

SOUTHAMPTON UNIVERSITY HOSPITALS NHS TRUST

Trust Key Performance Indicators

April 2011

Report to:	Trust Board – 24 May 2011
Report from:	Steve McManus, Chief Operating Officer
Sponsoring Executive:	Steve McManus, Chief Operating Officer
Aim of Report / Principle Topic:	Provides a summary of the Trust's performance against a range of high level key performance indicators as agreed by Trust Board.
Review History to date:	Regular report to Trust Board
Recommendation(s):	Trust Board are asked to note the Key Performance Indicators Report and consider whether there is appropriate assurance regarding current and future performance.

1. Strategic Context

A range of high-level indicators to give an overview of performance within the Trust and to support the development of the Intelligent Board principles within the organisation.

- 1.1 The key performance indicators and individual scorecards have been realigned to more closely reflect the newly agreed Strategic Objectives. The scorecards will continue to be included within this report to provide monthly trends and additional detail to Board.

2. Supporting Guidance

A supporting document which provides guidance on the information contained within this report, and how it should be interpreted, is available upon request. Such information has been removed from the monthly report in order to reduce its length, and to enable better focus on the reported performance/actions.

3. Executive Summary

3.1 'Regulatory' Aggregate Scoring

The following sections summarise the impact of performance (which is reported within the detail of this document) upon aggregate scoring tools used by 'Regulatory' organisations.

3.1.1 NHS Performance Framework (Department of Health Indicators)

	Actual		Predicted		Published	
	Year to Date		YTD at end Qtr 1 2011/12		2010/11 Qtr3	
	Performance	PF Score	Performance	PF Score	Performance	PF Score
Operational Standards and Targets	Performing	2.49	Performing	2.85	Performing	2.64

The 2010/11 Quarter 3 results for the NHS Performance Framework were published on the 15th April 2011. The Trust continues to be rated as performing under the Department of Health's compliance rating.

This report has been updated to reflect the changes in service performance indicators for 2011/12 inline with the current published details via the Operating Framework. These changes are also reflected within the Monitor Compliance Framework where appropriate as detailed in section 3.1.2.

The Trust's own internal scorecard is included in Appendix 1 and includes forecast performance for Quarter 4 2010/11 based on the previous guidance and thresholds as well as the forecast for Q1 2011/12 based on new thresholds..

3.1.2 Monitor Compliance Framework (Foundation Trust Indicators)

In line with the Monitor performance reporting requirements, this report provides a four quarter predictive performance based on the known Monitor Compliance Standards. These predictions are based on known seasonality, historical performance and proximity to the published thresholds.

As previously reported to Board, Monitor undertook a consultation exercise on its approach to the 2011/12 compliance framework. Details of this consultation and revision to the compliance framework were published by Monitor on 31 March 2011. Key issues regarding the service aggregate score include:

- A&E - non-compliance weighting increased from 0.5 to 1.0 for Q1
- A&E - Q1 measure to be total time A&E ≤ 4 hours (95th centile)
- A&E - 5 new A&E measures from Q2 with compliance weighting of 1.0 for breaches of 3 or more measures
- 18 weeks – admitted/non-admitted 95th centile performance confirmed within aggregate scores
- Stroke indicators – remain under review and do not currently have a non-compliance weighting attributed.

