

# Board of directors Meeting

# Report

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

**Date: 23 April 2015**

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## Executive Summary

Performance Summary: March 2015

### Monitor Compliance – Quarter 4 Performance

The Trusts 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 March 2015 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	Urology	T&O	ENT	Ophthalmology	Oral Surgery	Plastic Surgery	Gastroenterology	Cardiology	Dermatology	Respiratory	Neurology	Rheumatology	Geriatrics	Gynaecology	Other	Total
Admitted	77.86%	83.33%	84.99%	88.76%	82.51%	29.55%	95.45%	96.53%	93.33%	90.34%	-	100.00%	-	-	81.55%	88.54%	79.38%
Non-Admitted	90.58%	88.04%	78.83%	92.05%	92.48%	85.31%	96.55%	86.71%	79.15%	95.13%	87.92%	88.46%	93.02%	99.70%	94.71%	94.98%	90.65%
Incomplete	86.36%	87.14%	83.77%	92.06%	93.08%	79.03%	92.94%	92.64%	89.57%	96.39%	91.58%	93.83%	96.79%	97.91%	90.16%	90.15%	89.39%

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

The Trust's Incomplete pathway performance has deteriorated in March, 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 the February position, performance overall has not improved in line with expectations. The most significant contributing factors have been sickness and booking of available capacity. Consultant sickness has affected ENT, T&O, Gynaecology and Endoscopy and has compromised a number of these recovery plans as a result.

Administrative capacity to deal with booking, missing outcomes and review list appointments is being enhanced with bank and agency temporary workforce. However these staff require significant training which is proving detrimental to the pace of recovery.

Data quality and the timely validation of pathway closure remains poor and is contributing to the overall poor performance across specialties particularly in the non-admitted and incomplete pathways.

Additional training of administrative staff is in progress and a review of clinical documentation has been undertaken. Specialty specific targeted validation has started, particularly 17-18 week patients.

There is an Outpatient Task and Finish group in place in April to respond to the missing and overdue issues and ensure the backlogs are managed down and sustainable continuing processes are in place to prevent any recurrence of events.

Action plans and trajectories for sustained achievement will be revised post addressing the missing outcome and overdue review list backlogs.

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

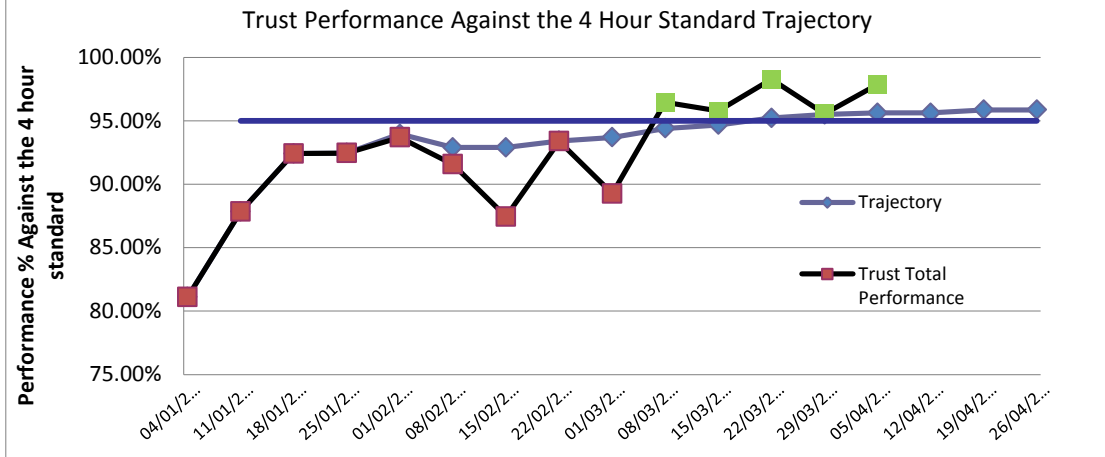
	<b>Current Week Group</b>	<b>Key Information</b>	<b>Source</b>
1	49 Weeks	TCI booked on 5/5/15	Outpatients
2	47 Weeks	TCI booked on 6/5/15	Wafting list
3	47 Weeks	Seen 23/4/15	Outpatients
4	46 Weeks	TCI booked on 5/5/15	Waiting List

Our overall aim is to continue to maximise the internal capacity available and provide additional capacity where required in both outpatients and admitted pathways. Joint work continues with NUH for vascular and maxfax patients and Sheffield for paediatric orthopaedic services.

