Portsmouth Hospitals NHS
NHS Trust

TRUST BOARD PART I – SEPTEMBER 2011

Agenda Item Number: 145/11
Enclosure Number: (2)

Subject	Operational Performance Report for July
Prepared by: **Sponsored by:** **Presented by:**	Cherry West, Chief Operating Officer Cherry West, Chief Operating Officer Cherry West, Chief Operating Officer
Purpose of paper *Why is this paper going to the Trust Board?*	• This report sets out the operational performance of the Trust up to 31st July. • The report identifies risks in relation to the Monitor governance requirements (shadow monitoring), and key national targets for 2011/12.

Key points for Trust Board members
 	
Briefly summarise in bullet point format the main points and key issues that the Trust Board members should focus on including conclusions and proposals
	Headlines:
	
	• A&E thresholds:
	  o Patient Impact ↑
	  o A&E Timeliness ↔
	• Referral to Treatment thresholds ↔
	• Cancer ↑
	• Stroke ↑

Options and decisions required *Clearly identify options that are to be considered and any decisions required*	**Key Recommendation** • The Board is asked to note the operational performance at the end of July.
Next steps / future actions: *Clearly identify what will follow the Trust Board's discussion*	• On-going management of all operational standards
Consideration of legal issues (including Equality Impact Assessment)?	N/A
Consideration of Public and Patient Involvement and Communications Implications?	N/A

PORTSMOUTH HOSPITALS NHS TRUST

REPORT TO THE TRUST BOARD

THURSDAY 1 SEPTEMBER 2011

PERFORMANCE REPORT

1. INTRODUCTION

This report updates the Trust Board on the performance against key targets as at the end of July. The report sets out the areas of risk in relation to Monitor's Compliance Framework[1], national and contractual targets.

2. MONITOR COMPLIANCE FRAMEWORK 2011/12 – SHADOW MONITORING

The Monitor Key Target table sets out current performance against Monitor's Compliance Framework for element 2 – Operating Plans. The Trust's performance is rated at 2.5: Amber-Red for July.

Monitor Key Target for element 2 - Operating Plans 2011/12

Area	Proposed measures 2011/12	Standard 2011/12	Weighting	Monitoring Period	Governance Rating		
					Quarter 1	July	Quarter 2
Safety	Clostridium difficile - standard	0	1.0	Quarterly	1	0	0
Safely	MRSA - standard	0	1.0	Quarterly	0	0	0
Quality	All cancers: 31-day wait for second or subsequent treatment comprising **either:** surgery anti cancer drug treatments radiotherapy	 94% 98% 94%	1.0	Quarterly	0	0	0
Quality	All cancers - 62-day wait for first comprising **either:** from urgent GP referral to treatment from consultant screening service referral from fast track consultant upgrade	 85% 90% 85%	1.0	Quarterly	1	1	1
Patient Experience	Referral to treatment waiting times - admitted (95th percentile)	23 wks	1.0	Quarterly	1	1	1
Patient Experience	Referral to treatment waiting times - non-admitted (95th percentile)	18.3 wks	1.0	Quarterly	0	0	0
Quality	All cancers: 31-day wait from diagnosis to first treatment	96%	0.5	Quarterly	0	0	0
Quality	Cancer - two week wait from referral to date first seen, comprising **either:** all cancers for symptomatic breast patients (cancer not initially suspected)	 93% 93%	0.5	Quarterly	0	0	0
Quality	A&E Total time in A&E (95th percentile) Time to initial assessment (95th percentile) Time to treat decision (median) Unplanned reattendance rate Left without being seen	 4 hrs 15 mins 60 mins 5% 5%	1.0 (failing 3 or more) 0.5 (failing 2 or less)	Quarterly	0.5	0.5	0.5
Quality	Stroke Indicator	TBC	0.5	Quarterly			
Quality	Minimising delayed transfers of care	<=7.5%	1.0	Quarterly	0	0	0
Patient Experience	Self-certification against compliance with requirements regarding access to healthcare for people with a learning disability	N/A	0.5	Quarterly	0	0	0
	Service Performance Rating :				**3.5**	**2.5**	**2.5**

[1] Monitor uses a limited set of national measures to access the quality of governance at NHS Foundation Trusts. Monitor uses performance against these indicators as a component of service performance score used to calculate a trusts governance risk ratings. Whist PHT is currently not a Foundation Trust organization, the Trust is adopting the compliance framework to shadow monitor its performance.

