

TRUST BOARD
28th May 2012

TITLE	Compliance Framework and Trust Operational Performance
EXECUTIVE SUMMARY	The Trust is consistently achieving all of the performance targets associated with the Monitor Compliance Framework with the exception of the four hour standard for waiting times in the Emergency Department (ED).
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	None identified
LEGAL ISSUES	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.
The Trust Board is asked to:	Note the report
Submitted by:	Valerie Bartlett, Deputy Chief Executive Claire Braithwaite, Associate Director of Operations
Date:	21 st May 2012
Decision:	For noting

TRUST BOARD
28th May 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. 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.

2 OVERVIEW OF CURRENT PERFORMANCE

The Trust is consistently achieving all of the performance targets associated with the Monitor Compliance Framework with the exception of the four hour standard for waiting times in the Emergency Department (ED).

Although significant progress has been made over the last five weeks in reducing waiting times in the ED, and performance currently exceeds both the national target and the internal recovery trajectory presented to Trust Board in April, delivering this key performance target for quarter 1 remains a risk. Further details of the current position, recent improvements in performance and the actions that are under way to address the underlying issues of flow and capacity are included in the accompanying paper about the four hour standard.

3 18 WEEKS

As figure 1 demonstrates, the Trust achieved all of the 18 week referral to treatment targets at both aggregate and specialty level during the month of April. It is anticipated that this level of performance will continue.

	Admitted patient care (target 90%)	Non-admitted patient care (target 95%)	Incomplete pathways (target 92%)
	%<18wks	%<18wks	%<18wks
General Surgery	90.7%	97.8%	98.6%
Urology	99.0%	97.2%	98.1%
Trauma & Orthopaedics	93.8%	96.8%	98.2%
Ear, Nose & Throat	92.1%	96.4%	98.2%
Ophthalmology	96.6%	96.5%	97.1%
Oral Surgery	92.8%	96.5%	98.0%
General Medicine	100.0%	100.0%	96.3%
Gastroenterology	100.0%	96.5%	96.8%
Cardiology	100.0%	99.2%	97.8%
Dermatology		98.9%	99.1%
Neurology		96.3%	97.7%
Rheumatology		99.3%	98.7%
Geriatric Medicine		100.0%	100.0%
Gynaecology	100.0%	100.0%	99.6%
Other	100.0%	99.8%	100.0%
Total	94.6%	97.9%	98.1%

Figure 1

4 CONCLUSION

The Trust is consistently achieving all of the performance targets associated with the Monitor Compliance Framework with the exception of the four hour standard for waiting times in the Emergency Department (ED).

5 ACTION REQUIRED

The Board is asked to note compliance against all of the performance targets associated with the Compliance Framework in April with the exception of the four hour standard for waiting times in the ED and the potential regulatory issue that failure to deliver for a third quarter would create.

Monitor Compliance Framework - Governance Indicators Financial Risk Ratings as at April 2012

Safety:		12/13 Threshold	Weighting	Monitoring Period	12/13 YTD Plan	Q1	Q2	Q3	Q4	YTD
Clostridium Difficile - meeting the Clostridium Difficile objective		20	1.0	Quarterly	2	3				3
MRSA - meeting the MRSA objective		1	1.0	Quarterly	0	1				1
Quality:		Threshold	Weighting	Monitoring Period	12/13 Plan	Q1	Q2	Q3	Q4	YTD
All Cancers: 31 day wait for second or subsequent treatment (surgery)	Surgery	94%	1.0	Quarterly	94%	100%				100%
	anti-cancer drug treatments	98%			98%	100%				100%
All Cancers: 62 day wait for first treatment from urgent GP referral to treatment		85%	1.0	Quarterly	85%	85.4%				85.4%
All Cancers: 31 day wait from diagnosis to first treatment		96%	0.5	Quarterly	96%	97.40%				97.40%
Cancer: 2 week wait from referral to date first seen	all cancers	93%	0.5	Quarterly	93%	95.3%				95.3%
	symptomatic breast patients	93%			93%	96.04%			96.04%	
A&E		95%	1.0	Quarterly	95%	93.07%				93.07%
Stroke indicator		TBC	0.5	Quarterly	80%	82.86%				82.86%
Patient Experience:		Threshold	Weighting	Monitoring Period	12/13 Plan	Q1	Q2	Q3	Q4	YTD
Referral to treatment waiting times - admitted		90%	1.0	Quarterly	90%	94.62%				94.62%
Referral to treatment waiting times - non admitted		95%	1.0	Quarterly	95%	97.87%				97.87%
Referral to treatment waiting times - Incomplete pathways		92%	1.0	Quarterly	92%	98.11%				98.11%
Compliance with requirements re access to healthcare for people with a learning disability.		Annual Target	0.5	Quarterly		Yes				
Governance:			Weighting	Monitoring Period		Q1	Q2	Q3	Q4	Yr End
Risk of, or actual, failure to deliver mandatory services			4.0	Quarterly		No				
CQC compliance action outstanding			2.0	Quarterly		No				
CQC enforcement notice currently in effect			4.0	Quarterly		No				
Moderate CQC concerns regarding the safety of healthcare provision			1.0	Quarterly		No				
Major CQC concerns regarding the safety of healthcare provision			2.0	Quarterly		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				
Indicative Governance risk rating						A/R				
Financial Risk Score		11/12 Scores	Weighting	Monitoring Period	Current Score	Q1	Q2	Q3	Q4	Yr End
1. Underlying Performance - EBITDA Margin (%)		3	25%	Annual	4.7%	2				
2. Achievement of Plan - EBITDA achieved		3	10%	Annual	80.4%	3				
3. Financial Efficiency - Net Return after Financing		3	20%	Annual	-1.6%	2				
4. Financial Efficiency - I&E Margin		2	20%	Annual	-1.1%	2				
5. Liquidity - Liquidity Ratio*		3	25%	Annual	22.4	3				
Weighted Average Rating		2.8				2.4				
Overall Rating		3	100			2				

