

**TRUST BOARD**  
**26<sup>th</sup> September 2013**

<b>TITLE</b>	<p><b>Performance Report</b></p> <p>The Trust met all of the performance targets associated with the Monitor Compliance Framework in August 2013, including the four hour standard for waiting times in Accident and Emergency (A&amp;E).</p> <p>Whilst the Trust delivered the 4 hour standard, it is recognised that sustained delivery remains a risk and is therefore progressing with a further programme of work to improve resilience, maintain capacity and flow and deliver a good patient experience in anticipation of further increases in demand in winter 2013/14.</p> <p>Similarly, the RTT, 18-week standards for elective care were achieved in the month, and the key points to note are:</p> <ol style="list-style-type: none"> <li>1. The Trust met the 18 week waiting time standards for non-admitted patient care and incomplete pathways at speciality level and for admitted patient care for all specialities other than General Surgery and Urology, as forecast, in August 2013</li> <li>2. There is a risk that the 18 week target will not be delivered in General Surgery in September and October and in Cardiology in September</li> <li>3. The number of patients waiting more than 18 weeks for treatment increased in August and the specific reasons for this are detailed in section 3.1 below.</li> </ol> <p>The paper also details the areas of note and the on-going improvement work underway in the operational teams.</p>
<b>EXECUTIVE SUMMARY</b>	
<b>BOARD ASSURANCE (Risk) / IMPLICATIONS</b>	<p>Compliance is reflected in the Board Assurance Framework. BAF Risk 1.1 National targets and priorities.</p>
<b>STAKEHOLDER / PATIENT IMPACT AND VIEWS</b>	<p>Patient expectations in terms of access are reflected in NHS performance targets.</p>
<b>EQUALITY AND DIVERSITY ISSUES</b>	<p>None identified.</p>
<b>LEGAL ISSUES</b>	<p>The failure to meet the four hour standard for waiting times in A&amp;E creates a potential regulatory issue for the Trust.</p>
<b>The Trust Board is asked to:</b>	<p>Review and discuss the report.</p>
<b>Submitted by:</b>	<p>Valerie Bartlett, Deputy Chief Executive</p>
<b>Date:</b>	<p>19<sup>th</sup> September 2013</p>
<b>Decision:</b>	<p>For Assurance</p>

## OPERATIONAL PERFORMANCE REPORT

### 1 INTRODUCTION

The purpose of this paper is to summarise key performance issues and the actions in place to address them. Specifically the paper addresses the targets and standards included in the Monitor Compliance Framework:

- A&E: maximum waiting time of four hours from arrival to admission/transfer/discharge
- Maximum time of 18 weeks from point of referral to treatment in aggregate – admitted
- Maximum time of 18 weeks from point of referral to treatment in aggregate – non-admitted
- Maximum time of 18 weeks from point of referral to treatment in aggregate – patients on an incomplete pathway

The Trust met all of the performance targets associated with the Monitor Compliance Framework in August 2013, including the four hour standard for waiting times in Accident and Emergency (A&E).

### 2 FOUR HOUR STANDARD FOR WAITING TIMES IN A&E

The Trust met the 4 hour standard for waiting times in A&E in August 2013. Performance for the month was **97.74%** - an improvement in performance compared with the Q1 (95.44%).

The table below shows a breakdown of performance by month. These demonstrate that there was a significant improvement in performance in August 2013 as compared with the previous quarter.

Period	% Patients admitted / transferred / discharged < 4 hours (SPH, EPU, GUM & ASH)
<b>2012/13 Total</b>	95.29%
April 2013	93.55%
May 2013	94.77%
June 2013	98.08%
<b>Quarter 1 2013/2014</b>	95.44%
July 2013	96.91%
August 2013	97.74%

The key drivers of performance in the month were:

- Ensuring clinical capacity is amended in order to match demand of the emergency care pathway. Further consultant recruitment has taken place in Q1 and consultant presence in both A&E and the Medical Assessment Unit (MAU) is being amended to meet times of greatest demand
- Further improvements of processes on the Medical Short-Stay Unit (MSSU). Through the 'Ready to Go' project a number of improvements have been made to the communication processes on the MSSU, which has improved daily discharges and flow through the emergency care pathway
- Continued focus on the delivery of the 4 hour recovery plan within the Trust, including Executive-led weekly meetings to review all A&E breaches and well as a weekly, senior cross-divisional performance review

The most significant challenges in the month were:

- A&E attendances continued to remain high in August following the trend documented in the report submitted for Q1

Whilst 4 hour performance has improved in Q2, overall performance for the remainder of the year remains a risk.

To facilitate delivery in Q2 the additional performance management measures put into place in Q1, led by the Chief Executive and Deputy Chief Executive, will continue. The 4 hour recovery plan has also been updated and copy of the plan is included as APPENDIX C.

### 3 REFERRAL TO TREATMENT TIMES (RTT)

The table below shows performance against the RTT, 18-week standard by speciality for August 2013.

The Trust met the 18 week waiting time standards for non-admitted patient care and incomplete pathways at speciality level and for admitted patient care for all specialities other than General Surgery and Urology, as forecast, in August 2013.

Failure to meet the 18 week standard for General Surgery and Urology does not have a performance implication with regard to the Compliance Framework, as the 90% standard for admitted pathways was achieved for the month for the Trust as a whole.

However, failure to achieve at speciality level will incur a financial penalty under the terms of the contract with North-West Surrey CCG.

