

# Board of directors Meeting

# Report

**Subject: Integrated Performance Report - Exception Summary Report**

**Date: 26 March 2015**

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## **Executive Summary**

Performance Summary: February 2015

### Draft KPIs Report

As per the agreement at January 2015 Board a draft KPIs report has been developed. This is the second iteration of the report and now contains revised board level indicators post discussion with Non-Executive and Executive Directors.

### Monitor Compliance

The Trusts projected performance for Q4 14/15 is 5 Monitor compliance points these are due to underachievement against the RTT Non-Admitted, Admitted and Incomplete Pathways Standards, A&E 4 hour wait, 62 Day Cancer 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 February 2014 the Trust has under achieved against all three RTT standards Admitted, Non-Admitted and Incomplete Pathways which is classified as failure of the standard for the whole quarter.

The specialty level detail is shown below:

Pathway	General Surgery (grouped)	Urology	T&O	ENT	Ophthalmology	Oral Surgery	Plastic Surgery	Gastroenterology	Cardiology	Dermatology	Respiratory	Neurology	Rheumatology	Geriatrics	Gynaecology	Other	Total
Admitted	79.68%	81.58%	72.61%	81.43%	85.16%	54.90%	91.67%	94.74%	90.00%	92.50%		100.00%			88.14%	88.24%	82.51%
Non-Admitted	92.61%	87.57%	77.34%	93.82%	93.40%	90.23%	78.95%	85.77%	77.86%	93.49%	85.96%	88.89%	94.38%	98.67%	95.89%	95.69%	91.14%
Incomplete	86.15%	85.00%	85.64%	92.40%	94.28%	85.60%	90.41%	92.60%	89.64%	94.48%	89.30%	93.66%	93.64%	96.31%	90.35%	91.94%	89.76%

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

The Trust's Incomplete pathway performance has deteriorated in February, with the number of patients waiting over 18 weeks for treatment increasing proportionately from 9.20% to 10.24% of all incomplete pathways.

Whilst access to capacity has improved slightly from January position, the most significant contributing factor has been sickness. Consultant sickness has effected ENT, T&O,

Gynaecology, Endoscopy, Breast and Vascular services and has compromised a number these recovery plans as a result.

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

	<b>Current Week Group</b>	<b>Key Information</b>	<b>Source</b>
1	47 Weeks	Appointment booked	Outpatients
2	47 Weeks	Clock Stopped, treated	Waiting list
3	46 Weeks	Clock Stopped, treated	Outpatients
4	45 Weeks	On-going awaiting Dx	Outpatients
5	45 Weeks	Operation Booked	Outpatients
6	45 Weeks	Awaiting Dx	Waiting List
7	45 Weeks	Clock stopped on surveillance	Outpatients

Action plans and trajectories for recovery and sustained achievement of all three standards have been produced for Monitor and the CCG. These plans are now being amended to reflect the recent sickness and to compensate for loss of capacity. This includes increasing capacity through premium paid waiting list initiative clinics or through additional flexible workforce, plus where possible, outputs of transformation work to improve patient pathways resulting in net capacity gain.

External support has been not been as successful as planned. Sought from the independent sector (Ramsey, BUPA, Concordia, Circle, and Nuffield) to recover the admitted pathway in all specialties a number of factors have contributed to reduced success. Patient fitness and suitability has reduced the number of eligible transfers, together with a particularly complex and time consuming transfer process administratively and operationally.

Our overall aim is to maximise the current capacity secured at these centres. For particular specialties there has been an approach for assistance from neighbouring NHS Trusts (NUH, Chesterfield, Sheffield, and UHL) for Orthopaedics, Sleep studies, Dermatology, and elements of Gastroenterology. In addition we have sourced additional support for two services (Vascular and Oral Surgery) from NUH and UHL who have supported by providing clinicians to Sherwood Forest Hospital to support the delivery of activity.

Each individual specialty failing to meet the standards has a detailed action plan and trajectory developed indicating when compliance will be met and sustained. The original timing of this is as detailed below.

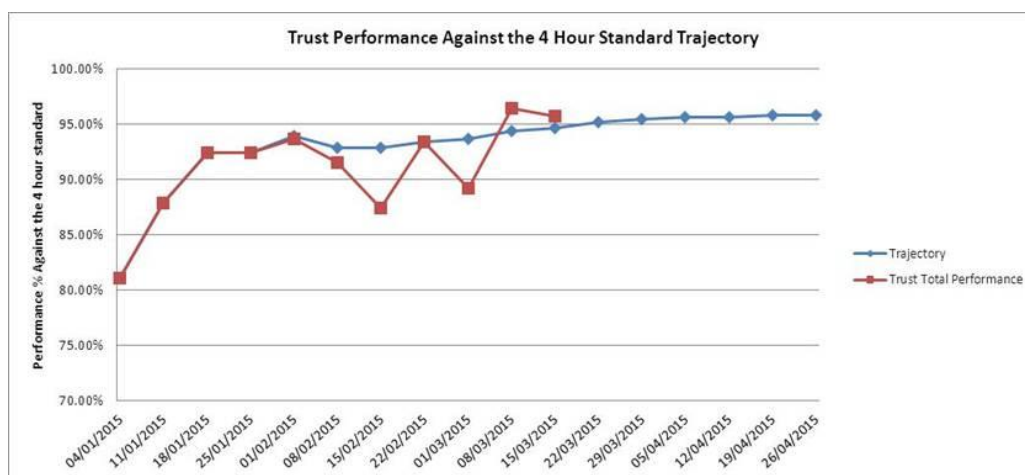
- All specialties except T&O, ENT and Oral Surgery will meet the Non-Admitted standard in April 2015.
- All specialties except T&O will meet the Admitted standard from April 2015.
- All Specialties except T&O will meet the Incomplete Pathways standard from March 2015
- T&O Incomplete compliance is from May 2015 and September 2015 for Admitted and Non-Admitted.

