

TRUST BOARD PART I – MAY 2012

Agenda Item Number: 72/12
Enclosure Number: (2)

Subject	Operational Performance Report for April
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 30th April 2012. • The report identifies risks in relation to the Monitor governance requirements (shadow monitoring), and key national targets for 2012/13.
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"> • A&E Timeliness standard not achieved; • Stroke performance targets not achieved; • PPCI performance standards not achieved; • Referral to Treatment (RTT) admitted and non-admitted targets achieved; • RTT admitted backlog trajectory achieved; and • Cancer standards 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 April.
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

31 MAY 2012

PERFORMANCE REPORT

1. INTRODUCTION

This report updates the Trust Board on the performance against key targets as at the end of April. The report sets out the areas of risk in relation to Monitor's Compliance Framework¹, national and contractual targets.

2. MONITOR COMPLIANCE FRAMEWORK 2012/13 – 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 1.0 Amber-Green for April.

Monitor Key Targets for element 2 - Operating Plans 2012/13

Area	Proposed measures 2012/13	Standard 2011/12	Weighting	Monitoring Period	Apr	Governance Rating			
						Quarter 1	Quarter 2	Quarter 3	Quarter 4
Safety	Clostridium difficile - standard	0	1.0	Quarterly	0.0	0.0	0.0	0.0	0.0
Safely	MRSA - standard	0	1.0	Quarterly	0.0	0.0	0.0	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	0.0	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	85% 90%	1.0	Quarterly	0.0	0.0	0.0	0.0	0.0
Patient Experience	Maximum time of 18 wks from point of referral to treatment in aggregate - admitted	90%	1.0	Quarterly	0.0	0.0	0.0	0.0	0.0
Patient Experience	Maximum time of 18 wks from point of referral to treatment in aggregate - non-admitted	95%	1.0	Quarterly	0.0	0.0	0.0	0.0	0.0
Patient Experience	Maximum time of 18 wks from point of referral to treatment in aggregate - patients on an incomplete pathway	92%	1.0	Quarterly	0.0	0.0	0.0	0.0	0.0
Quality	All cancers: 31-day wait from diagnosis to first treatment	96%	0.5	Quarterly	0.0	0.0	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	0.0	0.0
Quality	A&E: maximum waiting time of four hours from arrival to admission/transfer/discharge	95%	1.0	Quarterly	1.0	0.0	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	0.0	0.0

Service Performance Rating :

1.0	1.0	0.0	0.0	0.0
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Service performance score	Governance risk rating
<1.0	Green
>=1.0, <2	Amber-green
>=2, <4	Amber-red
>=4	Red

Month 1 performance (as it would apply for Foundation Trust against Monitor's Compliance Framework) is weighted 1.0: Amber-Green. This represents some concerns surrounding authorisation. Performance has improved from the previous month due to achievement of the admitted RTT target.

Nb. Please note that the score attributed to the A&E 4hr hour target has increased to 1.0 under the 2012/13 Monitor Compliance Framework (from 0.5 in 201/12).

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 organisation, the Trust is adopting the compliance framework to shadow monitor its performance.

