Portsmouth Hospitals NHS
NHS Trust

TRUST BOARD PART I – MARCH 2012

Agenda Item Number: 36/12
Enclosure Number: (2)

Subject	Operational Performance Report for February
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 29th February 2012. • 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 not achieved
	• Referral to Treatment admitted threshold achieved
	• Military Referral to Treatment improved
	• Diagnostic performance achieved
	• Cancer standards achieved
	• Stroke performance achieved
	• PPCI performance below standard

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 February.
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

29 MARCH 2012

PERFORMANCE REPORT

1. INTRODUCTION

This report updates the Trust Board on the performance against key targets as at the end of February. 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 2.5 Amber-red for February.

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	Quarter 3	Jan Actual	Feb Actual	Quarter 4
Safety	Clostridium difficile - standard	0	1.0	Quarterly	**1**	0	0	0	0	0
Safely	MRSA - standard	0	1.0	Quarterly	0	0	**1**	**1**	**1**	**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	**0.5**	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	0	0
Patient Experience	Referral to treatment waiting times - admitted (95th percentile)	23 wks	1.0	Quarterly	**1**	**1**	**1**	1	0	**1**
Patient Experience	Referral to treatment waiting times - non-admitted (95th percentile)	18.3 wks	1.0	Quarterly	0	**1**	**1**	1	**1**	**1**
Quality	All cancers: 31-day wait from diagnosis to first treatment	96%	0.5	Quarterly	0	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	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**	**1**
Quality	Stroke Indicator	TBC	0.5	Quarterly						
Quality	Minimising delayed transfers of care	<=7.5%	1.0	Quarterly	0	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	0
	Service Performance Rating :				**3.5**	**3.5**	**4**	**4**	**2.5**	**4**

[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 11 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 but remains an improvement on the previous month due to the achievement of the referral to treatment standard for admitted 18-week pathway.