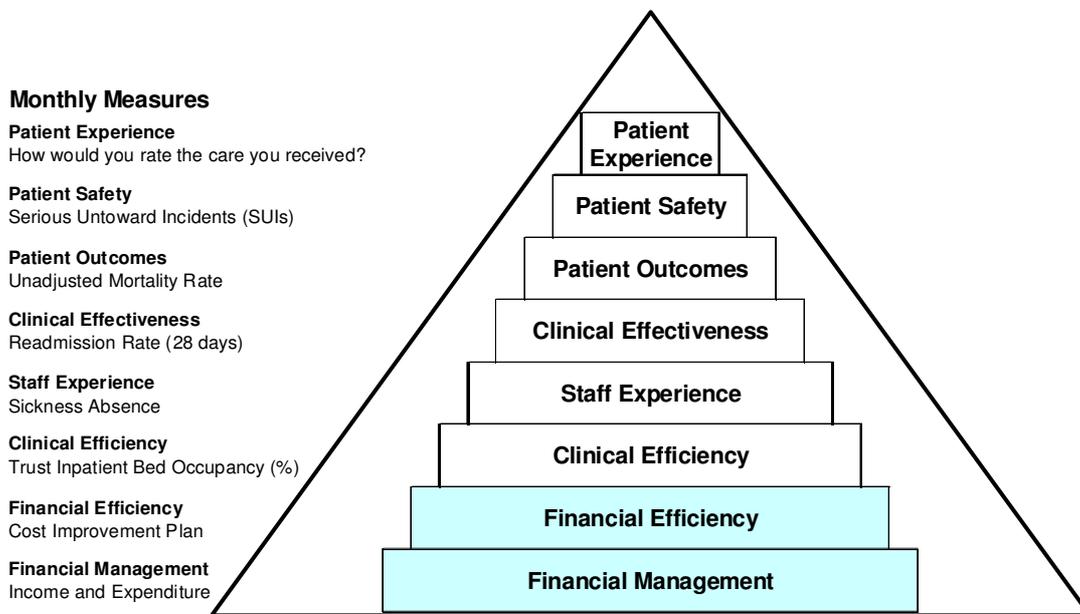
	Actual						Predicted		Predicted		Predicted	
	Month		Quarter to Date		Year to Date		2011/12 Qtr 1		2011/12 Qtr 2		2011/12 Qtr 3	
	RAG	Score	RAG	Score	RAG	Score	RAG	Score	RAG	Score	RAG	Score
Service Performance Aggregate Score		3.0		3.0		3.0	Amber / Red	2.0	Amber / Green	1.0	Amber / Green	1.0
Financial Indicators	Red	2.0	Red	2.0	Red	2.0	Red	2.0	Green	3.0	Green	3.0

Areas of concern

- Financial Indicators (Income and Expenditure surplus, and liquid ratio)
- RTT Waiting Times
- A&E performance

More detailed scorecards are included in Appendix 1

3.2 Quality Indicator Pyramid – Early Alert



Service initiative impact on quality is monitored on an ongoing basis. Key measures of quality are summarised in the early alert tool. These are analysed using statistical process control to improve sensitivity to identifying change. No quality indicators fall negatively outside of control limits for this month, however it is worth noting that the staff experience metric continues to show a sustained and significant improvement of 0.3% over 8 months.

4. Scorecard and Indicator Changes

4.1 Timeliness of Care - Emergency Department Measures

The Department of Health have recently re-released the performance measures for acute trusts contained within the 2011/12 Operating Framework. ED performance will continue to be measured as per the 2010/11 methodology with an expectation that the new ED measures will come into effect at the beginning of Q2.

The KPI Board Report will reflect this position and continue to publish the five new ED measures in shadow form during Q1. This shadow reporting will now include Type 2 patients (Eye Casualty) as indicated in the previous month's Board paper.

4.2 18 week measures

In addition to the new measures regarding elective performance (95th centile/median waits) it has been confirmed that the previous currency for measuring 18 week performance (90% admitted, 95% non-admitted) will be retained.

The KPI Board Report will therefore publish monthly performance against all eight of the 18 week measures. Currently it is unclear as to whether Monitor will make any further amendments to how its compliance framework assesses 18 week performance from that already published and presented to Board.

4.3 Strategic Objectives Scorecard Metrics

The Strategic Objective Scorecard reflects the metrics and targets identified as part of the Strategic Plan Process and reflected in our IBP and Annual Plan. The purpose of this scorecard is to focus attention on the main strategic issues for the Trust in the pursuit of its 2020 Vision. The Scorecard is reviewed on a quarterly basis but a number of those metrics are included within the Monthly Board Performance Report so that a sense of progress between the quarterly reporting periods maybe derived. Those measures already reported in the monthly Board Performance Report will therefore be highlighted in future, for example, by use of an icon (■)

There are three new measures that have been added to the KPI report to support the scorecard:

- Activity Management (Part of Delivering for Taxpayers)

- Increase in patients on clinical studies (Part of Excellence in Healthcare)
- Grow Defining Services (Part of Excellence in Healthcare)

4.3 CQUINS

The General CQUINS Standards have changed from April 2011 for the new financial year. The headline proposed titles can now be seen on the KPI report. Targets detail and monitoring have not yet been agreed with commissioners.

