Portsmouth Hospitals NHS
NHS Trust

TRUST BOARD PART I – OCTOBER 2011

Agenda Item Number: 161/11
Enclosure Number: (2)

Subject	Operational Performance Report for August
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 August 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 *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 standard achieved o A&E Timeliness standard achieved • Referral to Treatment thresholds backlog reducing • Cancer standards achieved • Stroke under performance for direct admission to stroke unit. Other stroke standards achieved
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 August.
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 EXECUTIVE CONTRACT REVIEW MEETING

THURSDAY 6 OCTOBER 2011

PERFORMANCE REPORT

1. INTRODUCTION

This report updates the Trust Board on the performance against key targets as at the end of August. 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 1.5: Amber-Green for August.

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	Jul	Aug	Quarter 2
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	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	**1**
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	0	0	0
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**	**2.5**	**1.5**	**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 5 performance (as it would apply for Foundation Trust against Monitor's Compliance Framework) is Amber-Green. This represents limited concerns surrounding authorisation. Service performance rating improved in August to 1.5 (2.5 for quarter 2 to date).

3. CONTRACTUAL AND TRUST KEY PERFORMANCE INDICATORS

Key Targets Dashboard		2011/12 National Targets	Monitoring Period	Quarter 1	Jul-11	Aug-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%	97.1%	97.1%	↔	97.5%		
A&E Patient Impact *	Unplanned re-attendance rate <7days	<5%		6.2%	5.7%	6.5%	5.8%	↓	6.1%		
	Left without being seen	<= 5%		1.7%	1.7%	2.1%	1.9%	↓	1.8%		
A&E Timeliness*	Total time in A&E (95th percentile)	<4hrs		3hr 59	3hr 59	3hr 59	3hr 59	↔	3hr 58		
	Arrival to Assessment (95th percentile)	<15 mins		0hr 25	0hr 30	0hr 30	0hr 30	↔	0hr 26		
	Median time arrival to treatment	<60 mins		0hr 56	0hr 56	0hr 55	0hr 55	↔	0hr 58		
	Single longest wait arrival to treatment	Improve		6hr 42	6hr 00	5hr 50	6hr 00	↑	6hr 42		
RTT	% Admitted	90%	monthly	73.7%	69.7%	65.4%	67.6%	↓	71.1%		
	% Non-Admitted	95%		95.9%	95.4%	95.1%	95.2%	↓	95.6%		
	Data Completeness - Admitted	80-120%		92.2%	86.1%	84.9%	85.5%	↓	86.9%		
	Data Completeness - Non-Admitted	80-120%		96.4%	104.4%	106.6%	105.5%	↑	100.9%		
	Median wait for Admitted	11.1 weeks		12.7	13.9	14.3	14.1	↓	0.7		
	Median wait for Non-Admitted	6.6 weeks		4.3	4.2	4.2	4.2	↔	4.4		
	Median wait for Incomplete	7.2 weeks		6.4	7.1	8.0	8.0	↓	8.0		
	95th percentile for Admitted	23 weeks		29.4	28.8	29.1	29.0	↓	29.2		
	95th percentile for Non-Admitted	18.3 weeks		16.8	17.7	18.1	18.0	↓	17.6		
	95th percentile for Incomplete	28 weeks		21.9	23.4	24.4	24.4	↓	24.4		
	Admitted backlog improvement trajectory	1,433 (Aug)		1571	1451	1375	1375	↑	1375		
	18-week NON-ADMITTED backlog (monthly)	2292		1148	1192	1346	1346	↓	1346		
