Sherwood Forest Hospitals NHS
NHS Foundation Trust

Board of directors Meeting Report

Subject: Integrated Performance Report - Exception Summary Report
Date: 30th September 2014
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Executive Summary
Performance Summary: September 2014

Monitor Compliance

The Trusts performance for Quarter 2 14/15 is 4 Monitor compliance points these are due to underachievement against RTT Admitted and Non-Admitted, 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

The Trust achieved all 3 RTT standards in month, with Non Admitted performance being the most challenging, due to the number of over 18 week patients being treated in September following the NHSE incentive and has been achieved following significant validation work taking place.

	General Surgery (inc I	Urology	T&O	ENT	Ophthalmology	Maxillofacial Surgery	Plastic Surgery	Gastroenterology	Cardiology	Dermatology	Respiratory	Neurology	Rheumatology	Geriatrics	Gynaecology	Other	Grand Total
Incompletes	93.20%	94.41%	92.09%	93.62%	96.98%	92.14%	91.95%	93.10%	94.86%	95.91%	92.89%	93.40%	97.42%	98.10%	96.01%	94.58%	**94.23%**
Non Admitted	95.04%	91.74%	90.93%	95.75%	95.11%	89.76%	94.59%	94.08%	93.61%	95.50%	95.52%	98.61%	99.06%	100%	96.24%	96.05%	**95.01%**
Admitted	93.08%	90.41%	88.06%	93.94%	92.92%	85.71%	88.46%	95.24%	80.00%	95.67%	N/A	N/A	N/A	N/A	92.51%	93.75%	**91.06%**

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

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 by the end of October.

	Current Week Groups	Key Information
1	51 Weeks	Patient treated 06.10.14
2	50 Weeks	Patient due to be treated on 28.10.14
3	50 Weeks	Patient treated 07.10.14
4	50 Weeks	Patient treated 10.10.14
5	48 Weeks	Patient due to be treated on 24.10.14
6	47 Weeks	Patient due to be treated before end Oct

The Trust's Incomplete pathway performance has improved further in September, with the number of patients waiting over 18 weeks for treatment reducing to 887 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 by a small margin, this was closer to the target than expected due to failure of the following specialties, Urology, T&O, Maxillofacial, Plastic Surgery, Gastroenterology and Cardiology.

Admitted performance did achieve bottom line performance in September in all specialties except T&0, Maxillofacial, Plastic Surgery and Cardiology.

All but 2 specialties, Plastic Surgrey and Thoracic Surgery failed to achieve the Incomplete standard in September.

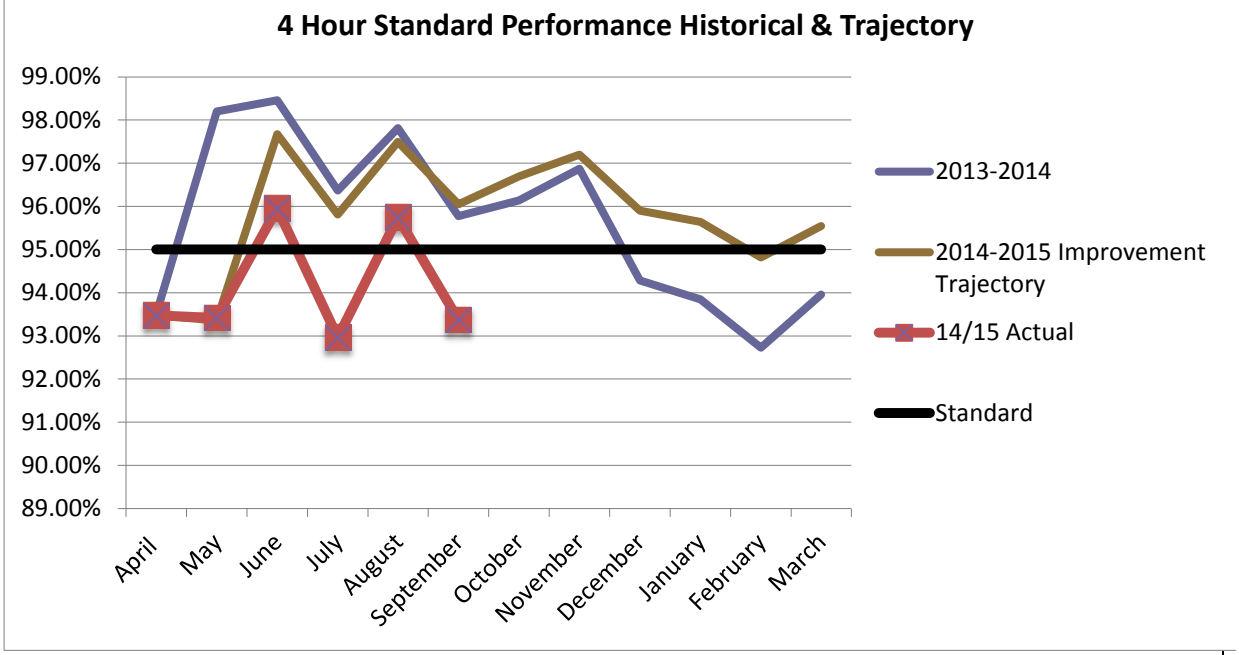
The Divisional Management Teams are now focussed on all failing specialties to ensure achievement going forward, with the exception of T&O and Maxillofacial as these have been included in an extended recovery plan in conjuction with NHSE and the CCG, which will be complete by December 2014.

