Ashford and St. Peter's Hospitals NHS
NHS Foundation Trust

**TRUST BOARD**
**29th November 2012**

| | |
|---|---|
| **TITLE** | **Compliance Framework and Trust Operational Performance** |
| **EXECUTIVE SUMMARY** | The Trust met all of the performance targets associated with the Monitor Compliance Framework in quarter 2, including the four hour standard for waiting times in the Emergency Department (ED).<br><br>Continued delivery of the 4 hour standard remains a challenge and completing the implementation of the unscheduled care programme of work is the key to sustainable delivery. |
| **BOARD ASSURANCE (Risk) / IMPLICATIONS** | Compliance is reflected in the Board Assurance Framework.<br>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** | The risk of failure to meet the four hour standard for waiting times in ED creates a potential regulatory issue for the Trust. |
| **The Trust Board is asked to:** | Discuss the report. |
| **Submitted by:** | Valerie Bartlett, Deputy Chief Executive<br>Claire Braithwaite, Associate Director of Operations |
| **Date:** | 14th November 2012 |
| **Decision:** | For Discussion. |

**TRUST BOARD**
**29th November 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 met all of the performance targets associated with the Monitor Compliance Framework in October, including the four hour standard for waiting times in the Emergency Department (ED).

## 2 REFERRAL TO TREATMENT TIMES (RTT)

Figure 1 shows performance against the 18 week targets by speciality for October. The Trust met the 18 week waiting time standards for admitted patient care, non-admitted patient care and incomplete pathways at speciality level.

| | **Admitted patient care** | **Non-admitted patient care** | **Incomplete pathways** |
|---|---|---|---|
| | %<18wks | %<18wks | %<18wks |
| General Surgery | 92.38% | 95.54% | 97.08% |
| Urology | 92.38% | 98.51% | 96.32% |
| Trauma & Orthopaedics | 97.05% | 95.88% | 98.78% |
| Ear, Nose & Throat (ENT) | 90.00% | 95.30% | 95.58% |
| Ophthalmology | 90.79% | 98.82% | 96.17% |
| Oral Surgery | 90.16% | 97.76% | 96.74% |
| General Medicine | 100.00% | 98.68% | 95.35% |
| Gastroenterology | 97.44% | 97.01% | 98.98% |
| Cardiology | 100.00% | 96.95% | 98.27% |
| Dermatology | 0.00% | 99.74% | 99.88% |
| Neurology | 0.00% | 95.19% | 98.16% |
| Rheumatology | 0.00% | 99.39% | 93.87% |
| Geriatric Medicine | 0.00% | 97.78% | 99.46% |
| Gynaecology | 99.14% | 100.00% | 100.00% |
| Other | 100.00% | 99.85% | 99.92% |
| **Total** | **93.48%** | **97.88%** | **97.57%** |

| Targets |
|---|
| Admitted: >=90% seen < 18 weeks |
| Non-admitted: >=95% seen < 18 weeks |
| Incomplete: >=92% seen < 18 weeks |

Figure 1

Although the Trust has consistently met all targets at speciality level each month for 2012/13 to date, there is a risk that the 90% standard for admitted patient care will not be delivered in General Surgery during the month of December. This is because a backlog of patients waiting over 18 weeks has developed as a result of consultant sickness and sub-optimal booking practices in Vascular Surgery. The issues in Vascular Surgery have now been resolved and a decision taken to offer all of the patients that have breached the 18 week standard a date to come in for surgery during December.

Whilst the decision to accommodate all breach patients in December may mean that the 90% standard is not achieved for the month in General Surgery, it does mean that:

- All patients will be booked chronologically – theoretically it is possible to guarantee delivery of the 90% standard in December but it would mean that some of those patients that have already waited in excess of 18 weeks would not be treated until sometime in the New Year, whilst others with the same condition would have their surgery much more quickly.
- All patients will undergo surgery in less than 23 weeks from the date of referral.
- All patients offered a date to come in for surgery during December will be given reasonable notice of their appointment, as defined by the Trust's Access Policy.

From a Compliance Framework perspective, failure to meet the 18 week standard for General Surgery for one month would not have a performance implication because the 90% target would still be achieved for the Trust as a whole. However, failure to achieve at speciality level will incur a fine under the contract penalty regime. This is expected to be in the region of £30k for General Surgery, based on the worst-case scenario forecast performance of 85%. However every effort continues to be made to reduce this risk.

## 3 4 HOUR STANDARD FOR WAITING TIMES IN ED

Figure 2 shows the percentage of patients that were admitted or discharged from the ED at St Peter's Hospital within 4 hours of arrival from 1st April 2012.