3. CONTRACTUAL AND TRUST KEY PERFORMANCE INDICATORS

Key Targets Dashboard		2012/13 Performance Indicators	Type	Monitoring Period	11/12 Outturn	Apr	Change month on month	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Yr to date 2010/11	On Plan to Achieve	Areas of Concern
Quality of Care	Meeting CDIFF Objective	< / = 78	M/OF/C	monthly	67	6	↔	6	0	0	0	6		
	Meeting MRSA Objective	< / = 4	M/OF/C	monthly	5	1	↔	1	0	0	0	1		
	VTE risk assessment	90%	OF/C	monthly	90.1%	93.7%	↑	93.7%	0.0%	0.0%	0.0%	93.7%		
A&E Patient Impact *	A&E 4 hr arrival to admission/transfer/discharge	95%	M/OF/C	monthly	94.98%	89.8%	↓	89.8%	0.0%	0.0%	0.0%	89.8%		
	Unplanned re-attendance rate <7days	<5%	M/OF/C	monthly	5.4%	4.9%	↑	4.9%	0.0%	0.0%	0.0%	4.9%		
	Left without being seen	<= 5%	C	monthly	1.8%	1.5%	↑	1.5%	0.0%	0.0%	0.0%	1.5%		
	Total time in A&E (95th percentile)	<4hrs	C	monthly	4hr 0	6hr 05	↓	6hr 05	0	0	0	6hr 05		
	Arrival to Assessment (95th percentile)	<15 mins	C	monthly	0hr 26	0hr 23	↔	0hr 23	0	0	0	0hr 23		
	Median time arrival to treatment	<60 mins	C	monthly	0hr 50	0hr 50	↔	0hr 50	0	0	0	0hr 50		
RTT	Single longest wait arrival to treatment	Improve	C	monthly	8hr 45	8hr 23	↑	8hr 23	0	0	0	8hr 23		
	% Admitted	90%	M/OF/C	monthly	75.1%	90.0%	↑	90.0%	0.0%	0.0%	0.0%	0.0%		
	% Non-Admitted	95%	M/OF/C	monthly	93.7%	95.0%	↑	0.0%	0.0%	0.0%	0.0%	0.0%		
	% Incomplete Pathways < 18 wks (monthly)	92%	M/OF/C	monthly	93.0%	94.1%	↑	94.1%	0.0%	0.0%	0.0%			
	95th percentile for Admitted	23 weeks	C	monthly	28.2	24.2	↑	0.0	0.0	0.0	0.0	0.0		
	95th percentile for Non-Admitted	18.3 weeks	C	monthly	19.5	18.0	↑	0.0	0.0	0.0	0.0	0.0		
	95th percentile for Incomplete	28 weeks	C	monthly	20.5	19.4	↔	0.0	0.0	0.0	0.0	0.0		
	Admitted backlog target	308	T	monthly	575	589	↓	588	589	589	0	589		
	18-week NON-ADMITTED backlog (monthly)	2292	T	monthly	1002	745	↑	0	0	0	0	0		
	Incomplete Patients waiting > 35 wks	0	C	monthly	38	0	↔	-	-	-	-	-		
Military 10 wk RTT	% Admitted < 10 wks	90%	C	monthly	81.1%	90.7%	↑	-	-	-	-	90.7%		
	% Non-Admitted < 10 wks	90%	C	monthly	95.2%	94.6%	↑	-	-	-	-	94.6%		
Diagnostocs	Diagnostic waits	99% <6 wks	OF/C	m	97.3%	99.9%	↑	0.0%	0.0%	0.0%	0.0%	99.9%		
Cancer	All 2-week wait referrals	93%	M/OF/C	Quarterly	98.0%	98.0%	↔	98.4%	0.0%	0.0%	0.0%	98.0%		
	Breast symptomatic 2-week wait referrals	93%	M/OF/C	Quarterly	98%	100%	↑	100%	0.0%	0.0%	0.0%	100.0%		
	31-day diagnosis to treatment	96%	M/OF/C	Quarterly	97.6%	98.4%	↑	98.4%	0.0%	0.0%	0.0%	98.4%		
	31-day subsequent cancers to treatment	94%	M/OF/C	Quarterly	95.0%	96.4%	↑	96.4%	0.0%	0.0%	0.0%	96.4%		
	31-day subsequent anti-cancer drugs	98%	M/OF/C	Quarterly	100%	100%	↔	100%	0.0%	0.0%	0.0%	100%		
	31-day subsequent radiotherapy	94%	M/OF/C	Quarterly	96.4%	94.3%	↔	94.3%	0.0%	0.0%	0.0%	94.3%		
	62-day referral to treatment	85%	M/OF/C	Quarterly	88.6%	85.4%	↓	85.4%	0.0%	0.0%	0.0%	85.4%		
	62-day screening to treatment	90%	M/OF/C	Quarterly	90.5%	92.3%	↑	92.3%	0.0%	0.0%	0.0%	92.3%		
	62-day consultant upgrade to treatment	86%	M/OF/C	Quarterly	91.1%	96.9%	↑	96.9%	0.0%	0.0%	0.0%	96.9%		
Stroke Care	90% of stay on a stroke unit	80%	T/C	Quarterly	83.3%	74.7%	↓	0.0%	0.0%	0.0%	0.0%	0.0%		
	Admission directly to a stroke unit	90%	T/C	Quarterly	82.7%	82.4%	↔	0.0%	0.0%	0.0%	0.0%	0.0%		
	% of high risk TIA seen and treated within 24-hours of first contact with health professional	60%	T/C	Quarterly	63.0%	47.5%	↓	0.0%	0.0%	0.0%	0.0%	0.0%		
NSF Coronary Heart Disease	Urgent CT within 60 minutes of arrival	50%	T/C	Monthly	49.6%	56.0%	↑	0.0%	0.0%	0.0%	0.0%	0.0%		
	PPCI within 160 mins of call	95%	T/C	Monthly	88.8%	83.3%	↑	83.3%	0.0%	0.0%	0.0%	83.3%		
	PPCI within 90 mins of arrival (door to balloon)	95%	T/C	Monthly	79.7%	89.7%	↑	89.7%	0.0%	0.0%	0.0%	89.7%		
Flow	Rapid Access Chest pain clinic within 2 wks	98%	T/C	Monthly	100.0%	100.0%	↔	100%	0%	0%	0%	100%		
	Emergency readmissions within 30 days	7%	T/C	Monthly	7.6%	0.0%	↑	0.0%	0.0%	0.0%	0.0%	0.0%		
	Cancelled operations - 28-day guarantee	5%	T/C	Monthly	0.8%	0.0%	↑	0.0%	0.0%	0.0%	0.0%	0.0%		

