

TRUST BOARD PART I – 5TH JANUARY 2012

Agenda Item Number: 7/12
Enclosure Number: (2)

Subject	Operational Performance Report for November
Prepared by:	Cherry West, Chief Operating Officer
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 November 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 <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>Headlines:</p> <ul style="list-style-type: none"> • A&E thresholds ↑ • Referral to Treatment thresholds backlog reducing ↑ • Diagnostic standards ↑ • Cancer standards achieved ↔ • Stroke - direct admission standard not achieved. Other stroke standards achieved ↔ • PPCI ↔ • Military performance ↓
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 November.
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 TRUST BOARD

5TH JANUARY 2012

PERFORMANCE REPORT

1. INTRODUCTION

This report updates the Trust Board on the performance against key targets as at the end of November. 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 at 4: Red for the month of November.

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

Service Performance Rating :

3.5	3.5	3	4	4
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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 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 8 performance (as it would apply for Foundation Trust against Monitor's Compliance Framework) is Red. This represents a 'potentially in significant breach' Monitor risk rating. The new risk that appeared in November related to breach of the MRSA standard.

3. CONTRACTUAL AND TRUST KEY PERFORMANCE INDICATORS

Key Targets Dashboard		2011/12 National Targets	Monitoring Period	Quarter 1	Quarter 2	Oct-11	Nov-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%	97.0%	↑	97.0%		
	Unplanned re-attendance rate <7days	<5%		5.6%	5.5%	5.7%	4.8%	5.3%	↑	5.6%		
	Left without being seen	<= 5%		1.7%	1.8%	1.8%	1.6%	1.7%	↑	1.7%		
	Total time in A&E (95th percentile)	<4hrs		3hr 57	3hr 59	3hr 59	3hr 58	3hr 59	↔	3hr 59		
	Arrival to Assessment (95th percentile)	<15 mins		0hr 25	0hr 30	0hr 25	0hr 26	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 50		
	Single longest wait arrival to treatment	Improve		6hr 42	6hr 12	6hr 37	5hr 02	6hr 37	↑	6hr 37		
	% Admitted	90%		73.5%	68.3%	68.7%	67.2%	68.0%	↔	69.9%		
	% Non-Admitted	95%		95.9%	95.0%	92.5%	90.4%	91.3%	↓	94.1%		
	Data Completeness - Admitted	80-120%		92.2%	85.6%	87.8%	86.7%	87.1%	↔	86.8%		
RTT	Data Completeness - Non-Admitted	80-120%	monthly	96.4%	106.8%	108.8%	121.7%	115.6%	↓	105.6%		
	Median wait for Admitted	11.1 weeks		12.7	14.1	13.7	14.6	14.2	↓	13.6		
	Median wait for Non-Admitted	6.6 weeks		4.3	4.4	4.0	4.6	4.3	↔	4.3		
	Median wait for Incomplete	7.2 weeks		6.4	7.8	7.1	6.9	6.9	↑	6.9		
	95th percentile for Admitted	23 weeks		29.4	28.9	28.9	28.4	28.8	↔	29.0		
	95th percentile for Non-Admitted	18.3 weeks		16.8	18.0	20.1	21.2	20.9	↓	18.8		
	95th percentile for Incomplete	28 weeks		21.9	22.4	22.3	22.5	22.5	↓	22.5		
	Admitted backlog improvement trajectory	308 (Nov)		1571	1281	1039	533	533	↑	533		
	18-week NON-ADMITTED backlog (monthly)	2292		1148	1212	1567	1496	1496	↑	1496		
	18-week ADMITTED backlog (monthly)	308		1600	1274	1091	576	579	↑	579		
	Incomplete Patients waiting > 52 wks	0		-	-	0	2	-	↑	-		
