

TRUST BOARD PART I – NOVEMBER 2011

Agenda Item Number: 179/11  
Enclosure Number: (2)

<b>Subject</b>	Operational Performance Report for September
<b>Prepared by:</b>	Cherry West, Chief Operating Officer
<b>Sponsored by:</b>	Cherry West, Chief Operating Officer
<b>Presented by:</b>	Cherry West, Chief Operating Officer
<b>Purpose of paper</b> <i>Why is this paper going to the Trust Board?</i>	<ul style="list-style-type: none"> <li>• This report sets out the operational performance of the Trust up to 30<sup>th</sup> September 2011.</li> <li>• The report identifies risks in relation to the Monitor governance requirements (shadow monitoring), and key national targets for 2011/12.</li> </ul>
<b>Key points for Trust Board members</b> <i>Briefly summarise in bullet point format the main points and key issues that the Trust Board members should focus on including conclusions and proposals</i>	<p>Headlines:</p> <ul style="list-style-type: none"> <li>• A&amp;E thresholds: <ul style="list-style-type: none"> <li>○ Patient Impact standard achieved</li> <li>○ A&amp;E Timeliness standard not achieved</li> </ul> </li> <li>• Referral to Treatment thresholds backlog reducing</li> <li>• Cancer standards achieved</li> <li>• Diagnostic wait times improved</li> <li>• Stroke under performance for direct admission to stroke unit; access to CT within 24hrs; and access to stroke-skilled early supported discharge</li> </ul>
<b>Options and decisions required</b> <i>Clearly identify options that are to be considered and any decisions required</i>	<b>Key Recommendation</b> <ul style="list-style-type: none"> <li>• The Board is asked to note the operational performance at the end of September.</li> </ul>
<b>Next steps / future actions:</b> <i>Clearly identify what will follow the Trust Board's discussion</i>	<ul style="list-style-type: none"> <li>• On-going management of all operational standards</li> </ul>
<b>Consideration of legal issues (including Equality Impact Assessment)?</b>	N/A
<b>Consideration of Public and Patient Involvement and Communications Implications?</b>	N/A

# PORTSMOUTH HOSPITALS NHS TRUST

## REPORT TO TRUST BOARD

**THURSDAY 3<sup>rd</sup> NOVEMBER 2011**

### PERFORMANCE REPORT

#### 1. INTRODUCTION

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

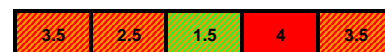
#### 2. MONITOR COMPLIANCE FRAMEWORK 2011/12 – SHADOW MONITORING

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 3.5: Amber-Red for quarter 2 and 4.0 : red for the month of September.

**Monitor Key Targets for element 2 - Operating Plans 2011/12**

Area	Proposed measures 2011/12	Standard 2011/12	Weighting	Monitoring Period	Governance Rating				
					Quarter 1	Jul	Aug	Sep	Quarter 2
Safety	Clostridium difficile - standard	0	1.0	Quarterly	1	0	0	1	0
Safely	MRSA - standard	0	1.0	Quarterly	0	0	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	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	0	0	1
Patient Experience	Referral to treatment waiting times - admitted (95th percentile)	23 wks	1.0	Quarterly	1	1	1	1	1
Patient Experience	Referral to treatment waiting times - non-admitted (95th percentile)	18.3 wks	1.0	Quarterly	0	0	0	1	1
Quality	All cancers: 31-day wait from diagnosis to first treatment	96%	0.5	Quarterly	0	0	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	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	1	0.5
Quality	Stroke Indicator	TBC	0.5	Quarterly					
Quality	Minimising delayed transfers of care	<=7.5%	1.0	Quarterly	0	0	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	0	0

Service Performance Rating :



<sup>1</sup> Monitor uses a limited set of national measures to assess 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. Whilst 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 6 performance (as it would apply for Foundation Trust against Monitor's Compliance Framework) is Red. This represents concerns surrounding authorisation. Service performance rating deteriorated in September. This was as a result of failing on three of the ED indicators; and failure to achieve the Referral to Treatment waiting time for non-admitted patients.

