

TRUST BOARD PART I – APRIL 2012

Agenda Item Number: 54/12
Enclosure Number: (2)

Subject	Operational Performance Report for March
Prepared by:	Alistair Glen, General Manager
Sponsored by:	Cherry West, Chief Operating Officer
Presented by:	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 March 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 <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>	Headlines: <ul style="list-style-type: none"> • Referral to Treatment (RTT) admitted and non-admitted target achieved • Cancer standards achieved; and • Stroke performance achieved • A&E Timeliness standard not achieved • Military RTT admitted standard not achieved • Diagnostic performance standards not achieved • PPCI performance standards not achieved
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 March.
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 THE TRUST BOARD

26 APRIL 2012

PERFORMANCE REPORT

1. INTRODUCTION

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

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	Feb Actual	Mar Actual	Quarter 4
Safety	Clostridium difficile - standard	0	1.0	Quarterly	1	0	0	0	0	0
Safety	MRSA - standard	0	1.0	Quarterly	0	0	1	1	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	0.5	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	0	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	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	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 :



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. 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 12 performance (as it would apply for Foundation Trust against Monitor's Compliance Framework) is weighted 1.5: Amber-Green. This represents concerns surrounding authorisation but remains an improvement on the previous month due to the achievement of the MRSA objective.

3. CONTRACTUAL AND TRUST KEY PERFORMANCE INDICATORS

Key Targets Dashboard		2011/12 National Targets	Monitoring Period	Quarter 1	Quarter 2	Quarter 3	Feb-12	Mar-12	Quarter 4	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%	90.4%	87.6%	89.8%	↓	95.0%		
	Unplanned re-attendance rate <7days	<5%		5.6%	5.5%	5.0%	5.0%	4.8%	5.0%	↑	5.4%		
A&E Timeliness*	Left without being seen	<= 5%	monthly	1.7%	1.7%	1.6%	2.0%	2.8%	2.2%	↔	1.8%		
	Total time in A&E (95th percentile)	<4hrs		3hr 57	3hr 59	4hr 00	5hr 54	6hr 19	5hr 39	↓	4hr 00		
A&E Timeliness*	Arrival to Assessment (95th percentile)	<15 mins	monthly	0hr 25	0hr 30	0hr 25	0hr 27	0hr 25	0hr 25	↔	0hr 26		
	Median time arrival to treatment	<60 mins		0hr 52	0hr 51	0hr 45	0hr 56	0hr 59	0hr 55	↑	0hr 50		
A&E Timeliness*	Single longest wait arrival to treatment	Improve	monthly	6hr 42	6hr 12	7hr 10	9hr 45	8hr 40	9hr 45	↓	9hr 45		
	% Admitted*	90%		73.5%	68.3%	70.8%	92.7%	91.0%	86.8%	↑	75.1%		
RTT	% Non-Admitted*	95%	monthly	95.9%	95.0%	91.5%	92.9%	95.0%	92.4%	↑	93.7%		
	Data Completeness - Admitted	80-120%		92.2%	85.6%	86.7%	80.1%	84.6%	86.2%	↔	86.4%		
RTT	Data Completeness - Non-Admitted	80-120%	monthly	96.4%	106.8%	113.6%	101.8%	94.8%	101.7%	↔	105%		
	Median wait for Admitted	11.1 weeks		12.7	14.1	13.0	10.9	9.4	10.9	↑	12.8		
RTT	Median wait for Non-Admitted	6.6 weeks	monthly	4.3	4.4	4.2	5.2	4.1	4.9	↔	4.4		
	Median wait for Incomplete *	7.2 weeks		6.4	7.8	7.3	5.8	5.9	5.9	↓	5.9		