The new titles are:

- 1) VTE risk assessment – this is the same metric as the 2010/11 financial year with a target of 90% of all adult admissions having a VTE risk assessment upon admission.
- 2) Patient experience Improve Responsiveness to Personal Needs of Patients – this is the same metrics as the 2010/11 financial year. The new % improvement target is still to be agreed.
- 3) Gateway- this includes 16 existing national KPI indicators that must be met to qualify as a prerequisite to payment for Cquins 4-7.
- 4) Safer care- To reduce the number of patients having an inappropriate indwelling urinary catheter inserted during their hospital stay.
- 5) End of life - to increase the number of people who are able to die in a place of their choice
- 6) Care in most appropriate place- treating patients in the most appropriate setting (minimising avoidable admissions and A/E attendance)
- 7) Alcohol public health- to support the reduction in increasing/ higher risk drinking amongst patients attending hospital at ED and AMU

The Specialist Services CQUINS have yet to be proposed.

4.4 Timeliness of Admissions, Discharges and Transfers targets and measurement

The measuring for the timeliness of Admissions, Transfers and Discharges has changed to monitor entry onto CaMIS within 6 hours (This used to be within 12 hours). This has meant a drop in performance of 5.3%. The change is required to support the real time ADT project across the Trust.

The targets for the timeliness measures have also increased by 10% to help drive the improvement required.

4.5 Patient Experience - Same Sex Accommodation

In 2010/11, patients were asked 2 separate questions about whether they shared sleeping accommodation – before and after the first move. The year average for before first move was 19% and the year average for after was 6%. In April 2011, patients are being asked a single question about sharing of sleeping accommodation. The April result of 19% reflects the higher average for those stating they shared sleeping accommodation before the first move and aims to completely eradicate non-clinically justified same sex mixing.

5. Performance as at the end of April 2011 (Appendices 1, 2 and 3)

The scorecards showing current performance can be found in Appendices 1, 2 and 3. Also note that as this is the April board report, the scorecards contain full year performance where available for 2010/11 and the first month of 2011/12. All forecasts on the summary sheet where available are for 2011/12. The summary action plans to support the Red Indicators are included as Appendix 4.

5.1 18 Weeks RTT

As previously reported to the Board, a combination of planned elective capacity reduction in order to balance the Trust's financial position, agreed elective shutdown during December as part of the RAP submission to the SHA and loss of elective capacity in January due to non-elective demand have all led to an increase in the overall waiting list and a deterioration of the 18 week RTT performance as patients are having to wait longer for treatment.

Further actions to continue the Trust's recovery of its 18wk position are detailed in Appendix 4. At the request of the COO the Department of Health Intensive Support Team (IST) for 18 weeks attended the Trust on 5th April 2011. There is now a work programme from the IST to continue to work with the Trust around the 18 week recovery plan.

Admitted pathways

Recovery of the Trust's position across all the measures relating to the admitted performance are impacted by the current level of validated backlog and the ability to reduce this through the individual service run rates that exceed on-going additions to the waiting list. There are no magic bullets in terms of improving this area of performance given that principle that patients who have been appropriately referred and offered a treatment option need to have their treatment expedited as soon as possible where their current waiting times are outside of 18 week.

Target services will need to increase run rate of elective activity across Q1/2 in order to reduce backlog. This will lead to an increase in the in month clock stops for patients over 18 weeks as the Trust seeks to appropriately treat those with long current waiting times through booking in turn.

The aim will be to reduce backlog over this period to a sustainable level however in doing so there will be a continued level of under-performance against the 18 week admitted measures as the backlog of long waiting patients is reduced. It is expected that the Trust will achieve against the 18 week admitted standards with a sustainable backlog by Q2.

Non-admitted pathways

As the Trust has moved to appropriately treating patients in turn across the non-admitted elective pathway this has led to re-balancing the clock stops for patients referred on a consultant to consultant pathway as opposed to a direct GP referral.

Continued validations and targeted additional out-patient capacity across the Trust will reduce the backlog and improve non-admitted performance by end of Q1.

5.2 A&E performance

Performance against the current DoH target for emergency access continues as per 2010/2011 for non FT organisations. The Trust performance was under the 95% threshold in April.

Detailed actions to recover this position are identified in appendix 4 however key headlines are:

- The COO has placed the emergency pathway within the Trust on 'special measures' to support focused actions for rapid improvement of performance
- The Medical Director/Director of Nursing have instigated a clinical review of patients pathways through the Emergency Department
- A detailed action plan to recover and sustain the Trust emergency access performance has been submitted via PCT partners to the StHA.

6. Conclusions

- 6.1** Trust Board are asked to note the Key Performance Indicators Report and consider whether there is appropriate assurance regarding current and future performance.