

TRUST BOARD
28th June 2012

TITLE	Compliance Framework and Trust Operational Performance
EXECUTIVE SUMMARY	<p>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).</p> <p>The improvement in waiting times seen in late April and May has continued during June and performance has consistently been above the internal recovery trajectory. Performance for the quarter to date currently stands at 94.6% against a target of 95%.</p> <p>Delivery of this key performance target for quarter 1 remains a challenge and completing the implementation of the unscheduled care programme of work is the key to sustainable improvement.</p>
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:	15 th June 2012
Decision:	For noting

**TRUST BOARD
28th June 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 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).

2 4 HOUR STANDARD FOR WAITING TIMES IN ED

The improvement in waiting times seen in late April and May has continued during June and performance has been above the internal recovery trajectory. Performance for the quarter to date currently stands at 94.6% against a target of 95%.

Figures 1 and 2 show the percentage of patients that were admitted or discharged from the ED at St Peter's Hospital within 4 hours of arrival and the number of attendances to ED from 1st April 2012 compared with the average for 2011.

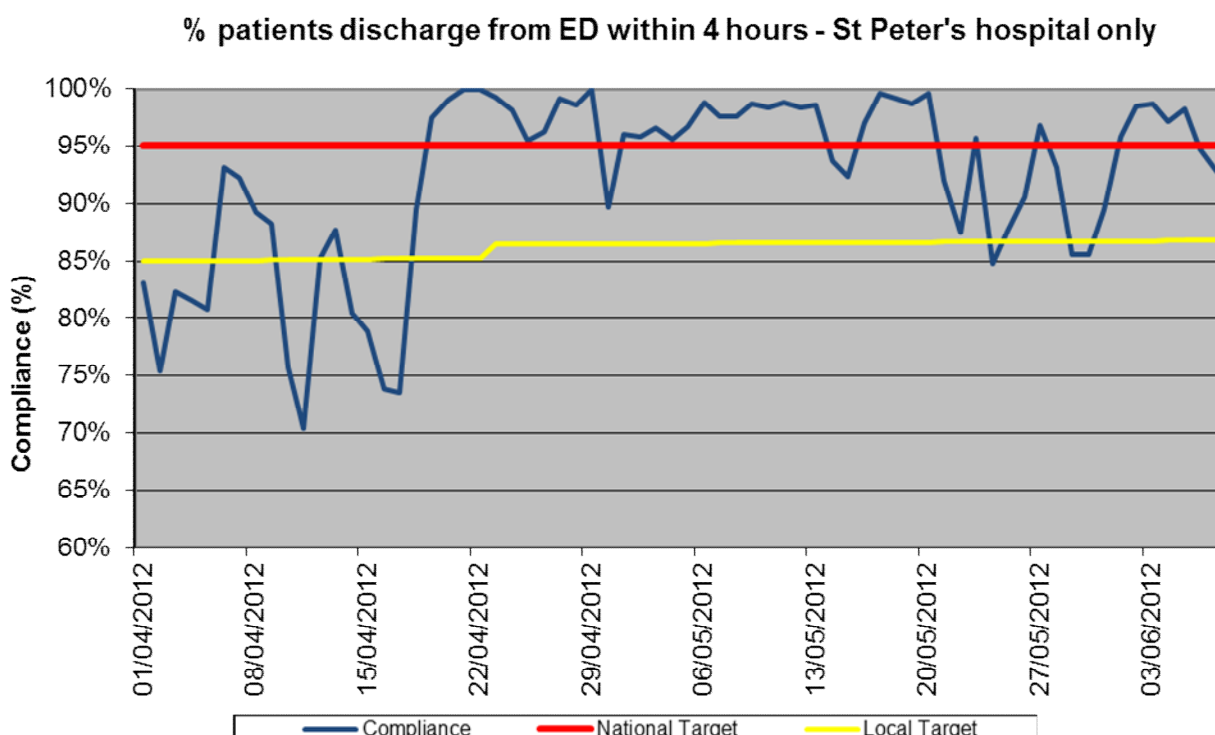


Figure 1

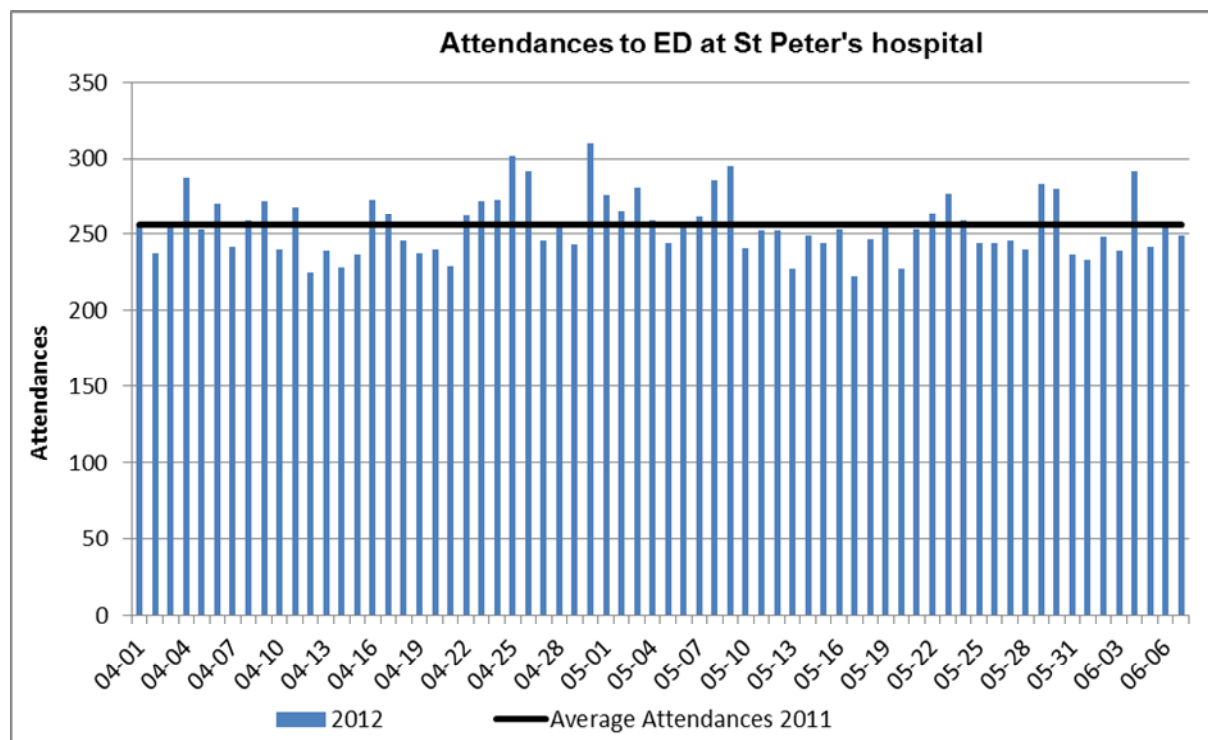


Figure 2

Although performance currently exceeds the internal recovery trajectory presented to Trust Board in April, achieving the national standard for quarter 1 remains a challenge in spite of the number of attendances being lower than the average for 2011. Continued focus on the implementation of the unscheduled care programme of work is central to successful and sustainable delivery for the four hour standard.

As delivery of the unscheduled care programme continues, discussion and analysis has taken to identify the elements within it that have had the greatest impact in improving performance against the 4 hour waiting time target. The purpose of this is to ensure that continued focus is placed on the most effective interventions until they are fully embedded within the unscheduled care pathway. Figure 3 maps the key interventions against 4 hour target performance.

