

Board of directors Meeting

Report

Subject: Integrated Performance Report - Exception Summary Report

Date: 29 January 2015

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Executive Summary

Performance Summary: December 2014

Monitor Compliance

The Trusts performance for Q3 14/15 is 3 Monitor compliance points these are due to underachievement against RTT Non-Admitted, A&E 4 hour wait and C-Difficile.

As a consequence of the Trusts financial and governance risk ratings the Trust remains in breach of its authorisation with automatic over-ride applying a red governance risk rating.

Acute Contract

RTT

For the month of December 2014 the Trust has achieved the RTT Admitted and Incomplete Pathways standard but failed the RTT Non-Admitted standard which is classified as failure of the standard for the quarter.

The specialty level detail is shown below:

Pathway	General Surgery	Urology	T&O	ENT	Ophthalmology	Oral Surgery	Plastic Surgery	Cardiothoracic	Gastroenterology	Cardiology	Dermatology	Respiratory Medicine	Neurology	Rheumatology	Geriatrics	Gynaecology	Oth	Grand Total
Incomplete	92.96%	92.69%	91.02%	92.66%	95.68%	86.29%	91.25%	100.00%	91.99%	93.11%	93.93%	89.88%	90.35%	93.75%	94.34%	94.84%	92.92%	92.59%
Admitted	88.89%	94.66%	77.83%	91.80%	92.61%	71.43%	100.00%	-	100.00%	93.75%	96.59%	-	100.00%	-	-	92.41%	91.89%	90.16%
Non-Admitted	90.89%	90.53%	89.45%	94.70%	96.66%	88.64%	86.36%	100.00%	85.34%	96.63%	94.79%	92.64%	96.43%	93.24%	99.26%	97.18%	97.18%	94.26%

The Trust reported no patients waiting over 52 weeks on an Incomplete pathway at the end of December.

The Divisional Management Teams continue to manage the PTL closely in order to reduce the number of patients waiting over 18 weeks.

The Trust's Incomplete pathway performance has deteriorated in December, with the number of patients waiting over 18 weeks for treatment increasing to 1204 from 1188. This is mainly due to the impact of the winter pressures being experienced by the Trust and elective patients being cancelled.

The longest waiting patients are detailed below, with outcomes included.

	Current Week Group	Key Information	Source
1	49 Weeks	Clock Stopped, treated	Waiting List
2	45 Weeks	Clock Stopped, treated	Outpatients
3	47 Weeks	Clock Stopped, treated	Outpatients
4	46 Weeks	Clock Stopped, treated	Outpatients
5	46 Weeks	Clock Stopped, treated	Waiting List
6	42 Weeks	No TCI as yet	Waiting List
7	41 Weeks	Appointment 13/02/2015	Outpatients
8	41 Weeks	TCI 06/02/2015	Waiting List
9	41 Weeks	Clock Stopped, treated	Waiting List
10	40 Weeks	Clock Stopped, treated	Outpatients
11	40 Weeks	Clock Stopped, treated	Outpatients
12	40 Weeks	Clock Stopped, treated	Outpatients

Specialty Performance

The Trust under achieved the Non Admitted standard in December at 94.26% with an increased number of failing reportable specialty groups, these were General Surgery, Urology, T&O, ENT, Oral Surgery, Plastic Surgery, Gastroenterology, Dermatology, Respiratory and Rheumatology.

Admitted performance achieved bottom line performance in December in all specialties except General Surgery, T&O and Oral Surgery.

All but 6 specialties, T&O, Oral Surgery, Plastic Surgery, Gastroenterology, Respiratory Medicine and Neurology failed to achieve the Incomplete standard in December.

Due to the Trust under achieving against all 3 RTT standards at a specialty level the CCG and Area Team have requested further recovery plans and trajectories. These are to include the month when sustained achievement would be in place and the patient volume utilisation of Independent Sector Providers being used to aid achievement. Weekly tracking of patients is being undertaken to expedite patient treatment and escalate potential issues where required. Monitoring of the agreed action plans has been activated by both the Trust and CCG to ensure actions are being met. An additional piece of work has commenced to assess the impact of the winter pressures and elective patient cancellations against performance. This position is subject to the ongoing issues with Medway PAS.

