

Board of Directors Meeting Report

Subject: Integrated Performance Report – Exception Summary Report

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Executive Summary

This report has been developed in line with the revised Performance Framework and seeks to highlight issues of performance across two domains of operational performance and overall activity levels for the committee.

This report summarises performance against standards by exception detailed in the Integrated Performance Report (IPR – see attached).

Performance Summary: for the month of July

Monitor Compliance

The Trusts projected performance for Q2 15/16 is 2.0 Monitor compliance points. These are due to the following:

- Underachievement against the RTT Incomplete Pathways standard, (which equates to 1.0 points)
- Underachievement against the 62 Day Cancer standard (1.0 point)

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 August the Incomplete pathway RTT standard was achieved at 92.35%. (Against the 92% standard)

National reporting on RTT compliance has been agreed with both CCG and Monitor and as a result only the Incomplete Pathways standard will be contractually monitored. All standards will continue to be tracked locally in order to ensure patients receive appropriate access to care.

The admitted and non-admitted indicators did not meet the 90% and 95% levels previously set as standards. This was projected in line with improvement trajectories and

Performance improvement trajectories were agreed at the beginning of July with CCG, NHS England Area Team and Monitor. The trajectories describe the achievement of the Incomplete Pathways standard sustainably from September 2015. The trajectory numbers, demand/capacity plans and projections have utilised the methodology and analysis developed with IMAS (NHS England Intensive

Support Team) and our own CCGs.

August achievement of the standard is promising and shows improvement from the July position slightly ahead of trajectory set. August figures have incorporated a positive effect of number of patients who have yet to have their appointment booked under the classification of ASI (Appointment Slot Issues). These patients have not previously been incorporated within the Incomplete standard, with no explicit guidance previously available centrally. Advice from the HSCIC (Health and Social Care Information Centre) and the national Intensive Support Team has resulted in this now being included.

The agreed improvement trajectory is underpinned by a Trust level action plan developed in collaboration with IMAS. Beneath this Trust level action plan sit a number of specialty specific action plans developed with clinical teams to deliver achievement against the RTT standards on all specialties. These are monitored weekly at performance review meetings with CCGs to ensure that the improvements made thus far are sustained.

Incomplete Pathways - Performance Against 92% Standard													
Specialty	Jun-15				Jul-15				Aug-15				Trend
	<18 Wks	>18 Wks	Total	%<18	<18 Wks	>18 Wks	Total	%<18	<18 Wks	>18 Wks	Total	%<18	
General Surgery	1326	144	1470	90.20%	1320	160	1480	89.19%	1328	160	1488	89.25%	↑
Breast Surgery	245	7	252	97.22%	268	6	274	97.81%	230	2	232	99.14%	↑
Vascular Surgery	257	44	301	85.38%	244	38	282	86.52%	273	31	304	89.80%	↑
Urology	1007	108	1115	90.31%	1038	108	1146	90.58%	1095	85	1180	92.80%	↑
T&O	2187	299	2486	87.97%	2041	331	2372	86.05%	2180	305	2485	87.73%	↑
ENT	1308	91	1399	93.50%	1185	102	1287	92.07%	1303	99	1402	92.94%	↑
Ophthalmology	1351	75	1426	94.74%	1312	105	1417	92.59%	1761	66	1827	96.39%	↑
Oral Surgery	324	99	423	76.60%	399	105	504	79.17%	298	131	429	69.46%	↓
Plastic Surgery	68	3	71	95.77%	76	3	79	96.20%	78	4	82	95.12%	↓
Gastroenterology	1071	99	1170	91.54%	1195	133	1328	89.98%	1232	112	1344	91.67%	↑
Cardiology	618	71	689	89.70%	590	81	671	87.93%	731	77	808	90.47%	↑
Dermatology	884	30	914	96.72%	916	24	940	97.45%	1206	28	1234	97.73%	↑
Respiratory	571	35	606	94.22%	487	53	540	90.19%	627	47	674	93.03%	↑
Neurology	627	41	668	93.86%	577	47	624	92.47%	728	44	772	94.30%	↑
Rheumatology	233	2	235	99.15%	211	4	215	98.14%	269	11	280	96.07%	↓
Geriatrics	428	7	435	98.39%	399	14	413	96.61%	430	6	436	98.62%	↑
Gynaecology	1209	66	1275	94.82%	1147	93	1240	92.50%	1206	69	1275	94.59%	↑
Paediatric Surgery	27	11	38	71.05%	31	7	38	81.58%	39	1	40	97.50%	↑
Pain Management	420	42	462	90.91%	354	45	399	88.72%	379	41	420	90.24%	↑
Community Paediatrics	118	6	124	95.16%	157	4	161	97.52%	120	0	120	100.00%	↑
Paediatrics	442	26	468	94.44%	392	38	430	91.16%	396	28	424	93.40%	↑
Haematology	99	2	101	98.02%	100	4	104	96.15%	108	4	112	96.43%	↑
Podiatry	348	17	365	95.34%	341	20	361	94.46%	354	18	372	95.16%	↑
Endocrinology	164	5	169	97.04%	189	8	197	95.94%	206	11	217	94.93%	↓
Diabetic Medicine	75	4	79	94.94%	92	2	94	97.87%	101	1	102	99.02%	↑
Total Trust	15407	1334	16741	92.03%	15061	1535	16596	90.75%	16678	1381	18059	92.35%	↑