A&E Compliance with Interventions at SPH Only

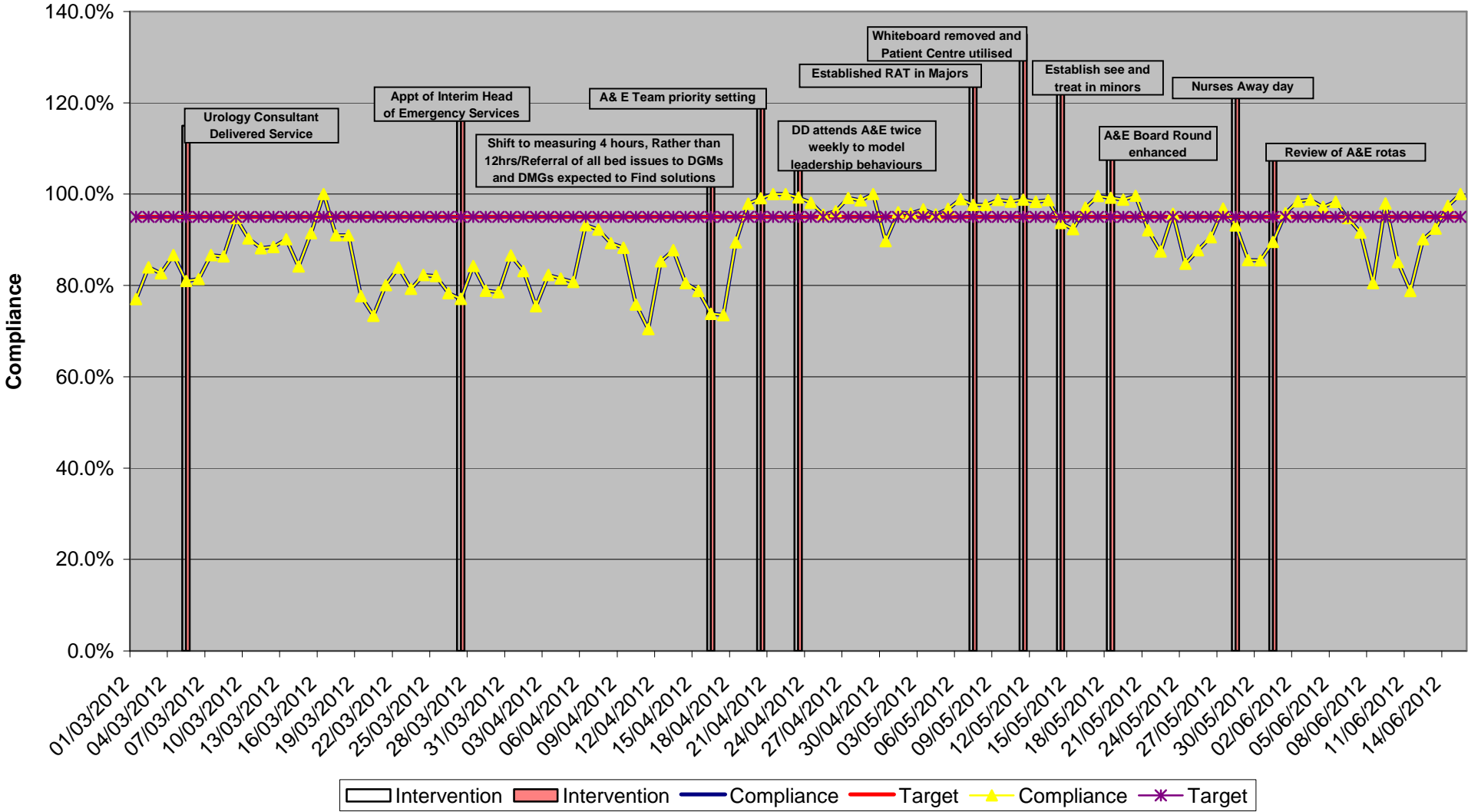


Figure 3

A key indicator of patient flow is length of stay and it is anticipated that delivery of the Unscheduled Care programme, primarily through the work with ECIST and implementation of RealTime, will not only reduce the overall average length of stay but also reduce variability of stay for patients with similar clinical conditions. Current average length of stay has decreased in recent weeks and is shown in Figure 4.