3. CONTRACTUAL AND TRUST KEY PERFORMANCE INDICATORS

Key Targets Dashboard		2011/12 National Targets	Monitoring Period	Quarter 1	Quarter 2	Quarter 3	Jan-12	Feb-12	Quarter 4	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%	96.3%	96.4%	91.5%	90.4%	91.0%	↓	95.8%		
A&E Patient Impact *	Unplanned re-attendance rate <7days	<5%		5.6%	5.5%	5.0%	5.1%	5.0%	5.0%	↔	5.4%		
	Left without being seen	<= 5%		1.7%	1.7%	1.6%	1.6%	2.0%	1.8%	↔	1.7%		
A&E Timeliness*	Total time in A&E (95th percentile)	<4hrs		3hr 57	3hr 59	4hr 00	5hr 25	5hr 54	5hr 39	↓	4hr 00		
	Arrival to Assessment (95th percentile)	<15 mins		0hr 25	0hr 30	0hr 25	0hr 25	0hr 27	0hr 26	↔	0hr 27		
	Median time arrival to treatment	<60 mins		0hr 52	0hr 51	0hr 45	0hr 48	0hr 56	0hr 52	↑	0hr 52		
	Single longest wait arrival to treatment	Improve		6hr 42	6hr 12	7hr 10	6hr 29	9hr 45	9hr 45	↓			
RTT	% Admitted	90%	monthly	73.5%	68.3%	70.8%	77.7%	92.7%	84.6%	↑	73.5%		
	% Non-Admitted	95%		95.9%	95.0%	91.5%	90.4%	92.9%	91.5%	↑	93.6%		
	Data Completeness - Admitted	80-120%		92.2%	85.6%	86.7%	94.0%	80.1%	87.0%	↔	86.5%		
	Data Completeness - Non-Admitted	80-120%		96.4%	106.8%	113.6%	106.9%	101.8%	104.5%	↔	10580%		
	Median wait for Admitted	11.1 weeks		12.7	14.1	13.0	12.9	10.9	11.8	↑	13.1		
	Median wait for Non-Admitted	6.6 weeks		4.3	4.4	4.2	5.4	5.2	5.3	↔	4.4		
	Median wait for Incomplete *	7.2 weeks		6.4	7.8	7.3	7.0	0.0	7.0	↓	0.0		
	95th percentile for Admitted	23 weeks		29.4	28.9	28.4	26.5	20.3	25.1	↑	28.4		
	95th percentile for Non-Admitted	18.3 weeks		16.8	18.0	21.0	22.7	19.9	21.6	↑	19.6		
	95th percentile for Incomplete *	28 weeks		21.9	22.4	22.6	22.3	0.0	22.3	↔	0.0		
	Admitted backlog improvement trajectory	308 (Feb)		1571	1281	545	361	562	361	↑	361		
	18-week NON-ADMITTED backlog (monthly) *	2292		1148	1212	1496	1514	0	1514	↓	1514		
	18-week ADMITTED backlog (monthly) *	308		1600	1274	545	361	0	361	↑	361		
	% Incomplete Pathways < 18 wks (monthly) *	92%		-	-	-	90.6%	0.0%	-	↑			
	Incomplete Patients waiting > 52 wks	0		-	-	-	1	1	-	↔	-		
Diagnostic Waits	Diagnostic waits	95% <6 wks	monthly	96.3%	98.5%	99.8%	99.9%	100%	99.9%	↔	98.5%		
	Diagnostic waits (StHA)	<100		467	202	25	6	0	6	↔	711		
	Diagnostic improvement trajectory	0 (Feb)		91	30	25	6	0	6	↑			
Military 10 wk RTT	% Admitted < 10 wks	90%	month	78.9%	92.0%	87.9%	64.6%	64.9%	64.6%	↔	80.7%		
	% Non-Admitted < 10 wks	90%		92.6%	98.1%	97.6%	93.7%	91.9%	94.0%	↓	95.4%		
Cancer	All 2-week wait referrals	93%	Monthly and Quarterly	96.4%	98.3%	98.3%	98.2%	100%	98.7%	↑	97.9%		
	Breast symptomatic 2-week wait referrals	93%		93.3%	99.3%	99.5%	100%	98.7%	99.3%	↓	97.7%		
	31-day diagnosis to treatment	96%		98.1%	97.2%	96.7%	97.4%	98.8%	98.0%	↑	97.5%		
	31-day subsequent cancers to treatment	94%		96.6%	94.9%	91.3%	98.2%	100%	99.0%	↑	94.8%		
	31-day subsequent anti-cancer drugs	98%		100%	100%	100%	100%	98.0%	98.8%	↓	100%		
	31-day subsequent radiotherapy	94%		95.6%	95.8%	98.5%	96.9%	96.7%	96.8%	↔	96.5%		
	62-day referral to treatment	85%		89.0%	90.4%	86.6%	86.6%	85.9%	86.3%	↓	88.4%		
	62-day screening to treatment	90%		87.0%	89.0%	90.4%	90.7%	92.3%	91.3%	↑	89.3%		
	62-day consultant upgrade to treatment	86%		92.7%	92.3%	90.3%	90.0%	89.2%	89.6%	↓	91.5%		
Stroke Care	90% of stay on a stroke unit	80%	Quarterly	76.8%	88.1%	85.7%	85.9%	82.7%	84.2%	↓	83.4%		
	Admission directly to a stroke unit	90%		71.6%	83.2%	87.1%	88.7%	91.4%	90.1%	↑	81.8%		
	% of high risk TIA seen and treated within 24-hours of first contact with health professional	60%		68.3%	60.0%	63.3%	60.6%	53.8%	57.6%	↓	63.1%		
	CT scan within 24 hrs of arrival at hospital	95%		88.0%	96.0%	96.1%	97.0%	96.3%	96.6%	↓	93.8%		
	Urgent CT within 60 minutes of arrival	50%		39.0%	53.3%	96.1%	55.1%	51.9%	53.3%	↓	48.7%		
	Patients supported by stroke skilled early discharge team	40%		40.7%	41.7%	55.7%	54.5%	40.3%	46.5%	↓	45.7%		
NSF Coronary Heart Disease	PPCI within 150 mins of call	95%	Monthly	85.1%	94.1%	86%	75.0%	97.2%	75%	↑	89.1%		
	PPCI within 90 mins of arrival (door to balloon)	95%		84.1%	84.5%	90%	85.2%	90.2%	82%	↔	86.6%		
	Re-vascularisation within 3 months	100%		100%	100%	100%	100%	100%	100%	↔	100%		
	Rapid Access Chest pain clinic within 2 wks	98%		100%	100%	100%	100%	100%	100%	↔	100%		
GUM	GUM access within 48 hrs	95%	mth	100%	100%	100%	100%	0%	100%	↔	100%		
Flow	Delayed transfers of care	3.5%	Monthly	1.7%	1.2%	1.1%	1.1%	1.1%	1.1%	↔	1.1%		
	Cancelled operations - same day total against FCEs %	0.8%		0.7%	0.7%	0.6%	0.8%	0.6%	0.7%	↔	0.7%		
	Cancelled operations - 28-day guarantee	5%		0.0%	2.2%	0.0%	2.4%	0.0%	1.4%	↑	0.9%		