	Diagnostic Waits	Diagnostic waits		95% <6 wks	monthly	96.3%	98.5%	99.5%	99.9%	99.8%	↑	98.0%
Diagnostic waits (StHA)		<100	467	202		22	3	25	↑	694		
Diagnostic improvement trajectory		17 (Nov)	91	30		22	3	25	↑	146		
Military 10 wk RTT	% Admitted < 10 wks	90%	monthly	78.9%	92.0%	90.7%	85.7%	87.5%	↓	86.1%		
	% Non-Admitted < 10 wks	90%		92.6%	98.1%	98.1%	97.0%	97.5%	↔	95.7%		
Cancer	All 2-week wait referrals	93%	Monthly and Quarterly	96.4%	98.3%	98.7%	97.4%	98.0%	↔	97.5%		
	Breast symptomatic 2-week wait referrals	93%		93.3%	99.3%	100%	99.5%	99.7%	↔	97.1%		
	31-day diagnosis to treatment	96%		98.1%	97.2%	96.9%	96.8%	96.8%	↔	97.4%		
	31-day subsequent cancers to treatment	94%		96.6%	94.9%	91.5%	85.4%	88.2%	↓	93.5%		
	31-day subsequent anti-cancer drugs	98%		100%	100%	100%	100%	100%	↔	100%		
	31-day subsequent radiotherapy	94%		95.6%	95.8%	99.3%	96.9%	97.5%	↑	96.1%		
	62-day referral to treatment	85%		89.0%	90.4%	85.1%	85.0%	85.0%	↓	88.7%		
	62-day screening to treatment	90%		87.0%	89.0%	90.5%	90.0%	90.2%	↔	88.8%		
Stroke Care	62-day consultant upgrade to treatment	86%	Quarterly	92.7%	92.3%	92.6%	90.0%	91.2%	↔	92.9%		
	90% of stay on a stroke unit	80%		76.8%	88.1%	88.5%	80.8%	83.5%	↔	82.8%		
	Admission directly to a stroke unit	90%		71.6%	83.2%	85.9%	82.1%	84.2%	↓	79.0%		
	% 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%	75.0%	↔	63.9%		
	CT scan within 24 hrs of arrival at hospital	95%		88.0%	96.0%	95.1%	96.1%	96.2%	↑	92.9%		
NSF Coronary Heart Disease	Urgent CT within 60 minutes of arrival	50%	Monthly	39.0%	53.3%	51.9%	54.5%	96.2%	↑	47.3%		
	Patients supported by stroke skilled early	40%		40.7%	41.7%	44.3%	61.7%	51.9%	↑	43.8%		
	PPCI within 150 mins of call	95%		85.1%	94.1%	80.0%	92.9%	84%	↑	89.0%		
	PPCI within 90 mins of arrival (door to balloon)	95%		84.1%	83.5%	81.3%	88.9%	83%	↑	78.5%		
	Re-vascularisation within 3 months	100%		100%	100%	100%	100%	100%	↔	100%		
GUM	Rapid Access Chest pain clinic within 2 wks	98%	Monthly	100%	100%	100%	100%	100%	↔	100%		
	GUM access within 48 hrs	95%		100%	100%	100%	100%	100%	↔	100%		
	Delayed transfers of care	3.5%		1.7%	1.2%	1.2%	1.1%	1.1%	↔	1.2%		
Flow	Cancelled operations - same day total against FCEs %	0.8%	Monthly	0.7%	0.7%	0.5%	0.8%	0.6%	↓	0.7%		
	Cancelled operations - 28-day guarantee	5%		0.0%	1.1%	0.0%	0.0%	0.0%	↔	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

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 (95th percentile)

Current Position

- Arrival to assessment

Reported performance against the arrival to assessment standard remained unchanged in November (26 minutes against a standard of 15 minutes compared with 25 minutes in October). A new pathway was introduced 21st November involving Consultants triaging patients upon arrival. Feedback from clinical teams is that this is having a positive impact on the arrival to assessment time. A patient sample (n=23) has been assessed and initial findings indicate that 87% of the sample group were assessed by a consultant within 15 minutes of their arrival. Some data capture issues have been identified which are being worked through with Business Intelligence and the ED teams

Action

- Consultants will continue to triage patients upon arrival in ED majors; and
- Data capture issues are being worked on with the ED team