RTT	95th percentile for Admitted	23 weeks	monthly	29.4	28.9	28.4	20.3	21.9	24.4	↑	28.2		
	95th percentile for Non-Admitted	18.3 weeks		16.8	18.0	21.0	19.9	18.7	20.9	↑	19.5		
RTT	95th percentile for Incomplete *	28 weeks	monthly	21.9	22.4	22.6	23.8	20.5	20.5	↔	20.5		
	Admitted backlog improvement trajectory	308 (Mar)		1571	1281	545	562	575	575	↑	575		
RTT	18-week NON-ADMITTED backlog (monthly) *	2292	monthly	1148	1212	1496	1586	1002	1514	↓	1514		
	18-week ADMITTED backlog (monthly) *	308		1800	1274	545	562	575	575	↑	575		
RTT	% Incomplete Pathways < 18 wks (monthly) *	92%	monthly	-	-	-	89.7%	93.0%	-	↑	-		
	Incomplete Patients waiting > 52 wks	0		-	-	-	1	2	-	↔	-		
Diagnostic Waits	Diagnostic waits	95% <6 wks	monthly	96.3%	98.5%	99.8%	100%	99.6%	99.8%	↔	97.3%		
	Diagnostic waits (StHA)	<100		467	202	36	0	19	25	↔	730		
Diagnostic Waits	Diagnostic improvement trajectory	0 (Mar)	monthly	91	30	25	0	19	25	↑	19		
	% Admitted < 10 wks	90%		78.9%	92.0%	87.9%	64.9%	83.6%	70.3%	↔	81.1%		
Military 10 wk RTT	% Non-Admitted < 10 wks	90%	monthly	92.6%	98.1%	97.6%	91.9%	93.3%	93.0%	↑	95.2%		
	All 2-week wait referrals	93%		96.4%	98.3%	98.3%	100%	97.0%	98.9%	↑	98.0%		
Cancer	Breast symptomatic 2-week wait referrals	93%	Monthly and Quarterly	93.3%	99.3%	99.5%	98.7%	98.9%	99.2%	↓	97.8%		
	31-day diagnosis to treatment	96%		98.1%	97.2%	96.7%	98.8%	98.6%	98.1%	↑	97.6%		
Cancer	31-day subsequent cancers to treatment	94%	Monthly and Quarterly	96.6%	94.9%	91.3%	100%	97.0%	98.2%	↑	95.0%		
	31-day subsequent anti-cancer drugs	98%		100%	100%	100%	98.0%	100%	99.1%	↓	99.8%		
Cancer	31-day subsequent radiotherapy	94%	Monthly and Quarterly	95.6%	95.8%	98.5%	96.7%	95.0%	96.2%	↔	96.4%		
	62-day referral to treatment	85%		89.0%	90.4%	86.6%	85.9%	91.1%	88.0%	↓	88.6%		
Cancer	62-day screening to treatment	90%	Monthly and Quarterly	87.0%	89.0%	90.4%	92.3%	100%	95.0%	↑	90.5%		
	62-day consultant upgrade to treatment	86%		92.7%	92.3%	90.3%	89.2%	87.1%	89.0%	↓	91.1%		
Stroke Care	90% of stay on a stroke unit	80%	Quarterly	76.8%	88.1%	85.7%	82.7%	82.1%	83.6%	↓	83.3%		
	Admission directly to a stroke unit	90%		71.6%	83.2%	87.1%	91.4%	94.0%	91.3%	↑	82.7%		
Stroke Care	% of high risk TIA seen and treated within 24-hours of first contact with health professional	60%	Quarterly	68.3%	60.0%	63.3%	53.8%	61.8%	59.1%	↓	63.0%		
	CT scan within 24 hrs of arrival at hospital	95%		88.0%	96.0%	96.1%	96.3%	98.5%	97.2%	↓	94.1%		
Stroke Care	Urgent CT within 60 minutes of arrival	50%	Quarterly	39.0%	53.3%	96.1%	51.9%	61.2%	55.8%	↓	49.6%		
	Patients supported by stroke skilled early discharge team	40%		40.7%	41.7%	55.7%	40.3%	40.0%	44.5%	↓	45.3%		
NSF Coronary Heart Disease	PPCI within 150 mins of call	95%	Monthly	85.1%	94.1%	86%	97.2%	87.1%	89%	↓	88.8%		
	PPCI within 90 mins of arrival (door to balloon)	95%		75.0%	77.6%	86%	89.2%	69.4%	80%	↔	79.7%		
NSF Coronary Heart Disease	Re-vascularisation within 3 months	100%	Monthly	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%	mtf	100%	100%	100%	n/a	n/a	100%	↔	100%		
Flow	Delayed transfers of care	3.5%	Monthly	1.7%	1.2%	1.1%	1.1%	1.0%	1.0%	↔	1.0%		
	Cancelled operations - same day total against FCEs %	0.8%		0.7%	0.7%	0.6%	0.6%	0.8%	0.7%	↔	0.7%		
Flow	Cancelled operations - 28-day guarantee	5%	Monthly	0.0%	2.2%	0.0%	0.0%	0.0%	0.9%	↑	0.8%		