	18-week ADMITTED backlog (monthly)	308		1600	1503	1433	1433	↑	1433		
Diagnostic Waits	Diagnostic waits	95% <6 wks	monthly	96.3%	98.4%	97.8%	98.1%	↓	97.1%		
	Diagnostic waits (StHA)	<100		467	77	95	172	↓	544		
	Diagnostic improvement trajectory	86 (Aug)		91	77	95	95	↓	95		
Military 10 wk RTT	% Admitted < 10 wks	90%	month	78.9%	92.2%	91.7%	91.9%	↑	84.2%		
	% Non-Admitted < 10 wks	90%		92.6%	98.2%	99.1%	98.6%	↑	94.9%		
Cancer	All 2-week wait referrals	93%	Monthly and Quarterly	96.4%	98.1%	98.2%	98.1%	↑	97.1%		
	Breast symptomatic 2-week wait referrals	93%		93.3%	98.9%	99.0%	98.9%	↑	95.5%		
	31-day diagnosis to treatment	96%		98.1%	97.3%	96.4%	96.8%	↓	97.6%		
	31-day subsequent cancers to treatment	94%		96.6%	95.3%	95.5%	95.4%	↑	96.1%		
	31-day subsequent anti-cancer drugs	98%		100.0%	100.0%	100.0%	100.0%	↔	100.0%		
	31-day subsequent radiotherapy	94%		95.6%	97.0%	94.2%	95.8%	↓	95.7%		
	62-day referral to treatment	85%		89.0%	89.6%	91.7%	90.7%	↑	89.8%		
	62-day screening to treatment	90%		87.0%	77.8%	91.7%	84.9%	↑	85.9%		
	62-day consultant upgrade to treatment	86%		92.7%	89.2%	100.0%	93.3%	↑	92.9%		
Stroke Care	90% of stay on a stroke unit	80%	Quarterly	76.8%	89.0%	87.0%	87.2%	↓	81.2%		
	Admission directly to a stroke unit	90%		71.6%	84.1%	80.5%	81.7%	↓	75.6%		
	% of high risk TIA seen and treated within 24hrs	60%		68.3%	53.7%	62.8%	57.9%	↑	64.4%		
	CT scan within 24 hrs of arrival at hospital	95%		88.0%	96.2%	97.2%	96.7%	↑	92.1%		
	Urgent CT within 60 minutes of arrival	50%		39.0%	50.6%	53.3%	51.9%	↑	43.9%		
	Patients supported by stroke skilled EDT	40%		40.7%	42.0%	41.3%	41.8%	↓	41.1%		
NSF Coronary Heart Disease	PPCI within 150 mins of call	95%	Monthly	85.1%	100.0%	95.2%	96.9%	↓	90.0%		
	PPCI within 90 mins of arrival (door to balloon)	95%		84.1%	80.8%	87.1%	81.3%	↑	84.2%		
	Re-vascularisation within 3 months	100%		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%		
GUM	GUM access within 48 hrs	95%	mt	100.0%	100.0%	100.0%	100.0%	↔	100.0%		
Flow	Delayed transfers of care	3.5%	Monthly	1.4%	1.2%	1.2%	1.2%	↔	1.4%		
	Cancelled ops same day total against FCEs %	0.8%		0.7%	0.4%	0.6%	0.4%	↓	0.6%		
	Cancelled operations - 28-day guarantee	5%		0.0%	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 deteriorated in August, achieving 6.5% compared with 6.2% for quarter 1 and remains below the 5% standard.

- **Arrival to assessment**

Performance against the arrival to assessment standard in August was 30 minutes which reamed unchanged from the July position.

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. Following this a set of actions were being implemented to correct the recording of Gosport transfers to QAH.

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.

- **Arrival to assessment**

A one day pilot of a new emergency pathway was undertaken in 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.

A re-run of the pilot was undertaken over a five-day period in September to take account of some of the learning from the one-day pilot. The results of this 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 we experienced higher numbers of admissions and proportionally lower numbers of discharges. The findings of the 5-day pilot are now being reviewed.