"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

No concerns. Target achievable
Significant risk to achieving the target

* Data unavailable as a due to issues resulting from PAS upgrade

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

- Arrival to assessment >15 minutes
- Total time in ED >4 hours

Current Position

- Arrival to assessment

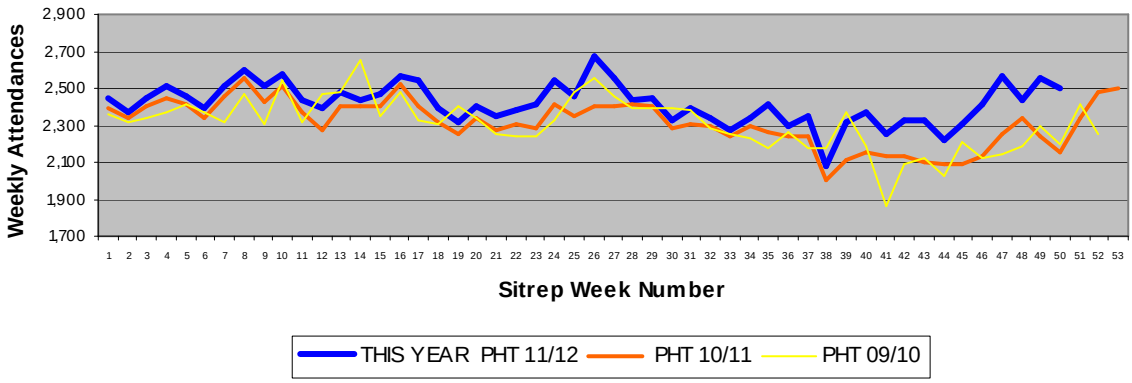
Reported performance against the arrival to assessment standard deteriorated in February (27 minutes against a standard of 15 minutes).

- ED >4 hours

Performance for February was 90.36% against the standard of 95% and below target for the second time this year. Year to date performance is 95.76%.

Two key factors have resulted in higher than expected breaches. Attendances in January and February are 9% up compared with the same period last year and the number of medically stable patients occupying hospital beds has frequently been above 70. These two factors have increased the numbers of 'wait for assessment' breaches and 'wait for a bed' breaches.

ED Attendances (PHT)



Action

- Arrival to assessment

The Chief of Service and the General Manager for Emergency Services have put together an action plan. A component of this includes defining the care pathway and roles & responsibilities of key individuals involved in delivering the care pathway to ensure the ED quality standards are met.

- ED >4 hours

The Chief of Service and the General Manager for Emergency Services have put together an improvement action plan. This plan covers 7 work streams to support capacity, processes and workforce alignment to delivering a care pathway that is designed to achieve all quality metrics.

4.2 Referral to Treatment

The Risks

- Non-admitted performance <95%
- Admitted backlog > 308

Current Position

- Non-admitted performance

The Trust significantly improved on non-admitted performance in February (92.9% compared with 77.7% for January), although remains below the standard of 95% non-admitted patients starting treatment within 18 weeks.

- Admitted backlog > 308

The admitted backlog size increased in February (562 compared with 361 in January). This was a consequence of increased numbers of >18 week wait patients to the waiting list (as specialties worked on reducing their out-patient wait-times) and increased cancellations in February due to emergency pressures; backlog size has been maintained at this level.

Action

- Non-admitted performance

Work continues at specialty level to reduce out-patient wait times by undertaking additional out-patient activity. Specialties plan to achieve 95% in March.

- Admitted backlog > 308

All specialties are achieving 90% admitted standard other than Orthopaedics.
The Waiting List Assurance Group, are currently undertaking modelling to look at how the Trust might reduce backlog in high risk specialties and achieve 90% at Trust aggregate. The Trust would then seek support from the Commissioners to non-achievement of 90% in specialties like Orthopaedics for two months whilst these specialties continue to reduce their backlog.

