

TRUST BOARD PART I – FEBRUARY 2012

Agenda Item Number: 21/12  
Enclosure Number: (2)

<p><b>Subject</b></p>	<p>Operational Performance Report for December</p>
<p><b>Prepared by:</b> <b>Sponsored by:</b> <b>Presented by:</b></p>	<p>Cherry West, Chief Operating Officer Cherry West, Chief Operating Officer Cherry West, Chief Operating Officer</p>
<p><b>Purpose of paper</b> <i>Why is this paper going to the Trust Board?</i></p>	<ul style="list-style-type: none"> <li>• This report sets out the operational performance of the Trust up to 31<sup>st</sup> December 2011 and for quarter 3.</li> <li>• The report identifies risks in relation to the Monitor governance requirements (shadow monitoring), and key national targets for 2011/12.</li> </ul>
<p><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>	<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 achieved</li> </ul> </li> <li>• Referral to Treatment thresholds backlog reducing</li> <li>• Military Referral to Treatment improved</li> <li>• Diagnostic improvement trajectory achieved</li> <li>• Cancer standards achieved</li> <li>• Stroke performance standards achieved</li> <li>• PPCI performance below standard</li> </ul>
<p><b>Options and decisions required</b> <i>Clearly identify options that are to be considered and any decisions required</i></p>	<p><b>Key Recommendation</b></p> <ul style="list-style-type: none"> <li>• The Board is asked to note the operational performance at the end of December.</li> </ul>
<p><b>Next steps / future actions:</b> <i>Clearly identify what will follow the Trust Board's discussion</i></p>	<ul style="list-style-type: none"> <li>• On-going management of all operational standards</li> </ul>
<p><b>Consideration of legal issues (including Equality Impact Assessment)?</b></p>	<p>N/A</p>
<p><b>Consideration of Public and Patient Involvement and Communications Implications?</b></p>	<p>N/A</p>

# PORTSMOUTH HOSPITALS NHS TRUST

## REPORT TO THE TRUST BOARD

**2 FEBRUARY 2012**

### PERFORMANCE REPORT

#### 1. INTRODUCTION

This report updates the Trust Board on the performance against key targets as at the end of December. 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 2.5: Amber-red for December and 4.0: red for quarter 3.

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	Dec	Quarter 3
Safety	Clostridium difficile - standard	0	1.0	Quarterly	1	0	0	0
Safety	MRSA - standard	0	1.0	Quarterly	0	0	0	1
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	0.5
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	2.5	4
-----	-----	-----	---

<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. 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 9 performance (as it would apply for Foundation Trust against Monitor's Compliance Framework) is weighted 2.5: Amber-red. This represents material concerns surrounding authorisation. For quarter 3, performance is weighted as 4.0: Red. This represents potentially in significant breach resulting from a third successive quarter failure against a 1.0 weighted governance indicator, relating to the referral to treatment indicator.

