

TRUST BOARD
29th July 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:	21 st July 2010
Decision:	For Noting

TRUST BOARD
29th July 2010

OPERATIONAL PERFORMANCE

1 Introduction

From April 2010 the Trust has re-focussed 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 June 2010. This is a continued strong performance.

Two issues drive this rating:

- MRSA performance against trajectory. The Trust is over its MRSA trajectory for Quarter 1 and this bears a significant weighting in the Compliance Framework. The root causes for MRSA's 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. Progress is hampered by the lack of an electronic tracking mechanism/alert through PAS. This creates an over-reliance on manual systems. The pathology team continue to work with individual clinical teams to improve performance. Benchmarked performance remains strong.

2.2 Care Quality Commission

- Delayed transfers of care. The Trust's performance is green however non acute patient stays and the transfer of patients to community or local authority bed based care remains a challenge. The Trust is working with NHS Surrey to develop a sector wide escalation plan that prescribes a community and local authority response to delayed transfers of care at times of high activity levels. In addition through the North West Surrey Transformation Board the Trust is exploring the potential for a joint agency operations room or operations function to improve inter agency management patient flow.
- Smoking during pregnancy. The Trust is a good performer nationally against this indicator. Performance is measured against year on year progress, which

is challenging for a Trust that is already high performing.

2.3 Better Care, Better Value

Emergency Length of Stay. There has been a marginal increase in emergency length of stay in Q1. This is likely to be the result of significant pressure on the hospital (high a and e attendances and high levels of bed occupancy), which in turn has created high numbers of outlying patients across the hospital. Where this is the case there is a natural negative impact on length of stay. The Trust is developing a cross-Trust length of stay programme of work designed to improve overall capacity management, and progress on this will be reported through the Trust's CIP governance mechanisms.

2.4 Local Trust Specified Targets

The Trust's DNA rates remain a cause for concern in Outpatient services. The Appointments Centre have commenced a redesign of the service structure to move towards an increase in working hours and introduce telephone booking as an alternative where appropriate to paper booking.

The Assistant Chief Operating Officer is working with the Patient Pathway Manager to consider an outsourcing option for DNA reduction.

In terms of theatre utilisation the Trust is in the middle of implementing its new theatre management system, which will provide much improved information on utilisation and efficiency. In addition the Trust has secured additional commercial expertise to run a major programme of work on improving theatre utilisation. This is under way and again progress will be reported through the Trust's CIPs governance mechanisms.

2.5 Data Challenges

The Trust's performance against the Fractured Neck of Femur target for June was disappointing at 51% against a target of 60%. An internal agreement has now been reached for the creation of two dedicated fractured neck of femur theatre lists each week (matched to peak days of demand). This should enable significant progress against this target.

3 **Conclusion**

The Trust's performance against its operational targets remains strong and sustainable in the majority of areas. Continued vigilance in terms of healthcare acquired infections is required. Poor performance against the fractured neck of femur target is particularly disappointing and needs to be monitored closely by the Board.

Monitor Compliance Framework

June 2010

Monitor Compliance Framework - Q1

The service performance element of the governance risk ratings

Green : 1.0

Amber-Green : 1.0 - 1.9

Amber-Red : 2.0 to 3.9

Red : 4.0 or more

Acute targets - national requirements	Monitoring	Threshold	Weighting	Apr Actual	May Actual	June Actual	Q1 Total	Q1 Weighting
Clostridium Difficile	Quarterly	23	1.0	3	3	1	7	0.0
MRSA	Quarterly	1	1.0	2	2	0	4	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	93.26 %	94.38 %	95.31 %	94.21 %	0.0
Cancer: 62-day wait from consultant screening service referral	Quarterly	90.0 %	1.0	100 %	100 %	100 %	100 %	0.0
RTT 18 weeks admitted	Quarterly	90.0 %	1.0	93.29 %	96.23 %	95.77 %	95.10 %	0.0
RTT 18 weeks non-admitted	Quarterly	95.0 %	1.0	98.23 %	98.55 %	98.15 %	98.31 %	0.0