### 3. CONTRACTUAL AND TRUST KEY PERFORMANCE INDICATORS

Key Targets Dashboard		2011/12 National Targets	Monitoring Period	Quarter 1	Jul-11	Aug-11	Sep-11	Quarter 2	Change month on month	Yr to date 2010/11	On Plan to Achieve	Areas of Concern
A&E Patient Impact *	4-hour A&E Target (PHT only)	95%	monthly	97.7%	97.2%	97.1%	94.6%	96.3%	↓	97.0%		
	Unplanned re-attendance rate <7days	<5%		6.2%	5.7%	6.5%	6.4%	5.8%	↑	6.2%		
	Left without being seen	<= 5%		1.7%	1.7%	2.1%	1.7%	1.8%	↑	1.8%		
	Total time in A&E (95th percentile)	<4hrs		3hr 59	3hr 59	3hr 59	4hr 11	3hr 59	↓	3hr 58		
	Arrival to Assessment (95th percentile)	<15 mins		0hr 25	0hr 30	0hr 30	0hr 33	0hr 30	↓	0hr 28		
A&E Timeliness*	Median time arrival to treatment	<60 mins	monthly	0hr 56	0hr 56	0hr 55	1hr 00	0hr 57	↓	0hr 57		
	Single longest wait arrival to treatment	Improve		6hr 42	6hr 00	5hr 50	6hr 12	6hr 12	↓	6hr 42		
	% Admitted	90%		73.7%	69.7%	65.4%	69.6%	68.2%	↑	70.5%		
	% Non-Admitted	95%		95.9%	95.4%	95.1%	94.4%	94.6%	↓	95.0%		
	Data Completeness - Admitted	80-120%		92.2%	86.1%	84.9%	85.8%	85.6%	↑	88.7%		
RTT	Data Completeness - Non-Admitted	80-120%	monthly	96.4%	104.4%	106.6%	109.2%	106.8%	↑	101.6%		
	Median wait for Admitted	11.1 weeks		12.7	13.9	14.3	14.1	14.1	↑	13.5		
	Median wait for Non-Admitted	6.6 weeks		4.3	4.2	4.2	4.5	4.4	↓	4.4		
	Median wait for Incomplete	7.2 weeks		6.4	7.1	8.0	7.8	7.8	↑	7.8		
	95th percentile for Admitted	23 weeks		29.4	28.6	29.1	28.7	28.9	↑	29.1		
	95th percentile for Non-Admitted	18.3 weeks		16.8	17.7	18.1	18.8	18.6	↓	18.0		
	95th percentile for Incomplete	28 weeks		21.9	23.4	24.4	22.4	22.4	↑	22.4		
	Admitted backlog improvement trajectory	1,210 (Sep)		1571	1451	1375	1281	1281	↑	1281		
	18-week NON-ADMITTED backlog (monthly)	2292		1148	1192	1346	1212	1212	↑	1212		
	18-week ADMITTED backlog (monthly)	308		1600	1503	1433	1274	1274	↑	1274		
Diagnostic Waits	Diagnostic waits	95% <6 wks	monthly	96.3%	98.4%	97.8%	99.4%	98.5%	↑	97.5%		
	Diagnostic waits (StHA)	<100		467	77	95	30	202	↑	203		
	Diagnostic improvement trajectory	57 (Sep)		91	77	95	30	30	↑	30		
Military 10 wk RTT	% Admitted < 10 wks	90%	month	78.9%	92.2%	91.7%	92.0%	92.0%	↑	85.8%		