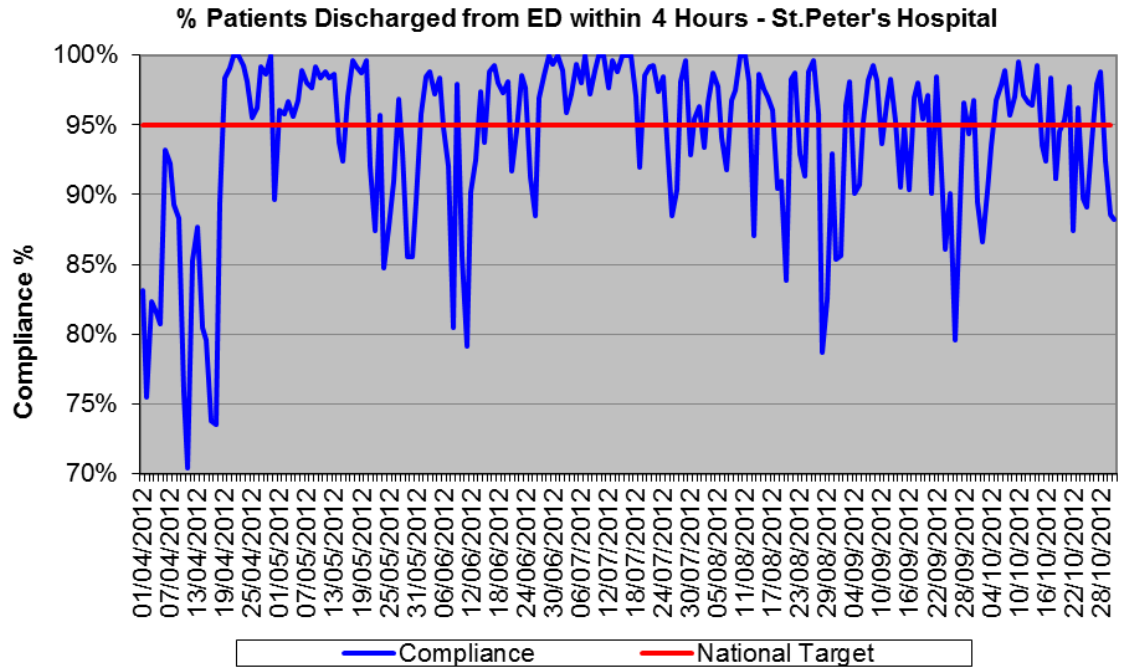


Figure 2

Figure 3 shows performance against the Monitor Compliance Framework standard (which includes activity for Ashford and St. Peter's Hospitals) and the standard used for contract monitoring (which only includes activity for St. Peter's) by month. Performance at the St. Peter's site for October shows some improvement on that for August and September and is

linked to the implementation of the new emergency medical pathway of care on 8th October 2012.

| Period | CONTRACT Position | COMPLIANCE FRAMEWORK Position |
|---|---|---|
| August | 94.9% | 96.5% |
| September | 94.5% | 96.2% |
| October | 95.1% | 96.6% |
| November to date | 91.9% | 92.9% |
| **Quarter 3 to date** | **94.2%** | **95.7%** |

Figure 3

Although performance in October exceeded the 95% standard used for both the Monitor Compliance Framework and the contract measure, delivery of both measures for quarters 3 and 4 remains a challenge. As Figure 3 demonstrates, during early November the Trust has experienced operational pressure and delivery of the 4 hour target has been compromised.

Whilst the recent changes to the emergency medical pathway of care have improved system resilience and its ability to respond when under pressure, further work is needed. A continued focus on the completion of the unscheduled care programme of work is central to successful and sustainable delivery and key planned actions for the coming weeks include:

- Development of "hot clinics". These are general clinics for access by A&E and the Acute Physicians for admission avoidance or early discharge.
- Speciality in-reach to MAU and SSU to support the management of cardiac, gastro and respiratory patients.
- Monitoring of internal professional standards.
- Continued efforts to embed the use of RealTime.
- Launch of the "Ready to Go" discharge project on Heron Ward.

Robust mechanisms to manage performance on a daily, weekly and monthly basis, as outlined in previous Board papers, remain in place and every breach of the 4 hour standard is formally reviewed.

<u>Pathway for emergency surgical care</u>

Building on the work undertaken to develop the new pathway for emergency medical care, a workshop was held on 2nd November 2012 to focus on the emergency surgical pathway. The workshop was well attended by the consultant surgeons and also included representatives from nursing, therapies, the divisional management team and the executive team.

The output of the workshop have subsequently been reviewed and collated and three discrete work streams identified to deliver the desired outcomes. These are shown in Figure 4.