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 is provisional and subject to final validation due to the issues resulting from PAS upgrade
 ** service transferred to community from mid January

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 improved slightly in March and was below the target for the third consecutive month and in Q4 (25 minutes against a standard of 15 minutes for both periods).

The target was not achieved in any month throughout 2011/12, with aggregate full year performance of 26 minutes.

- ED >4 hours

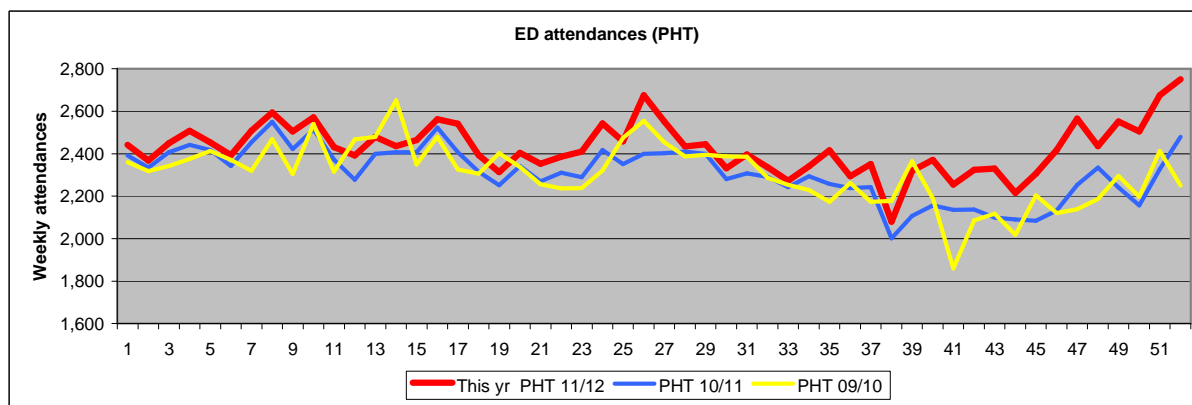
Performance for March was 87.64% against the standard of 95% and also below target for the third consecutive month. Aggregate Q4 performance was 89.76%

The target was achieved on a full year basis, with performance of 95.03%.

Two key factors have resulted in higher than expected breaches:

- Attendances in March were up by 10.7% up compared with the same period last year (also up 10.7% over Q4). During March the Trust experienced the highest weekly number of attendances this year (2,750); and
- The number of medically stable patients occupying hospital beds has frequently been above 80.

These two factors have increased both the numbers of 'wait for assessment' breaches and 'wait for a bed' breaches.



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 6 work streams to support capacity, processes and workforce alignment to delivering a care pathway that is designed to achieve all quality metrics.

An audit of patients attending the Emergency department to understand their pathway prior to attending is taking place 9-12th April to further understand the reason for higher than usual attendances.

4.2 Referral to Treatment

The Risks

- Admitted backlog > 308

Current Position

- Admitted backlog > 308

The admitted backlog size slightly increased in March (575 compared with 562 in February). This was a consequence of increased numbers of >18 week wait patients added to the waiting list (as specialties worked on reducing their out-patient wait-times) and increased cancellations in March due to emergency pressures. The backlog size has subsequently reduced slightly from this level.

Action

- Admitted backlog > 308

The Waiting List Assurance Group have undertaken detailed modelling to allow the Trust to plan to achieve the 90% target at an aggregate level and also plan to fail the 90% target in four high risk specialties to enable reductions in the patient backlog over the period April to September 2012. This approach is supported by the Trust's Commissioners and NHS Interim Management and Support (IMAS).