Acute targets - minimum standards	Monitoring	Threshold	Weighting	Apr Actual	May Actual	June Actual	Q1 Total	Q1 Weighting
Cancer: 31-day wait from diagnosis to first treatment	Quarterly	96.0 %	0.5	98.78 %	97.75 %	100 %	98.78 %	0.0
Cancer: two week wait from referral to date first seen	Quarterly	93.0 %	0.5	99.55 %	99.20 %	97.81 %	98.79 %	0.0
Cancer: two week wait for symptomatic breast patients	Quarterly	93.0 %		95.33 %	98.06 %	96.69 %	96.71 %	0.0
Screening all elective in-patients for MRSA	Quarterly	100.0 %	0.5	99.10 %	97.10 %	98.80 %	98.40 %	0.5
LHE A&E 4 hr wait	Quarterly	98.0 %	0.5	99.06 %	98.59 %	98.11 %	98.83 %	0.0
Thrombolysis Call to Needle	Quarterly	68.0 %	0.5	100 %	100 %	100 %	100 %	0.0

Monitor Compliance Framework Score								1.5
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Monitor Compliance Framework

June 2010

Monitor Compliance Framework - 18 weeks RTT - Q1

Admitted	Monitoring	Threshold	Apr Actual	May Actual	June Actual	Q1 Total
General Surgery	Quarterly	90%	93.12 %	95.63 %	95.36 %	94.64 %
Urology	Quarterly	90%	97.25 %	100 %	100 %	98.95 %
Trauma & Orthopaedics	Quarterly	90%	93.08 %	94.52 %	94.86 %	93.99 %
Ear Nose and Throat	Quarterly	90%	96.77 %	93.22 %	91.23 %	93.82 %
Ophthalmology	Quarterly	90%	90.10 %	96.94 %	96.06 %	94.39 %
Oral Surgery	Quarterly	90%	90.91 %	92.31 %	92.11 %	91.80 %
Pain Management	Quarterly	90%	100 %	100 %	100 %	100 %
Gastroenterology	Quarterly	90%	100 %	100 %	100 %	100 %
Cardiology	Quarterly	90%	100 %	100 %	100 %	100 %
Gynaecology	Quarterly	90%	96.55 %	100 %	98.23 %	98.13 %

Monitor Compliance Framework

June 2010

Non Admitted	Monitoring	Threshold	Apr Actual	May Actual	June Actual	Q1 Total
General Surgery	Quarterly	95%	96.85 %	98.45 %	96.99 %	97.41 %
Urology	Quarterly	95%	97.09 %	96.84 %	94.67 %	96.04 %
Trauma & Orthopaedics	Quarterly	95%	95.27 %	95.73 %	98.10 %	96.38 %
Ear Nose and Throat	Quarterly	95%	98.19 %	99.70 %	97.62 %	98.39 %
Ophthalmology	Quarterly	95%	98.66 %	97.63 %	97.24 %	97.86 %
Oral Surgery	Quarterly	95%	97.89 %	97.25 %	95.74 %	97.00 %
Pain Management	Quarterly	95%	100 %	100 %	100 %	100 %
General Medicine	Quarterly	95%	99.72 %	99.13 %	99.50 %	99.45 %
Gastroenterology	Quarterly	95%	99.07 %	99.31 %	97.22 %	98.48 %
Cardiology	Quarterly	95%	100 %	100 %	98.76 %	99.54 %
Dermatology	Quarterly	95%	99.75 %	100 %	99.54 %	99.76 %
Neurology	Quarterly	95%	98.89 %	100 %	98.96 %	99.29 %
Rheumatology	Quarterly	95%	100 %	100 %	100 %	100 %
Paediatrics	Quarterly	95%	98.32 %	99.45 %	100 %	99.33 %
Geriatric Medicine	Quarterly	95%	100 %	100 %	97.67 %	99.51 %
Gynaecology	Quarterly	95%	99.42 %	99.50 %	100 %	99.64 %

