

TRUST BOARD PART I – DECEMBER 2011

Agenda Item Number: 196/11
Enclosure Number: (2)

Subject	Operational Performance Report for October
Prepared by: Sponsored by: Presented by:	Cherry West, Chief Operating Officer Cherry West, Chief Operating Officer Cherry West, Chief Operating Officer
Purpose of paper <i>Why is this paper going to the Trust Board?</i>	<ul style="list-style-type: none"> • This report sets out the operational performance of the Trust up to 31st October 2011. • 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 <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"> • A&E thresholds: <ul style="list-style-type: none"> ◦ Patient Impact standard achieved ↔ ◦ A&E Timeliness standard ↑ • Referral to Treatment thresholds admitted backlog reducing ↑ • Referral to Treatment non-admitted 95th percentile not achieved ↓ (20.1 weeks) • Cancer 31-day subsequent cancer to treatment not achieved ↓ (90.3%) • Diagnostic wait times improved ↑ • Stroke under performance for direct admission to stroke unit ↑ • Military admitted performance not achieved ↓ (89.1%)
Options and decisions required <i>Clearly identify options that are to be considered and any decisions required</i>	Key Recommendation <ul style="list-style-type: none"> • The Board is asked to note the operational performance at the end of October.
Next steps / future actions: <i>Clearly identify what will follow the Trust Board's discussion</i>	<ul style="list-style-type: none"> • 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 TRUST BOARD

THURSDAY 1st DECEMBER 2011

PERFORMANCE REPORT

1. INTRODUCTION

This report updates the Trust Board on the performance against key targets as at the end of October. The report sets out the areas of risk in relation to Monitor's Compliance Framework¹, 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 3.0: Amber-Red for the month of October.

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	Quarter 2	Oct Actual	Quarter 3
Safety	Clostridium difficile - standard	0	1.0	Quarterly	1	0	0	0
Safely	MRSA - standard	0	1.0	Quarterly	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	0.5	0.5
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
Patient Experience	Referral to treatment waiting times - admitted (95th percentile)	23 wks	1.0	Quarterly	1	1	1	1
Patient Experience	Referral to treatment waiting times - non-admitted (95th percentile)	18.3 wks	1.0	Quarterly	0	1	1	1
Quality	All cancers: 31-day wait from diagnosis to first treatment	96%	0.5	Quarterly	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
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	0.5
Quality	Stroke Indicator	TBC	0.5	Quarterly				
Quality	Minimising delayed transfers of care	<=7.5%	1.0	Quarterly	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

Service Performance Rating :

3.5	3.5	3	3
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¹ 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. 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 7 performance (as it would apply for Foundation Trust against Monitor's Compliance Framework) is Amber-Red. This represents material concerns surrounding authorisation. Service performance rating deteriorated in September. There have been failures in subsequent months for RTT (admitted and non-admitted thresholds) and ED (unplanned re-attendance and arrival to assessment time thresholds).