However, the current work programme on reviews and clinic outcomes for outpatients may impact on this timescale.

The monitoring of delivery continues to be tracked through the weekly CCG performance review of progress against the action plans and trajectory. This will feed into the System Resilience Group and monthly Quality and Performance Group.

## ED

The Emergency Department Standard of 95% was not achieved in February 2015. Although there was an improvement against the 4 hour emergency care standard the Trust did not improve in line with trajectory with only one week achieving the trajectory set.



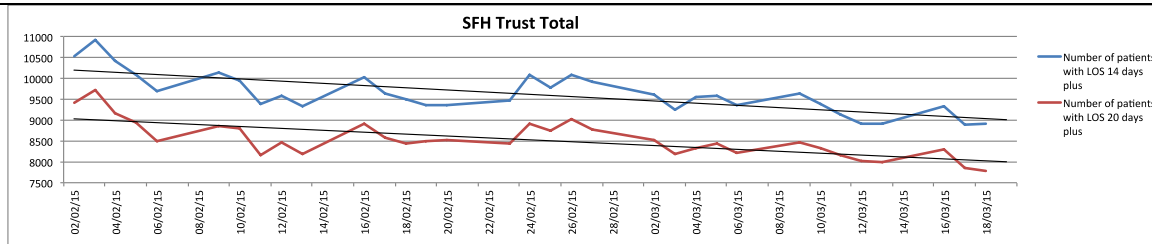
More recent performance in March has shown a marked improvement above trajectory for two weeks.

Throughout February inpatient capacity was maintained at “Black Alert” levels with additional bed capacity open on ward 21, ward 54 and EAU. Whilst this supported flow for a short period the underlying issues of long length of stay patients still remained.

The continuation of the multi disciplinary team approach to expedite very long length of stay patients started to make an impact but was not sustained with an increase in bed days in the W/C 22/2/15.

By combining this scheme with other improvements described in the comprehensive improvement plan; such as board round discharge, process escalation and strengthening site management this led to the reduction in medical patient outliers into surgery. This then had a compound positive impact as it let to a more sustained and downward trend in the number of bed days occupied.

The chart below demonstrates the reduction in the number of occupied bed days by long stay patients across the trust.



## Cancer

In February 2015 the Trust is projecting achievement of 2WW Referral to 1<sup>st</sup> Appointment standard for the quarter; on-going specialty performance is being monitored and additional outpatient capacity being planned in to manage the demand where required.

2WW Breast Symptomatic is projected to achieve 93.0% Referral to 1<sup>st</sup> Appointment standard for the quarter, this continued improvement has been from October 2014.

For the month of February 2015 62 Day Urgent Referral to Treatment is projected to fail the target at 77.1% this is due patient choice, patients being unfit, diagnostics being booked outside protocol or at extended/complex diagnostic protocol pathways. The January breaches fall across Lung (3), Upper GI (4), Breast (4), Sarcoma (1), Gynaecology (1) and Skin (2).

At 3<sup>rd</sup> March 2015 23 patients are waiting 62 Days or above for treatment a reduction from 39 in February 2015. Of the 23 patients 13 are waiting 100 days or over a reduction from 15 in February.

For Quarter 4 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

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

An improvement plan trajectory has been set with CCG and monitor to deliver the standard from April 2015. January to February performance did improve from 95% to 97% however did not meet the expected improvement trajectory target of 98.3%.

The areas that required significant improvement have shown improvements in line with the trajectory. Namely Sleep Studies, Audiology Assessments, Gastroscopy and Colonoscopy. Failure to meet the standard and trajectory therefore are for diagnostics not previously requiring significant improvement such as Cystoscopy and Cardiology Echocardiography. Cardiology was as a direct result of significant staff sickness (not long term) and an inability to cover with locum posts it is anticipated this will resolve within the month. Cystoscopy is more significant in number as a capacity shortage from two consultant vacancies was not covered by locums or other internal cross cover. There are however revised plans now in place to cover this shortfall in capacity, which will ensure the standard is met in April.

Cdiff

February performance deteriorated from previous month with 6 cases being reported. A full breakdown of the issue 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 for YTD and Quarter although month on month now reduced risk)
- RTT Standards non-achievement against Incomplete, Admitted and Non-Admitted
- Diagnostic 6 Week Waits non achievement (Achievement from April forecasted)
- Cdiff non-achievement of trajectory (identified as a risk at plan submission)

**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)**

<b>Achieve the best patient experience</b>	<b>Achieve financial sustainability</b>
<b>Improve patient safety and provide high quality care</b>	<b>Build successful relationships with external organisations and regulators</b>
<b>Attract, develop and motivate effective teams</b>	

<b>Links to the BAF and Corporate Risk Register</b>	
<b>Details of additional risks associated with this paper</b> ( <i>may include CQC Essential Standards, NHSLA, NHS Constitution</i> )	NHS Constitution failure to deliver standards
<b>Links to NHS Constitution</b>	Key Quality and Performance Indicators provide assurances on delivery of rights of patients accessing NHS care.
<b>Financial Implications/Impact</b>	The financial implications associated with any performance indicators underachieving against the standards are identified.
<b>Legal Implications/Impact</b>	Failure to deliver key indicators results in Monitor placing the trust in breach of its authorisation
<b>Partnership working &amp; Public Engagement Implications/Impact</b>	
<b>Committees/groups where this item has been presented before</b>	The Board receives monthly updates on the reporting areas identified with the IPR.

<b>Monitoring and Review</b>	
<b>Is a QIA required/been completed? If yes provide brief details</b>	