

## Board of Directors Meeting

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

**Date: 5<sup>th</sup> November 2015**

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### **Executive Summary**

Performance Summary: for the month of September

#### **Monitor Compliance**

The Trusts 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 September the Incomplete pathway RTT standard was achieved at 92.25% although 5 specialties are failing the standard against the national reporting group (General Surgery, T&O, ENT, Oral Surgery and Cardiology).

Three patients were waiting for in excess of 52 weeks for treatment in September (General Surgery [x2], and Dermatology). RCAs have completed for all 3 patients. Work continues on improving outpatient services, concentrating on visibility of information, improving the administration of the service and continual assessment of capacity. This positions remains a risk.

The Access policy for patients accessing elective services is currently under consultation, and the new policy is in the process of being redrawn. In addition to this from October changes in the national guidance on elective care, means that patients that have previously had “paused periods” recorded on their pathway as part of the existing monitoring criteria allowing for adjustment of the total RTT waiting time once treated on the admitted pathway, will no longer be counted in that way. This will mean a higher number of patients will be treated 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 this. Further 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 90% trajectory previously set will no longer be met in the same timescales.

##### ED

The Emergency Department Standard of 95% was exceeded in September 2015 (96.4%).

A key contributor to the improved access target is the improvement in patient flow with fewer breaches attributable to insufficient capacity.

##### Cancer

A high number of 14 day breaches in September has resulted in the monthly 14 day standard not being met (90.9%). The impact on the quarter is that the Trust has narrowly achieved the standard at 93.3%.

62 day (classic) performance for September (86.5% versus 85% target) exceeds predicted performance in the 62 day Cancer Improvement plan. However, there are still a considerable number of patients on the PTL without diagnosis which is forecast to reduce performance on the October position. The position will not be sustained until February 2016.

**Diagnostic Waiting Times**

The Trust continues to under achieve against the 6 Week Diagnostic Waiting Times standard of 99%. In September only 96.08% of patients waited below 6 weeks for their diagnostic test.

Although positive progress had been made in September with the remaining diagnostics that have recovery plans, all of which reside within the Endoscopy department Cystoscopy ,Colonoscopy, Gastroscopy and Flexible sigmoidoscopy have deteriorated in September . A full recovery plan is in place with compliance projected for January 2016.

**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.

**Recommendation**

For the Board of Directors to receive this summary report for information and to raise any queries for clarification or to identify further issues to be addressed.

**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>	All domains of BAF and Corporate Risk Register should be considered. Trust IPR details all domains of performance. Compliance with Principal Risk 4
<b>Details of additional risks associated with this paper</b> <i>(may include CQC Essential Standards, NHSLA, NHS Constitution)</i>	<p><b><u>Q2 15/16 Forecast Risks</u></b></p> <p>As detailed previously the key risks identified are:</p> <ul style="list-style-type: none"> <li>• RTT Standard non-achievement against Admitted,</li> </ul>

	<p>Non-Admitted and Incomplete Pathways</p> <ul style="list-style-type: none"> <li>• Diagnostic 6 Week Waits non achievement</li> <li>• 2ww and 62 day standard Cancer performance.</li> </ul>
<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>	N/A