinforcement of roles and responsibilities - A&E Consultant on duty</p> <p>Owner(s): Clinical Lead for A&E, Head of Emergency Care, Divisional Director, Divisional General Manager</p>	<ul style="list-style-type: none"> • Communicate to the A&E team that the A&E Consultant on duty is in charge of the entire department and all staff during the shift; including managing 4 hours adherence, clinical quality, use of ambulatory emergency pathways, providing immediate assessment, redirecting patients and promoting risk balancing in avoiding unnecessary admissions • Review of Consultant rotas in A&E to ensure consistent shift patterns to aid communication and leadership in the Dept, and organise rotas to minimise the use of Locums to increase quality of care. • All consultant leave to be recorded and approved via CRMS from 01/04/2012 including study and professional leave and ensure all leave is approved by the DD and Head of Emergency Services • Review and agree all Consultant job plans in A&E to provide clarity and certainty to consultants in relation to DCC and SPA sessions • A&E Consultant on duty to lead Board Round every 2 hours except when managing life threatening patient when the Shift Leader will take over • A&E Consultant to ensure Shift Leader has authority over the doctors and nurses within the department and supports this authority when required • Ensure A&E Consultants are proactively managing middle grades and Junior doctors to support training but also the speed of decision making and action 	<p>20/04/2012</p> <p>31/05/2012</p> <p>COMPLETE</p> <p>31/05/2012</p> <p>20/04/2012</p> <p>20/04/2012</p> <p>20/04/2012</p> <p>20/04/2012</p>

<p>3 – Clarification and reinforcement of roles and responsibilities - Shift Leaders in A&E</p> <p>Owner(s): Head of Emergency Care, Clinical Lead for A&E, Divisional General Manager</p>	<ul style="list-style-type: none"> • Claire O'Brien to train Shift Leaders in the existing Navigator role in order to support Registrars and Juniors • Shift Leaders to take responsibility for managing the flow through the department to the 4 hour rule, supported by A&E Consultants and Bed Managers • Communication to the A&E Team regarding empowerment of Shift Leader to oversee the medics and nurses within A&E • Shift Leader Operational Role Protocol to be developed for Shift Leader when no Consultant on duty in the Dept • Shift Leader to ensure Pitstop, CDU, Resus ,Majors and Minors are all utilised effectively to enable patient flow • Shift Leader to liaise with SECamb lead in relation to imminent issues and ensure a positive working relationship • Shift Leader to ensure that Escalation Policies are implemented at all times • Protocol to be developed to support the Bed Manager, SSMs and Shift Leader in the priorities for bed allocation to maximise performance against the 4 hour target • Evaluate and implement "Point of care" testing 	<p>30/04/2012</p> <p>30/04/2012</p> <p>20/04/2012</p> <p>20/04/2012</p> <p>20/04/2012</p> <p>20/04/2012</p> <p>COMPLETE</p> <p>20/04/2012</p> <p>20/04/2012</p>
<p>4 – Clarification and reinforcement of roles and responsibilities - Bed Managers</p> <p>Owner(s): Associate Director of Operations</p>	<ul style="list-style-type: none"> • Review of Bed Manager role in line with roles and responsibilities above • Identify and agree deliverables and targets for the team 	<p>24/04/2012</p> <p>24/04/2012</p>