#### AUGUST 2013 RTT PERFORMANCE

Speciality	Admitted patient care (target 90%)	Non-admitted patient care (target 95%)	Incomplete pathways (target 92%)
General Surgery	87.63%	96.33%	97.80%
Urology	81.82%	95.37%	97.52%
Trauma & Orthopaedics	94.51%	95.33%	97.70%
Ear, Nose & Throat (ENT)	97.78%	95.10%	98.64%

Ophthalmology	92.16%	98.82%	99.16%
Oral Surgery	91.67%	98.15%	98.77%
General Medicine	100.00%	99.76%	98.66%
Gastroenterology	98.08%	97.44%	100.00%
Cardiology	94.44%	96.02%	93.05%
Dermatology	n/a	99.75%	99.92%
Neurology	n/a	97.14%	96.89%
Rheumatology	n/a	99.49%	99.31%
Geriatric Medicine	n/a	100.00%	100.00%
Gynaecology	98.77%	100.00%	99.81%
Other	98.44%	100.00%	99.73%
<b>Total</b>	<b>92.30%</b>	<b>97.77%</b>	<b>98.31%</b>

### 3.1 AUGUST PERFORMANCE

The backlog (those patients waiting over 18 weeks for treatment) in Ophthalmology has been significantly reduced since June/July, and the 90% standard for admitted patients was achieved in August and is now predicted to be sustained in future months.

Work continues to clear the backlog of patients in Urology and although the 90% standard for admitted patient care was not achieved in August 2013, it is projected to return to meeting the standard from September.

The 18 week target for admitted patients in General Surgery (Vascular, Colorectal, Upper GI and Breast) was not achieved in August and is also likely to miss the 90% standard in September.

A number of capacity and operational issues have been identified that are currently affecting the surgical pathways. Action plans have been developed to address backlogs of administration tasks in the affected clinical offices and further work is on-going to reduce delays at the front end of the 18 week pathways. In addition, theatre capacity for high-risk patients has been identified as an issue affecting waiting times and work is underway with the clinical teams to increase capacity.

As reported last month, an issue in Cardiology was identified after a review of the planned waiting list revealed patients were waiting longer than necessary for their treatment (cardioversion) because they were incorrectly listed on a planned list instead of an 18 week pathway.

On advice from the Intensive Support Team (IST) the listing issue has now been resolved and work is underway to accommodate the patients (approximately 70) that are waiting for treatment

However a number of patients have already waited in excess of 18 weeks and it is therefore likely that, as the patients are treated from September onwards, the 18 week standard for patient care in Cardiology will be at risk.

In August 2013 the Epsom Downs Integrated Care Services (EDICS) were placed into administration and approximately 300 elective patients previously being treated by EDICS and PIMS Pathways Ltd were transferred to the ASPH active waiting list.

The majority of these patients are on an orthopaedic pathway, however there are also a number in other specialties including urology, upper GI and dermatology. Many of the patients have experienced long-waits on their existing pathways and the manual validation of the patient pathways has added increased pressure to the divisional teams in the month.

The addition of the Cardiology patients to the active waiting list, along with the patients pathways taken on from EDICS/PIMS, has meant that the overall backlog (those patients waiting over 18 weeks for treatment) has increased for the first time in this year. Appendix A of this report includes a more detailed analysis of 18 week performance.

The number of patients waiting over 30 weeks for treatment has been significantly reduced. In August there were 7 patients that had been treated in the month in excess of 30 weeks on an admitted pathway and 2 patients on a non-admitted pathway. Root-cause analysis of all patients who waited over 30 weeks for treatment is completed every month and reviewed by the divisional teams in order that relevant actions can be taken.

#### **4 PLANNING FOR WINTER 2013/14**

The Trust remains concerned about the ability of the local health economy to withstand the pressure of winter 2013/14 whilst maintaining capacity, flow, patient experience and performance standards.

Throughout Q2, and in advance of winter 2013/2014, the Trust has initiated further action to support future sustainability including establishment and embedding of the frail, elderly pathway, the Ambulatory Care Unit and significant improvements to the Surgical Assessment Unit – all of which has been supported by ECIST in their most recent assurance visit. A summary of the progress against specific winter planning initiatives is shown below:

- Expansion of Paediatric A&E - The building work for the temporary structure is to be completed by November 2013. Two paediatric A&E consultant posts appointed and due to start in Q3
- Emergency Ambulatory Care Unit – The unit is due to be opened in November and recruitment of additional Acute Medical Consultants is underway to support the unit and Emergency Care pathway as noted by ECIST on their most recent visit
- Expansion of Surgical Assessment and Surgical Short-Stay unit - Operational policy and professional standards for the new unit have been agreed with the clinical teams and the new unit is scheduled to go-live in October 2013
- Ready to Go Project - Following successful project and improvements made on Medical Short Stay unit, the project will move on other medical wards. The project will focus on implementation of the 'patient-flow bundle' as recommended as best practice by ECIST

##### **4.1 OPAL**

One of the most significant service developments underway ahead of winter 2013/2014 is the frail, elderly pathway and the new model of care for older people in the Trust. The model of care facilitates the screening of patients for frailty at the front door, and referral of patients to the Older Persons Assessment and Liaison Team (OPAL) where they will receive a Comprehensive Geriatric Assessment (CGA) and a comprehensive plan of care developed by the OPAL team. The OPAL team will be in place for 1<sup>st</sup> October 2013.

Although the in-hospital OPAL team will bring significant benefits, it is recognised that the whole-system solution could not be achieved by the hospital alone. The Trust has been

leading the development of services with community and social care partners to be support the OPAL team and the whole frail, elderly pathway.