Key to target types:
M Included in Monitor's Compliance Framework
OF Operating Framework requirement
C Contractual requirement
T Trust internal target

Key to performance ratings
↑ Performance Improving
↓ Performance worsening
↔ Performance the same
No concerns. Target achievable
Significant risk to achieving the target

4. COMMENTARY ON AREAS OF CONCERN OR NOTE

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

- Total time in ED >4 hours
- Arrival to assessment (95th Percentile) >15 minutes
- Total time in A&E (95th Percentile) >4 hrs
- Single longest wait to treatment >60 minutes

Current Position

- ED <4 hours

Reported performance for April was 89.9%, an improvement against the 87.6% achieved in March and comparable to average Q4 2011/12 performance (89.8%).

- Arrival to assessment <15 minutes (95th percentile)

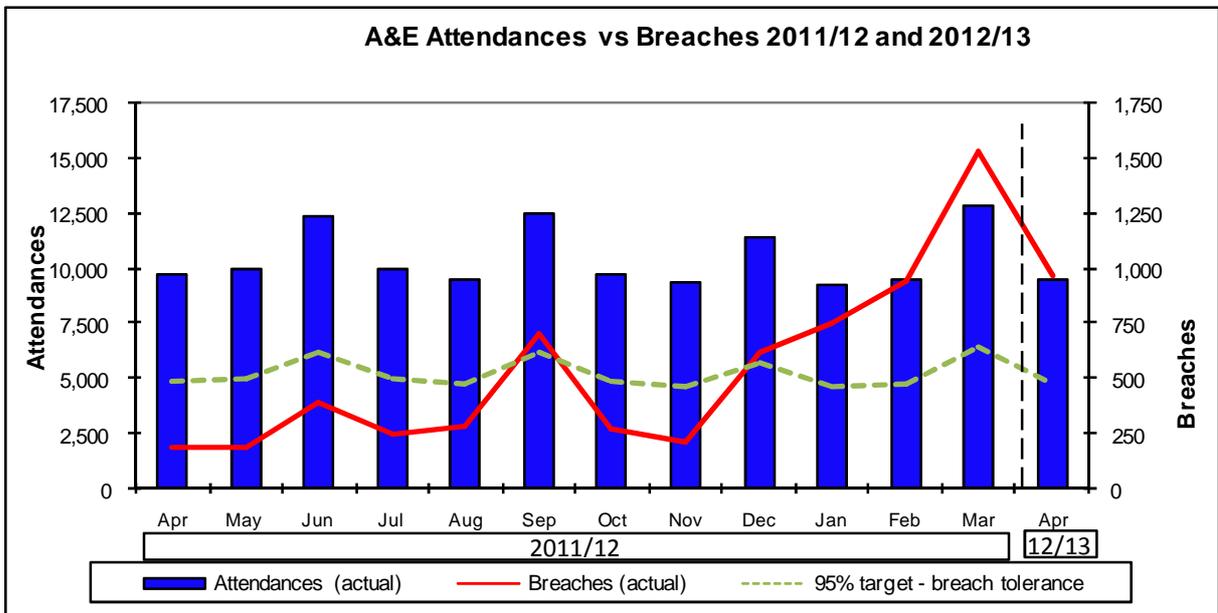
Reported performance against the arrival to assessment standard was 23 minutes in April compared with 25 minutes both in March and over Q4 2011/12. An audit of the arrival to assessment time has highlighted a lack of recording, and the sample audited showed that patients had in fact been assessed within 15 minutes. A new procedure was put in place by the ED Head of Nursing on the 21st May.