<p>5 – Development and support of staff within the ED department</p> <p>Owner(s): Dr Helen Cannon, A&E Consultant, Head of Nursing, Clinical Lead for A&E, Head of Emergency Care</p>	<p>Development implementation of development programmes for:</p> <ul style="list-style-type: none"> • Nurses • Doctors • Management and Administrative staff 	<p>31/05/2012</p> <p>31/05/2012</p> <p>31/05/2012</p>
<p>6 – Ensuring patient streaming in A&E, supporting flow and patient experience</p> <p>Owner(s): Registrars, Shift Leaders, Head of Emergency Care, Clinical Lead for A&E, Dr Adam Jacques, Dr Paul Murray, Dr Raad Nari</p>	<ul style="list-style-type: none"> • Establish Rapid Assessment and Treatment as patients arrive in Majors as recommended by ECIST • Establish “See and Treat” in Minors as recommended by ECIST. • Redirect appropriate patients to community services • Review data to identify GP Practices sending inappropriate patients to A&E; provide data to commissioners and request action plan • Implement all 49 Ambulatory Care Pathways • Establish consultant in reach from Respiratory, Cardiology, Orthopaedics, Surgery and Care of the Elderly with a response time of 30 mins. • Establish and implement Emergency Pathways for: <ul style="list-style-type: none"> • Cardiology • Respiratory • Care of the Elderly • End of Life 	<p>07/05/2012</p> <p>14/05/2012</p> <p>30/04/2012</p> <p>21/05/2012</p> <p>30/09/2012</p> <p>30/04/2012</p> <p>30/09/2012</p>

<p>7 - Establish a 24/7 Consultant led A&E Service</p> <p>Owner(s): Divisional General Manager, Clinical Lead for A&E, Divisional Director, Director for Workforce and OD, Dr Vincent O'Neill, Head of Nursing</p>	<ul style="list-style-type: none"> • Review current rota and job plans and establish gaps to deliver a 24/7 service • Recruit consultants and associate middle grades to deliver the 24/7 rota by utilising new marketing strategy (increase salary, research time etc) • Enhance the A&E environment for teaching to attract candidates and support existing junior docs • Establish office space for consultants and doctors to use 	<p>20/04/2012</p> <p>30/11/2012</p> <p>31/05/2012</p> <p>31/05/2012</p>
<p>8 – Implementation of new medical model following consultation with ECIST</p> <p>Owner(s): Clinical Lead for A&E, Head of Emergency Care, Divisional General Manager, Divisional Director, Head of Nursing</p>	<ul style="list-style-type: none"> • Implementation of the medical model changes as a result of the ECIST workshop 25/04/2012 • Work with colleagues across the Division to develop/change the model as agreed 	<p>Timetable to be confirmed following ECIST work on 25/04/2012</p>
<p>9 – Development and implementation of Realtime in A&E</p> <p>Owner(s): Head of Emergency Care</p>	<ul style="list-style-type: none"> • Timetable for the development and implementation of Realtime in the department to be completed. 	<p>30/04/2012</p>

Monitor Compliance Framework - Governance Indicators Financial Risk Ratings

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	30	8	4	4	3	19	
MRSA - meeting the MRSA objective		4	1.0	Quarterly	4	0	2	0	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%	100% 100%	99.49% 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%	90.95% 96.15%	91.84% 96.55%	92.10% 95.65%
All Cancers: 31 day wait from diagnosis to first treatment			96%	0.5	Quarterly	96%	98.89%	100%	98.05%	99.20%	99.31%
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%	98.00% 93.90%	98.01% 96.88%	97.60% 95.44%
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%	91.46%	93.84%
Stroke indicator			TBC	0.5	Quarterly	80%	86.44%	82.18%	83.78%	81.13%	83.49%
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	19.75	17.99	20.74	
Referral to treatment waiting times - non admitted (95th percentile)		<18.3 Weeks	1.0	Quarterly	<18.3 Weeks	16.49	16.25	16.28	16.63	16.41	
Compliance with requirements re access to healthcare for people with a learning disability.		Annual Target	0.5	Quarterly							
Governance:		Weighting	Monitoring Period	Q1	Q2	Q3	Q4	Yr End			
Risk of, or actual, failure to deliver mandatory services		4.0	Quarterly	No	No	No	No	No			
CQC compliance action outstanding		2.0	Quarterly	No	No	No	No	No			
CQC enforcement notice currently in effect		4.0	Quarterly	No	No	No	No	No			
Moderate CQC concerns regarding the safety of healthcare provision		1.0	Quarterly	No	No	No	No	No			
Major CQC concerns regarding the safety of healthcare provision		2.0	Quarterly	No	No	Yes	Yes	Yes			
Unable to maintain, or certify, a minimum published CNST level of 1.0 or have in place appropriate alternative arrangements		2.0	Quarterly	No	No	No	No	No			
Indicative Governance risk rating				A/G	G	A/R	A/R				
Financial Risk Score		10/11 Scores	Weighting	Monitoring Period	Current Score	Q1	Q2	Q3	Q4	Yr End	
1. Underlying Performance - EBITDA Margin		3	25%	Annual	6.4%	3	3	3	3	3	
2. Achievement of Plan - EBITDA achieved		4	10%	Annual	82.9%	3	3	3	3	3	
3. Financial Efficiency - Return on Assets		4	20%	Annual	4.3%	2	3	3	3	3	
4. Financial Efficiency - I&E Margin		3	20%	Annual	1.0%	2	2	2	2	2	
5. Liquidity - Liquidity Ratio*		4	25%	Annual	21.4	4	4	3	3	3	
Weighted Average Rating		3.6				2.9	3.1	2.8	2.8	2.8	
Overall Rating		4	100			3	3	3	3	3	