Please Note: E-Referral Appointment Slot Issue (ASI) patients are included from Aug 15

7 specialties are indicated as failing the standard, which group to national reporting of 5 specialties (when Vascular and General Surgery are combined and Pain Management combines with Other). This is more than the 3 specialties projected as failing in trajectories. Recovery plans for Gastroenterology and Oral Surgery are now being tracked through weekly performance meetings with CCGs in order to return to projected performance.

Three patients were waiting for in excess of 52 weeks for treatment in August. RCAs have completed for all three patients.

The first patient was an Orthopaedic patient that had their treatment unavoidably cancelled because of insufficient critical care capacity and surge of emergency cases. The patient then requested treatment to be deferred on two further occasions and finally gave unavailability from an extended

holiday for a period of 3 months. The patient is booked in for their treatment on 28th September at which point their wait will be technically adjusted to reflect the period of unavailability (in line with existing RTT Standard guidelines).

The second patient was also an Orthopaedic patient and gave a period of unavailability for 4 months whilst away on leave. The patient then DNAd two separate appointments (the final one being 17th September) after being contacted via telephone prior to the appointment. The patient will now be discharged and GP will be asked refer back to be treated when the patient is available.

The third patient was a Dermatology patient who was previously declared as waiting in excess of 52 weeks and did not attend have their treatment at the appointment in August. The patient chose not to have their treatment as they have a private appointment and has chosen a date to be treated in October with unavailability in September.

All three of these 52 week patients have RCAs that indicate either a gap in the existing access policy in managing the incomplete pathway or in one case the policy itself was not followed and the patient discharged. During August the Trust requested advice and guidance on the Access policy for patients accessing elective services, and a new policy is in the process of being redrawn based on this advice. In addition to this from October changes in the national guidance on elective care, means that patients that have been previously “paused” as part of the existing monitoring criteria, will no longer be counted in that way. This will mean a high number of patients will remain on the incomplete RTT standard beyond 18 weeks than currently. The 92% is modelled nationally to recognise that patients will in some cases make these decisions and as a result 8% tolerance should accommodate all of this change. Modelling and projections are being produced to understand what this would do to performance within the Trust, however through these changes there is therefore a risk that the 92% trajectory previously set will no longer be met in the same timescales.

ED

The Emergency Department Standard of 95% was not achieved in August 2015 but remains on track for Q2 with strong performance in early September. Breach analysis from the Emergency Department systems, is used on all patients that wait longer than the 4 hour standard.

Medical staffing in the Emergency Department and particularly out of hours was the most notable challenge and exception throughout August.

Waits to be seen by a senior doctor at times exceeded the standards set for initial review and treatment as well as delays accessing and admission bed because of poor flow.

Staffing levels within the Emergency Department particularly, but also in medicine in the wider context still have large proportions of agency and locum cover. Whilst staff that are employed by the Trust have leave that is proportionately distributed, it is more difficult to influence locum and agency medical staff during these summer months and as a result a number of the additional shifts put in place to more appropriately manage demand on the Emergency Department were unfilled.

This staffing position has improved in more recent weeks and into September and performance remains very strong through the first part of September.

Cancer

Cancer reporting for the 62 day standard continues to report weekly in recognition of national reduced levels of performance.

There has been no noticeable issues regarding Breast 2ww capacity during the Be Clear on Cancer Campaign which started on 13th July. This continues to be monitored.

There continues to be issues for urgent 2WW capacity for Upper GI as July final performance shows and this continues to remain a risk for Q2 performance. The Trust Wide performance remains above the tolerance and current projection indicates compliance against the standard for Q2.

The 62 day standard remains a high risk for Q2 with July reporting at 78% and projection for September indicating 78.8%. This is particularly visible in Urology due to delay in referrals for diagnostic tests/treatment, delay in access to diagnostic tests, and delays in timely clinical decision making. It is also visible in Upper GI with delay in access to diagnostic tests (endoscopy).