3. CONTRACTUAL AND TRUST KEY PERFORMANCE INDICATORS

Key Targets Dashboard		2011/12 National Targets	Monitoring Period	Quarter 1	Sep-11	Quarter 2	Oct-11	Quarter 3	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%	94.6%	96.3%	96.4%	96.4%	↑	96.9%		
	Unplanned re-attendance rate <7days	<5%		6.2%	6.4%	5.8%	6.4%	6.4%	↓	6.2%		
	Left without being seen	<= 5%		1.7%	1.7%	1.8%	1.8%	1.8%	↔	1.7%		
	Total time in A&E (95th percentile)	<4hrs		3hr 57	4hr 11	3hr 59	3hr 59	3hr 59	↔	3hr 59		
	Arrival to Assessment (95th percentile)	<15 mins		0hr 25	0hr 33	0hr 30	0hr 25	0hr 25	↑	0hr 27		
A&E Timeliness*	Median time arrival to treatment	<60 mins	monthly	0hr 52	0hr 54	0hr 51	0hr 48	0hr 48	↓	0hr 50		
	Single longest wait arrival to treatment	Improve		6hr 42	6hr 12	6hr 12	6hr 37	6hr 37	↓	6hr 37		
	% Admitted	90%		73.5%	69.7%	68.3%	68.7%	68.7%	↑	70.6%		
	% Non-Admitted	95%		95.9%	94.6%	95.0%	92.5%	92.5%	↑	95.0%		
	Data Completeness - Admitted	80-120%		92.2%	85.8%	85.6%	87.8%	87.8%	↑	86.8%		
RTT	Data Completeness - Non-Admitted	80-120%	monthly	96.4%	109.1%	106.8%	108.8%	108.8%	↑	103.2%		
	Median wait for Admitted	11.1 weeks		12.7	14.1	14.1	13.7	13.7	↑	13.4		
	Median wait for Non-Admitted	6.6 weeks		4.3	4.5	4.4	4.0	4.0	↑	4.3		
	Median wait for Incomplete	7.2 weeks		6.4	7.8	7.8	7.1	7.1	↑	7.1		
	95th percentile for Admitted	23 weeks		29.4	28.7	28.9	28.9	28.9	↔	29.1		
	95th percentile for Non-Admitted	18.3 weeks		16.8	18.6	18.0	20.1	20.1	↓	18.0		
	95th percentile for Incomplete	28 weeks		21.9	22.4	22.4	22.3	22.3	↑	22.3		
	Admitted backlog improvement trajectory	482 (Oct)		1571	1281	1281	1039	1039	↑	1039		
	18-week NON-ADMITTED backlog (monthly)	2292		1148	1212	1212	1567	1567	↓	1567		
	18-week ADMITTED backlog (monthly)	308		1600	1274	1274	1091	1091	↑	1091		
Diagnostic Waits	Diagnostic waits	95% <6 wks	monthly	96.3%	99.4%	98.5%	99.5%	99.5%	↑	97.8%		
	Diagnostic waits (StHA)	<100		467	30	202	22	22	↑	22		
	Diagnostic improvement trajectory	34 (Oct)		91	30	30	22	22	↓	22		
Military 10 wk RTT	% Admitted < 10 wks	90%	monthly	78.9%	92.0%	92.0%	89.1%	89.1%	↓	86.2%		
	% Non-Admitted < 10 wks	90%		92.6%	97.0%	98.1%	98.1%	98.1%	↔	95.6%		
Cancer	All 2-week wait referrals	93%	Monthly and Quarterly	96.4%	98.9%	98.3%	98.7%	98.7%	↑	97.6%		
	Breast symptomatic 2-week wait referrals	93%		93.3%	100.0%	99.3%	100.0%	100.0%	↓	96.7%		
	31-day diagnosis to treatment	96%		98.1%	97.0%	97.0%	96.7%	96.7%	↓	97.5%		
	31-day subsequent cancers to treatment	94%		96.6%	94.3%	94.9%	90.3%	90.3%	↓	95.0%		
	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%	96.6%	96.0%	97.9%	97.9%	↑	96.0%		
	62-day referral to treatment	85%		89.0%	88.9%	90.1%	85.1%	85.1%	↓	89.2%		
	62-day screening to treatment	90%		87.0%	93.3%	88.6%	90.0%	90.0%	↑	88.4%		
Stroke Care	62-day consultant upgrade to treatment	86%	Quarterly	92.7%	90.3%	91.3%	93.9%	93.9%	↑	92.7%		
	90% of stay on a stroke unit	80%		76.8%	90.7%	88.1%	88.5%	88.5%	↑	83.4%		
	Admission directly to a stroke unit	90%		71.6%	86.7%	83.2%	85.9%	85.9%	↑	78.5%		
	% of high risk TIA seen and treated within 24-hours of first contact with health professional	60%		68.3%	64.7%	60.0%	60.0%	60.0%	↔	64.0%		
	CT scan within 24 hrs of arrival at hospital	95%		88.0%	90.1%	96.0%	95.1%	95.1%	↓	92.2%		
NSF Coronary Heart Disease	Urgent CT within 60 minutes of arrival	50%	Monthly	39.0%	53.3%	53.3%	51.9%	95.1%	↓	46.2%		
	Patients supported by stroke skilled early discharge team	40%		40.7%	32.3%	41.7%	44.3%	44.3%	↑	41.6%		
	PPCI within 150 mins of call	95%		85.1%	88.9%	94.1%	80.0%	80%	↓	88.5%		
	PPCI within 90 mins of arrival (door to balloon)	95%		84.1%	82.1%	83.5%	81.3%	81%	↓	76.4%		
GUM	Re-vascularisation within 3 months	100%	Monthly	100.0%	100.0%	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%	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%	↔	1.2%		
	Cancelled operations - same day total against FCEs %	0.8%		0.7%	1.0%	0.7%	0.5%	0.5%	↑	0.6%		
	Cancelled operations - 28-day guarantee	5%		0.0%	4.1%	1.1%	0.0%	0.0%	↑	1.0%		

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

Green	No concerns. Target achievable
Amber-green	Some concerns. Action required to keep on track
Amber-red	Significant risk to achieving the target
Red	

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 was 6.4% for October (unchanged since September) and remains below the 5% standard.