Specifically, the Trust has been working with partner organisations to define and implement an OPAL-Plus service to deliver the on-going care for patients post-discharge and into the community, which must be in place and effective in order for the OPAL model to achieve maximum benefits.

The OPAL-Plus service will include admission avoidance through a Rapid Response team; extended use of Rapid Access clinics at Walton, Woking & Ashford Hospital including timely access to diagnostics; and the extension of existing Community Health and Social Care Services

Further details of the OPAL-Plus service will be provided to the board next month.

## **5 CONCLUSION**

Whilst the Trust is pleased with delivery of the performance targets associated with the Monitor Compliance Framework in August 2013, it is recognised that sustained delivery remains a risk and has therefore initiated a further programme of work to improve resilience, maintain capacity and flow and deliver a good patient experience in anticipation of further increases in demand in winter 2013/14.

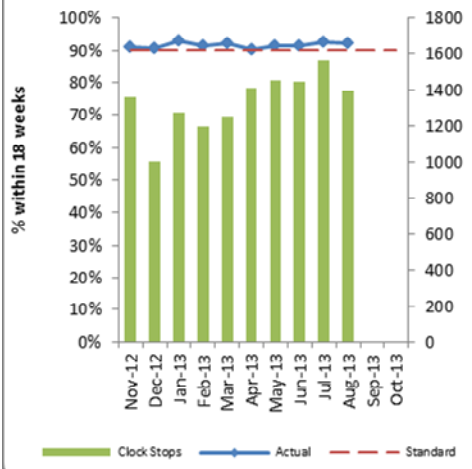
The Trust is expecting to maintain performance against the performance targets associated with the Monitor Compliance Framework, including the 4 hour standard at over 95%, for each month during quarter 2.

## **6 ACTION REQUIRED**

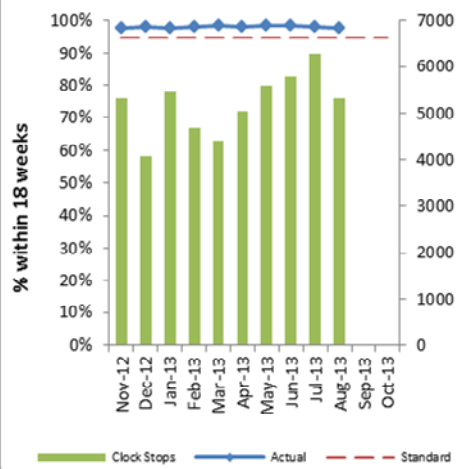
The Trust Board is asked to note delivery of all of the performance targets associated with the Monitor Compliance Framework in August 2013.

# APPENDIX A: RTT DASHBOARD

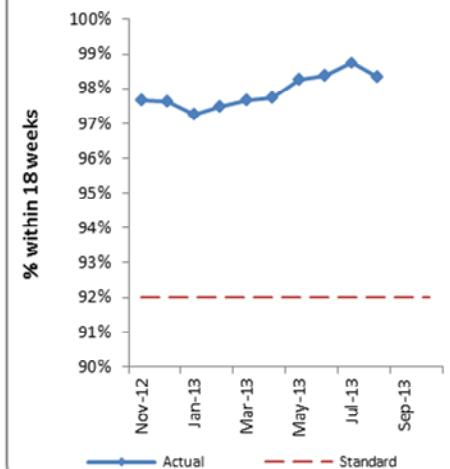
**Admitted RTT Performance**



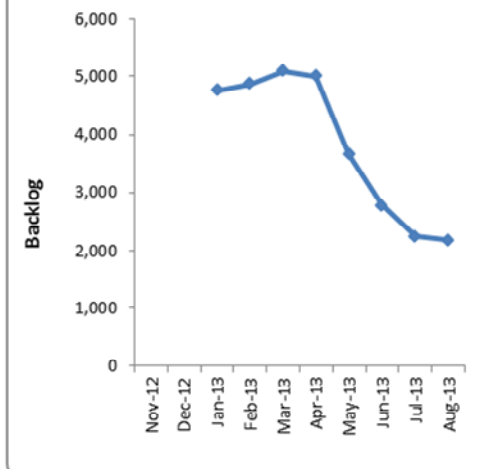
**Non-admitted RTT Performance**



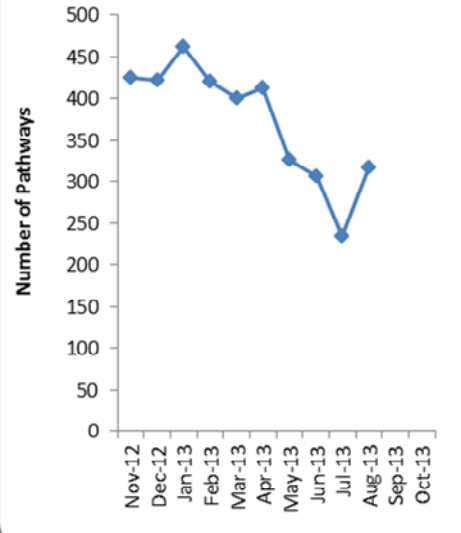
**Incompletes: Percentage Within 18 Weeks**