The governance ratings for service performance are issued according to the overall scoring as follows:

<1.0	Green
>=1.0<=2.0	Amber-green
>=2.0<=4.0	Amber-red
>4.0	Red

Month 4 performance (as it would apply for Foundation Trust against Monitor's Compliance Framework) is Amber-Green. This represents material concerns surrounding authorisation but deemed not currently in significant breach, however the service performance rating improved in July to 2.5 (3.5 for quarter 1)

3. CONTRACTUAL AND TRUST KEY PERFORMANCE INDICATORS

Key Targets Dashboard		2011/12 National Targets	Monitoring Period	Quarter 1	Jul-11	Quarter 2	Change month on month	Yr to date 2010/11	On Plan to Achieve	Areas of Concern
	4-hour A&E Target (PHT only)	95%	monthly	97.7%	97.2%	97.2%	↓	97.6%		
A&E Patient Impact *	Unplanned re-attendance rate <7days	<5%		6.2%	5.7%	5.7%	↑	6.1%		
	Left without being seen	<= 5%		1.7%	1.7%	1.7%	↔	1.7%		
A&E Timeliness*	Total time in A&E (95th percentile)	<4hrs		3hr 59	3hr 59	3hr 59	↔	3hr 58		
	Arrival to Assessment (95th percentile)	<15 mins		0hr 25	0hr 30	0hr 30	↓	0hr 25		
	Median time arrival to treatment	<60 mins		0hr 57	0hr 56	0hr 56	↑	0hr 57		
	Single longest wait arrival to treatment	Improve		6hr 42	8hr 50	8hr 50	↓	8hr 50		
RTT	% Admitted	90%	monthly	73.7%	69.7%	69.7%	↓	72.7%		
	% Non-Admitted	95%		95.9%	95.4%	95.4%	↓	95.8%		
	Data Completeness - Admitted	80-120%		92.2%	86.1%	86.1%	↓	87.4%		
	Data Completeness - Non-Admitted	80-120%		96.4%	104.4%	104.4%	↑	99.5%		
	Median wait for Admitted	11.1 weeks		12.7	13.9	13.9	↓	13.0		
	Median wait for Non-Admitted	6.6 weeks		4.3	4.2	4.2	↑	4.3		
	Median wait for Incomplete	7.2 weeks		6.4	7.1	7.1	↓	7.1		
	95th percentile for Admitted	23 weeks		29.4	28.8	28.8	↑	29.3		
	95th percentile for Non-Admitted	18.3 weeks		16.8	17.7	17.7	↓	17.1		
	95th percentile for Incomplete	28 weeks		21.9	23.4	23.4	↓	23.4		
	Admitted backlog improvement trajectory	1486 (July)		1571	1451	1451	↑	1451		
	18-week NON-ADMITTED backlog (monthly)	2292		1148	1192	1192	↓	1192		
	18-week ADMITTED backlog (monthly)	308		1600	1154	1154	↑	1154		
Diagnostic Waits	Diagnostic waits	95% <6 wks	monthly	96.3%	98.4%	98.4%	↑	96.9%		
	Diagnostic waits (StHA)	<100		467	77	77	↑	544		
	Diagnostic improvement trajectory	111 (July)		91	77	77	↑	77		
Military 10 wk RTT	% Admitted < 10 wks	90%	monthly	78.9%	92.0%	92.0%	↑	82.7%		
	% Non-Admitted < 10 wks	90%		92.6%	98.0%	98.0%	↑	93.6%		
Cancer	All 2-week wait referrals	93%	Monthly and Quarterly	96.4%	98.0%	98.0%	↑	96.8%		
	Breast symptomatic 2-week wait referrals	93%		93.3%	98.9%	98.9%	↑	94.6%		
	31-day diagnosis to treatment	96%		98.1%	97.4%	97.4%	↓	97.9%		
	31-day subsequent cancers to treatment	94%		96.6%	95.1%	95.1%	↓	96.3%		
	31-day subsequent anti-cancer drugs	98%		100.0%	100.0%	100.0%	↔	100.0%		
	31-day subsequent radiotherapy	94%		95.6%	97.0%	97.0%	↑	96.0%		
	62-day referral to treatment	85%		89.0%	90.2%	90.2%	↑	89.3%		
	62-day screening to treatment	90%		87.0%	78.3%	78.3%	↓	84.1%		
	62-day consultant upgrade to treatment	86%		92.7%	87.2%	87.2%	↓	91.1%		
Stroke Care	90% of stay on a stroke unit	80%	Quarterly	76.8%	89.0%	89.0%	↑	79.8%		
	Admission directly to a stroke unit	90%		71.6%	84.1%	84.1%	↑	74.7%		
	% of high risk TIA seen and treated within 24-hours of first contact with health professional	60%		68.3%	53.7%	53.7%	↓	64.7%		
	CT scan within 24 hrs of arrival at hospital	95%		88.0%	96.2%	96.2%	↑	90.1%		
	Urgent CT within 60 minutes of arrival	50%		39.0%	50.6%	50.6%	↑	41.7%		
	Patients supported by stroke skilled early discharge team	40%		40.7%	42.0%	42.0%	↑	41.1%		
NSF Coronary Heart Disease	PPCI within 150 mins of call	95%	Monthly	85.1%	100.0%	100.0%	↑	88.1%		
	PPCI within 90 mins of arrival (door to balloon)	95%		84.1%	80.8%	80.8%	↓	83.3%		
	Re-vascularisation within 3 months	100%		100.0%	100.0%	100.0%	↔	100.0%		
	Rapid Access Chest pain clinic within 2 wks	98%		100.0%	100.0%	100.0%	↔	100.0%		
GUM	GUM access within 48 hrs	95%	mth	100.0%	100.0%	100.0%	↔	100.0%		
Flow	Delayed transfers of care	3.5%	Monthly	1.4%	1.2%	1.2%	↑	1.4%		
	Cancelled operations - same day total against FCEs %	0.8%		0.7%	0.4%	0.4%	↑	0.6%		
	Cancelled operations - 28-day guarantee	5%		0.0%	0.0%	0.0%	↔	0.0%		