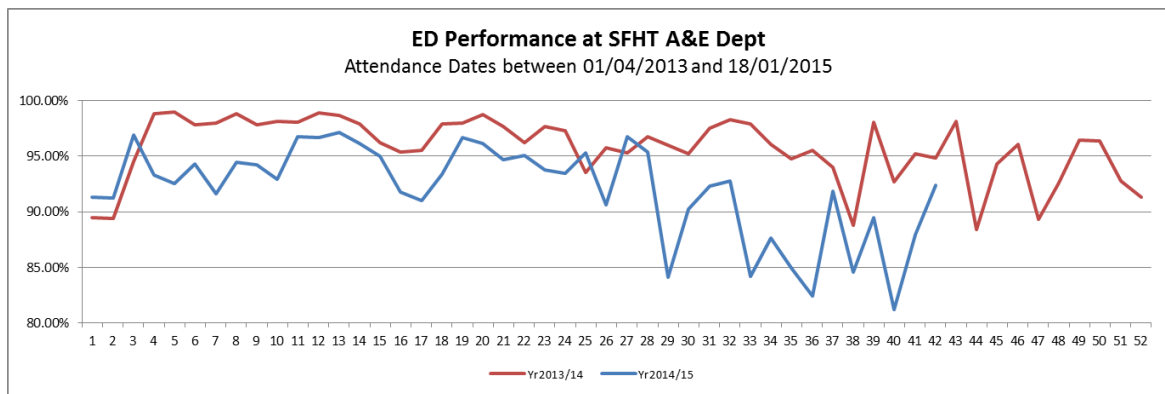
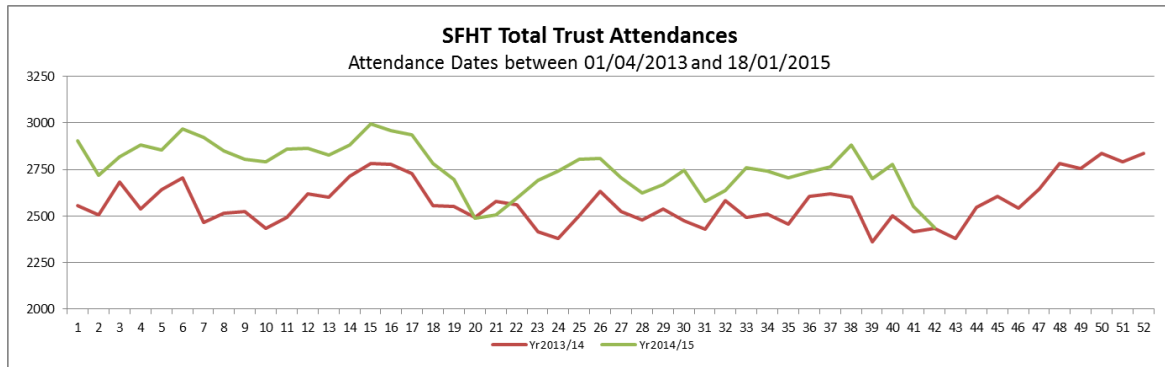
Due to the number of procedures cancelled the Trust has seen for the month of December 2014 1.1% of elective operations cancelled and 2.9% of patients breaching 28 Day guarantee.

Current projections for the month of January 2015 on all three RTT standards indicate underachievement for Admitted and Non-Admitted standards due to the increased number of cancelled patients as a consequence of the increased winter pressures and emergency demand.

ED

The Emergency Department Standard of 95% was not achieved in December 2014. Winter pressures on the emergency pathway that started in September have continued throughout the preceding months with December performance being 86.46%.

The graphs below provide both attendance and performance comparison from the previous year, clearly indicating the increase in patients attending ED and decline in performance against the national standard.



Within the emergency department a change in patient case-mix has been experienced with Resus and Majors increasing from the same period in the previous year.

Attendance Type Classification	13/14	14/15	Difference
Resus	2,521	3,139	+618
Majors	30,681	33,499	+2,818
Minors	46,495	45,678	-817
PC, Paediatrics & Walk In	27,297	33,673	+6376
Total	106,994	115,989	+8,995

An urgent recovery plan has been subsequently constructed extending and bringing forward actions in and outside of the trust in order to reduce bed occupancy which will in-turn improve emergency pathway flow and 4-hour ED performance.

In collaboration with other Mid-Nottinghamshire health and social care agencies an extended Urgent Care Working Group and was convened to escalate system wide schemes that were constructed to have had positive impact on performance. These included the following areas.

- Change of Signposting for Ambulatory pathways (and subsequent reduction in overnight

stays) – enabled by the recruitment of additional Consultant Acute Physicians In November

- Increased presence of Acute Physicians in ED sharing the load of increased patients/casemix of patients and reducing time to be seen and admissions
- Full utilisation of the discharge lounge now permanently situated in clinic 9
- Implementation of the transfer to assess (T2A) model and subsequent discharge of a large number of patients with delayed transfers of care (DTOCs)
- Commissioning of Non-Weight-Bearing Beds for patients who no longer require acute hospital care
- Improvement in the number of substantive middle grade ED doctors and therefore the reduction in time to be seen and improved decision making in ED
- Increase social worker capacity within the hospital with 7 day cover for social assessment
- Introduction of a Community Healthcare Assessment team in the emergency pathway reducing unnecessary admissions and ensuring responsive and collaborative working with the PRISM models

Although this plan projects significant improvements in the emergency pathway and within the emergency department it is set against a backdrop of increased attendances in ED, increased admissions through the elective pathway as well as increased numbers of delayed transfers of care and length of stay. This plan is also overseen by the System Wide Resilience Group.