Weighting = 0.5 for 3 or more specialties under achieving threshold

Trust Operational Performance Report

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Care Quality Commission																	
	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	YTD 10/11	10/11 Plan	Var	Trend	Outturn 10/11
Cancer 31-Day First Treatment: All Cancers	100.00 %	99.01 %	100.00 %	100.00 %	98.90 %	100.00 %	100.00 %	97.18 %	100.00 %	98.78 %	97.75 %	100.00 %	98.78 %	96.00 %	2.80 %	↑	G
Cancer: 31-day wait for surgery & drug treatments	99.25 %	99.23 %	100.00 %	98.31 %	98.37 %	100.00 %	100.00 %	97.94 %	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	98.00 %	2.00 %	↔	G
Cancer Combined 62 Day Referral to Treatment	97.94 %	90.11 %	90.12 %	91.26 %	95.88 %	89.61 %	98.70 %	86.49 %	93.10 %	93.26 %	94.38 %	95.31 %	94.21 %	85.00 %	9.20 %	↑	G
Cancer Combined Two Week Rules	98.38 %	98.58 %	98.58 %	97.83 %	99.34 %	99.24 %	96.47 %	97.04 %	98.12 %	99.55 %	99.20 %	97.81 %	98.79 %	93.00 %	5.80 %	↓	G
Cancelled Operations	0.47 %	0.79 %	1.14 %	0.92 %	0.44 %	0.74 %	0.81 %	0.85 %	0.39 %	0.76 %	0.69 %	0.50 %	0.65 %	0.80 %	-0.20 %	↑	G
28 Day Guarantee	0.00 %	0.00 %	3.03 %	7.41 %	0.00 %	9.52 %	0.00 %	0.00 %	0.00 %	0.00 %	5.26 %	0.00 %	1.75 %	5.00 %	-3.20 %	↑	G
Delayed Transfers of care	5.40 %	4.20 %	3.30 %	2.80 %	4.50 %	3.36 %	2.84 %	4.70 %	3.75 %	1.93 %	2.08 %	2.28 %	2.10 %	3.50 %	-1.40 %	↓	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	99.45 %	98.87 %	98.43 %	99.14 %	98.92 %	97.74 %	97.98 %	99.23 %	99.25 %	99.06 %	98.59 %	98.11 %	98.83 %	98.00 %	0.80 %	↓	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
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	4	6	3	4	2	6	4	1	2	3	3	1	7	23	-16	↑	G
MRSA Bacteraemia (Hospital)	0	1	4	0	1	1	0	0	1	2	2	0	4	1	3	↑	A
Data Quality on Ethnic Group	84.74 %	84.59 %	83.32 %	85.65 %	85.70 %	87.10 %	87.50 %	86.49 %	86.62 %	87.55 %	86.94 %	85.13 %	86.54 %	85.00 %	1.50 %	↓	G
Smoking During Pregnancy	7.30 %	10.10 %	6.20 %	7.10 %	9.80 %	7.30 %	8.60 %	11.70 %	6.00 %	8.30 %	8.90 %	8.20 %	8.47 %	8.20 %	0.30 %	↑	A
Breastfeeding Initiation	82.40 %	78.80 %	81.00 %	80.60 %	78.40 %	80.60 %	80.50 %	78.70 %	83.70 %	83.00 %	83.50 %	85.60 %	84.03 %	80.70 %	3.30 %	↑	G
Completed Pathways - Admitted patients	94.51 %	94.88 %	93.80 %	93.88 %	91.51 %	92.43 %	93.28 %	92.28 %	93.46 %	93.29 %	96.23 %	95.77 %	95.10 %	90.00 %	5.10 %	↓	G
Completed Pathways - Non-admitted patients	98.17 %	98.39 %	97.80 %	98.26 %	97.46 %	98.00 %	97.51 %	97.79 %	97.86 %	98.23 %	98.55 %	98.15 %	98.31 %	95.00 %	3.30 %	↓	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	94.18 %	94.20 %	94.22 %	94.25 %	94.55 %	94.56 %	94.18 %	94.58 %	94.62 %	94.63 %	95.12 %	96.24 %	95.33 %	N/A	N/A	↑	

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PCT																	
	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	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 %	96.97 %	100.00 %	95.45 %	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	16.98 %	23.49 %	21.79 %	19.84 %	23.74 %	20.33 %	25.38 %	26.55 %	23.86 %	25.21 %	20.48 %	19.83 %	21.84 %	23.45 %	-1.60 %	↑	G
Pressure Ulcers	18	23	11	8	8	13	8	16	10	9	7	16	32	56	-42.90 %	↓	G
Access to midwifery/Maternity services (Rpt Qtly)	87.50 %	91.20 %	86.40 %	87.40 %	89.40 %	85.50 %	85.00 %	85.70 %	91.90 %	85.00 %	90.50 %	89.90 %	88.47 %	80.00 %	8.50 %	↓	G
Caesarean Section Rate	26.00 %	28.20 %	33.70 %	29.50 %	29.00 %	25.40 %	29.40 %	28.30 %	22.60 %	29.70 %	26.50 %	25.00 %	27.07 %	25.00 %	2.10 %	↑	G