Gateway Reference 16204. From July organisations will be regarded as achieving the required minimum level of performance where they have achieved thresholds for at least

↑ Performance improving
↓ Performance worsening
↔ Performance the same

No concerns. Target achievable
Some concerns. Action required to keep on track
Significant risk to achieving the target

4. COMMENTARY ON AREAS OF CONCERN OR RISK

This section identifies those areas that are breaching or at risk of breaching the key performance indicators and includes the main reasons and mitigating actions.

4.1 Emergency Department Quality Standards

The Risks

- Unplanned re-attendance rate >5%
- Arrival to assessment >15 minutes (95th percentile)

Current Position

- **Unplanned re-attendance rate**

The re-attendance rate improved in July, achieving 5.7% compared with 6.2% for quarter 1 however still short of the 5% standard.

- **Arrival to assessment**

Performance reduced in July achieving 30 minutes compared with 25 minutes in June

Action

- **Unplanned re-attendance rate**

An audit commenced in June to look at all cases recorded as unplanned re-attendances to the emergency department within 7 days of their previous visit. The findings are set out below:

Audit of unplanned re-attendance rate <7days

Reason	Number	Percentage
Failed discharges from ward areas and ED	40	37%
Paeds SOS	9	8%
Minors SOS	23	21%
Did not wait	2	2%
DSH/Welfare	12	11%
Unknown	2	2%
Unplanned returns from Gosport (coding issue)	19	18%

n = 107

The Gosport issue was a technical one and has been resolved. These were largely planned transfers to QA that were being miscategorised. All children, all bony injuries, all head injuries are provided with written guidance that advises them to return to ED if they remain concerned. The audit showed that 'failed discharges from ward areas and ED' were mostly seeking reassurance. Dr Carolyn Hargreaves is currently undertaking a much larger audit of unscheduled returns in both majors and minors. The department will review these findings and agree any action that is required.