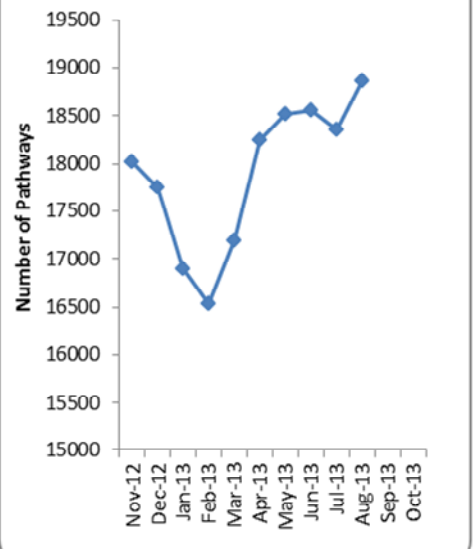
**Admitted Backlog**



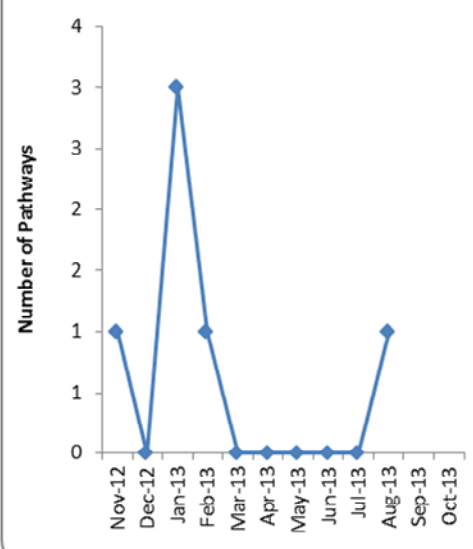
**Incomplete Pathways waiting Over 18 Weeks**



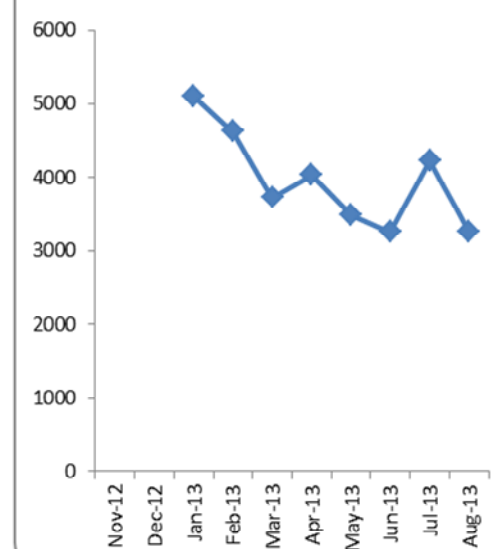
**Total incomplete pathways**



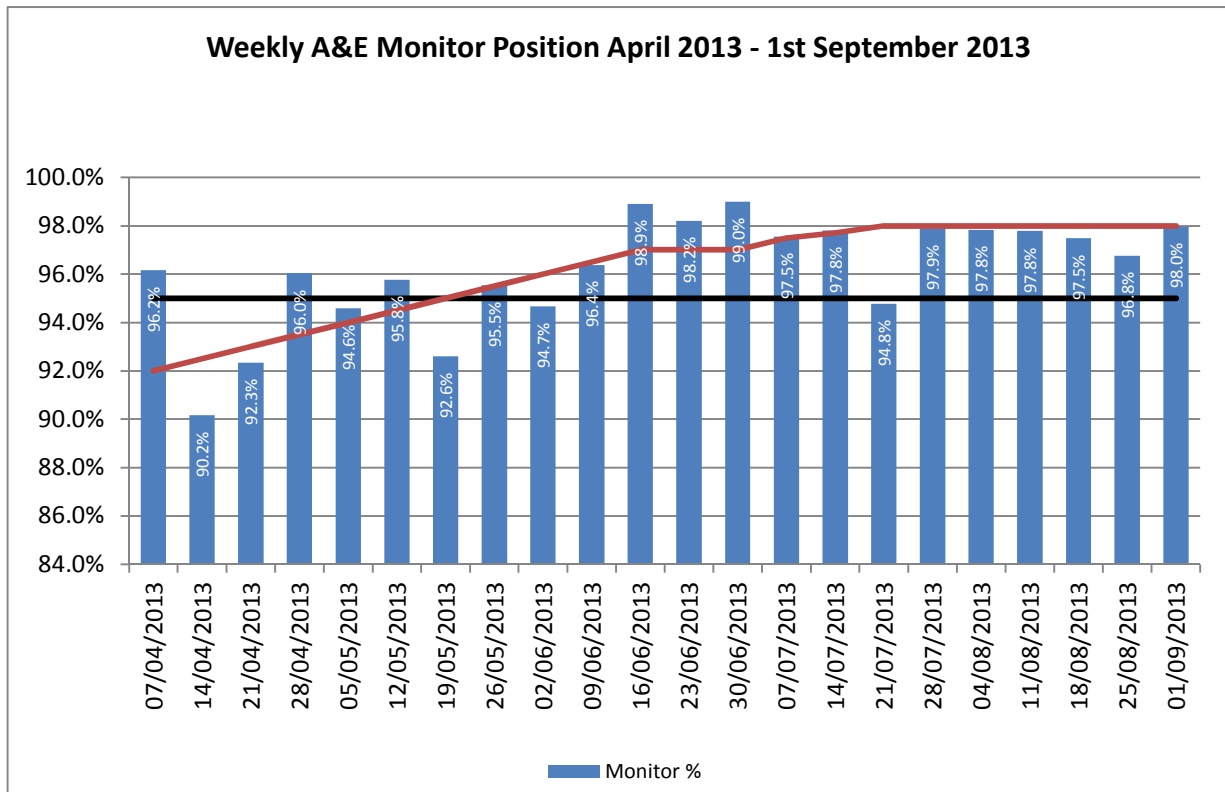
**Incomplete pathways waiting 52+ weeks**