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Better Care Better Value																	
	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	YTD 10/11	10/11 Plan	Var	Trend	Outturn 10/11
Day Case Rate	80.31 %	80.14 %	81.81 %	80.93 %	81.28 %	82.10 %	80.78 %	81.71 %	81.59 %	80.42 %	81.59 %	82.64 %	82.50 %	81.50 %	1.00 %	↑	G
BADS Procedures	89.72 %	88.68 %	89.15 %	89.93 %	89.72 %	90.63 %	90.22 %	89.40 %	89.42 %	89.01 %	90.97 %	92.04 %	90.67 %	85.00 %	5.70 %	↑	G
Inpatients Admitted before Day of Operation	8.76 %	7.04 %	4.88 %	5.18 %	4.22 %	5.04 %	8.40 %	5.11 %	4.32 %	5.17 %	6.08 %	3.10 %	4.78 %	10.00 %	-5.20 %	↑	G
Emergency LOS	5.67	4.78	4.63	5.28	4.98	5.84	5.78	6.29	5.45	4.70	4.92	4.96	4.91	4.80	2.30 %	↓	A

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Local																	
	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	YTD 10/11	10/11 Plan	Var	Trend	Outturn 10/11
Total DNA	13.03 %	13.84 %	13.40 %	13.01 %	13.17 %	13.38 %	18.71 %	13.81 %	13.34 %	10.12 %	10.38 %	10.59 %	10.36 %	8.80 %	1.60 %	↓	R
A&E < 4Hours (SPH Only)	98.80 %	97.45 %	96.74 %	97.81 %	97.86 %	95.56 %	95.95 %	98.52 %	98.54 %	98.13 %	97.17 %	96.08 %	97.18 %	95.00 %	2.20 %	↓	G
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	16	12	15	23	21	14	21	13	15	35	34	48	39	N/A	39	↓	
Theatre Utilisation	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	80.00 %	83.00 %	N/A	83.00 %	85.00 %	-2.00 %	↑	A

DNA calculation excludes special package of care as for the SLA

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Data Challenges																	
	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	YTD 10/11	10/11 Plan	Var	Trend	Outturn 10/11
OP New Follow Up Ratios	1.59	1.60	1.62	1.56	1.61	1.55	1.63	1.67	1.64	1.60	1.62	1.58	1.60	2.00	-20.10 %	↑	G
Inpatient Readmission On Day Of Discharge	6	9	10	10	4	5	9	5	10	12	6	1	19	N/A	N/A	↑	G
OP (New appointment only) Non GP/GDP Referral	31.91 %	22.97 %	24.06 %	22.74 %	23.01 %	24.38 %	23.38 %	22.61 %	24.23 %	23.19 %	23.22 %	23.55 %	23.32 %	25.00 %	-1.70 %	↓	G
Stroke Pts - 90% time on Stroke Unit	61.10 %	66.70 %	43.80 %	61.30 %	50.00 %	61.10 %	76.47 %	85.20 %	97.70 %	92.68 %	97.44 %	94.12 %	94.75 %	80.00 %	14.70 %	↓	G
Fractured NOF Operated on with in 36 hrs (%)	N/A	N/A	N/A	N/A	N/A	N/A	37.84 %	51.22 %	54.22 %	61.90 %	61.90 %	51.85 %	58.60 %	60.00 %	-0.01	↓	R
Stroke Care - CQUIN Scanning with in 24hrs	92.30 %	74.10 %	85.70 %	84.40 %	79.50 %	97.80 %	90.60 %	91.30 %	92.10 %	97.70 %	100.00 %	79.40 %	92.37 %	90.00 %	2.40 %	↓	G
Stroke Care - CQUIN Scanning with in 3hrs	61.50 %	55.60 %	74.30 %	50.00 %	72.70 %	60.90 %	81.30 %	78.30 %	76.30 %	88.60 %	88.90 %	70.60 %	82.70 %	80.00 %	2.70 %	↓	G