ED

The Emergency Department Standard of 95% was not achieved in Septmeber. Although September performance was anticipated to reduce with the start of winter pressures, overall performance deteriorated below the 95% standard and the trajectory.

Demand overnight and into the early hours in ED has not significantly altered despite attempts to influence patients in particular those that may have seen a GP earlier in the day. This continues to be a significant challenge for the department, set against a backdrop of high agency utilisation for key middle grade doctors over this time. Recruitment continues aggresively for these posts, and September saw the start of the first two middle grade international recruits with all posts in ED recruited to but yet to commence. Although this success in recruitment will make a signficiant impact on the resiliance of the department at times of great pressure, the process of induction and full recruitment will have meant that there was no impact on September's performance.

It is estimated that the positive impact of middle grade recruitment will be felt into the new year January-February. Until that time alternative responses such as increased consultant presence and advanced nurse practitioners are being deployed in in an attempt to mitigate the risks of increased activity peaks. The Trajectory below shows anticipated improvements for the remainder of the year when key programmes of work are expected to take impact.



The recovery plan shared previously and monitored with the CCG at the Urgent Care Working Group, describes a number of significant schemes internal and external to the trust aimed at delivering sustainable performance. The timescales for these improvement schemes do stretch into Q3 as they involve a number of areas of recruitment as well as the substantial design, build and deployment of new services. (A key example of this is the Transfer To Assess social care scheme.) The current status of the improvement programme indicates some delay and high risk in a number of key schemes. Most notably the Transfer to Assess scheme, improvements in discharge and ward rounds as well as enhancement to the PRISM scheme in Mansfield and Ashfield . In response to this there has been considerable escalation and mitigating actions sanctioned with commissioners, social care and community health partners to increase the pace of delivering as well as expediting patients incurring delays. The regional urgent care working group tracks and monitors progress on a number of these schemes and has supported the increased impetus on these high impact improvements areas.

Both anticipated ED performance trajectory and bed utilisation projections projected September as a positive month however a degree of respite anticipated for September did not appear to be the case and came somewhat later in the month and into early October. This slight delay meant that September performance was poorer than anticipated but the bgginning of October was much more positive with a number of days of >98%. This respite will not continue indefinitely and pressure will return in October and sustain across the winter months (Q3 and Q4). Previous years and current year to date have shown extremely high demands on the emergency department and very high levels of adult inpatient bed demand and subsequent utilisation. Already within the first two quarters of year the emergency department have seen more than two thousand more patients through the system than the previous year. At the point of writing this report, in the first 19 days of October the Kings Mill Site had seen five hundred more attendances to ED.

Mitigation plans around the increase in bed capacity, increased utilisation of Newark hospital and bolstering ED and admission wards with senior medical capacity have been put in place, and further schemes around admission avoidance with Acute Physicians in ED and social housing and care officers working 7 days in ED and EAU are being put in place.

Un-coded Activity

The level of un-coded admitted patient care spells at the 5th working day of the month has significantly decreased to 7.4% (567 fce's) against the Clinical Commissioning Group target of 20%. This is sustainment from the previous month this financial year the level of un-coded activity has been below the locally agreed target. 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. The backlog has considerably decreased and work continues through October to improve the outstanding number with the development of new working practices as the current local agreements and agency coders will cease at the end of October 2014.

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 September SUS submission the level of September un-coded FCEs will approximately be 163 (2.1%).

ASI Rates

The Trust is still experiencing a high number of ASI's in the following specialties, Dermatology, Opthalmology, Gastroenterology, Urology and Paedeatric Allergy which are being addressed and managed by the Divisional Teams with both short and long term strategies.

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. We are still awaiting a retrospective report from DH.

Cancer

In September the Trust did achieve 2WW Referral to 1st Appointment standard at 93.5%, this is due to specialty performance monitoring being undertaken along with additional outpatient capacity being planned in to manage the demand.

The tumour sites with the largest number of breaches remains the same as previous months, these are Dermatology, Upper GI and Lower GI.

2WW Breast Symtomatic failed to reach the 93% target in September which is currently projected at 92.7% and is due to patients choosing to wait more than 14 days for their appointment.

The Consultant Upgrade Standard is also projecting to fail its local standard at 83.3%, due to the small number of patients within this category.

All other performance standards for September were met.

The Trust is currently projecting achievement of all cancer waiting times targets in Q2.

Cdiff

September 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.

Datix Incidents

Please note that the Datix reported incidents are a provisional figure, we have a number of outstanding incidents that are still awaiting Categorisation and severity coding due to the implementation of the new Datix reporting system, once this has been completed the figure will be refreshed to reflect this.

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	