4.2 Referral to Treatment

The Risks

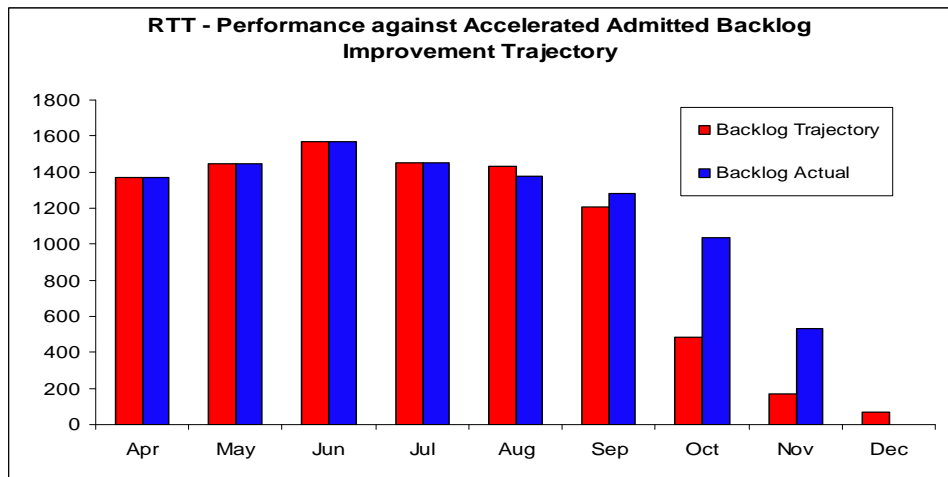
- 95th percentile for admitted patients > 23 weeks
- 95th percentile for non-admitted patients >18.3 weeks
- 18-week admitted backlog >308
- Backlog improvement plan > than trajectory
- 52-week waits

Current Position

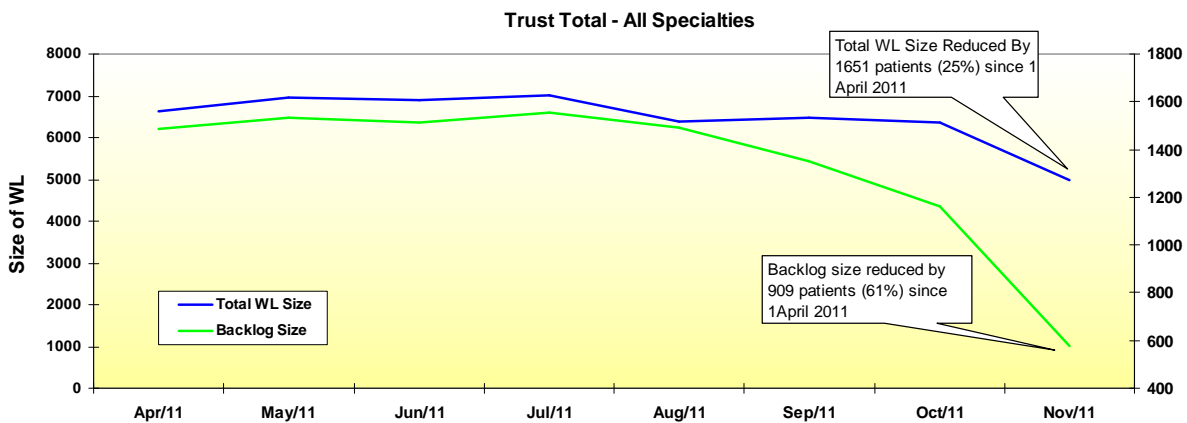
- Admitted
 - 95th percentile for admitted patients was 28.4 weeks against a target of 23 weeks
 - The 18-week admitted backlog was 576 against a target of less than 308 to achieve a manageable waiting list size.
 - Backlog improvement trajectory was 533 against a target of 308

The Trust continues to work on reducing the number of patients who are waiting over 18-weeks for their procedure, but has not yet achieved the desired position of 308. It is anticipated that the backlog size will increase in December because the additional capacity that had been available in November is not available in December (due to Christmas leave), however additional capacity is being sourced for January and the plan is to achieve the desired position at the end of January and to achieve the 90% standard for the month of February and to sustain this thereafter.

The graph below shows the actual backlog position against the accelerated trajectory.



Whilst the backlog trajectory has not been achieved, the trust has made good progress towards reducing the admitted backlog. Since early summer when the backlog size was 1600, there are now 1024 fewer patients waiting less than 18-weeks for their procedure.