### 3. CONTRACTUAL AND TRUST KEY PERFORMANCE INDICATORS

Key Targets Dashboard		2011/12 National Targets	Monitoring Period	Quarter 1	Quarter 2	Oct-11	Nov-11	Dec-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%	96.3%	96.4%	97.7%	95.0%	96.4%	↓	96.8%		
	Unplanned re-attendance rate <7days	<5%		5.6%	5.5%	5.7%	4.8%	4.5%	5.0%	↑	5.5%		
	Left without being seen	<= 5%		1.7%	1.7%	1.8%	1.6%	1.5%	1.6%	↔	1.7%		
	Total time in A&E (95th percentile)	<4hrs		3hr 57	3hr 59	3hr 59	3hr 58	4hr 00	4hr 00	↓	3hr 59		
	Arrival to Assessment (95th percentile)	<15 mins		0hr 25	0hr 30	0hr 25	0hr 26	0hr 25	0hr 25	↔	0hr 27		
A&E Timeliness*	Median time arrival to treatment	<60 mins	monthly	0hr 52	0hr 51	0hr 48	0hr 44	0hr 45	0hr 45	↑	0hr 50		
	Single longest wait arrival to treatment	Improve		6hr 42	6hr 12	6hr 37	5hr 02	7hr 10	7hr 10	↓	7hr 10		
	% Admitted	90%		73.5%	68.3%	68.7%	67.2%	77.9%	70.8%	↑	70.9%		
	% Non-Admitted	95%		95.9%	95.0%	92.5%	90.4%	91.7%	91.5%	↓	94.1%		
	Data Completeness - Admitted	80-120%		92.2%	85.6%	87.8%	86.7%	85.4%	86.7%	↔	86.7%		
RTT	Data Completeness - Non-Admitted	80-120%	monthly	96.4%	106.6%	108.8%	121.7%	110%	113.6%	↔	106%		
	Median wait for Admitted	11.1 weeks		12.7	14.1	13.7	14.6	11.5	13.0	↑	13.4		
	Median wait for Non-Admitted	6.6 weeks		4.3	4.4	4.0	4.6	4.0	4.2	↑	4.3		
	Median wait for Incomplete	7.2 weeks		6.4	7.8	7.1	6.9	7.3	7.3	↓	7.3		
	95th percentile for Admitted	23 weeks		29.4	28.9	28.9	28.4	27.0	28.4	↑	28.9		
	95th percentile for Non-Admitted	18.3 weeks		16.8	18.0	20.1	21.2	21.5	21.0	↓	19.2		
	95th percentile for Incomplete	28 weeks		21.9	22.4	22.3	22.5	22.6	22.6	↓	22.6		
	Admitted backlog improvement trajectory	308 (Nov)		1571	1281	1039	533	545	545	↓	545		
	18-week NON-ADMITTED backlog (monthly)	2292		1148	1212	1567	1496	1822	1496	↓	1496		
	18-week ADMITTED backlog (monthly)	308		1600	1274	1091	576	545	545	↑	545		
	Incomplete Patients waiting > 52 wks	0		-	-	0	2	2	-	↔	-		
	Diagnostic Waits	Diagnostic waits		95% <6 wks	monthly	96.3%	98.5%	99.5%	99.9%	99.8%	99.8%	↔	98.2%
Diagnostic waits (STHA)		<100	467	202		22	3	11	25	↓	486		
Diagnostic improvement trajectory		11 (Dec)	91	30		22	3	11	25	↓	122		
Military 10 wk RTT	% Admitted < 10 wks	90%	month	78.9%	92.0%	90.7%	85.7%	86.5%	87.9%	↑	86.3%		
	% Non-Admitted < 10 wks	90%		92.6%	98.1%	98.1%	97.0%	98.0%	97.6%	↑	95.9%		
Cancer	All 2-week wait referrals	93%	Monthly and Quarterly	96.4%	98.3%	98.7%	97.4%	95.6%	98.3%	↑	97.7%		
	Breast symptomatic 2-week wait referrals	93%		93.3%	99.3%	100%	99.5%	98.9%	99.5%	↑	97.3%		
	31-day diagnosis to treatment	96%		98.1%	97.2%	96.9%	96.8%	96.0%	96.3%	↓	97.2%		
	31-day subsequent cancers to treatment	94%		96.6%	94.9%	91.5%	85.4%	95.6%	90.5%	↑	93.8%		
	31-day subsequent anti-cancer drugs	98%		100%	100%	100%	100%	100%	100%	↔	100%		
	31-day subsequent radiotherapy	94%		95.6%	95.8%	99.3%	96.9%	100%	98.6%	↑	96.6%		
	62-day referral to treatment	85%		89.0%	90.4%	85.1%	85.0%	97.1%	85.8%	↑	88.6%		
	62-day screening to treatment	90%		87.0%	89.0%	90.5%	90.0%	90.0%	90.3%	↔	88.9%		
Stroke Care	62-day consultant upgrade to treatment	86%	Quarterly	92.7%	92.3%	92.6%	90.0%	86.7%	90.3%	↓	92.0%		
	90% of stay on a stroke unit	80%		76.8%	88.1%	88.5%	80.8%	90.3%	85.7%	↑	83.6%		
	Admission directly to a stroke unit	90%		71.6%	83.2%	85.9%	82.1%	93.1%	87.1%	↑	80.4%		
	% of high risk TIA seen and treated within 24-hours of first contact with health professional	60%		68.3%	60.0%	60.0%	61.1%	65.6%	63.3%	↑	64.1%		
	CT scan within 24 hrs of arrival at hospital	95%		88.0%	96.0%	95.1%	96.1%	95.8%	96.1%	↔	93.2%		
NSF Coronary Heart Disease	Urgent CT within 60 minutes of arrival	50%	Monthly	39.0%	53.3%	51.9%	53.8%	52.1%	96.1%	↔	47.7%		
	Patients supported by stroke skilled early discharge team	40%		40.7%	41.7%	44.3%	59.7%	64.8%	55.7%	↑	45.7%		
	PPCI within 150 mins of call	95%		85.1%	94.1%	80.0%	92.9%	85.7%	86%	↓	88.7%		
	PPCI within 90 mins of arrival (door to balloon)	95%		84.1%	83.5%	81.3%	88.9%	88.2%	86%	↓	79.5%		
GUM	Re-vascularisation within 3 months	100%	mtf	100%	100%	100%	100%	100%	100%	↔	100%		
	Rapid Access Chest pain clinic within 2 wks	98%		100%	100%	100%	100%	100%	100%	↔	100%		
Flow	GUM access within 48 hrs	95%	Monthly	100%	100%	100%	100%	100%	100%	↔	100%		
	Delayed transfers of care	3.5%		1.7%	1.2%	1.2%	1.1%	1.1%	1.1%	↔	1.2%		
	Cancelled operations - same day total against FCEs %	0.8%		0.7%	0.7%	0.5%	0.8%	0.6%	0.6%	↔	0.7%		
	Cancelled operations - 28-day guarantee	5%		0.0%	1.1%	0.0%	0.0%	0.0%	0.0%	↔	0.7%		