	% Non-Admitted < 10 wks	90%		92.6%	98.2%	99.1%	97.0%	98.1%	↓	95.2%		
Cancer	All 2-week wait referrals	93%	Monthly and Quarterly	96.4%	98.1%	98.2%	98.9%	98.3%	↑	97.4%		
	Breast symptomatic 2-week wait referrals	93%		93.3%	98.9%	99.0%	100.0%	99.3%	↑	96.1%		
	31-day diagnosis to treatment	96%		98.1%	97.3%	96.4%	97.0%	97.0%	↑	97.5%		
	31-day subsequent cancers to treatment	94%		96.6%	95.3%	95.5%	94.3%	94.9%	↓	95.7%		
	31-day subsequent anti-cancer drugs	98%		100.0%	100.0%	100.0%	100.0%	100.0%	↔	100.0%		
	31-day subsequent radiotherapy	94%		95.6%	97.0%	94.2%	96.6%	96.0%	↑	95.8%		
	62-day referral to treatment	85%		89.0%	89.6%	91.7%	88.9%	90.1%	↓	89.6%		
	62-day screening to treatment	90%		87.0%	77.8%	91.7%	93.3%	88.6%	↓	87.9%		
Stroke Care	62-day consultant upgrade to treatment	86%	Quarterly	92.7%	89.2%	100.0%	90.3%	91.3%	↑	92.0%		
	90% of stay on a stroke unit	80%		76.8%	89.0%	87.0%	90.7%	88.1%	↑	82.6%		
	Admission directly to a stroke unit	90%		71.6%	84.1%	80.5%	86.7%	83.2%	↑	77.3%		
	% of high risk TIA seen and treated within 24-hours of first contact with health professional	60%		68.3%	53.7%	62.8%	64.7%	60.0%	↑	64.7%		
	CT scan within 24 hrs of arrival at hospital	95%		88.0%	96.2%	97.2%	90.1%	96.0%	↓	91.9%		
NSF Coronary Heart Disease	Urgent CT within 60 minutes of arrival	50%	Monthly	39.0%	50.6%	53.3%	53.3%	53.3%	↔	45.4%		
	Patients supported by stroke skilled early discharge team	40%		40.7%	42.0%	41.3%	32.3%	41.7%	↓	41.1%		
	PPCI within 150 mins of call	95%		85.1%	100.0%	95.2%	88.9%	94.1%	↓	89.8%		
	PPCI within 90 mins of arrival (door to balloon)	95%		84.1%	80.8%	87.1%	82.1%	83.8%	↓	83.8%		
GUM	Re-vascularisation within 3 months	100%	Monthly	100.0%	100.0%	100.0%	100.0%	100.0%	↔	83.8%		
	Rapid Access Chest pain clinic within 2 wks	98%		100.0%	100.0%	100.0%	100.0%	100.0%	↔	100.0%		
Flow	GUM access within 48 hrs	95%	Monthly	100.0%	100.0%	100.0%	100.0%	100.0%	↔	100.0%		
	Delayed transfers of care	3.5%		1.7%	1.2%	1.2%	1.2%	1.2%	↔	0.0%		
	Cancelled operations - same day total against FCEs %	0.8%		0.7%	0.4%	0.6%	1.0%	0.7%	↓	0.7%		
Flow	Cancelled operations - 28-day guarantee	5%	Monthly	0.0%	0.0%	0.0%	1.1%	1.1%	↓	1.1%		