| Work stream | Theme | Action |
|---|---|---|
| Emergency surgical pathways and bed allocation | Bed allocation | Complete analysis of the emergency surgery demand and current ward configuration |
| | | Define the requirement for bed stock beyond assessment |
| | | Review the role of the virtual ward and other community-based services |
| | Emergency surgical pathways | Implement streaming of patients between A&E, SAU and other pathways |
| | | Develop accelerated pathways for short stay patients |
| | | Develop and deploy Ambulatory Surgical Pathways in A&E and SAU |
| | | Implement 'Hot clinics' for minor, non-urgent procedures and use nurse navigator to direct patients to hot clinics |
| Workforce, roles and responsibilities | Workforce | Review consultant staffing levels to deliver an increased level of senior review |
| | | Review junior doctor workforce and define how this resource is utilised |
| | | Review working relationships between the surgical and A&E teams |
| | New roles | Implement Surgical Support Worker role |
| | | Implement the role of Nurse Navigator in SAU |
| | | Introduce the role of Emergency Surgeon |
| | Roles and responsibilities | Increase the level of senior-to-senior communication between departments |
| | | Ensure early involvement of Support Workers, Dieticians and Physiotherapists in the SAU |
| | | Increase support from Care of the Elderly physicians |
| Theatres and CEPOD | Theatres and CEPOD | Establish protocols for CEPOD list prioritisation |
| | | Extend CEPOD list to Monday morning |
| | | Implement agreement of CEPOD running order in SAU at 0800 every day with Vascular, Urology and General Surgeons and the on-call Anaesthetist |
| | | Ensure the Emergency Surgeon is available to do the first case of the day |

Figure 4

A detailed project plan is now being developed with the assistance of the Programme Management Office to support delivery of the changes identified.

<u>Clinical Quality Indicators</u>
Performance against the Clinical Quality Indicators at St. Peter's hospital by month is shown in Figure 4.

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# Information Services: A&E Performance report - Clinical Quality Indicators Dashboard - ALL

## Monitor Targets - St Peter's Data Only

Data refreshed on 13/11/2012

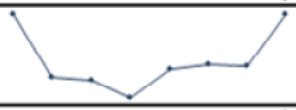
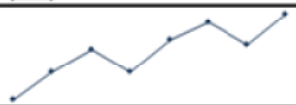
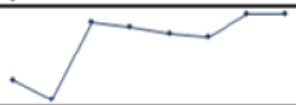
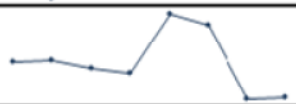
| Description | Performance Measure | Target | Trendline by month | April | May | June | July | August | Setember | October |
|---|---|---|---|---|---|---|---|---|---|---|
| Patients seen < 4Hrs | MONITOR Compliance (SPH,GUM,EPU,ASH) | <=04:00:00 |  | ✗ 93.10% | ✓ 96.77% | ✓ 96.86% | ✓ 98.50% | ✓ 96.49% | ✓ 96.20% | ✓ 96.55% |
| Total Time in A&E | 95th percentile | <=04:00:00 |  | ✗ 7:23:00 | ✗ 4:47:00 | ✗ 4:39:00 | ✓ 3:58:00 | ✗ 5:07:00 | ✗ 5:21:00 | ✗ 5:14:00 |
| Time to initial assessment | 95th Percentile | <15 min |  | ✓ 0:07:00 | ✓ 0:07:00 | ✗ 0:41:00 | ✗ 0:42:00 | ✗ 0:55:00 | ✗ 0:15:00 | ✗ 0:44:00 |
| Time to treat | Median | <60 mins |  | ✓ 0:42:00 | ✓ 0:48:00 | ✓ 0:53:00 | ✓ 0:48:00 | ✓ 0:55:00 | ✓ 0:59:00 | ✓ 0:54:00 |
| Unplanned reattendance | %age | Between 1% and 5% |  | ✓ 2.9% | ✓ 2.0% | ✗ 5.5% | ✗ 5.3% | ✓ 5.0% | ✓ 4.9% | ✗ 5.9% |
| Left without being seen | %age | <5% |  | ✓ 0.9% | ✓ 0.9% | ✓ 0.9% | ✓ 0.9% | ✓ 1.1% | ✓ 1.1% | ✓ 0.8% |

Figure 4

Although the problem with data capture for the "time to initial assessment" indicator continued during October, this was identified as a system error and has now been resolved. The A&E team are currently in the process of reviewing every record from the introduction of PatientCentre in June and will correct the time to assessment value accordingly. This validation will be complete by the end of November; hence the Board can expect to see a complete and accurate data set in the December report.

Similarly, the backlog of validation outstanding for the "unplanned re-attendance" dating back to July will have been addressed before the end of November.

The Trust failed to achieve a 95$^{th}$ percentile total wait in ED of less than 4 hours in October. This standard is based on waiting times in the A&E Department at St. Peter's Hospital alone and it is anticipated that the recent changes to the pathway for emergency medical care will lead to a significant improvement in performance in this area.

## 4 CONCLUSION

The Trust met all of the performance targets associated with the Monitor Compliance Framework in October, including the four hour standard for waiting times in the Emergency Department (ED).

Continued delivery of the 4 hour standard remains a challenge and completing the implementation of the unscheduled care programme of work is the key to sustainable delivery.

## 5 ACTION REQUIRED

The Trust Board is asked to note delivery of all of the performance targets associated with the Monitor Compliance Framework in October, including the four hour standard for waiting times in the Emergency Department.

The Board is also asked to discuss and note the risks to delivery of the 4 hour standard for quarter three and quarter four.