- **Arrival to assessment**

Performance against the arrival to assessment standard in October was 25 minutes which was an improvement on the performance of 33 minutes in September.

Action

- **Unplanned re-attendance rate**

An audit was undertaken by Carolyn Hargreaves. This identified some general points about recording of re-attendances and also the way in which patients return. A prospective study has been set up to look at all 'breaches' with 48 hours of attendance (as an unplanned return). This will be reported back at the next Board meeting. PHT performance has been compared with available benchmark data for June. This has shown that of 319 Trusts providing emergency services, 179 Trusts submitted data for benchmarking. Of the 179 Trusts that submitted data, the best performing acute trust achieved 3.9% and the worst 11.7%.

- **Arrival to assessment**

Following the one-day and five-day pilots in ED, some pathway changes will be introduced in ED with effect from 21 November. This incorporates:

1. Consultant triaging in majors at time of patient arrival;
2. MAU consultants working in ED to support the management of 'medical' patients.

This new process will be monitored to assess the impact on two specific metrics: time to assessment; and time to treatment. This will be fed back to the next Board report.

4.2 Referral to Treatment

The Risks

- 95th percentile for admitted patients > 23 weeks
- 95th percentile for non-admitted patients >18.3 weeks
- 18-week admitted backlog >308
- Backlog improvement plan > than trajectory

Current Position

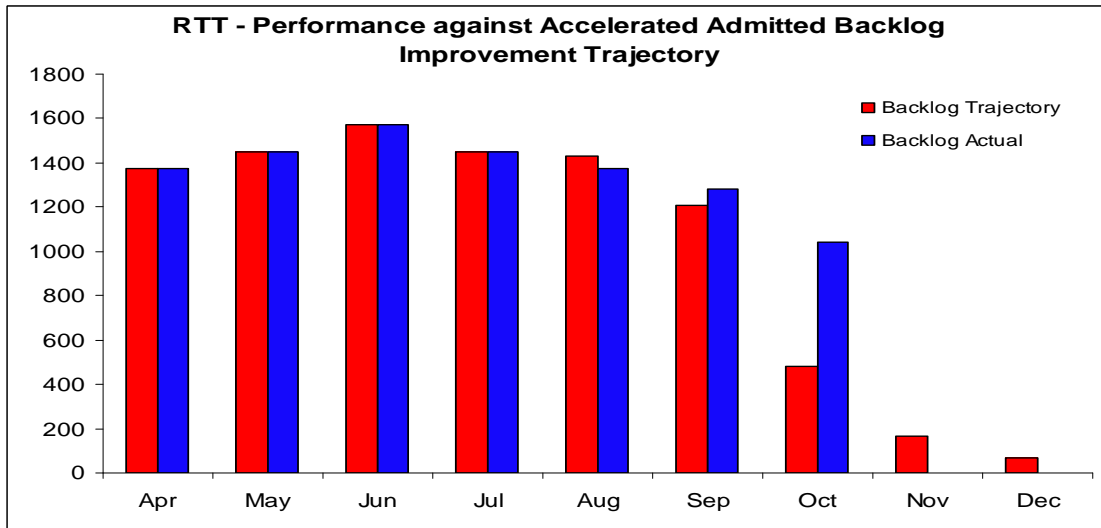
- **Admitted**

- 95th percentile for admitted patients was 28.9 weeks against a target of 23 weeks.
- 18-week admitted backlog is 1091 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 1039 against an improvement trajectory of 482 for October