Arrival to assessment

A new emergency pathway has been developed that involves patients being managed through a common pathway to achieve rapid assessment and start of treatment.

A one day pilot was undertaken 20 July. The aim of the pilot was to try to improve ED performance particularly in relation to 'arrival to assessment' and 'arrival to treatment'.

Analysis of all ED quality indicators on the day of the pilot showed improvement across all areas. The results are shown in the table below. The ED team are now proposing to re-run the pilot over a five-day period in September, to take account of some of the learning from the one-day pilot.

The Board will be kept informed of progress.

Table to show performance against the ED quality standards on the day of the pilot compared with Quarter 1 and July Performance

ED Quality Indicators		2011/12 standards	Quarter 1	Jul-11	Quarter 2	20 July PILOT
	4-hour A&E Target (PHT only)	95%	97.7%	97.1%	97.1%	99.7%
A&E Patient Impact *	Unplanned re-attendance rate <7days	<5%	6.2%	5.7%	5.7%	4.0%
	Left without being seen	<= 5%	1.7%	1.7%	1.7%	1.4%
A&E Timeliness*	Total time in A&E (95th percentile)	<4hrs	3hr 59	3hr 59	3hr 59	3hr 55
	Arrival to Assessment (95th percentile)	<15 mins	0hr 25	0hr 30	0hr 30	0hr 15
	Median time arrival to treatment	<60 mins	0hr 57	0hr 56	0hr 56	0hr 46
	Single longest wait arrival to treatment	Improve	6hr 42	8hr 50	8hr 50	3hr 40

4.2 Referral to Treatment

The Risks

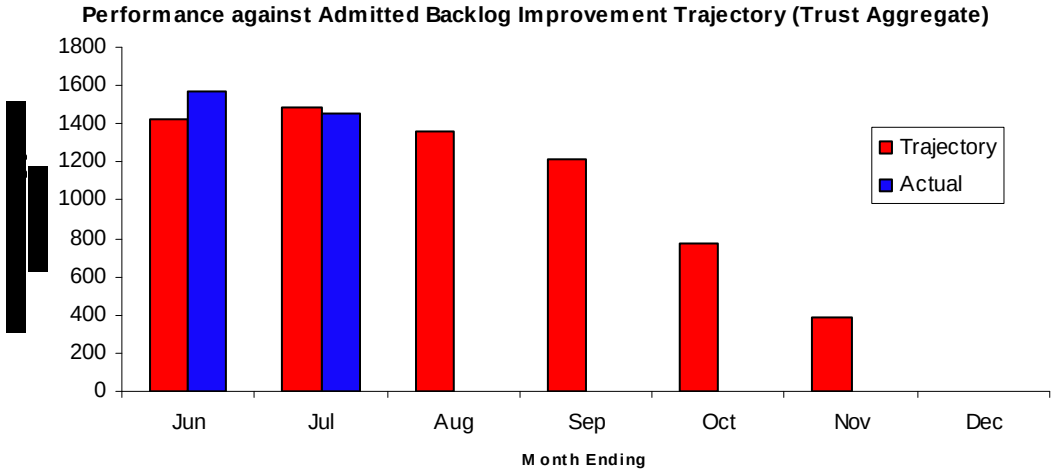
- 95th percentile for admitted patients > 23 weeks
- 18-week admitted backlog >308

Current Position

- 95th percentile for admitted patients is 28.8 weeks against a target of 23 weeks. This is an improvement on quarter 1 reported figure of 29.4 weeks
- 18-week admitted backlog is 1154 against a target of less than 308 to sustain a manageable waiting list size. This represents an improvement on the quarter 1 reported figure of 1600

The Trusts performance on the 95th percentile for admitted patients is directly related to the size of the 18-week backlog. Routine patients are booked in-turn from the backlog. Cancer and other cases that are deemed as clinically urgent are managed in order of clinical priority. Military patients are booked according to the access policy agreed with the MOD. Commissioned activity is net of PCT demand management proposals. Performance on both these metrics can only improve if additions to the waiting list reduce, or if removals from the waiting list increase.

The Trust has an activity plan and trajectory to clear the admitted backlog (Trust aggregate) by the end of quarter 3 (December), however this assumes achievement of a number of PCT led demand management schemes and PHT plans which are being monitored. Additional activity to reduce the backlog before the end of quarter 3 has not been commissioned by the PCT.