**Non-Admitted Backlog**



## APPENDIX B – A&E 4-HOUR PERFORMANCE AGAINST TRAJECTORY





## **APPENDIX C – FOUR HOUR EMERGENCY PATHWAY RECOVERY PLAN**

Objective	Actions required	Accountability	Update / Actions
<p>1. Fully embedding the Emergency Care Pathway / MAU / Medical Short Stay Model</p>	<ul style="list-style-type: none"> <li>• Speciality in-reach from medical specialities – gastro, cardiology, respiratory, care of the elderly – into MAU and MSSU to be defined and implemented</li> <li>• Rota and clinical capacity to be amended in order to match demand</li> <li>• Implementing the actions identified through Ready to Go and audit of internal professional standards:               <ul style="list-style-type: none"> <li>- Daily 8 am handover</li> <li>- Afternoon handover</li> <li>- Weekend planning meeting</li> </ul> </li> </ul>	<p>Tom Smerdon/ Justine Hillier/ Gulam Patel</p>	<p>MSSU rota amended to support four consecutive days on the ward</p> <p>Acute Consultant overlap amended to be 3-hours in the afternoon and will be reviewed for effectiveness</p> <p>Acute Physicians now taking responsibility to for the non-specialty-non-post-take patients on MAU waiting to go to MSSU</p> <p>Improvements in MSSU communications processes in place: 08:30 team handover, 08:45 WR, 12:00 BR, 15:00 team handover.</p> <p>Data is now available from the new on-take tracker system to enable analysis of post-take efficiency. Currently in discussion with information team.</p>
<p>2. Rapid implementation of new frail elderly pathway</p>	<ul style="list-style-type: none"> <li>• Completion and approval of business case supporting the new model of care for older people</li> <li>• Recruitment of additional consultant geriatrician(s)</li> <li>• Recruitment of OPAL team and implementation of new model of care</li> </ul>	<p>Gulam Patel/ Tom Smerdon/ David Fluck</p>	<p>Business case approved by Strategic Delivery TEC in June 2013 and project plan now in place</p> <p>Recruitment underway for all new posts, including joint appointment with Virgin Care for additional consultant – Team to go-live from 1<sup>st</sup> October</p> <p>Pathway agreed with existing acute team in MAU to ensure OPAL is integrated with existing teams</p> <p>Agreed programme of work with CCG that will support effectiveness of OPAL, including additional Virgin Care resources available from mid-October</p>

Objective	Actions	Accountability	Update
3. Increasing consultant leadership	<ul style="list-style-type: none"> <li>• Review of Consultant leadership on all wards, 7 days a week and exploring options to close the gap</li> <li>• Escalation pathways to be reviewed to ensure there is consultant involvement and leadership throughout</li> <li>• Documenting and sharing Consultant location, contacts (bleeps) and contingency contacts (for example, when in theatre)</li> <li>• Producing and sharing concise, Consultant-specific KPIs – using hard-data that Consultant’s own</li> <li>• Changing the conversation with Consultant colleagues and encouraging clinicians to use management to remove blockages in patient pathways</li> </ul>	David Fluck/ Divisional Directors	<p>Emergency Care Pathway Clinicians meeting – Acute and surgical consultants to visit A&amp;E – Victoria and Helen C. to lead</p> <p>Capacity escalation triggers to be reviewed and agreed with Consultant colleagues</p> <p>‘Contact-ability’ of medical consultants to be reviewed in the division – Tom S. / Gulam P.</p> <p>Consultant specific output metrics including discharges from wards per day and readmissions to be generated, starting with MAU and MSSU (discharge destination to be included in metrics)</p>
4. Extension of Ambulatory Care	<ul style="list-style-type: none"> <li>• Creation of dedicated Ambulatory Care unit in close proximity to the ED</li> <li>• Confirmation of resources required to support Ambulatory Care unit and identify an Acute Physician to lead the service</li> <li>• Plan for implementation Ambulatory Care unit by October 2013</li> </ul>	Gulam Patel/ Justine Hillier/ Tom Smerdon	<p>ED / MAU team visited Milton Keynes to review Ambulatory Care Unit in July 2013</p> <p>Weekly meeting now in place to implement ACU. A location has been identified and a business case has been completed</p> <p>KPIs to monitor effectiveness of Ambulatory Care unit (including % converted to admission) to be set up</p>

Objective	Actions	Accountability	Update
5. Roll out of Ready to Go project	<ul style="list-style-type: none"> <li>• Completion of Ready to Go on Medical Short Stay and embedding of improvements with divisional team</li> <li>• Scope for fast-track roll-out of Ready to Go on surgical wards</li> <li>• Forensic focus on discharge on specialty wards</li> </ul>	Valerie Bartlett	<p>Review plans for roll-out of Ready to Go to other inpatient wards</p> <p>New phase of Ready to Go project to focus on implementation of 'patient-flow bundle' and will be based on Gastro ward</p> <p>Implement Executive Director-led review of length of stay</p>
6. Implementation of new SAU model	<ul style="list-style-type: none"> <li>• Fast track implementation of new surgical assessment model</li> <li>• Recruitment to new posts</li> </ul>	John Hadley/ Victoria Griffiths/ Sue Sexton	<p>Approval from Capital Control group of capital costs and phasing of plans to be agreed - Day Surgery to be used as decanting ward to limit impact on inpatient capacity</p> <p>New unit to go-live in October 2013</p>
7. Implement Enhanced Performance Management	<ul style="list-style-type: none"> <li>• Weekly formal cross-divisional review</li> <li>• Implement 7-day analysis tool for A&amp;E</li> <li>• Weekly dashboard on urgent care (performance and quality)</li> </ul>	Valerie Bartlett/ Simon Marshall	<p>7-day breach analysis meetings in place each week</p> <p>Inappropriate attendances to be brought to Monday breach meetings (including GP referrals to A&amp;E via SECAMB)</p>
8. Ensure no delays in diagnostics	<ul style="list-style-type: none"> <li>• All inpatient diagnostics completed and reported same day – no delays</li> </ul>	Andrew Laurie/ Cathy Parsons/ Kate Eidens	<p>New system implemented</p> <p>SPS to share their own breach analysis. ASPH breach analysis relating to Pathology to be shared with SPS</p>