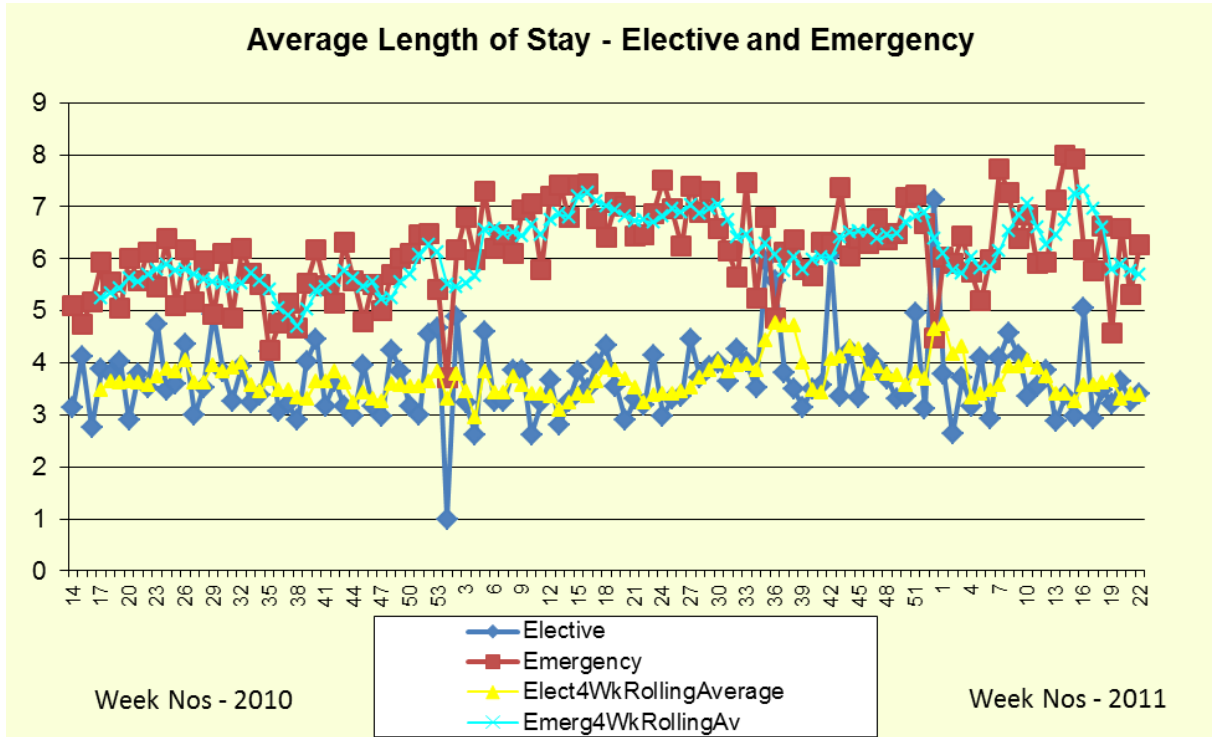


Figure 4

Progress with the Unscheduled Care programme milestones

Figure 5 shows a summary of the key unscheduled care programme milestones delivered in May and the interventions planned for June.

Project	Milestones completed this month	To be completed next month
ED PERFORMANCE: Developing and supporting staff in the ED to deliver an improved service, supporting flow and excellent patient experience	<ul style="list-style-type: none"> Recruitment programme for 3 additional ED Consultants commenced Additional Ambulatory Emergency Care Pathways implemented Implementation of "Patient Centre" software Pilot of "See and Treat" in minors area of ED Pilot of "Rapid Assessment and Treatment" process in majors area of ED 	<ul style="list-style-type: none"> Evaluate and implement "Point of care" testing Relocate whiteboard DGMs to obtain access to Patient Centre to obtain live A&E patient information
DISCHARGE MANAGEMENT: Improving the quality and efficiency of internal discharge processes	<ul style="list-style-type: none"> ECIST-facilitated system wide review of length of stay for patients in hospital for over 7 days completed Ring fencing policy in place for #NoF, Stroke and MAU beds 	<ul style="list-style-type: none"> ECIST-facilitated discharge workshop (follow up from length of stay review)
IMPLEMENTING MAU AND THE ECIST MODEL: Redesign the model of care to focus on short-stay beds and fewer specialty beds, including the new MAU model	<ul style="list-style-type: none"> ECIST review of clinical pathway for unscheduled care completed Clinical leads identified for work streams agreed at the Clinical Challenge session in April 	<ul style="list-style-type: none"> Clinical challenge session follow up event with ECIST Review structure and membership of Unscheduled Care Programme Board
BED ALLOCATION AND NURSING ESTABLISHMENTS: Capacity and demand analysis leading to rebalancing beds across the Divisions; and reconfiguration of nursing establishments	<ul style="list-style-type: none"> Detailed planning for move of Maple Ward and the Rowley Bristow Unit underway (move postponed to July) Commence consultation on proposed nursing establishments and shift patterns 	<ul style="list-style-type: none"> Confirmation of arrangements for junior doctor cover for the Rowley Bristow Unit post ward moves Complete gap-analysis and plan for changes in establishments
EXCELLENCE IN THEATRES: II: Increasing capacity and improving flow through redesign of theatre timetable and new working practices	<ul style="list-style-type: none"> Business case approved in principle by Strategic Delivery Board Project Manager identified Utilisation data circulated to all consultants for review 	<ul style="list-style-type: none"> Finalise and publish Theatres dashboard (delayed from previous month) Convene first Project Board meeting
REALTIME PHASE II: Embedding and exploiting the new software to improve processes and reduce length of stay	<ul style="list-style-type: none"> RealTime audit of Wards and creation of actions plans for each IPL transition group established Heron Ward identified as exemplar ward for implementation 	<ul style="list-style-type: none"> Commence working with CSNPs on RealTime bed management processes Gap analysis of RealTime functionality compared with IPL Identify and agree additional functionality and documentation to be added to RealTime