- Total time in A&E <4 hours (95th percentile)

Reported performance (6hrs 05 minutes) improved in April compared to March (6 hrs 19 minutes) but deteriorated against the Q4 2011/12 average (5hrs 39 minutes).

- Single Longest Wait to Treatment <60 minutes

Standard improved slightly in April (8hr 23 minutes) compared to March (8hrs 40 minutes) and Q4 2011/12 (9hrs 45 minutes).



Failure to achieve the required performance standards in April has primarily resulted from the detrimental impact on patient flow throughout the hospital from continuing:

- Mismatches between medical staffing levels and the profile of emergency activity across all sections of the health sector.
- Challenges to the consistent implementation of effective flow policies across the Trust, preventing the timely admission.

- Challenges to the consistent implementation of effective discharge processes across all sections of the health sector, resulting in continued high numbers of medically stable patients occupying hospital.

Action

- The Emergency Medicine CSC has developed and is implementing a performance recovery plan.
- Key workstreams to support capacity, processes and workforce alignment relate to:
 - Patient attendance management;
 - Inappropriate admission avoidance;
 - Patient flow management;
 - Inpatient capacity management; and
 - Inpatient discharge management.
- Additionally, in order to urgently support patient flow across the Trust teams have been established to:
 - Incorporate the role of a daily hospital co-ordinator to support the front door; and
 - Support a range of task and finish groups focusing on improving key process elements of the performance recovery plan, such as transfer and bed management.

4.2 Referral to Treatment

The Risks

- Admitted backlog > 308

Current Position

- Admitted backlog > 308

The admitted backlog size increased slightly in April (589 compared with 575 in March). This was largely 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
- Underlying demand-capacity mismatches in key specialties.

Action

- Admitted backlog > 308

Continued implementation of detailed activity plans 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 June 2012, as agreed with commissioners.

Detailed modelling has indicated a forecast admitted backlog of 455 at the end of June. This is equivalent to $\frac{3}{4}$ of a week's activity.

All specialties have plans in place to secure sufficient capacity to deliver the 90% target and maintain a stable backlog from June 2012.

The SHA and commissioners have informed the Trust that performance against RTT patient backlogs is no longer a monitoring requirement. However, as delivery of a patient backlog of no more than $\frac{1}{2}$ week's activity is considered to be good practice for sustainable delivery of the RTT targets, the Trust will continue to report internally against this measure.

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 was 90.7% for patients on an admitted pathway and 94.6% for non-admitted pathways.

Action

- Following correspondence received from the Military HQ Joint Medical Command (JMC) and subsequent discussions at the MOD quarterly contract review meeting on 10th May, it has been confirmed that, from 1 April 2012:
 - JMC will no longer commission an accelerated 10 Week RTT tariff and will place new patients on the NHS 18-week pathway; and
 - PHT (as with all other providers) will not receive a premium payment for new military patients entering the patient pathway.