Objective	Actions	Accountability	Update
9. Consultant job planning	<ul style="list-style-type: none"> <li>• Complete Care of The Elderly job planning</li> <li>• Initiate review of job plans with Acute physicians</li> </ul>	Valerie Bartlett / Gulam Patel / David Fluck	<p>Job planning to continue with Acute physicians following CoE physicians</p> <p>Job planning to continue with CoE following commitment to recruit additional 1.5 consultants to support frail elderly pathway</p>
10. Winter planning	<ul style="list-style-type: none"> <li>• Winter planning workshop / review of 2012/2013</li> <li>• Calm Ordered Care meeting reconvened weekly</li> <li>• Review of existing escalation arrangements</li> </ul>	Valerie Bartlett	<p>First winter planning workshop complete and capacity escalation triggers to be reviewed, agreed and circulated</p> <p>Draft of winter plan shared with CCG</p> <p>Weekly reviews of winter planning progress underway with Deputy Chief Executive</p>
11. Maximise transfer of surgical activity to Ashford Hospital	<ul style="list-style-type: none"> <li>• Move more surgical work to Ashford</li> <li>• Move more complex orthopaedics procedures to Ashford</li> <li>• Maximising theatre utilisation at Ashford Hospital</li> </ul>	John Hadley/ Victoria Griffiths/ Sue Sexton/ Cathy Parsons/ David Elliot	<p>Ashford utilisation to be reviewed at specialty performance meetings</p> <p>Treatment Room 3 at Ashford to be lead-lined to enable pain sessions</p>
12. ED	<ul style="list-style-type: none"> <li>• Change in emphasis from triage to “see and treat” in minors</li> <li>• Scope potential to increase use of RAT based on demand</li> </ul>	Helen Cannon / Philip Kemp	

**Monitor Compliance Framework - Governance Indicators Financial Risk Ratings as at August 2013**

Safety:		13/14 Threshold	Weighting	Monitoring Period	13/14 YTD Plan	Q1	Q2	Q3	Q4	YTD
Clostridium Difficile - meeting the Clostridium Difficile objective		13	1.0	Quarterly	6	1	1			2
MRSA - meeting the MRSA objective		1	1.0	Quarterly	0	0	0			0
Quality:		Threshold	Weighting	Monitoring Period	13/14 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%	100% 100%			100% 100%
All Cancers: 62 day wait for first treatment from urgent GP referral to treatment		urgent GP referral NHS Cancer Screening Service 85% 90%	1.0	Quarterly	85% 90%	90.2% 100%	88.7% 100.0%			89.5% 100%
All Cancers: 31 day wait from diagnosis to first treatment		96%	0.5	Quarterly	96%	100.0%	100.0%			100.0%
Cancer: 2 week wait from referral to date first seen		all urgent referrals (cancer suspected) symptomatic breast patients 93% 93%	0.5	Quarterly	93% 93%	97.3% 97.9%	97.3% 97.4%			97.3% 97.7%
A&E (maximum wait time of 4 hours from arrival to admission/ transfer/ discharge)		95%	1.0	Quarterly	95%	95.43%	96.75%			96.19%
Patient Experience:		Threshold	Weighting	Monitoring Period	13/14 Plan	Q1	Q2	Q3	Q4	YTD
Referral to treatment waiting times - admitted		90%	1.0	Quarterly	90%	91.08%	92.51%			91.66%
Referral to treatment waiting times - non admitted		95%	1.0	Quarterly	95%	98.39%	97.91%			98.19%
Referral to treatment waiting times - Incomplete pathways		92%	1.0	Quarterly	92%	98.11%	98.52%			98.28%
Governance:		Weighting	Monitoring Period	13/14 Plan	Q1	Q2	Q3	Q4	Yr End	
Failure to comply with requirements regarding access to healthcare for people with a learning disability		0.5	Quarterly	No	No	No				
Risk of, or actual, failure to deliver mandatory services		4.0	Quarterly	No	No	No				
CQC compliance action outstanding (as at 31st Mar 2013)		Monitor Discretion	Quarterly	No	No	No				
CQC enforcement action within last 12 months (up to 31st Mar 2013)		Monitor Discretion	Quarterly	No	No	No				
CQC enforcement notice currently in effect (as at 31st Mar 2013)		4.0	Quarterly	No	No	No				
Minor CQC concerns or impacts regarding the safety of healthcare provision (as at 31st Mar 2013)		Monitor Discretion	Quarterly	No	No	No				
Moderate CQC concerns or impacts regarding the safety of healthcare provision (as at 31st Mar 2013)		Monitor Discretion	Quarterly	No	No	No				
Major CQC concerns or impacts regarding the safety of healthcare provision (as at 31st Mar 2013)		2.0	Quarterly	No	No	No				
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				
Trust unable to declare ongoing compliance with minimum standards of CQC registration		Monitor Discretion	Quarterly	No	No	No				
Has the Trust has been inspected by CQC (in the quarter ending 31st Mar 2013)		Monitor Discretion	Quarterly	No	No	No				
If so, did the CQC inspection find non compliance with 1 or more essential standards		Monitor Discretion	Quarterly	No	No	No				
<b>Indicative Governance risk rating</b>					G	G				
Financial Risk Score		12/13 Scores	Weighting	Monitoring Period	Current Score	Q1	Q2	Q3	Q4	Yr End Forecast
1. Underlying Performance - EBITDA Margin (%)		3	25%	Annual	6.26%	3	3			3
2. Achievement of Plan - EBITDA achieved		4	10%	Annual	89.32%	4	4			4
3. Financial Efficiency - Net Return after Financing		4	20%	Annual	1.15%	3	3			4
4. Financial Efficiency - I&E Margin		3	20%	Annual	0.83%	2	2			3
5. Liquidity - Liquidity Ratio*		3	25%	Annual	23.51	3	3			3
<b>Weighted Average Rating</b>		3.3				2.9	3.1			3.3
<b>Overall Rating</b>		3	100			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 Ratings**  
 MRSA has a threshold of 1 in Q1 and then 0 for the remaining quarters and remains green for Q1 and Q2. However the Monitor de Minimis allows 6 before regulatory action.

