Sherwood Forest Hospitals NHS
NHS Foundation Trust

Board of directors Meeting Report

Subject: Integrated Performance Report - Exception Summary Report
Date: 27 November 2014
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Executive Summary

Performance Summary: October 2014

Monitor Compliance

The Trusts performance for Q3 14/15 is 2 Monitor compliance points these are due to underachievement against 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 second month in a row the Trust maintained achievement of all 3 RTT standards. The specialty level detail is shown below:

	General Surgery	Urology	T&O	ENT	Ophthalmology	MaxFax	Plastic Surgery	Thoracic Surgery	Gastroenterology	Cardiology	Dermatology	Respiratory Medicine	Neurology	Rheumatology	Geriatrics	Gynaecology	Other	Total
Incomplete	94.0%	94.1%	**90.7%**	94.2%	96.7%	94.1%	94.2%	**75.0%**	94.9%	94.7%	95.1%	**91.9%**	92.5%	99.2%	97.1%	97.1%	95.1%	94.4%
Admitted	91.0%	90.3%	**87.2%**	**89.1%**	94.8%	**77.2%**	94.1%	-	100.0%	100.0%	95.5%	-	100.0%	-	-	94.6%	94.6%	91.3%
Non Admitted	**94.7%**	**94.4%**	**91.6%**	96.9%	96.9%	**87.9%**	100.0%	-	**89.3%**	**92.8%**	96.7%	**92.9%**	**93.9%**	97.4%	99.6%	99.3%	97.5%	95.7%

The Trust reported no patients waiting over 52 weeks at the end of October.

The Divisional Mangement Teams continue to manage the PTL closely in order to reduce the number of patients waiting over 18 weeks. The longest waiting patients are detailed below, all of which will be treated during November.

	Current Week Group	Key Information	Source
1	48 Weeks	Patient treated 17.11.14	Non Adm
2	47 Weeks	Patient Treated 11.11.14	Non Adm
3	46 Weeks	Pt added to W/lists TCI	Non Adm
4	46 Weeks	Patient treated 06.11.14	Adm
5	46 Weeks	patient treated 07.11.14	Non Adm
6	45 Weeks	Clock stopped 10.11.14	Non Adm

The Trust's Incomplete pathway performance has improved further in October, with the

number of patients waiting over 18 weeks for treatment reducing to 819 which is a significant decrease from 1054 in August and shows the most improved position so far this year. This is a significant achievement and is representative of the work undertaken in the Divisions to achieve recovery and ongoing sustainability of the Trusts RTT performance.

Specialty Performance

The Trust achieved the Non Admitted standard in October by a greater margin than September but did have an increased number of failing specialties, these were General Surgery, Urology, T&O, Maxillofacial, Paediatric Surgery, Pain Management, Gastroenterology, Cardiology, Respiratory and Neurology.

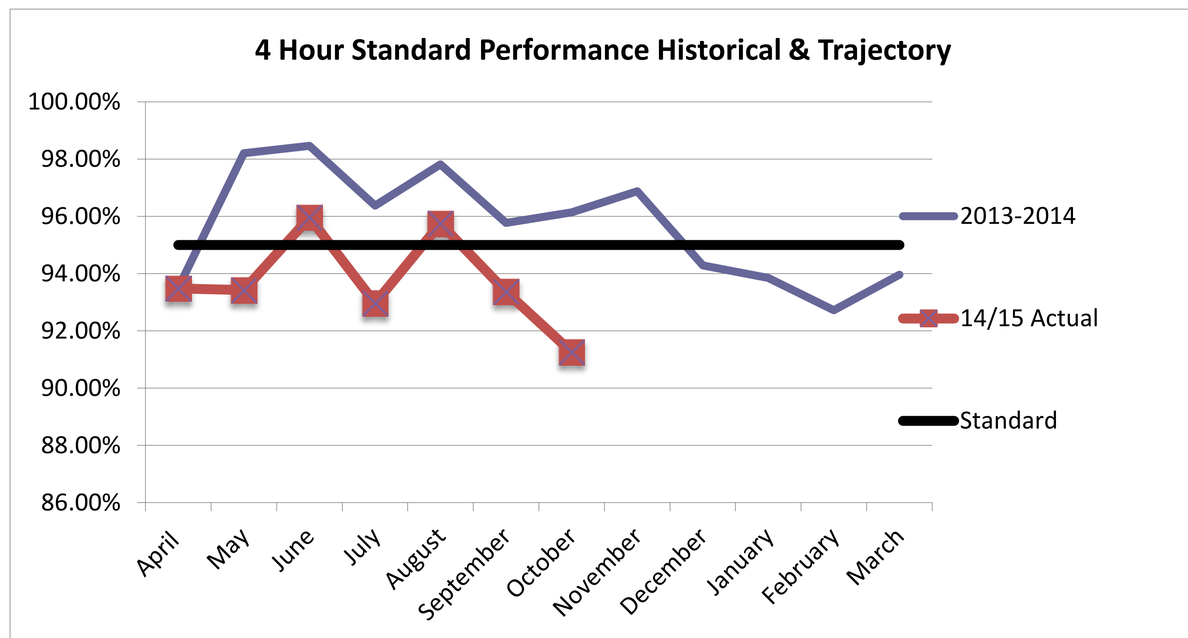
Admitted performance achieved bottom line performance in October in all specialties except T&0, ENT & Maxillofacial.