4.2 Referral to Treatment

The Risks

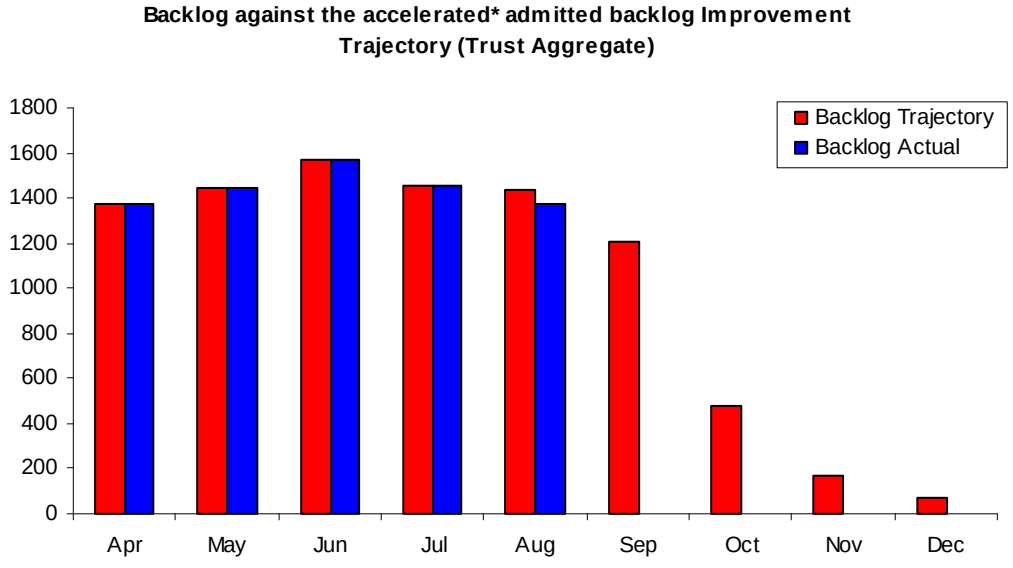
- 95th percentile for admitted patients > 23 weeks
- 18-week admitted backlog >308
- Backlog improvement plan > than trajectory

Current Position

- 95th percentile for admitted patients is 29.1 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 1433 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 1375 against an improvement trajectory of 1433 for August

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.

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 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.



Action

- Routine patients are being booked in turn
- The PCTs introduction of 'red flags' for dealing with Orthopaedic referrals commenced in July.
- PCTs are contacting patients and offering choice of treatment with the ISTC

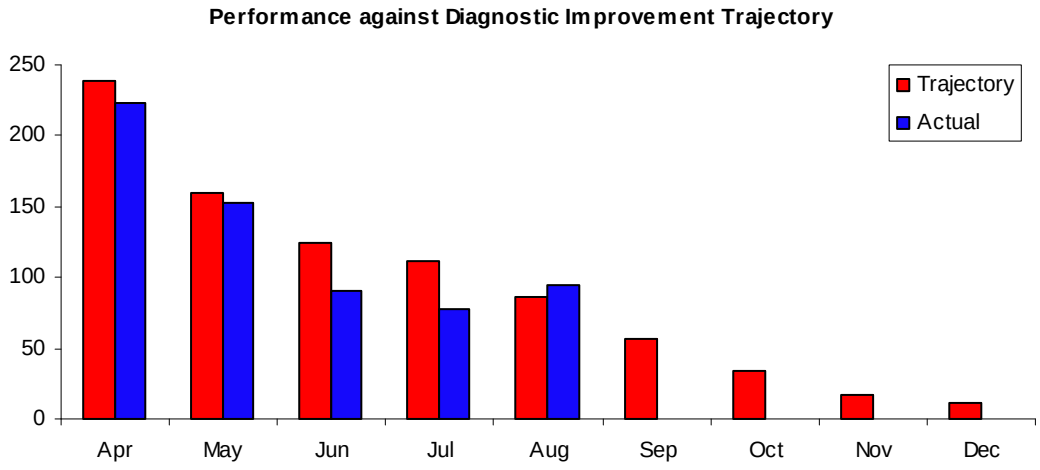
4.3 Diagnostic Waits

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 95 >6 week waits in August. This represents a decrease in the July reported figure of 77 and the diagnostic improvement trajectory of 86.



Action

The August position is above trajectory which reflects an increase in colonoscopy referrals 6-8 weeks ago. The 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. Early indications suggest the position is now improving as predicted.