The above graph is based on actual patient removals from the waiting list. This shows that since April the backlog size has reduced by 61%.

The Trusts focus on reducing the backlog has directly impacted on performance against the 90% standard which was reported as 67.2% for November. When the backlog has been reduced to an acceptable size at the end of January, then the booking of patients for February will support the achievement of 90%.

- Non-admitted

95th percentile for non-admitted patients was 21.2 weeks against a standard of 18.3; Performance against the 95% performance was 90.4%

The non-admitted pathway relates to patients who start their treatment in an out-patient setting. They may be new out-patients or follow-up out-patients. Because these are out-patients it is not always possible to know whether these will start treatment or not. The key issue that has impacted on performance has been increasing out-patient wait times in the head and neck specialties. Plans are being developed with Commissioners to create additional out-patient capacity in January and February to bring wait-times down to 12-14 weeks in the head and neck specialties.

- 52-week waits

Two patients who were reported as 52-week waits at the end of November. Both patients have now been treated.

Action

- Admitted
 - Additional internal and external operating capacity for January
 - Continue with robust waiting list management processes
 - Commissioners to continue with their plans for:
 - Outsourcing to alternative providers
 - Threshold management
 - CCG clinical leads working with secondary care and community clinicians to create alternative pathways
- Non-admitted
 - Additional internal and external capacity for January and February to support out-patient waiting time reduction to 12-14 weeks across head and neck specialties by the end of February.

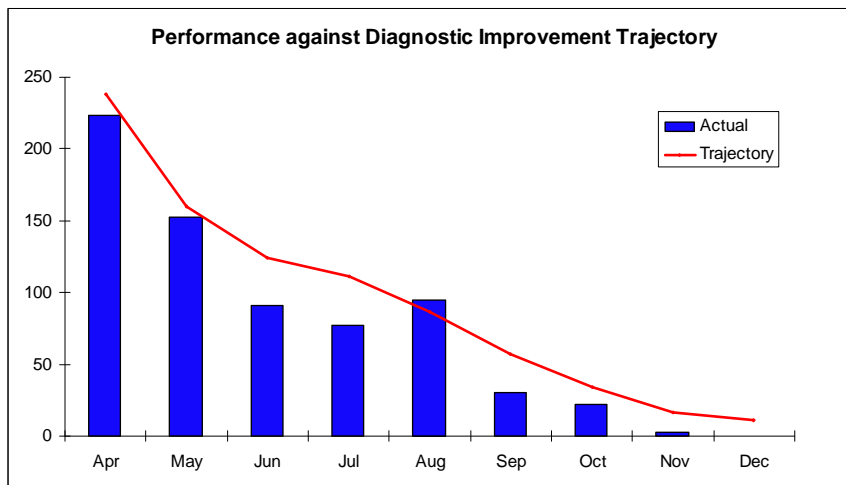
4.3 Diagnostic Waits

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 34 for October

Current Position

There were 3 >6 week waits reported at the end of November (2 cystoscopy and 1 for ultrasound). This represents an improvement in the October reported figure of 22, and the diagnostic improvement trajectory of 17.



Action

- The position continues to improve
- The Operating Framework for 2012-13, provides a tolerance of 1% (approx 25 breaches per month). We are currently performing against this standard.

4.4 Cancer

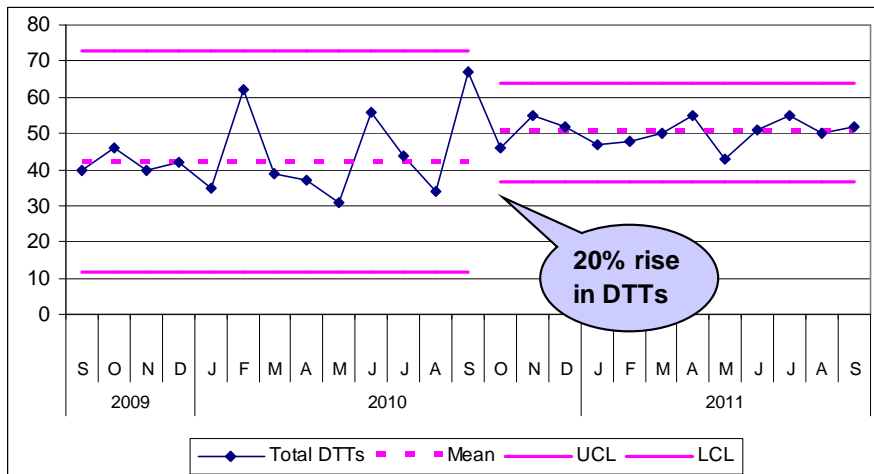
The Risks

- Subsequent surgery below 94% standard

Current Position

Subsequent surgery performance deteriorated in November, achieving 85.4% for November.