Overall the bottlenecks for all tumour sites continues to be through diagnostics particularly in radiology and endoscopy capacity, which are included in the key actions to address performance issues in the 62 Day Standard Improvement Plan.

The 62 day Standard Improvement Plan was submitted to Monitor at the end of August 2015. This sets out a detailed plan for improvement, in line with the 8 key priorities identified by the Cancer Waiting Times Taskforce (CWTT), in order for the Trust to meet and sustain the 62 day standard from February 2016.

In August 2015 the Trust was identified as one of 5 Trusts nationally to have a Deep Dive Visit from NHS England regarding 62 day performance. Comprehensive data and pathway information was collated for the visit which comprised of the NHSE team meeting with the Trust Executive Lead for Cancer & the Medical Director, Cancer Management Team, Information Services, MDT Lead Clinicians, Clinical Nurse Specialists, Divisional General Managers and Business Managers. Initial feedback to the Trust has been extremely positive and the anonymised report is due to follow after the NHSE Board on the 17th September 2015.

Diagnostic Waiting Times

The Trust has underachieved against the 6 Week Diagnostic Waiting Times standard of 99% of patients waiting below 6 weeks for their diagnostic test. 96.9%.

96.9% represents an unchanged performance (0.01% reduced) compared to the previous month, and falls short of the 99.79% trajectory set with CCG and Monitor. Although performance has not changed the overall number of breaches of the 6 week standard has reduced, however the total number of diagnostics has also reduced resulting in a poorer performance.

Unexpected and unavoidable technical issues with the mobile MRI scanner at Kings Mill Hospital have meant that capacity was lost, resulting in delays in scans (20 more breaches than previous month) as well as an overall reduction in the number (200 less scans than previous month). Resulting in a failure of the standard 97.76%. The issue is now resolved and capacity for scans has been increased temporarily in September in order to achieve the standard.

Performance improvement above trajectories have been sustained for three consecutive months in Echocardiography although Sleep studies performance has deteriorated in August because of lack of

bed capacity to manage inpatient paediatric studies. Bed capacity has improved through September and this is expected to be resolved.

Positive progress continues with the remaining diagnostics that have recovery plans, all of which reside within the Endoscopy department. Colonoscopy, Gastroscopy and Flexible sigmoidoscopy have improved month on month but still have not met standards. Most notable improvements are in Cystoscopy where performance has improved from 77.5% to 89.5% on the back of increased capacity and improvement in booking processes.

Q2 15/16 Forecast Risks

As detailed above the key risks identified are:

- RTT Standard Incomplete Pathways (As July did not meet the 92% standard)
- Diagnostic 6 Week Waits non achievement
- 62 day standard Cancer performance.

Activity

August ED activity is above the level reported in 2014/15 however has shown slight underperformance against plan (0.8%). In contrast to this casemix is above plan indicating a higher degree of complexity as financially ED has overperformed (1.0%) against plan.

Outpatient activity continues to be the most significant area of over performance within the trust in August. August activity shows that both First and Follow-up appointments are significantly above plan and 2014/15 levels. This represents the response to the two outpatient incidents identified late March, of which many patients are being completely reconciled and outcome swiftly and within the same month. Other improvements in booking efficiency (circa 10% improvement) and additional capacity management have also increased the activity in these areas.

Non-Elective and Emergency activity numbers in August 2015 are both above plan and increased from 2014-15 numbers, this excludes excess beddays. The emergency pathway continues to grow in the numbers of admissions.

As forecast in previous updates the number of excess beddays on the emergency pathway has shortly and severely reduced (48% reduction) as the improvements on the 14 day length of stay have now reduced to a more steady state and the positive impact in supporting earlier discharge for complex patients has removed some of the longest and most complex patients.

Elective performance in activity remains under plan in Inpatient although Daycase Activity is now slightly above plan. Daycase activity is largely driven by recovery in performance in Emergency Care & Medicine with Endoscopy as a key contributor. Inpatient is above plan however casemix has changed from previous months as income levels have dropped below plan despite the number of cases increasing.

Recommendation

For the Finance and Performance Committee to receive this summary report for information and to raise any queries for clarification.

Relevant Strategic Objectives (please mark in bold)

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

Links to the BAF and Corporate Risk Register	All domains of BAF and Corporate Risk Register should be considered. Trust IPR details all domains of performance.
Details of additional risks associated with this paper <i>(may include CQC Essential Standards, NHSLA, NHS Constitution)</i>	<p><u>Q2 15/16 Forecast Risks</u></p> <p>As detailed previously the key risks identified are:</p> <ul style="list-style-type: none"> • RTT Standard non-achievement against Incomplete Pathways • Diagnostic 6 Week Waits non achievement • 62 day standard Cancer performance.
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	N/A