\*Gateway Reference 16204. From July 2011, organisations will be regarded as achieving the required minimum level of performance where they have achieved thresholds for at least one indicator in each of the two groups.\*

↑	Performance improving
↓	Performance worsening
↔	Performance the same

Green	No concerns. Target achievable
Red	Significant risk to achieving the target

\* Provision performance for December pending further validation of 4 hour breaches

#### 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.

##### 4.5 Emergency Department Quality Standards

###### The Risks

- Arrival to assessment > 15 minutes

###### Current Position

- Arrival to assessment

Reported performance against the arrival to assessment standard remained unchanged in December (25 minutes against a standard of 15 minutes). Consultants continue to triage patients upon arrival. A review of the data has not been successful in providing a clinical explanation as to why we have not been able to improve on performance

###### Action

- External information services support is being sourced to analyse our data capture and reporting arrangements.

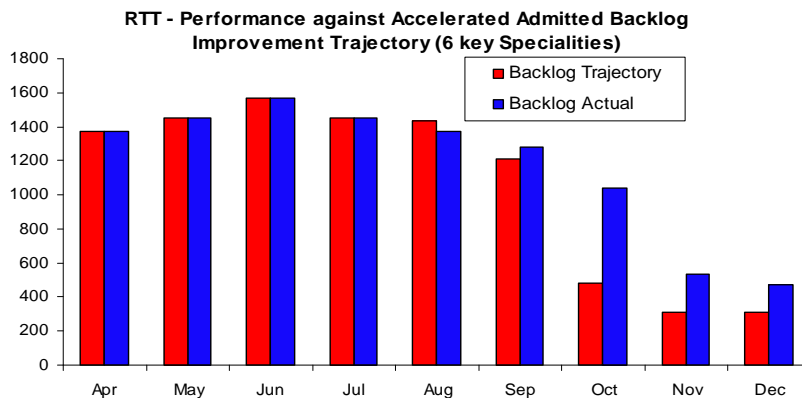
##### 4.6 Referral to Treatment

###### The Risks

- 95<sup>th</sup> percentile for admitted patients > 23 weeks
- 90% of admitted patients starting treatment within 18-weeks
- 95<sup>th</sup> percentile for non-admitted patients > 18.3 weeks
- 95% of non-admitted patients starting treatment within 18-weeks
- 18-week admitted backlog >308
- Patients waiting >52-weeks

###### Current Position

- Admitted
  - 95<sup>th</sup> percentile for admitted patients was 27 weeks against a target of 23 weeks
  - The 18-week admitted backlog was 545 against a target of less than 308
  - 77.9% of patients on an admitted pathway started their treatment within 18-weeks against the target of 90%



The Trust has made good progress in reducing the admitted backlog size toward 308. As the backlog reduces booking of patients against the 90% standard has improved, and is on track to achieve this standard for the week commencing 30<sup>th</sup> January

- **Non-admitted**

The 95<sup>th</sup> percentile for non-admitted patients was 21.5 against a standard of 18.3 weeks  
95<sup>th</sup> percentile for non-admitted patients was 91.7% against a standard of 95%.