Figure 5

Joint working with ECIST

As Figure 5 indicates, the Emergency Care Intensive Support Team facilitated two events for the Trust during the last month. The first of these was a multi-agency review of length of stay which involved a snap shot audit of all patients that had been in the hospital for over 7 days on 28th May 2012. Initial feedback was provided immediately after the event and it is anticipated that key messages will be incorporated into the whole systems event planned for 11th July 2012.

The second event involved a review of the clinical pathway for unscheduled care, carried out by Dr Ian Sturgess. The objective of the review was to walk the pathway from end to end to get a picture of what is happening in the hospital and to talk to a wide cross-section of frontline staff. Verbal feedback from the review was shared at a debrief session on the day and Dr Sturgess delivered some challenging messages. These included:

1. Concern about the level of variation and lack of standardisation in clinical practice.
2. Concern about a lack of apparent progress with implementing the recommendations from previous ECIST visits.
3. The need to develop a comprehensive communication plan for the organisation outlining the changes required to the unscheduled care pathway and the desired outcome of these.
4. The need to ensure that appropriate leadership and governance arrangements are in place to support the programme of change required.

The next ECIST event is scheduled for 27th June 2012 and will be a follow up to the clinical challenge session held with the consultant physicians in April. It is anticipated that robust plans to address the concerns raised after the clinical pathway review will be presented to ECIST at this event.

Performance assurance

Weekly review meetings, chaired by the Deputy Chief Executive and attended by the other Executive Directors, continue to ensure that the actions outlined in the ED recovery plan are in place and having the desired effect. 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.

In direct response to the feedback from ECIST following the clinical pathway review the membership and structure of the Unscheduled Care Programme Board will be reviewed during June to ensure that it has sufficient authority and resource to deliver the scale of change required.

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 Trust Board is asked to note forecast compliance against all of the performance targets associated with the Compliance Framework for quarter 1 with the exception of the four hour standard for waiting times in the ED, the programme of work in place to address this 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 May 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	4	6				6
MRSA - meeting the MRSA objective		1	1.0	Quarterly	1	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)		94% 98%	1.0	Quarterly	94% 98%	97% 100%				97% 100%
All Cancers: 62 day wait for first treatment from urgent GP referral to treatment		85% 90%	1.0	Quarterly	85% 90%	87.6% 100.0%				87.6%
All Cancers: 31 day wait from diagnosis to first treatment		96%	0.5	Quarterly	96%	98.55%				98.55%
Cancer: 2 week wait from referral to date first seen		93% 93%	0.5	Quarterly	93% 93%	95.8% 96.84%				95.8% 96.84%
A&E (maximum wait time of 4 hours from arrival to admission/ transfer/ discharge)		95%	1.0	Quarterly	95%	94.99%				94.99%
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%	94.82%				94.82%
Referral to treatment waiting times - non admitted		95%	1.0	Quarterly	95%	97.80%				97.80%
Referral to treatment waiting times - Incomplete pathways		92%	1.0	Quarterly	92%	98.25%				98.25%
Compliance with requirements re access to healthcare for people with a learning disability.		Annual Target	0.5	Quarterly		Yes				
Governance:			Weighting	Monitoring Period	12/13 Plan	Q1	Q2	Q3	Q4	Yr End
CQC Compliance action outstanding (Major Impact on Patients)			2.0	Quarterly	No	Yes				
CQC enforcement action			4.0	Quarterly	No	No				
Failure to maintain, or certify, a minimum published CNST level of 1.0 or have in place appropriate alternative arrangements			2.0	Quarterly	No	No				
Declared risk of, or actual, failure to deliver mandatory services			4.0	Quarterly	No	No				
Failure to either (i) provide or (ii) subsequently comply with annual or quarterly Board statements			Monitor Discretion	Quarterly	No	No				
Failure to comply with material obligations in areas not directly monitored by Monitor			Monitor Discretion	Quarterly	No	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	8.6%	3				
2. Achievement of Plan - EBITDA achieved		3	10%	Annual	95.4%	4				
3. Financial Efficiency - Net Return after Financing		3	20%	Annual	4.6%	5				
4. Financial Efficiency - I&E Margin		2	20%	Annual	3.1%	5				
5. Liquidity - Liquidity Ratio*		3	25%	Annual	24.7	3				
Weighted Average Rating		2.8				3.9				
Overall Rating		3	100			4				