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

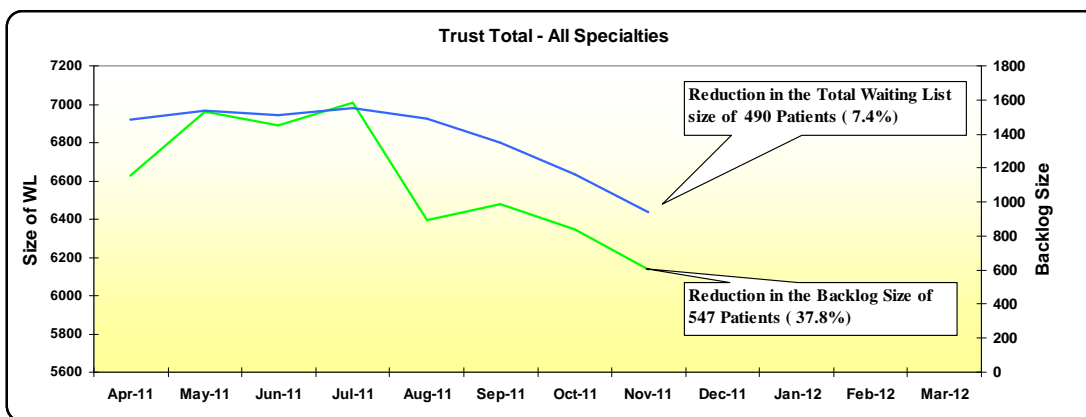
cases that are deemed as clinically urgent are managed in order of clinical priority.

The Trust had an activity plan and trajectory to reduce the admitted backlog (Trust aggregate) to 308 by the end of quarter 3 (December), however this assumed achievement of a number of PCT led demand management schemes and PHT plans. Additional capacity (200) to reduce the backlog by the end of November was offered at the ISTC (within PCT current contract). The improvement trajectory was updated to reflect this additional capacity (accelerated improvement trajectory*), however a number of assumptions within CSC plans have not come to fruition. These include: appointment of locums (ENT); numbers of 'urgent' treatments being higher than plan (general surgery); level of demand management (oral surgery and T&O); and number of patients from the breach backlog receiving a 'time to come in' from the ISTC.



The above graph shows the actual backlog position taken from the Trusts patient administration system (PAS).

The Trust has made good progress towards reducing the admitted backlog. Since July the backlog size has reduced by 37.8% with 547 less patients waiting more than 18 weeks. The Trust has plans to reduce this further, with CSC's forecasting a total admitted backlog size of 500 for the Trust by the end of November.



The above graph is based on actual removals from PAS and information relating to those patients who actually have a date for surgery before the end of November.

- **Non-admitted**

- 95th percentile for non-admitted patients was 20.1 weeks against a target of 18.3
- Attention and capacity has been focused on the admitted backlog where the longest waiters have been targeted. As the admitted backlog reduces capacity will be managed across both the admitted and non-admitted pathways to ensure wait times are kept within the required standards

Action

- **Admitted**

- Prioritising the treatment of urgent and cancer patients
- Additional internal capacity
- Continue with robust waiting list management and processes
- Commissioners have also implemented the following additional actions:
 - Outsourcing to alternative providers
 - Threshold management, particularly MSK and ENT
 - CCG clinical leads working with secondary care and community clinicians to create alternative pathways for patients