Performance deteriorated following a rise in urological cancers diagnosed, as illustrated by the chart below. Initial impact of this was seen in radiotherapy, there is a delayed impact on subsequent surgery due to the time interval for active monitoring periods:



The key capacity issue has been for major laparoscopic capacity

Action

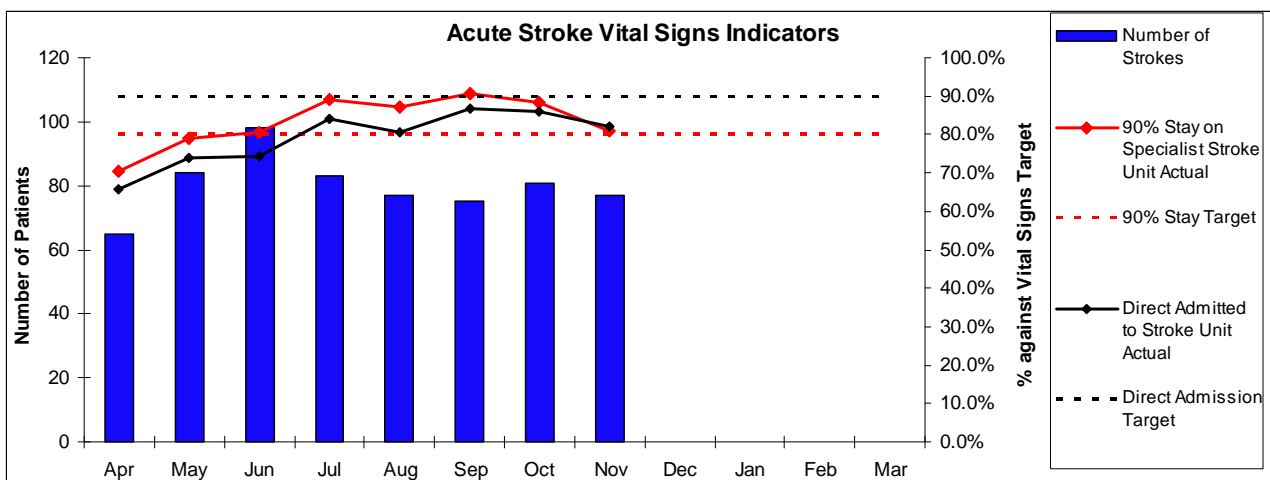
- Additional operating has been undertaken for urological cancers to clear the backlog of cases
- This has involved both additional weekday and weekend operating, utilising the existing surgeon, plus locum sessions with a Consultant from a Sussex Trust
- It is anticipated that performance will recover to within standard by December

4.5 Stroke Care

The Risks

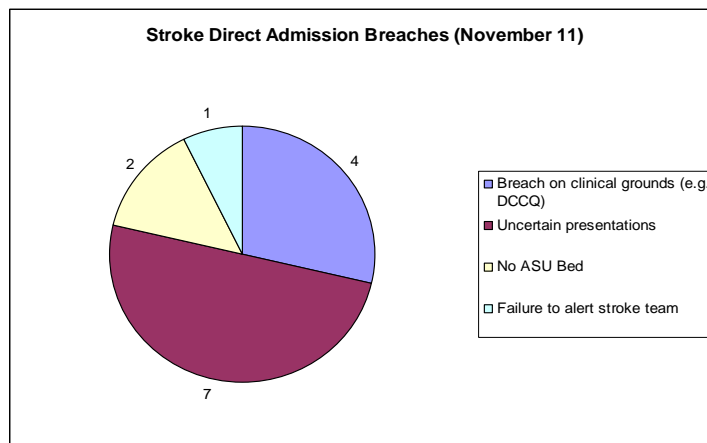
- Direct admission to stroke unit <90%
- 90% of stay on ASU <80%

Current Position



- Direct Admission
Performance dropped by 4% in November (82.1%) and remains below the target of 90%. Analysis shows that of the 14 direct admission breaches, 11 were due to appropriate clinical reasons (i.e.

complex cases or uncertain presentations). The other 3 breaches related to process issues.