All but 3 specialties, T&O, Thoracic Surgery and Respiratory Medicine failed to achieve the Incomplete standard in September.

From November the Divisional Management Teams have all substantive appointments in place. This will enable the teams to focus on in-depth validation of data quality issues within the PTL to ensure achievement going forward, with the exception Trauma & Orthopaedics which included in the NHSE recovery plan, which will be complete by December 2014.

ED

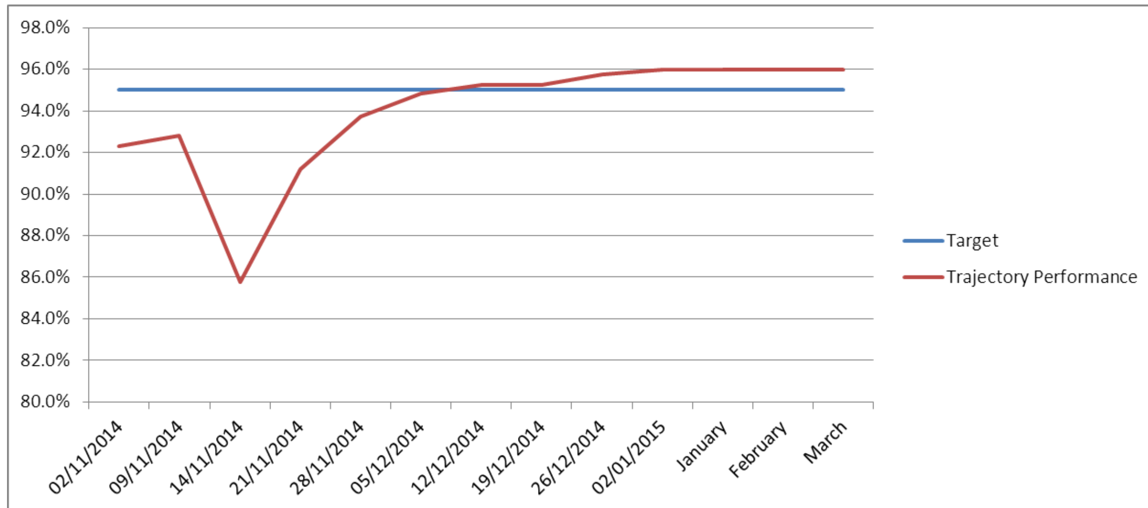
The Emergency Department Standard of 95% was not achieved in October. Winter pressures on the emergency pathway that started in Septermber have continued throughout October and despite escalation of mitigating actions only 91.3% performance was achieved.



An urgent recovery plan has been subsequently contstructed 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 was convened to escalate system wide schemes that were due

to have had positive impact earlier in the year. As a result shorter timescales have been agreed with support of short term funding in order to develop a new recovery trajectory.