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 64.9%. This is short of the 90% standard, with breach areas including T&O (28 patients), but other surgical specialties (6 patients)

Action

- Actions taken forward include (ongoing from previous Board Report):
  - Focused work to support T&O with capacity requirements – complete and backlog MOD patients now being cleared
  - Focused work and backlog plan to be undertaken within Surgery
  - Weekly review of patient targeted list (PTL meeting) – underway
  - CSC have been requested to ensure patients have agreed dates by 31 March

4.4 Stroke Care

The Risks

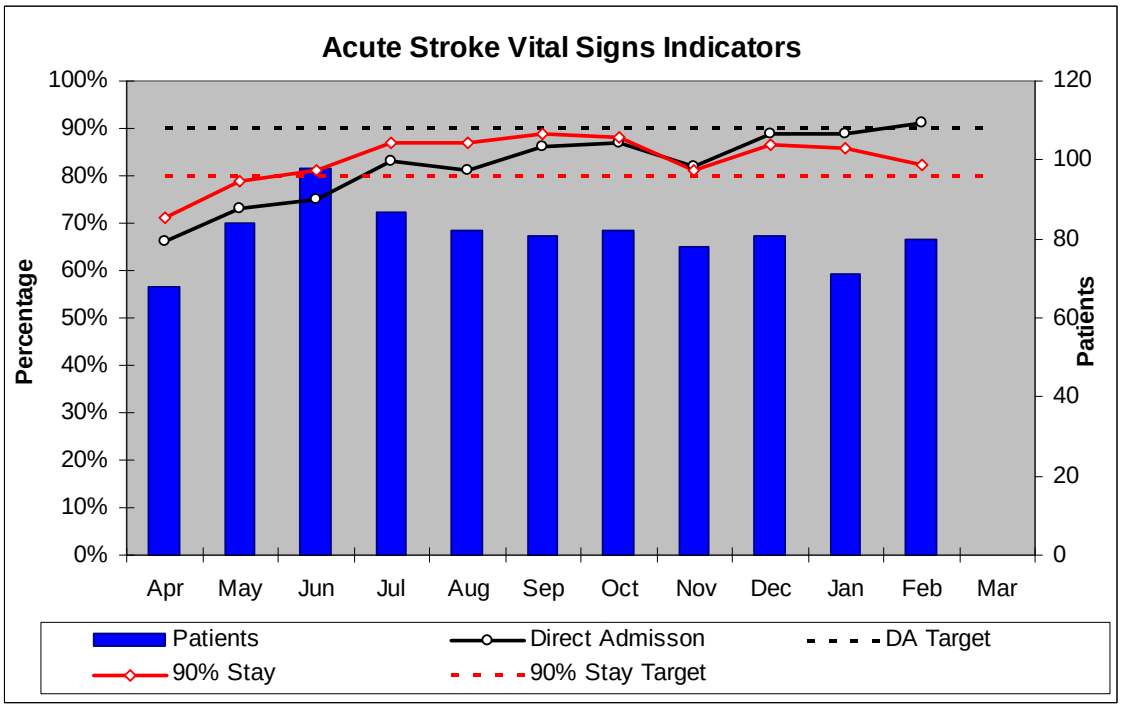
- Direct admission to stroke unit <90%
- High risk TIA referrals not seen and treated within <24 hours of contact with health professional

Current Position

- Direct Admission performance has achieved the target with 91% for the first time (confirmed)

Maintenance of current performance is essential for the proposed development of the service, with the business case for expansion being ratified by TPC.

Analysis of the 5 breaches shows that 3 were due to appropriate clinical reasons, primarily uncertain neurological presentation. The remaining 2 were due to Bleep 1788 not being contacted, which is being reviewed internally.



- High risk TIA referrals not seen and treated within <24 hours of contact with health professional

Demand in February exceeded available capacity.

Action

- Direct admission to stroke unit <90%

Further development of the stroke co-ordination team to include strengthening of links with ED, to ensure efficient and effective case management

- High risk TIA referrals not seen and treated within <24 hours of contact with health professional

The CSC are working on plan to create additional out-patient capacity; to monitor performance daily and understand their cumulative position; and take in-month remedial action.

4.5 NSF Coronary Heart Disease

The Risks

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

Current Position

- Door to Balloon (90 minute target) breaches total 4.
  - Three ED delays.
  - One clinically complex delay.

Action

- ED delays:
  - Dr Ali Dana (interventional Cardiologist) has a formal teaching day set up 'STEMI update/ refresher' for all Ambulance crews and ED staff in May.
  - Investigating the potential use of smart phones to transmit ECG pictures to Cardiologists to allow for earlier detection if in ED. (All ECGs will be anonymous and will precede a telephone call to the Cardiologist).
- South Central Ambulance Service:
  - SCAS to continue to enforce message to crews regarding "direct to cath lab" and need to enforce the telephone line should Mobimed malfunction.
  - Places offered to crews on Ali Danas study day.
  - Escalations continue to be emailed to SCAS during the month highlighting particular cases

5. RECOMMENDATION

The Board is asked to note the report and the risks and actions for the period ending 29th February 2012.