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 one indicator in each group

↑ 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

- ED 4-hour performance > 4-hours
- Unplanned re-attendance rate >5%
- Arrival to assessment >15 minutes (95<sup>th</sup> percentile)

#### Current Position

##### • ED 4-hour performance

ED 4-hour performance fell below the 95% standard for the first time this year achieving 94.6%.

##### • Unplanned re-attendance rate

The re-attendance rate improved in September achieving 6.4% compared with 6.5% for August but remains below the 5% standard.

##### • Arrival to assessment

Performance against the arrival to assessment standard in September was 33 minutes which was a slight deterioration from the August performance of 30 minutes.

#### Action

##### • ED 4-hour performance

ED attendances for September increased by 1000 compared with the same period last year. There were also three occasions in September when daily ED attendances were > 300. This impacted on patient flow in ED resulting in significant numbers of breaches on the three days when the ED attendances had been >300.

##### • Unplanned re-attendance rate

Dr Carolyn Hargreaves is currently undertaking further audits and monitoring of unscheduled returns in both majors and minors. The department will review these findings and agree any action that is required including communications to relevant GP commissioners. There remain some technical issues relating to recording of planned re-attendances; The ED department have an action plan to address this.

##### • Arrival to assessment

The department carried out a five-day pilot in September. This included early triage and treatment plan by senior clinician. The results (shared in the October Board report) are shown below.

Table to show performance against ED quality standards for the week of the pilot

ED Quality Indicators - Pilot Week for patients attending between 10:00 hrs and 21:00 hrs			12/09/11	13/09/11	14/09/11	15/09/11	16/09/11	Total
	4-hour A&E Target (PHT only)	95%	96.3%	73.1%	95.5%	97.7%	99.4%	92.4%
A&E Patient Impact *	Unplanned re-attendance rate <7days	<5%	-	-	-	-	-	-
	Left without being seen	<= 5%	0.5%	0.6%	0.5%	0.6%	1.2%	0.7%
A&E Timeliness*	Total time in A&E (95th percentile)	<4hrs	3hr 59	6hr 56	4hr 11	3hr 56	3hr 45	5hr 02
	Arrival to Assessment (95th percentile)	<15 mins	0hr 10	0hr 40	0hr 37	0hr 10	0hr 10	0hr 30
	Median time arrival to treatment	<60 mins	0hr 44	1hr 04	1hr 25	0hr 50	0hr 36	0hr 54
	Single longest wait arrival to treatment	Improve	3hr 10	5hr 37	4hr 04	3hr 30	3hr 05	5hr 37

During the 5-day pilot, there were two days of sustained operational pressure (13th & 14th September). On these days the Trust experienced higher numbers of admissions and proportionally lower numbers of discharges. This impacted on overall ED flow and performance. The ED team is planning a further pilot in December, taking account the lessons from this pilot.

## 4.2 Referral to Treatment

### The Risks

- 95<sup>th</sup> percentile for admitted patients > 23 weeks
- 18-week admitted backlog >308
- Backlog improvement plan > than trajectory

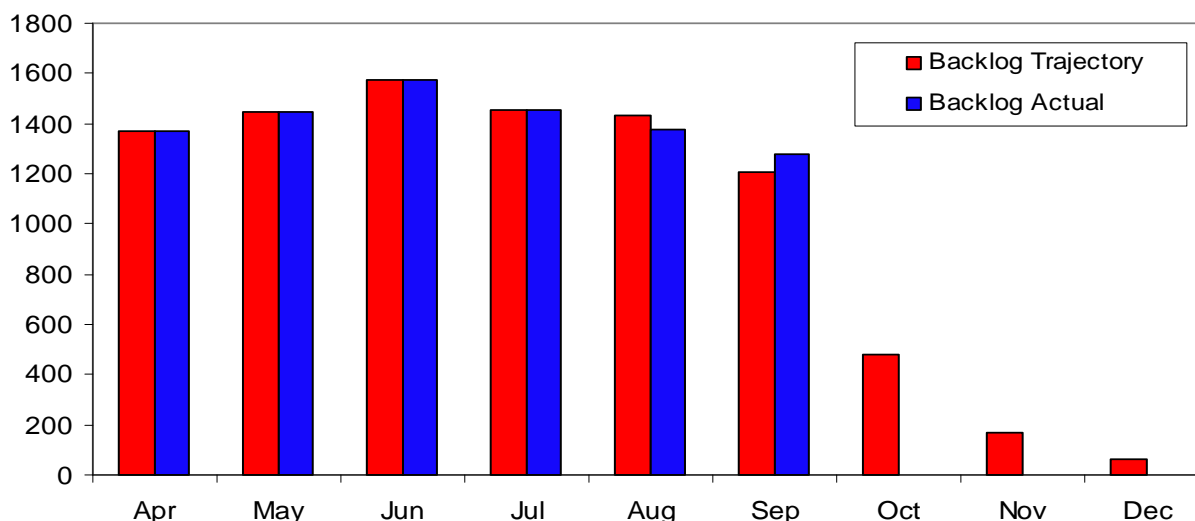
### Current Position

- 95<sup>th</sup> percentile for admitted patients improved achieving 28.7 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 1274 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
- Backlog improvement of 1212 against an improvement trajectory of 1120 for September

The Trusts performance on the 95<sup>th</sup> 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.