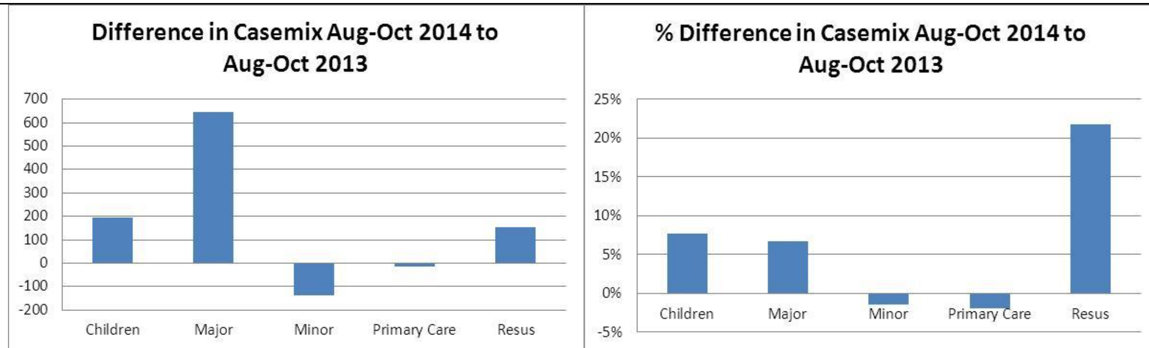


The trajectory above builds up the following improvements in emergency care system performance and reduced bed occupancy:

- 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 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 Assesment team in the emergency pathway reducing unnecessary admissions and ensuring responsive and collaborative working with the PRISM models (only for Newark & Sherwood Patients Currently)

This urgent and shortened timescales recovery plan will be partially implemented with full impact anticipated by mid December.

Although this plan is projects significant improvements in the mergency 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.



The marked difference in 4-hour performance in October shows the impact of such high utilisation of acute inpatient capacity and does demonstrate the risk of sustaining above 95% inpatient bed capacity. It is extremely unlikely that without the full effect of the external demand management and DTOC reductions the trust will achieve the 4 hour standard for the remainder of the year. However should these schemes deliver in the timescales described the 4 hour target be achieved and indeed improved performance to 96% is achievable.

Un-coded Activity

The level of un-coded admitted patient care spells at the 5th working day of the month has sustained performance at 6.3% (469 fce's) against the Clinical Commissioning Group target of 20%. This has been achieved by 2 Agency Coders (equating to 1.5wte) beginning working at the Trust in July 2014 and additional hours being offered to the clinical coding team which ceased at the end of October 2014. Performance is being closely monitored during November 2014 to ensure the backlog does not significantly increase.

The volume of un-coded episodes impacts the calculated HSMR rate as any patients not fully coded will fall within residual coding and not into the actual diagnosis group creating an incorrect HSMR rate, the rate is corrected on receipt of the final SUS reconciliation date for the relevant month. It is anticipated for the November SUS submission the level of October un-coded FCEs will approximately be 258 (3.3%).

ASI Rates

There are still issues with the number of patients waiting to be allocated appointments at SFHFT and additional capacity is in place to cope with current demand as this is an ongoing pressure. The overall ASI list has reduced by half since the end June 2014 and it should be noted that the Trust is experiencing a significant challenge in Maxillo-Facial surgery with an influx of referrals due to other providers removing their service from Choose and Book creating capacity and demand pressures.

At specialty level the ASI pressures are focused in Dermatology, Orthopaedics, Ophthalmology and Lower GI (Medical).

The Trust remains unable to provide the percentage of ASI's since June as the DH have informed Trusts that reports will no longer be produced due to changes in Information Governance rules covering patient identifiable data. Stating the data used to produce the report is under review and that currently no alternative is available. However, it is expected that a retrospectively monthly report will be made available to Trusts.

Cancer

In October the Trust is projecting achievement of 2WW Referral to 1st Appointment standard

at 93.6%, this is due to ongoing specialty performance monitoring being undertaken along with additional outpatient capacity being planned in to manage the demand.

2WW Breast Symtomatic is projected to achieve 100% Referral to 1st Appointment standard in October which was a significant improvement following failure of the standard in September.

In October the Trust is projecting to achieve all other Cancer Waiting Time standards with the exception of 62 day - 1st treatment standard. This is still an unvalidated position which will improve following inclusion of a number of tertiary patients but it is not expected to improve significantly enough to achieve the standard. There are currently 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.

The Trust is currently projecting achievement of all cancer waiting times targets in Q3.

Cdiff

October 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.

Q3 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)
- 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)	
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	
Details of additional risks associated with this paper *(may include CQC Essential Standards, NHSLA, NHS Constitution)*	
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	