South Central Cardiovascular Network has informed PHT that no provider in the region met the standard for direct admissions in Month 1-6. Given the impact of efforts to increase direct admission on other measures (and notably the 90% Stay Vital Sign), PHT has requested guidance on the targeted performance level.

Action

- Completion of recruitment to Stroke Coordination team
- Increase of stroke rehab capacity as the consolidated Stroke Rehabilitation Unit (now located in the vacated D1 ward) comes on stream (action complete 8th December)
- Review of processes and information in ED to be completed, with robust communication of the standards
- Acute Stroke Unit capacity escalation process to be reviewed and reinforced, including risk assessment of patients to be moved off the ward against 90% stay risk
- Formally request Stroke Network guidance on the direct admissions target

4.6 NSF Coronary Heart Disease

The Risks

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

Current Position

- Call to Balloon (150 min national target) breaches total 2:
 - One delay in transfer to PHT (patient self presented to St. Richards with chest pain)
 - One ED delay. Patient arrived via ambulance. First ECG undertaken on arrival suspicious changes noted. Later observations showed more marked ST elevation and lab notified. Case reviewed at MINAP meeting agreed that on the basis of the first ECG changes, contact should have been made with the interventional team.
- 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, as above - ED delay)

Action

Transfer in:

- Escalation process commenced with SECAMB to highlight patients not brought in direct/ delay for transfer out from SRH if self presenters

- Life Net system now in use (pre-alert system)
- Operational policy for PHT Helipad now 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
- Notices directed at patients in waiting area asking them to inform reception staff if they have chest pain. These patients are then fast tracked through to the triage doctor

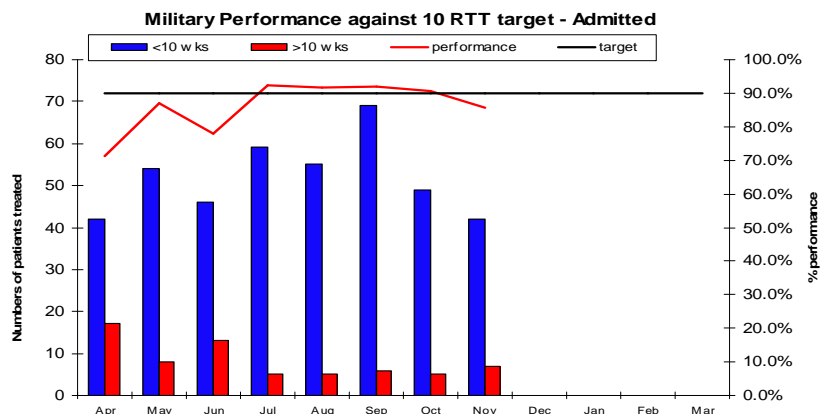
4.7 Military Performance

The Risks

- 90% admitted patients within a 10 week RTT.

Current Position

Performance against the 10 week referral to treatment (RTT) military target for admitted patients in Oct on final validation was 90.7% however, the November position is 85.7%.



There were 7 military patients who breached the 10 week admitted target all of which were in specialties which also have >18 week NHS backlogs with 4 breaches occurring in T&O. The total number of admitted military patients for November was the lowest figure for 2011/12 at 49 (October was 55). The T&O breaches were primarily due to long outpatient.

Action

- Focused work to support T&O with capacity requirements
- Reminder to all specialties of internal escalation processes, compliance with MOD Access Policy and need for validation
- Monthly performance meetings with MPAC to continue with new Account Manager/GM lead (Sharon Osterfield)

Trust-wide focus on Treatment and Host contract as PHT looks toward planning for post contract 2013

5. RECOMMENDATION

The Board is asked to note the report and the risks and actions for the period ending November 2011.