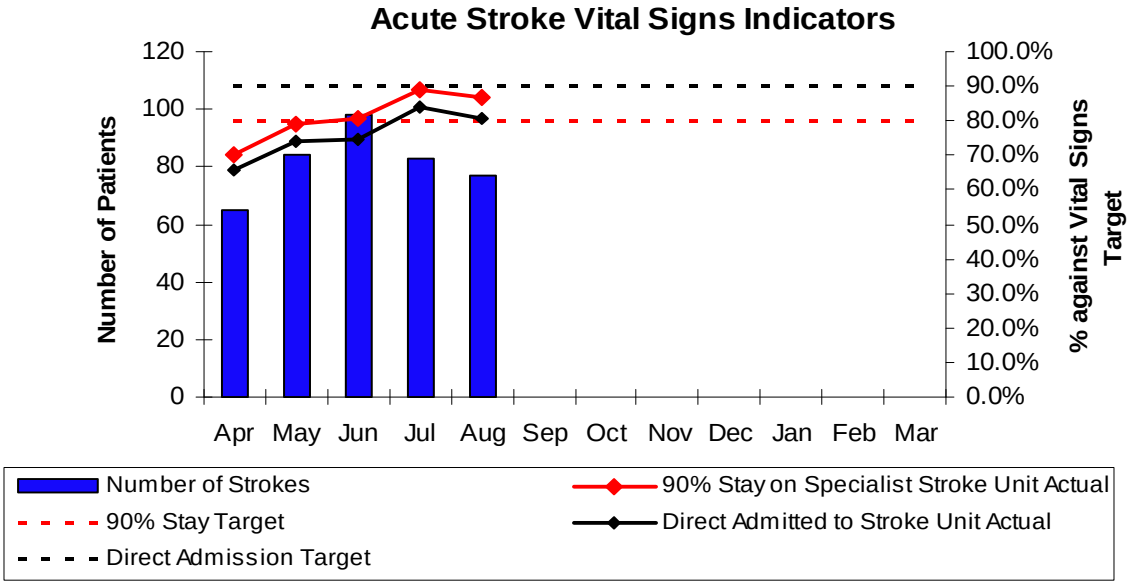
4.4 Stroke Care

The Risks

- Direct admission to stroke unit <90%

Current Position

- Performance for 90% stay on a Stroke Unit fell marginally to 87% in August, compared to 89% in July and 76.8% at the end of quarter 1. The Trust is now routinely achieving the required standard of 80% for this 'Vital Sign' indicator.
- Direct admission performance fell marginally to 80.5% in August, compared to 84.1% in July and 71.6% at the end of 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 improved again to 53.3% in August compared to 50.6% in July and 39% at the end of 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 improved again to 97.2% in August, compared to 96.2% in July and 88% at the end of quarter 1. This indicator is now exceeding the 95% target level set out in PHT's contract, but below the 100% target for this Accelerating Stroke Progress indicator at national level.
- High risk TIA patients being seen and treated within 24-hours of first contact with a health professional has recovered to 63% in August, compared with 53.7% in July, bringing the Trust back in line with the required standard of 60% for this 'Vital Sign' indicator.
- In August, Portsmouth Hospitals also continues to meet the Accelerating Stroke Progress markers for 1) patients with atrial fibrillation anti-coagulated on discharge (66.7%); and stroke patients supported by a skilled early supported discharge team (41%)



Action

- **Direct admission to the Stroke Unit**

The specialist nurse team is being restructured to provide extended presence of stroke co-ordination.

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 August, 13 of the 15 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:

4.5 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 has marginally increased to 84% cumulatively with August performance at 87% against a standard of 95%.
There were 4 breaches against the standard in August. One patient was clinically complex and three patients were admitted to ED. One of these had self presented the other two were brought by Ambulance, one of which was an appropriate admission to ED at that present time, the other brought by an Agency Ambulance crew. This case has been brought to the attention of SCAS for further investigation.

Action

The Ambulance Trust (SCAS) are notified of all pathway breaches to ensure that ambulance crews are appropriately trained in the clinical pathway.
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 August 2011