Action

- Routine patients are being booked in turn
- The PCTs introduction of 'red flags' for dealing with Orthopaedic referrals commenced in July. If this achieves the anticipated referral/ activity reductions, then acceptable waiting list size will be achieved by January 2012.

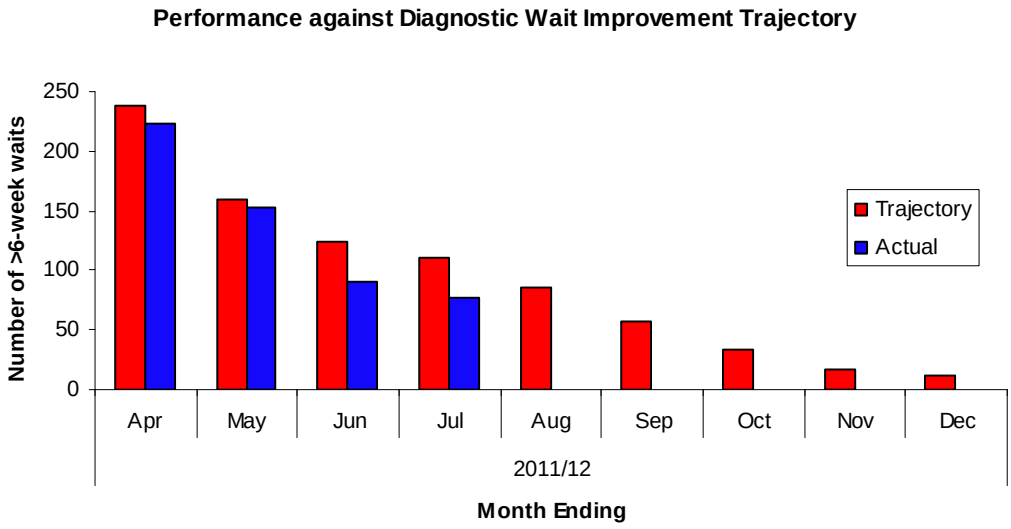
4.3 Diagnostic Waits

The Risks

- The number of >6 week diagnostic breaches will exceed 100 for the year

Current Position

- There were 77 >6 week waits in July. This was an improvement on the June reported figure of 91. The Trust remains on track against the improvement trajectory.



Action

The two key areas of concern remain non-obstetric ultrasound (6 patients > 6 weeks) and colonoscopy (69 patients >6 weeks). Both areas relate to increased demand and insufficient capacity to deal with this demand. Additional manpower was provided to address ultrasound demand. A business case approved to support increased colonoscopy capacity comes into effect from September. If demand does not exceed current levels, then the additional capacity will support a reduction in >6 week waits to no more than 8 per month by December 2011

4.4 Cancer

The Risks

- 62-day screening to treatment will be >90%

Current Position

- All performance indicators were achieved other than for 62-day screening to treatment. Performance decreased to 78.3% in July compared with 87% in June against a 90% standard. This was a result of 5 breaches. All were colorectal, and all due to diagnostic delays related to colonoscopy capacity.

Action

- A 3rd screener has become accredited for the bowel screening programme, this has provided some of the additional capacity required to cut the colonoscopy wait times. The Trust is now running this part of the pathway in the same way as we run the two week wait standards.