Notes:
 Monitor Compliance Framework 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
 The Cancer indicator performance has been updated for quarter 4. Changes in previous quarters are not reflected on this report however there has been no deterioration of the performance in previous quarters.

Finance
 The Financial Risk Scores are the draft figures as reported to the Finance Committee on the 18th April and may change.

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 - March 2012

Operating Framework		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	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%	100.0%	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%	94.12%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.49%	94%	5.5%		G
All cancers: 62-day wait for first treatment	From Consultant Screening Service Referral	100.0%	90.91%	100.0%	100.0%	90.91%	100.0%	92.31%	100.0%	100.0%	100.0%	100.0%	100.0%	95.65%	90%	5.7%		G	
	Urgent GP Referral To Treatment	95.77%	89.80%	88.10%	88.42%	91.75%	94.92%	95.35%	91.11%	95.18%	90.79%	91.95%	92.68%	92.13%	85%	7.1%		G	
31-Day Wait For First Treatment	All Cancers	98.67%	99.05%	98.90%	100.00%	100.0%	100.00%	98.82%	98.89%	100.00%	98.65%	98.75%	100.00%	99.31%	96%	3.3%		G	
Two week wait from referral to date first seen	All Cancers	96.09%	96.52%	97.57%	98.37%	97.37%	97.91%	98.16%	97.22%	98.48%	98.74%	98.30%	97.23%	97.63%	93%	4.6%		G	
	For symptomatic breast patients	95.37%	94.66%	94.66%	94.70%	96.26%	96.67%	96.43%	91.72%	95.69%	96.58%	97.52%	96.34%	95.44%	93%	2.4%		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	19.90	19.60	17.90	17.90	17.95	18.41	21.10	23 wks	-1.9		G	
Referral to treatment waiting times - Non-admitted (95th percentile)	! New	16.42	16.65	16.40	16.52	15.96	16.26	16.40	16.20	16.10	16.50	16.60	16.54	16.36	18.3 wks	-1.9		G	
Referral to treatment waiting times - admitted (median)	! New	10.53	11.10	11.46	11.23	10.86	11.45	12.30	12.52	11.39	13.23	13.06	13.51	11.89	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	7.46	6.55	6.18	6.68	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%	92.93%	90.84%	90.71%	93.84%	>95%	-1.2%		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	1	0	2	19	30	-37%		G	
MRSA Bacteraemia (hospital acquired)		0	0	0	0	1	1	0	0	0	0	0	0	2	4	-50%		G	
Patient Experience Survey	! New	80.2%	79.7%	78.9%	80.6%	80.4%	80.1%	80.3%	80.2%	81.1%	78.9%	79.9%	79.8%	80.1%	90.0%	-9.9%		A	
Breach of Same Sex Accommodation	! New	0	0	0	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%	90.2%	90.3%	90.0%	89.6%	90.6%	90.0%	0.58%		A	
Stroke Pts - 90% time on Stroke Unit		87.88%	83.78%	87.50%	91.43%	89.74%	59.3%	86.11%	78.6%	87.88%	82.35%	81.58%	79.40%	83.5%	80.00%	3.49%		G	
Higher risk TIA cases treated within 24 hours of first contact with health professional	! New	work in progress																	
Maternity 12 weeks (Quarterly)		92.7%	88.2%	87.2%	92.7%	86.6%	84.6%	82.4%	91.4%	94.1%	92.3%	91.0%	92.0%	92.0%	80.0%	12.0%		G	
Smoking During Pregnancy		6.2%	6.6%	8.4%	6.4%	8.3%	8.5%	8.1%	10.6%	8.4%	5.8%	4.9%	6.3%	7.4%	8.2%	-0.8%		G	
Breastfeeding Initiation		80.9%	80.6%	83.0%	86.8%	77.9%	81.4%	85.1%	84.0%	79.7%	86.1%	88.9%	81.4%	83.0%	80.7%	2.3%		G	