The Trust has an activity plan and trajectory to reduce the admitted backlog (Trust aggregate) to 308 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 capacity (200) to reduce the backlog by the end of November has been offered at the ISTC (within PCT current contract). The improvement trajectory has been updated to reflect this additional capacity (accelerated improvement trajectory\*), however use of this capacity is subject to patients accepting choice of alternative provider.

**RTT 18-week backlog against the accelerated admitted backlog improvement trajectory\* (Trust aggregate)**



### Action

- Routine patients are being booked in turn. November backlog patients are being dated.
- The PCTs introduction of demand management schemes to reduce referrals to areas such as Orthopaedics, ENT and Oral Surgery commenced in July.
- PCTs are contacting patients and offering choice of treatment with the ISTC
- Additional capacity at QAH has been offered to specialties with an 18-week backlog.

#### 4.3 Diagnostic Waits

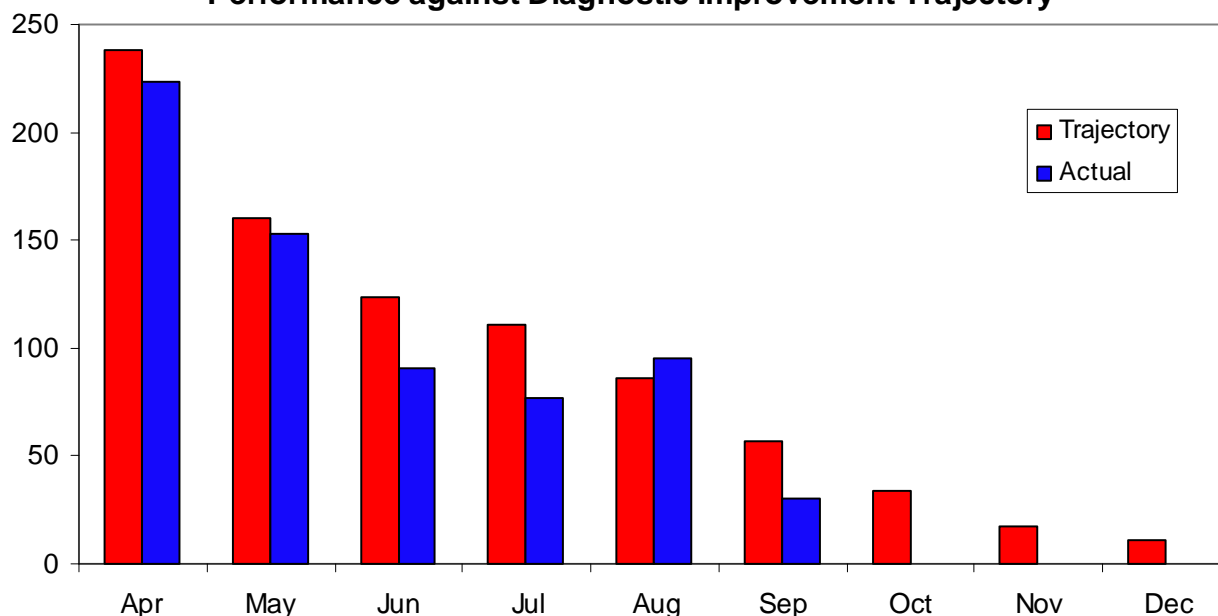
##### The Risks

- The number of >6 week diagnostic breaches will exceed 100 for the year
- The number of >6 week diagnostic breaches will exceed the improvement trajectory of 86 for August

##### Current Position

- There were 30 >6 week waits in September. This represents an improvement in the August reported figure of 95 and diagnostic improvement trajectory of 57.