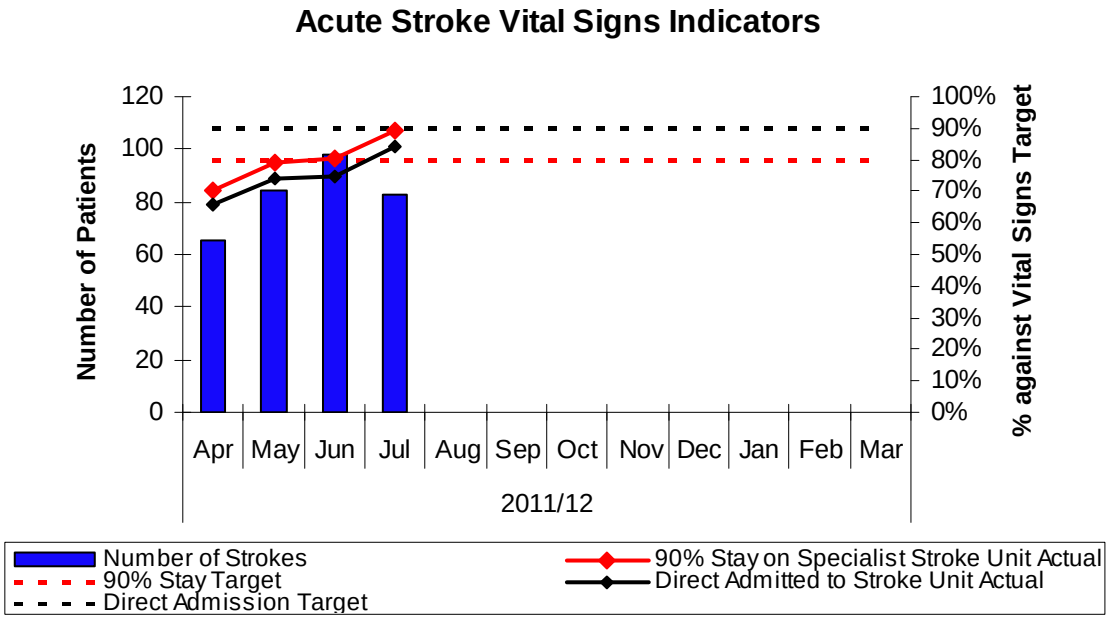
4.5 Stroke Care

The Risks

- Direct admission to stroke unit <90%
- High risk TIA patients seen and treated within 24-hours of first contact with health professional <60%

Current Position

- Trust performance for 90% stay on a Stroke Unit improved to 89% in July compared to 76.8% at the end of quarter 1, achieving the required standard of 80%
- Trust performance for direct admit improved to 84.1% in July compared with 71.6% at the end of quarter 1, but remaining below the standard of 90%
- Trust performance for urgent CT access within 1 hour improved to 50.6% in July compared to 39% at the end of quarter 1 achieving the required standard of 50%
- Trust performance for CT scan within 24 hours of arrival at hospital improved to 96.2% in July compared with 88% at the end of quarter 1, but remaining below the 95% standard
- The percentage of high risk TIA patients being seen and treated within 24-hours of first contact with a health professional decreased to 53.7% in July compared with 68.3% at the end of quarter 1 against the standard of 60%. There was a significant increase in referrals in July. Additional clinics were made available but this did not hold the performance at standard.



Action

- **Direct admission to the Stroke Unit**

Breach tracking has been implemented for all stroke attendances to support patients being navigated through their pathway;

Additional registrar presence reaching into the emergency department from medicine for older people;

Restructuring of the specialist nurse function to provide extended presence of stroke co-ordination function.

- **High risk TIA patients**

The Chief of Service is collating and sending details of poor referrals to the GP leads so that GP practices who may not be referring patients in a timely way can be supported to manage the TIA pathway;
A meeting with stroke physicians is planned to look at how they are using TIA F/U slots. The team are to clarify the onward referral/ management of patient who have not had a TIA but require a consultation with another specialty.

4.6 NSF Coronary Heart Disease

The Risks

- PPCI within 90 minutes of arrival (door to balloon) < 95%

Current Position

Trust performance for PPCI within 90 minutes of arrival decreased in July to 80.8% compared with 84.1% at the end of quarter 1 against a standard of 95%.
There were 5 breaches against the standard. One patient was taken to ED by ambulance (incorrect pathway), and four patients self presented to ED. This resulted in delays in those patients have PPCI.

Action

The Ambulance Trust (SCAS) are notified of all pathway breaches to ensure that ambulance crews are appropriately trained in the clinical pathway. A meeting with SCAS and PHT clinicians has been organised to discuss the clinical pathway for this patient group.
The ED teams have been notified of breaches related to those patients who self presented to ED who subsequently required a PCI, so that these cases can be audited and any necessary actions implemented.

5. RECOMMENDATION

The Board is asked to note the report and the risks and actions for the period ending July 2011