From the 29th December to the week ending 4th January 2015 the Trust reported 17 patients waiting over 12 hours in A&E from decision to admit to admission (trolley waits). All of the breaches were due to lack of beds within in the Trust. The Trust remains on black alert due to the pressure of emergency flow throughout the economy and immediate learning form the incident has taken place, with escalation to Executive level for patients reaching 8 hours form Decision to Admit for resolution. There have been no further breaches of this standard since that period.

Appointment Slot issue (ASI): Rates

There are still issues with the number of patients waiting to be allocated appointments at SFHFT and additional capacity is being requested to cope with current demand as this is an on-going pressure. The overall ASI list has 353 patients requiring an appointment as at 20th January 2015 with longest wait being from October 2014 for Newark Vascular.

At specialty level the ASI pressures are focused in Dermatology (108 patients), Back Pain Orthopaedics (42 patients), Ophthalmology (Newark 13 patients), Urology (84 patients), Pain Management (Newark 8 patients) and Neurology Epilepsy (11 patients).

Cancer

In December the Trust is projecting achievement of 2WW Referral to 1st Appointment standard at 93.5% for the quarter; this is due to on-going specialty performance monitoring being undertaken along with additional outpatient capacity being planned in to manage the demand. This position is subject to the ongoing issues with Medway PAS.

2WW Breast Symptomatic is projected to achieve 96.5% Referral to 1st Appointment standard for the quarter, individual month improvement has been seen from October 2014.

For the month of December 2014 both 31 Day Surgery and 62 Day Screening are projected to fail the target. However, for Quarter 3 the Trust is projecting to achieve all other Cancer

Waiting Time standards, this is still an unvalidated position with 62-Day Cancer targets being closely monitored. For breach patients Route Cause Analysis being undertaken to identify the reasons for these breaches which will be fed back through the Cancer Unit Management Board for action.

Diagnostic Waiting Times

For the third consecutive month the Trust has underachieved against the 6 Week Diagnostic Waiting Times standard of 99% of patients waiting below 6 weeks for their diagnostic test.

The position has deteriorated from September 2014 with 170 patients waiting 6 Weeks plus at December 2014 month end, with 86 being attributed to Endoscopy and 70 to Sleep Study with the remaining 14 patients across the other diagnostics tests. Action plans have been produced to clear the backlog.

Cdiff

December performance continues to have a higher than trajectory number of patients being confirmed Trust attributable cases and for the quarter this financial year the Trust will not achieve the agreed quarterly standard. Further information in relation to actions being taken is contained in the Quality report.

Q4 14/15 Forecast Risks

As detailed above the key risks identified are:

- A&E 4hrs Wait achievement of 95% Monitor standard (high risk identified in narrative but not in the annual plan score template)
- RTT Standards non-achievement against Admitted and Non-Admitted
- Diagnostic 6 Week Waits non achievement
- Cdiff non-achievement of trajectory (identified as a risk at plan submission)
- ASI Rates breaching 5% Acute Contract Operational standard

Recommendation

For the Executive Board to receive this high level summary report for information and to raise any queries for clarification.

Relevant Strategic Objectives (please mark in bold)

To consistently deliver safe, effective high quality care achieving a positive staff and patient experience	To eliminate the variability of access to, and outcomes from our acute and community services
To reduce demand on hospital services and deliver care closer to home	To develop extended clinical networks that benefit the patients we serve
To provide efficient and cost effective services and deliver better value healthcare	

Links to the BAF and Corporate Risk Register	Principal Risk 1, 3 and 4
Details of additional risks associated with this paper (may include CQC Essential Standards,	

<i>NHSLA, NHS Constitution)</i>	
Links to NHS Constitution	Key Quality and Performance Indicators provide assurances on delivery of rights of patients accessing NHS care.
Financial Implications/Impact	The financial implications associated with any performance indicators underachieving against the standards are identified.
Legal Implications/Impact	Failure to deliver key indicators results in Monitor placing the trust in breach of its authorisation
Partnership working & Public Engagement Implications/Impact	
Committees/groups where this item has been presented before	The Board receives monthly updates on the reporting areas identified with the IPR.
Monitoring and Review	
Is a QIA required/been completed? If yes provide brief details	