- **52-week waits**

There were two patients who were reported as 52-week waits at the end of December. Both in T&O. One patient failed to attend their appointment and then subsequently advised they did not wish to be treated. The other patient was also removed from the waiting list before having treatment (but after they had breached 52 weeks)

**Action**

- **Admitted**

The longest waiting patients are being booked in turn during January. By the end of January the backlog will have reduced, with booking to achieve 90% at trust aggregate level. Work continues at specialty level to support the delivery of 90% standard, and maintaining a sustainable backlog size

- **Non-admitted**

Additional activity is being undertaken in January and February in those specialties that have the longest waits which include T&O, ENT and Ophthalmology. When these specialties have reduced their out-patient wait times and have established capacity to balance their demand then the 95% standard and the 95<sup>th</sup> percentile will be achieved. It is anticipated that this will be achieved in March for reporting in April.

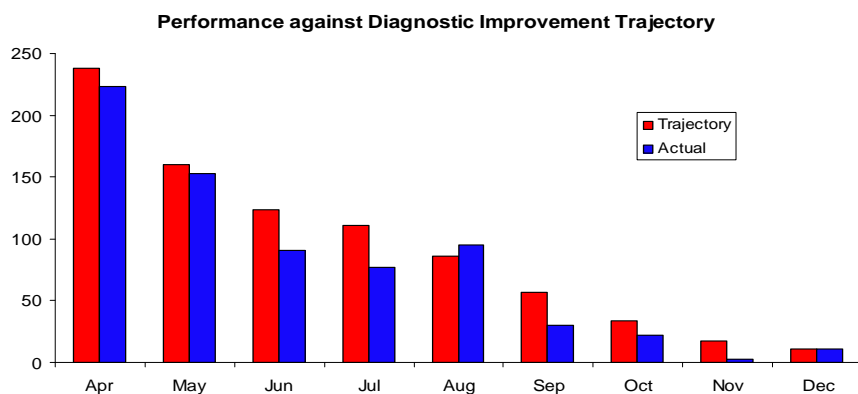
**4.1 Diagnostic Waits**

**The Risks**

- The number of >6 week diagnostic breaches exceed improvement trajectory of 11 for December

**Current Position**

- There were 11 breaches during December, 5 in Clinical Support, 1 in Medicine and 5 in Surgery. Of the 11 breaches 3 were as a result of late receipt of referrals, 1 as a result of consultant sickness and 7 due to capacity (a real challenge with some subspecialties as demand has increased).



**Action**

- Teams to continue to monitor referrals and ensure adequate capacity

**4.3 Military Performance****The Risk**

- 90% of military patients not admitted within 10 weeks for their treatment.

**Current Position**

- Performance against the 10 week referral to treatment standard for military patients on an admitted pathway was 86.5% in December. This is short of the 90% standard, but represents a slight improvement on the November position

**Action**

- There were 5 military patients who breached the 10 week admitted target all of which were in specialties which also have >18 week NHS backlogs with breaches occurring in T&O and 1 in ENT. The total number of admitted military patients for December was the lowest figure for 2011/12 at 37 (October was 55). The T&O breaches were primarily due to long outpatient. Actions taken forward include (ongoing from previous Board Report):
  - Focused work to support T&O with capacity requirements
  - Weekly review of patient targeted list (PTL meeting)
  - Trust-wide focus on Treatment and Host contract as PHT looks toward planning for post contract 2013