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
 MRSA rated green as the Trust objective is set as 1 however Monitor will only intervene if the number exceeds the de minimus of 6.

Finance
 Finances are behind budget by £229k at month 1 which has affected the individual ratings.

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%	-0.5%	-5%
4	20%	3%	2%	1%	-2%
5	25%	60	25	15	10

Trust Operational Performance Report - April 2012

Operating Framework		Apr	YTD 12/13	12/13 Plan	Var	Trend	12/13 Outturn
Cancer indicators and targets							
All cancers: 31-day wait for second or subsequent treatment	Anti Cancer Drug Treatments		100%	100.00%	98%	2.0%	G
	Surgery		100%	100.00%	94%	6.0%	G
All cancers: 62-day wait for first treatment	Urgent GP Referral To Treatment		85%	85.40%	85%	0.4%	G
31-Day Wait For First Treatment	All Cancers		97%	97.40%	96%	1.4%	G
Two week wait from referral to date first seen	All Cancers		95%	95.30%	93%	2.3%	G
	For symptomatic breast patients		96%	96.04%	93%	3.0%	G
Referral to Treatment wait (RTT)							
Referral to treatment waiting times - admitted	! New	94.62%	94.62%	90%	4.6%	G	
Referral to treatment waiting times - Non-admitted	! New	97.87%	97.87%	95%	2.9%	G	
Referral to treatment waiting times - Incomplete pathway	! New	98.11%	98.11%	92%	6.1%	G	
A&E Clinical Quality							
Total time in A&E (95%)	! New	93.07%	93.07%	>95%	-1.9%	R	
Quality & Safety							
C.Diff (hospital acquired)		3	3	20	-85%	G	
MRSA Bacteraemia (hospital acquired)		1	1	1	0%	R	
Patient Experience Survey	! New	79.7%	79.7%	90.0%	-10.3%	R	
Breach of Same Sex Accommodation	! New	0	0	0	0	G	
VTE Risk Assessment *	! New	90.80%	90.80%	90.0%	0.80%	G	
Stroke Pts - 90% time on Stroke Unit		82.86%	82.86%	80.00%	2.86%	G	
Maternity 12 weeks (Quarterly)		92.2%	92.2%	80.0%	12.2%	G	
Smoking During Pregnancy		10.1%	10.1%	8.2%	1.9%	R	
Breastfeeding Initiation		83.0%	83.0%	80.7%	2.3%	G	
Activity							
Acute Bed Capacity	! New	559	559				
Avg. Length of Stay - Elective (Acute)	! New	2.80	2.80	2.95	-0.2	G	
Avg. Length of Stay - Emergency (Acute)	! New	5.40	5.40	4.80	0.6	R	
Daycase Rate		81.8%	81.8%	84.0%	-4.0	A	
Delayed Transfers of Care – Acute & MH		3.1%	3.1%	3.5%	-4.8	G	
GP Written Referrals to Hospital		7,611					
Other Referrals For a First Outpatient Appointment		4,471					
All First Outpatient Attendances		8,628	8,628	8,412	2.6%	G	
Elective Spells		512	512	488	4.9%	G	
Non-elective (maternity & transfers)		3,048	3,048	3,148	-3.2%	A	
A&E Attendances		7,558	7,558	7,499	0.8%	G	
Old Better Care Better Value (not transferred to Operating Framework)							
BADS Procedures		84.5%	84.5%	85.0%	-0.5%	G	
Inpatients Admitted before day of Operation		5.8%	5.8%	10.0%	-4.2%	G	