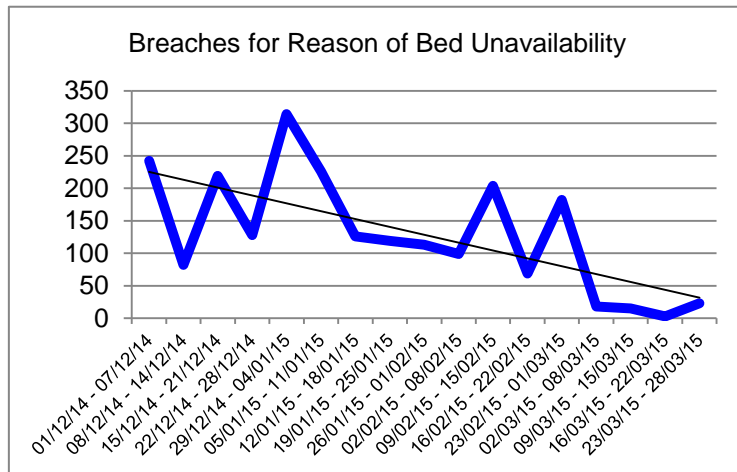
Assurance of progress to recover continues to be tracked through the weekly internal and CCG meetings. These outputs report into the System Resilience Group and monthly Quality and Performance Group.

**ED**

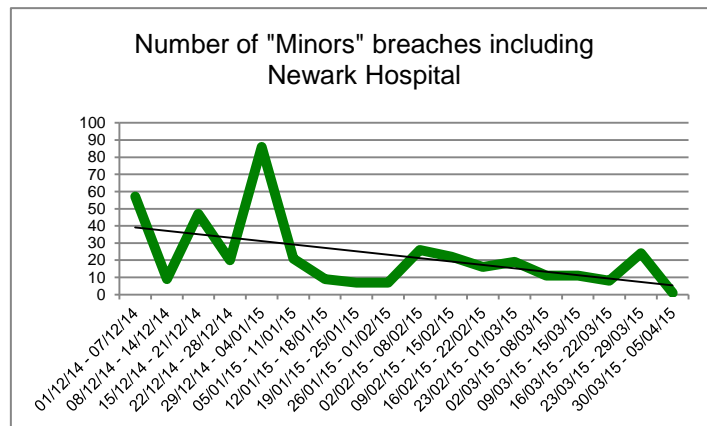
The Emergency Department Standard of 95% was achieved in March 2015. This marked improvement has exceeded the improvement trajectory sustainably each week from the 1<sup>st</sup> March and continues into April. Reviewing performance in recent years March performance traditionally is poor with only 1 in 5 previous years seeing such a significant step improvement in this period.



Examining the key reasons for this improvement confirms all three elements of the improvement plan are having an impact. The most significant improvement can be seen below as flow has improved and the number of breaches for bed unavailability has greatly reduced.



In addition to this within the ED itself improvements have led to reductions in the number of patients breaching the 4 hour standard who did not require inpatient care. The reduction in minors breaches although small in number demonstrate the impact of increased decision makers within the department as well as improvements in coordination, escalation and triage systems that have all been implemented in recent months.



## **Cancer**

In the month of March 2015 the Trust is projecting achievement of all of the cancer indicators.

For all breach patients Route Cause Analysis is undertaken to identify the reasons for these breaches and is analysed through the Cancer Unit Management Board for action.

At 31<sup>st</sup> March 2015 8 patients are waiting 100 days or over a reduction from 13 in February.

### **62 Day Classic – 4 patients**

1 x Breast – Patient choice to delay surgery, to come in date 08/04/2015, patient received surgery

1 x Lung – Interval scan due to clinical uncertainty, scan planned for mid-May 2015

2 x Urology – 1 patient is unfit for surgery due to Stroke, planned surgery date for mid-May 2015, 1 patient choice, CT-Urogram booked for 30th April 2015

### **Consultant Upgrade – 1 patient**

1 x Lung – Patient choice to delay diagnostic tests, patient has now been referred to NUH for surgery and is awaiting a date.

### **Screening – 3 patients**

1 x Lower GI – Patient had colonoscopy on 24th March, which confirmed no cancer found once the results were reviewed. Patient removed.

2 x Gynaecology – Both patients are pregnant with provisional dates in May 2015 and September 2015

For Quarter 4 the Trust is projecting to achieve all other Cancer Waiting Time standards, this is still an unvalidated position.

## **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. February to March performance deteriorated from 97% to 96.4% and did not meet the expected improvement trajectory target of 99.0%.

The areas that required significant improvement have shown improvements but not to the required level described in the trajectory. Key areas of underperformance are in Sleep Studies, Echocardiography, Cystoscopy, Gastroscopy and Colonoscopy.

Cardiology and Sleep Studies diagnostics improvement plans incorporate a twofold approach of restructure and increased capacity but coupled with significant staff sickness and inability to cover with locum posts this has led to unexpected levels of performance. It is anticipated this will resolve sustainably across Q115/16 as both capacity and new structures take effect. Cystoscopy is more significant in number as a capacity shortage from two consultant vacancies was not covered by locums or other internal cross cover.

## **Cdiff**

March performance improved from the previous month with 4 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:

- RTT Standards non-achievement against Incomplete, Admitted and Non-Admitted
- Diagnostic 6 Week Waits non achievement
- 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>	
<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>	