**Financial Risk Rating Sensitivity Matrix**

Weighting	5	4	3	2	1
1	25%	11%	9%	5%	<1%
2	10%	100%	85%	70%	<50%
3	20%	3%	2%	-1.0%	<-5%
4	20%	3%	2%	1%	<-2%
5	25%	60	25	15	<10

Trust Operational Performance Report - August 2013		2012/13											2013/14						YTD 13/14	13/14 Plan	Var	Trend						
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug										
<b>Cancer indicators and</b>																												
All cancers: 31-day wait for second or subsequent treatment	Anti Cancer Drug Treatments	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	98%	2.0%		
	Surgery	100%	95.7%	100%	100%	90%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	94%	6.0%	
All cancers: 62-day wait for first treatment	From Consultant Screening Service Referral	100%	100%	100%	100%	89%	100%	0%	100%	100%	100%	83%	100%	100%	-	-	100%	100%	100%	100%	100%	100%	100%	100%	90%	10.0%		
	Urgent GP Referral To Treatment	85.1%	92.6%	92.8%	92.1%	91.5%	90.7%	97.0%	92.5%	87.5%	88.4%	90.8%	87.9%	87.7%	94.8%	87.3%	89.5%	91.0%	85%	6.0%								
31-Day Wait For First Treatment	All Cancers	97.5%	100.0%	100.0%	100%	100%	100%	100%	100%	98%	98%	99%	100.0%	100.0%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	96%	4.0%	
Two week wait from referral to date first seen	All Cancers	95.5%	96.0%	95.2%	98.2%	98.0%	98.0%	97.6%	97.8%	98.7%	96.3%	98.8%	98.7%	96.4%	98.3%	97.1%	97.9%	97.3%	96.6%	93%	3.6%							
	For symptomatic breast patients	96.1%	97.6%	93.0%	98.1%	95.8%	96.8%	98.9%	97.7%	96.1%	97.5%	97.3%	98.7%	96.4%	98.0%	99.0%	100.0%	97.7%	93.2%	93%	0.2%							
<b>Referral to Treatment wait</b>																												
Referral to treatment waiting times - admitted		94.62%	95.10%	94.56%	95.35%	94.70%	94.11%	93.46%	92.83%	93.17%	92.97%	91.49%	92.39%	90.08%	91.60%	91.56%	92.70%	92.30%	91.66%	90.00%	1.7%							
Referral to treatment waiting times - Non-admitted		97.87%	98.05%	97.46%	98.14%	98.50%	98.32%	97.63%	97.39%	98.12%	97.49%	97.95%	98.26%	98.15%	98.55%	98.39%	98.03%	97.77%	98.19%	95.00%	3.2%							
Referral to treatment waiting times - Incomplete		98.11%	98.61%	97.96%	99.04%	98.58%	98.27%	97.39%	97.49%	97.48%	97.06%	97.25%	97.48%	97.74%	98.24%	98.35%	98.73%	98.31%	98.28%	92.00%	6.3%							
<b>A&amp;E Clinical Quality</b>																												
Total time in A&E (95%) - Monitor Position		93.1%	96.8%	96.9%	98.5%	96.5%	96.2%	96.7%	95.0%	95.9%	93.3%	92.0%	92.1%	93.6%	94.8%	98.1%	96.9%	97.7%	96.2%	>95%	1.2%							
Total time in A&E (95%) - Unify & Contract Monitoring Position		89.8%	95.3%	95.4%	97.8%	94.9%	94.6%	95.2%	92.7%	94.0%	90.5%	88.6%	88.7%	90.8%	92.7%	97.3%	95.7%	96.8%	94.6%	>95%	-0.4%							
Time to initial assessment (95th percentile)		00:07	00:07	00:41	00:39	00:55	00:14	00:13	00:14	00:13	00:11	00:52	00:51	00:29	00:30	00:26	00:31	00:24	-	< 15 min	-							
Time to treatment decision (Median)		00:42	00:48	00:53	00:48	00:55	00:59	00:54	00:59	00:57	00:56	01:03	0:59	00:49	00:47	00:46	00:49	-	< 60 min	-								
Unplanned reattendance rate		2.9%	2.0%	5.5%	5.3%	5.0%	4.8%	4.7%	4.5%	4.7%	4.6%	5.7%	4.3%	4.2%	4.7%	5.5%	5.3%	4.9%	-	1% - 5%	-							
<b>Quality &amp; Safety</b>																												
C.Diff (hospital acquired)		3	3	0	1	2	0	1	0	1	0	2	2	1	0	0	1	2	13	-85%								
MRSA Bacteraemia (hospital acquired)		1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1	-100%								