- **Non-admitted**

- Additional capacity to achieve 18.3 week waits for non-admitted patients

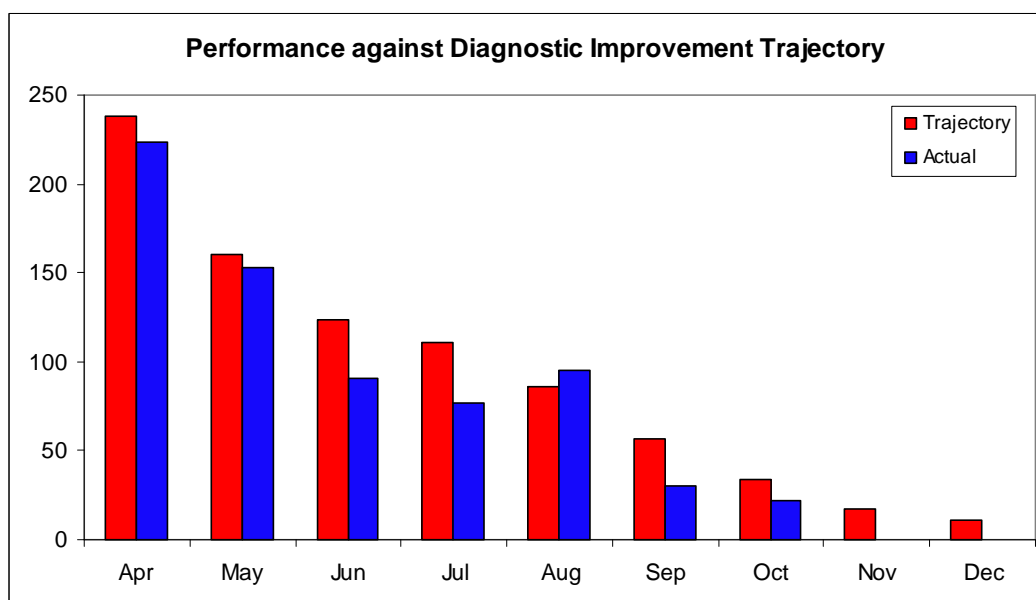
4.3 Diagnostic Waits

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 34 for October

Current Position

- There were 22 >6 week waits in October. This represents an improvement in the September reported figure of 30 and diagnostic improvement trajectory of 34.



Action

The October position is within trajectory. Of the 22 breaches reported for October, the largest component was colonoscopies. The position continues to improve.

4.4 Stroke Care

The Risks

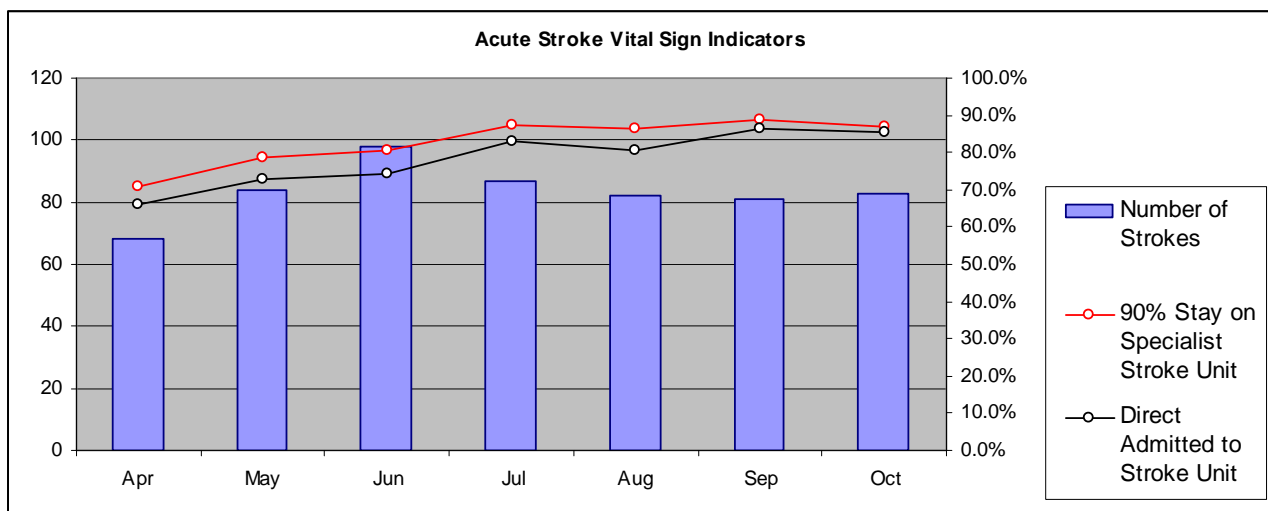
- Direct admission to stroke unit <90%

Current Position

- Performance for 90% stay on a Stroke Unit decreased slightly to 86.7% in October, compared to 88.9% in September. The Trust is now routinely achieving the required standard of 80% for this 'Vital Sign' indicator.
- Direct admission performance was 85.5% in October, compared to 86.4% in September, a slight drop. PHT performance remains below the target level of 90% for this Accelerating Stroke Progress indicator.
- Trust performance for urgent CT access within 1 hour was 51.8% in October, a drop on the 53.3% achieved in September. 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 improved to 92.3% in October, compared to 90.7% in September.
- High risk TIA patients being seen and treated within 24-hours of first contact with a health professional dropped marginally to 63.6% in October, compared with 64.7% in September, the Trust staying in line with the required standard of 60% for this 'Vital Sign' indicator.
- In October, Portsmouth Hospitals also continues to meet the Accelerating Stroke Progress markers for:

(a) Patients with atrial fibrillation ant coagulated on discharge (75.0%, Target 60%)

(b) Stroke patients supported by a skilled early supported discharge team (43.1%, Target 40%)



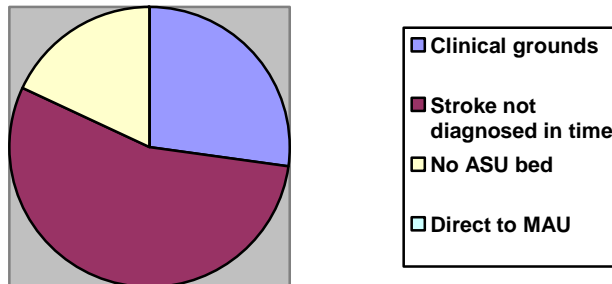
Action

- **Direct admission to the Stroke Unit**

The Physicians Advisory Group (PAG) continue to discuss options regarding the most efficient use of 'On Call 3' registrar rota. The stroke co-ordination team is being extended to cover two shifts per day, 7 days per week.

Breach tracking continues for all stroke attendances to support patients being navigated through their pathway. In October, 11 direct admission breaches were identified and categorised as below:

Direct Admission Breach Reason Report



- **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.

A stroke pathways manager has been appointed by refining the CSRT leader role. Sarah Easton is working closely with the team to maximise efficiencies.

- **High risk TIA patients**

A full review of TIA clinic demand and capacity is continuing 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.

The need for a medical stroke review clinic has been raised with the PCT. The average length of stay on the Hyper Acute Stroke Unit is 4.5 days necessitating follow up of those patients discharged quickly to discuss investigation results etc. TIA slots are being used for this purpose giving rise to additional pressure

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

There were Three breaches of door to balloon time. Two patients attended via ED and presented with non-cardiac pain. Both patients were transferred to the lab very quickly once the diagnosis was picked up. A 3rd patient presented with multiple delays including long ambulance time due to stabilisation of pt at scene, arrived in ED despite STEMI noted by crew (escalated to SCAS) and clinically complex case.

There were five breaches of the Call to Balloon time. These breaches included three of the above and two further patients who had long journey times from IoW. Both patients achieved Door to Balloon times within the agreed standard.

Action

Door to Balloon time - ED delays:

- New process for self presenters implemented in ED which has been successful to date (to speed up identification of pt and first ECG)
- Purchase ECG machines for ED (charitable funds)

Call to Balloon times

- Escalation process in place with IOW, now enacted
- Meeting arranged with IOW ambulance service and IOW SMH ED team

4.6 Cancer Standards

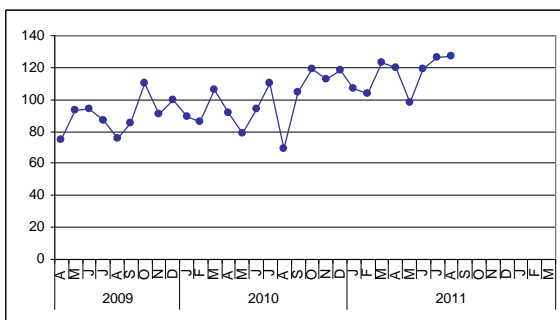
The Risks

- Subsequent surgery below 94% standard

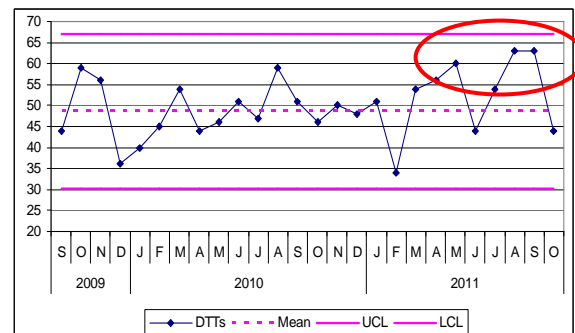
Current Position

The subsequent surgery rate deteriorated in October, achieving 90.3%. There has been a rise cancer demand for urological cancers, both in initial 2-week wait referrals and subsequent decisions to treat. This has had particular impact for major laparoscopic surgery above available capacity, resulting in the breaches:

2-week wait referrals per month, for suspected urological cancers



Decisions to treat, first and subsequent surgery, urology cancers



Action

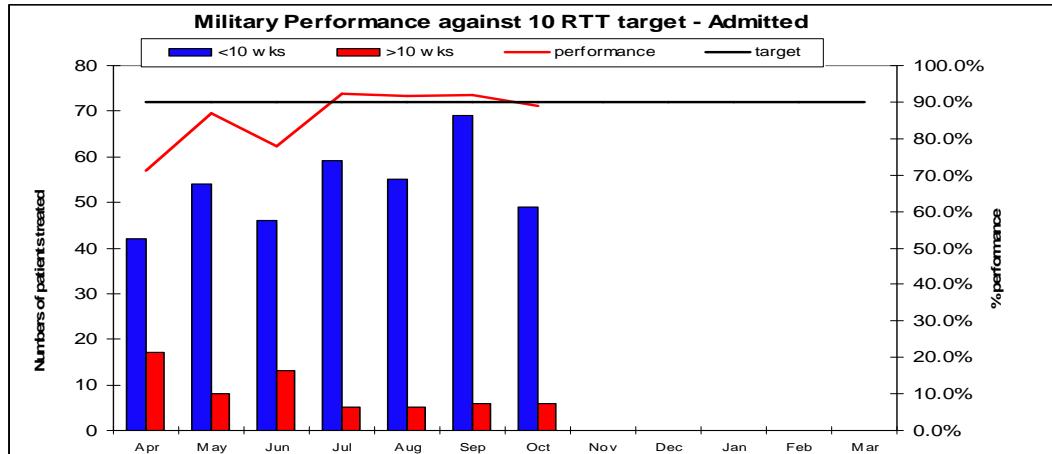
Additional operating has been planned to cover the additional demand, performance will be recovered in December.

4.7 Military Performance

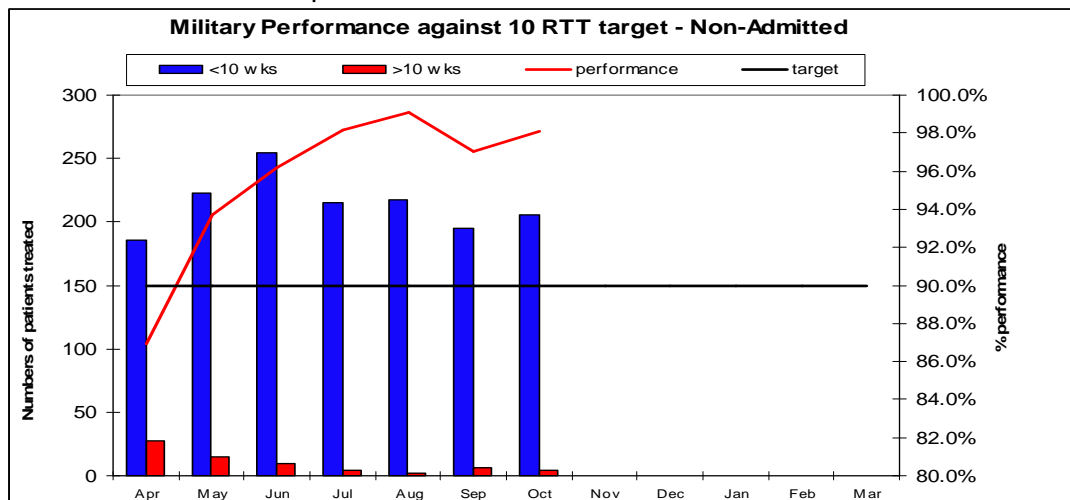
The Risk: that the Trust will not achieve the target of 90% of military patients seen within a 10 week RTT.

Current Position: Performance against the 10 week referral to treatment (RTT) military target for admitted patients in Oct was 89.1%. Performance for non-admitted patients was 98.1%.

Overall Trust performance for admitted patients is shown below:



Performance for non-admitted patients is shown below:



Action: There were 6 military patients who breached the 10 week admitted target. Of these, 4 were in specialties which also have >18 week NHS backlogs (T&O and Oral Surgery). The total number of admitted military patients for October was the lowest figure for 2011/12 at 55. The T&O breaches were primarily due to long outpatient waits and the specialty outpatient booking team are reviewing outpatient capacity. Additional capacity will be made available to achieve standard for December.

5. RECOMMENDATION

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