**Performance against Diagnostic Improvement Trajectory**



##### Action

The September position is within trajectory. Of the 30 breaches reported for September, the largest component was colonoscopies. The position continues to improve.

#### 4.4 Stroke Care

##### The Risks

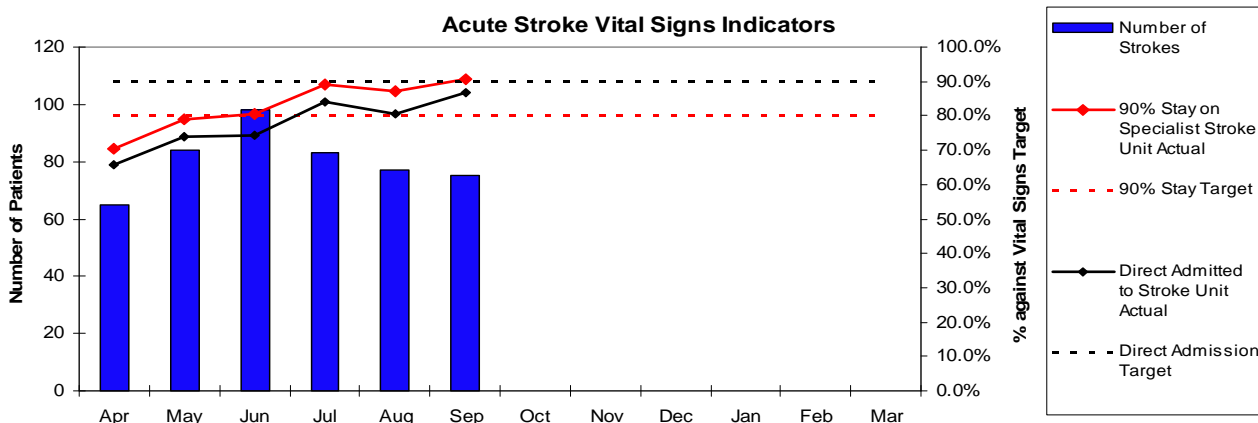
- Direct admission to stroke unit <90%
- Access to CT within 24hrs <100%
- Access to stroke-skilled Early Supported Discharge <40%

##### Current Position

- Performance for 90% stay on a Stroke Unit increased to 91% in September, resulting in Quarter 2 performance of 83.2%, up from 76.8% in Quarter 1. The Trust is now routinely achieving the required standard of 80% for this 'Vital Sign' indicator.
- Direct admission performance increased sharply to 86.7% in September, resulting in Quarter 2 performance of 83.2%, up from 71.6% in Quarter 1. PHT performance remains below the target level of 90% for this Accelerating Stroke Progress indicator.
- Trust performance for urgent CT access within 1 hour remained constant at 53.3% in September, resulting in Quarter 2 performance of 53.3%, up from 39% in Quarter 1. This sets

PHT out as one of only a few trusts to have delivered against the required standard of 50% for this challenging but vital quality indicator.