Friends and Family Test	Inpatients (Test Score)										66.7	60.8	67.2	68.8	72.1	74.5	77.4	74.2	73.3	70	4.8%							
	Inpatient (Response Rate)										11.18%	21.04%	32.68%	35.89%	40.39%	45.23%	31.58%	37.00%	38.08%	15%	153.9%							
	A&E (Test Score)										-	71.4	52.3	63.1	51.1	45.3	47.6	49.6	48.4	70	-30.9%							
	A&E (Response Rate)										-	0.37%	2.48%	3.17%	4.73%	22.46%	19.45%	19.47%	13.96%	15%	-7.0%							
Breach of Same Sex Accommodation		0	0	0	0	0	0	2	0	0	2	0	1	0	0	0	0	1	0	0								
VTE Risk Assessment *		90.9%	90.1%	90.3%	91.3%	91.3%	91.1%	94.2%	93.7%	93.1%	95.5%	95.5%	96.1%	95.1%	95.40%	95.08%	95.68%	95.6%	95.09%	95.0%	0.09%							
Stroke Pts - 90% time on Stroke Unit		86.11%	89.74%	84.91%	90.70%	80.00%	81.40%	75.68%	83.78%	84.85%	77.14%	71.43%	80.70%	82.93%	66.67%	75.51%	85.37%	82.14%	79.03%	85.00%	-5.97%							
Smoking During Pregnancy		10.1%	8.9%	6.8%	5.7%	8.2%	5.4%	5.6%	7.8%	8.07%	7.85%	5.46%	9.7%	8.28%	8.06%	5.59%	8.21%	6.96%	7.4%	8.2%	-0.8%							
Breastfeeding Initiation		84.2%	82.1%	85.5%	85.1%	84.5%	83.8%	85.6%	82.3%	86.67%	84.80%	86.01%	85.76%	85.7%	82.0%	86.6%	85.5%	86.2%	85.2%	80.0%	5.2%							
<b>Activity</b>																												
Acute Bed Capacity		559	555	559	548	537	542	548	543	543	553	553	553	530	530	530	530	530	530	-	-							
Avg. Length of Stay - Elective (Acute) **		2.8	3.0	2.8	3.1	2.7	3.4	2.7	2.9	3.1	2.5	2.9	2.7	3.7	3.3	4.2	3.7	3.3	3.7	3.32	0.40							
Avg. Length of Stay - Emergency (Acute) **		5.8	5.0	4.6	4.9	5.0	4.6	5.0	5.0	4.7	5.1	5.2	5.2	7.3	6.8	6.6	6.3	6.5	6.7	6.99	-0.29							
Daycase Rate		81.2%	79.6%	79.5%	80.8%	80.2%	81.6%	81.3%	81.1%	83.1%	84.8%	83.0%	82.2%	84.2%	83.4%	83.5%	84.0%	83.5%	83.7%	84.0%	-4.0							
Delayed Transfers of Care – Acute & MH		3.2%	2.7%	2.2%	2.1%	2.7%	3.5%	2.3%	2.9%	2.1%	2.4%	2.5%	2.4%	1.4%	1.7%	1.5%	0.9%	2.0%	1.3%	3.5%	-4.8							
GP Written Referrals to Hospital		7,697	8,876	7,447	8,409	7,663	7,054	8,232	7,402	5,992	7,554	6,950	6,827	8,387	8,465	7,864	8,262	32,978	32,978	-	-							
Other Referrals For a First Outpatient Appointment		4,683	5,591	4,897	5,264	5,127	4,995	6,006	5,212	4,291	5,355	4,538	4,580	5,237	5,386	5,521	5,647	21,791	21,791	-	-							
All Outpatient Attendances		26,890	33,657	27,158	30,537	29,352	28,024	34,020	32,521	25,408	32,637	27,307	26,762	27,749	28,428	27,008	30,731	24,873	138,789	134,403	3.3%							
Elective Spells		2,742	3,130	2,670	3,033	2,774	2,736	3,075	2,995	2,464	2,899	2,856	2,884	3,022	3,137	3,119	3,317	2,955	15,550	14,216	9.4%							
Non-elective (inc maternity & transfers)		3,044	3,377	3,389	3,442	3,381	3,292	3,416	3,269	3,392	3,447	2,985	3,407	3,093	3,170	3,255	3,228	3,141	15,886	15,879	0.0%							
A&E Attendances		7,557	8,302	8,035	8,004	7,575	7,573	7,391	7,797	7,581	7,383	6,995	8,025	7,793	7,875	7,658	8,109	7,611	39,046	38,623	1.1%							
<b>Old Better Care Better Value (not transferred to Operating Framework)</b>																												
BADs Procedures		80.4%	79.8%	80.3%	82.0%	80.9%	81.8%	79.5%	79.2%	82.6%	83.1%	80.6%	83.8%	81.1%	80.7%	81.8%	82.1%	83.4%	80.2%	85.0%	-4.8%							
Inpatients Admitted before day of Operation		7.7%	5.7%	6.8%	7.4%	5.6%	5.3%	7.5%	6.3%	7.3%	7.2%	5.7%	4.9%	6.5%	9.4%	11.9%	10.8%	4.7%	8.8%	10.0%	-1.2%							

\* VTE Assessment unvalidated

\*\* Avg. length of stay from 2013/14 - RealTime LOS