Trust Operational Performance Report - March 2012

Operating Framework		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD 11/12	11/12 Plan	Var	Trend	11/12 Outturn	
Activity																			
Acute Bed Capacity	! New	574	545	541	524	523	523	520	520	522	553	558	560	560					
Avg. Length of Stay - Elective (Acute)	! New	3.07	2.60	2.83	3.23	4.02	2.88	3.60	3.09	3.18	2.75	3.08	2.86	3.10	2.95	0.2		A	
Avg. Length of Stay - Emergency (Acute)	! New	5.86	5.64	5.78	5.62	5.15	5.14	5.13	5.29	5.30	4.95	5.51	5.43	5.40	4.80	0.6		A	
Daycase Rate		83.6%	83.2%	83.6%	81.0%	81.2%	78.4%	80.4%	81.2%	80.9%	82.5%	79.6%	81.4%	81.2%	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%	2.1%	2.6%	3.1%	3.3%	2.68%	3.5%	-4.8		G	
GP Written Referrals to Hospital		6,284	7,711	8,253	7,603	7,722	7,742	7,403	8,193	6,740	7,570	7,607	8,036	90,864					
Other Referrals For a First Outpatient Appointment		4,803	5,453	5,866	5,499	5,298	5,560	5,515	5,778	4,940	5,816	5,437	5,672	65,637	TBA				
All First Outpatient Attendances		7,729	9,225	10,040	8,871	9,132	9,673	9,318	9,786	8,351	9,498	8,953	9,732	110,308	99,588	10.8%		G	
Elective Spells		406	458	506	545	503	637	562	616	510	552	604	614	6,513	5,687	14.5%		G	
Non-elective (maternity & transfers)		466	480	515	484	508	478	552	496	490	491	476	495	5,931	5,189	14.3%		A	
A&E Attendances		7,712	7,919	7,577	7,766	7,116	7,488	7,925	7,829	7,532	7,421	7,566	8,355	92,206	81,875	12.6%		G	
Old Better Care Better Value (not transferred to Operating Framework)																			
BADS Procedures		94%	91%	91%	92%	93%	94%	95%	96%	94%	96%	95%	93%	93.5%	85.0%	8.5%		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%	5.9%	5.4%	2.5%	4.9%	10.0%	-5.1%		G	
PCT CQUIN																			
VTE Risk Assessment	! New	91.4%	90.8%	93.0%	90.4%	90.1%	90.0%	90.1%	91.1%	90.2%	90.3%	90.0%	89.6%	90.6%	90.0%	0.6%		A	
Patient Experience Survey	! New	80.2%	79.7%	78.9%	80.6%	80.4%	80.1%	80.3%	80.2%	81.1%	78.9%	79.9%	79.8%	80.1%	90.0%	-9.9%		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 March. It is assumed the Trust will meet the target on completion of validations.