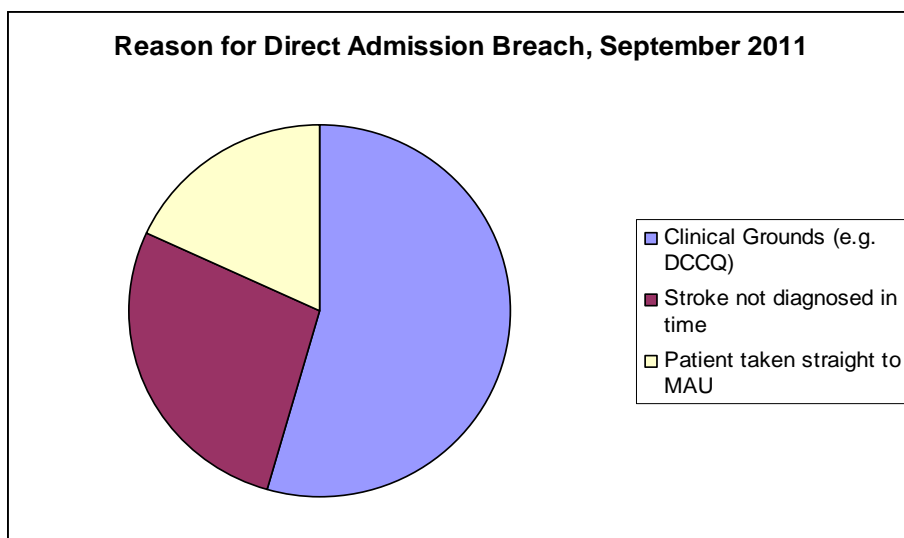
- Trust performance for CT scan within 24 hours of arrival at hospital fell to 90.1% in September, resulting in Quarter 2 performance of 96%, up from 88% in Quarter 1. Overall Quarter 2 performance has exceeded the 95% target level set out in PHT's contract, but below the 100% target for this Accelerating Stroke Progress indicator at national level. This was a consequence of a 15% increase in demand for inpatient scans and higher volumes of urgent requests.
- High risk TIA patients being seen and treated within 24-hours of first contact with a health professional has increased to 64.8% in September, resulting in Quarter 2 performance of 60%. Quarter 2 performance was distorted by a poor month in July, but remains above the required standard of 60% for this 'Vital Sign' indicator.
- September performance for Stroke patients supported by a skilled Early Supported Discharge Team fell below the required standard of 40% for the first time, registering 32.3%. Quarter 2 performance remains above target at 41.1%. This has been attributed to a heavier caseload and therefore a slower turnover.



**Action**

- Direct admission to the Stroke Unit**

Breach tracking continues for all stroke attendances to support patients being navigated through their pathway, including prospective records in ED and retrospective breach analysis meetings. In September, 9 of the 11 recorded direct admission breaches were picked up by this process, the most significant proportion of which were on account of appropriate clinical grounds (e.g. requirement to admit to critical care), or an inability to diagnose the stroke during the ED assessment:



- Access to CT Scans within 24hrs**

The fall in this metric was unexpected in September, and can be traced to a small number of patients discharged who came into hospital during the summer (when tightened measures for escalation were being embedded). Monitoring of this target remains high between the Stroke Service and Clinical Support, with daily calls to track individual patient waits. At this point, however, prospective performance for October shows 3 CT breaches. Clinical Support CSC are currently preparing a business case for expansion of CT capacity to maintain access.

- **Stroke Service Business Expansion**

A business case is being prepared for the strengthening and expansion of PHT's current stroke service offering. This is being based on the potential acquisition of acute stroke work from the Chichester and Midhurst areas. In planning the case, full consideration is being given to the impact on maintenance of current performance against key stroke performance markers.

- **High risk TIA patients**

A full review of TIA clinic demand and capacity is taking place as part of the revised business case for stroke services provision. It is clear that there is a shortage of senior medical capacity to deal with current levels of demand, but the review is also looking at appropriateness of demand and utilisation of appointments.

#### **4.5 NSF Coronary Heart Disease**

##### **The Risks**

- PPCI within 90 minutes of arrival (door to balloon) < 95%
- PPCI within 150 minutes of call (call to balloon) < 95%

##### **Current Position**

Trust performance for PPCI within 90 minutes of arrival was 82.1%; and 88.9% within call time against a standard of 95% for both indicators.

Door to balloon - There were 5 breaches against the standard in September. Two breaches were due to clinical complexity. Two were due to cath lab being in use. One was due to delay in ED.

Call to balloon – There were 3 breaches against the standard in September. One of these related to transfer from another hospital. Remaining two relate to access to cath lab and ED delay as mentioned above.

##### **Action**

- Interventional cardiologist to attend the next ED consultants meeting to discuss correct pathway
- Discussion with commissioners to roll-out direct access for PPCIs from West Sussex.

#### **5. RECOMMENDATION**

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