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 limit is set as 1 however Monitor will only intervene if the number exceeds the de minimus of 6.
 A&E indicator rated red, however performance in June to date has been strong.

Finance

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

Trust Operational Performance Report - May 2012

Operating Framework		Apr	May	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%	100%	98%	2.0%	G
	Surgery		100%	95.2%	97.2%	94%	3.2%	G
All cancers: 62-day wait for first treatment	From Consultant Screening Service Referral		100%	100%	100%	90%	10.0%	G
	Urgent GP Referral To Treatment		85.4%	90.9%	87.6%	85%	2.6%	G
31-Day Wait For First Treatment	All Cancers		97.5%	100.0%	98.6%	96%	2.6%	G
Two week wait from referral to date first seen	All Cancers		95.5%	96.0%	95.8%	93%	2.8%	G
	For symptomatic breast patients		96.1%	97.7%	96.8%	93%	3.8%	G
Referral to Treatment wait (RTT)								
Referral to treatment waiting times - admitted	! New	94.62%	95.10%	94.82%	90.00%	-22.1		G
Referral to treatment waiting times - Non-admitted	! New	97.87%	98.05%	97.80%	95.00%	-17.3		G
Referral to treatment waiting times - Incomplete		98.11%	98.16%	98.25%	-	-		G
A&E Clinical Quality								
Total time in A&E (95%)	! New	93.1%	96.6%	94.9%	>95%	-0.1%		R
Quality & Safety								
C.Diff (hospital acquired)		3	3	6	20	-70%		G
MRSA Bacteraemia (hospital acquired)		1	0	1	1	0%		G
Patient Experience Survey	! New	79.7%	81.6%	80.8%	90.0%	-9.2%		R
Breach of Same Sex Accommodation	! New	0	0	0	0	0		G
VTE Risk Assessment *	! New	90.80%	88.6%	90.80%	90.0%	0.80%		G
Stroke Pts - 90% time on Stroke Unit		86.11%	89.74%	88.00%	80.00%	8.00%		G
Maternity 12 weeks (Quarterly)		92.2%	91.8%	92.0%	80.0%	12.0%		G
Smoking During Pregnancy		10.1%	8.9%	9.5%	8.2%	1.3%		R
Breastfeeding Initiation		83.0%	81.3%	82.0%	80.7%	1.3%		G
Activity								
Acute Bed Capacity	! New	559	555	555	-	-		
Avg. Length of Stay - Elective (Acute)	! New	3.72	3.74	3.73	3.32	0.41		A
Avg. Length of Stay - Emergency (Acute)	! New	8.23	7.40	7.80	6.99	0.81		R
Daycase Rate		81.8%	80.2%	81.1%	84.0%	-4.0		R
Delayed Transfers of Care – Acute & MH		3.1%	2.6%	2.7%	3.5%	-4.8		G
GP Written Referrals to Hospital		7,891	8,812	16,703	-	-		
Other Referrals For a First Outpatient Appointment		4,582	5,372	9,954	-	-		
All Outpatient Attendances		27,295	33,815	61,110	58,050	5.3%		G
Elective Spells		2,697	3,013	5,710	5,464	4.5%		G
Non-elective (maternity & transfers)		3,048	3,718	6,766	-	-		
A&E Attendances		7,558	8,303	15,861	15,243	4.1%		G
Old Better Care Better Value (not transferred to Operating Framework)								
BADS Procedures		84.5%	84.6%	84.5%	85.0%	-0.5%		G
Inpatients Admitted before day of Operation		5.8%	3.8%	5.9%	10.0%	-4.1%		G