## 4.2 Stroke Care

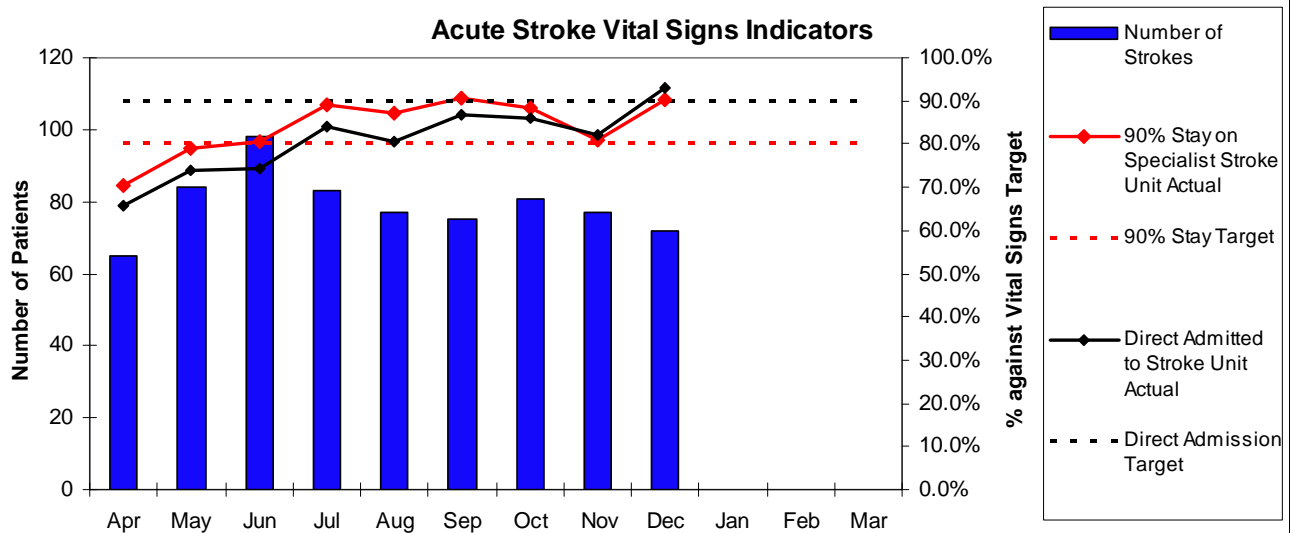
### The Risks

- Direct admission to stroke unit <90%
- 80% of patients receiving 90% of their stay on the acute stroke unit (ASU).

### Current Position

- Direct admission performance increased by 11% in December with 93% of patients achieving direct admission to the acute stroke unit.

This achievement and sustained improvement from last months position puts PHT in a strengthening position for expansion. The stroke expansion business case which is being prepared for submission to the Trust Planning Committee (TPC) in early February is based on the potential acquisition of acute stroke work from the Chichester and Midhurst areas. In planning this case, full consideration is being given to the impact on maintenance of current performance against key stroke performance markers.



- 90% stay on ASU increased by 9% and this is the 7<sup>th</sup> consecutive month of achieving target.
- Accelerating Stroke Progress markers have also recorded excellent improvement.
  - Patients with Atrial Fibrillation anticoagulated on discharge: target 60%, achieved 87%
  - Patients supported by stroke skilled early supported discharge: target 40%, achieved 65%
  - High risk TIA patients treated within 24 hours: target 60%, achieved 66%

### Action

- Embedding of new appointments within stroke co-ordination team
- Progressing Improved ways of working with ED teams

## 4.4 NSF Coronary Heart Disease

### The Risks

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

### Current Position

- Call to Balloon (150 min national target) breaches total 5.
  - Three transfers in from West Sussex – Two were transported via Ambulance to SRH prior to admission to the Lab at QAH for pPCI. The third self presented at SRH and transferred

to the Lab.

- One Ambulance/ED delay – Prolonged time pre-hospital (82 minutes between call and door arrival).
- One Complex Patient – French national, had chest pain while on French Ferry overnight. Coastguard helicopter utilised to retrieve patient and timing meant could not land on QAH Helipad. Equivocal ECG meant patient was taken to ED as opposed to the Lab, where ST elevation progressed while in ED.
- Door to Balloon (90 minute target) breaches total 2.
  - Two ED delays - one self presenter - Diagnostic uncertainty exhibited by ED staff, and therefore serial ECG's. In retrospect, first ECG was diagnostic.
  - Second patient, delay in transfer out of ED.

### **Action**

Transfer in:

- Escalation process commenced with SECAMB to highlight patients not brought in direct/ delay for transfer out from SRH if self presenters. A further meeting to be arranged with SECAMB.
- Dr Ali Dana has set up a training day for ambulance staff in January.

ED delays:

- Dr Ali Dana to commence formal ECG teaching sessions to all Medical Staff in ED
- New criteria being developed which supports a lower threshold for ED staff to seek cardiology guidance
- New message to be delivered to all staff with regard to earlier detection of ST elevation

South Central Ambulance Service:

- SCAS to redistribute posters indicating pathway to all Ambulance Stations across the area
- SCAS to discuss with 'Ortivus' (Mobimed supplier) the speed of the system and improving ease of use

## **5. RECOMMENDATION**

The Board is asked to note the report and the risks and actions for the period ending 31<sup>st</sup> December 2011.