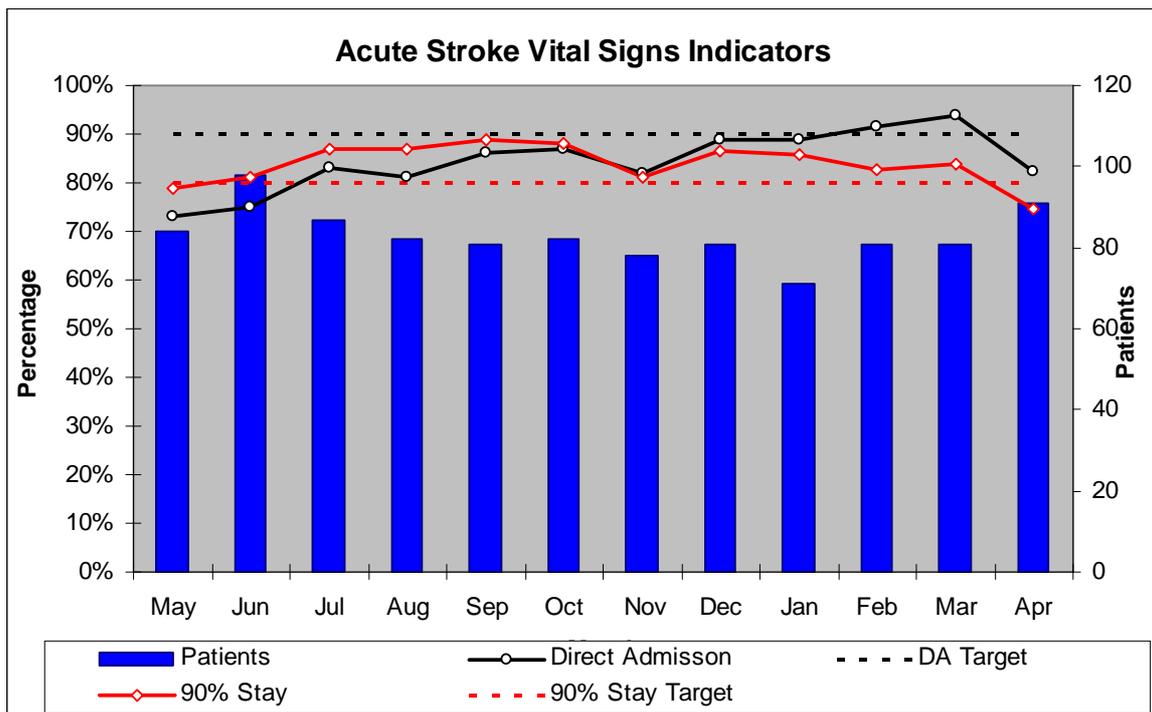
4.4 Stroke care

The Risks

- Direct admission to stroke unit <90%
- 90% of stay on ASU<80%

Current Position

- Direct admission to stroke unit <90%: performance of 82%, 16 direct admission breaches
 - 13 breaches occurred for appropriate clinical reasons; and
 - Three breaches occurred due to process issues (two in MAU, one transfer from the Wessex neuro unit)
- 90% of stay on ASU<80%: performance of 75%
 - Deterioration in reported performance attributed to high demand for direct admissions (92 in month, compared to the monthly average of 82 over 2011/12), which required medically stable patients on ASU to be outlied to other medical wards.



- 60% of high risk TIA seen and treated within 24-hours of first contact with health professional: performance of 47.5%
 - Deterioration in reported performance attributed to a high number of potential high risk TIA referrals from GPs (61 referrals, against an average of 52 over the last 12 months) and restricted capacity in the Trust's TIA clinic to see urgent referrals.

Actions

- A number of action plans for the specific elements of the stroke care service have been developed and are under implementation to improve performance against the Accelerated Stroke Indicators.
- Key workstreams relate to reviews of:
 - Accommodation, in line with Patient Privacy and Dignity requirements and activity demand;
 - Diagnostic support to stroke services;
 - The design and use of the TIA clinics; and
 - SLAs with the Trust's community OT and physiotherapy service providers.
- Internal relocation of TIA clinic to increase capacity, from 8 June 2012.

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) <95%: performance of 93.9%, two breaches.
 - One clinically complex delay; and
 - One initial diagnostic delay

Reported performance has improved from March 2012 (87.1%, 4 breaches) and average 2011/12 performance (88.8%).

- Door to Balloon (90 minute target) <95%: performance of 89.7%, four breaches.
 - Two clinically complex delays;
 - One ED delay, with queue as a factor; and
 - One initial diagnostic delay

Reported performance has substantially improved from March 2012 (69.4%, 11 breaches) and average 2011/12 performance (79.7%).

Actions

- Actions completed / commenced since previous Board report:
 - Formal teaching day, run by Dr Ali Dana (interventional Cardiologist), on 'STEMI update/ refresher' for all paramedics, Ambulance crews and ED staff;
 - SCAS Clinical team leader training in ED;
 - ED teaching / education, including SHO and SpR teaching – new cohort training
 - Two new ECG machines have been installed in ED.
- Actions ongoing from previous Board Report:
 - 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.
- Actions yet to be commenced:
 - Use of "red box" to prioritise self presenters in ED.
 - Teaching / education for M&L staff who are involved in caring for patients in the Queue (to run over the next few months).

- 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).
- Service is considering actions to improve communication and engagement with GPs (to be led by Dr Ali Dana), to commence in May/June 2012.

5. RECOMMENDATION

The Board is asked to note the report and the risks and actions for the period ending 30th April 2012.