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 (10 patients) and Urology (2 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, with improvements expected from April;
 - Urology are seeking multiple additional lists to support clearance of both the NHS and MOD patients and to avoid future breaches; and
 - Weekly review of patient targeted list (PTL meeting) at CSC level and Waiting List Assurance level – underway.

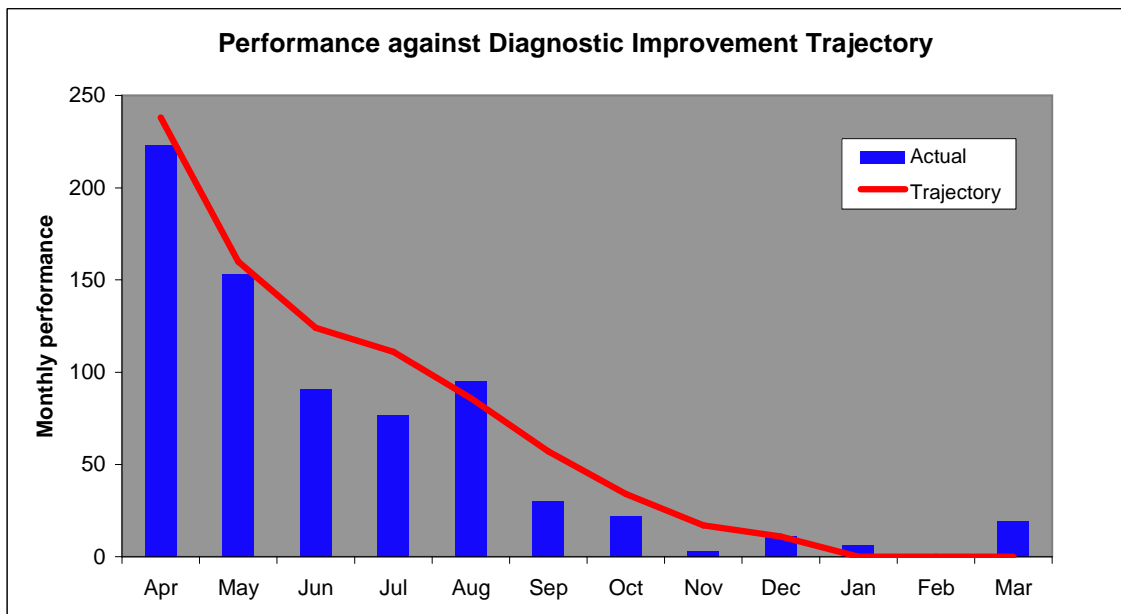
4.4 Diagnostic Waits

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 nil for March.

Current Position

There were 19 >6 week breaches reported in March (7 for magnetic resonance, 10 ultrasound), due to staff sickness and short-term capacity constraints respectively.



Action

- The 2012/13 Operating Framework provides a tolerance of 1% (approx 25 breaches per month). We are currently performing against this standard.

4.5 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 minute target) breaches total 4.
 - Four ED delays.
 - One clinically complex delay (also subject to ED delays).
- Door to Balloon (90 minute target) breaches total 11.
 - Nine ED delays.
 - Two clinically complex delay (one of which also subject to ED delays).
 - One GP expected patient self-presented at MAU.

Action

- Actions taken forward include (ongoing from previous Board Report):
 - Dr Ali Dana (interventional Cardiologist) has a formal teaching day set up 'STEMI update/ refresher' for all Ambulance crews and ED staff in May.
 - Paramedic training days, starting on 3rd May.
 - SCAS Clinical team leader training in ED – commenced April 2012.
 - ED teaching / education, including SHO teaching – new cohort training underway.

- ED to continue to push message regarding need for an early ED discussion with cardiologists in cases of equivocal ECGs.
- SCAS to continue to enforce message to crews regarding “direct to cath lab” and need to enforce the telephone line should Mobimed malfunction.
- 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).

5. RECOMMENDATION

The Board is asked to note the report and the risks and actions for the period ending 31st March 2012.