Sherwood Forest Hospitals NHS
NHS Foundation Trust

Board of directors Meeting Report

Subject: Integrated Performance Report - Exception Summary Report
Date: 25th September 2014
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Executive Summary
Performance Summary: August 2014

Monitor Compliance

The Trusts performance for August 14/15 is 5 Monitor compliance points these are due to underachievement against RTT Admitted and Non-Admitted, A&E 4 hour wait, Cancer 2 Week 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 has failed to achieve the bottom-line position for the Non Admitted and Admitted standard in August 2014 as expected and in line with the Trust's RTT recover plan. With significant improvements being seen Incomplete pathways. These are detailed in the table below:

	General Surgery	Urology	Trauma & Orthopaedics	Ear, Nose & Throat (ENT	Ophthalmology	Oral Surgery	Plastic Surgery	Cardiothoraic Surgery	Gastroenterology	Cardiology	Dermatology	Thoracic Medicine	Neurology	Rheumatology	Geriatric Medicine	Gynaecology	Other	Total
Incompletes	92.42%	94.27%	91.16%	92.77%	95.74%	90.41%	91.35%	100.00%	93.12%	91.10%	95.50%	90.33%	96.72%	97.93%	98.07%	94.38%	93.96%	93.43%
Admitted	91.00%	85.19%	81.60%	88.66%	86.59%	70.83%	100.00%	N/A	100.00%	66.67%	98.48%	N/A	N/A	N/A	N/A	97.24%	85.83%	89.40%
Non Admitted	91.95%	85.45%	85.09%	93.39%	93.87%	72.86%	93.75%	N/A	88.94%	88.57%	95.26%	90.70%	94.05%	95.06%	98.97%	94.06%	94.00%	91.79%

The Trust has reported no patients waiting over 52 weeks for the second month in a row.

The Divisional teams have made improvements in reducing the number of patients waiting in excess of 40 weeks through management at the weekly PTL meetings. The longest waiting patients are detailed below:

Patient	Weeks Waiting	Specialty	Key Information
1	50 Weeks	Cardiology	Patient commenced treatment 01.09.14
2	49 Weeks	Maxillo-Facial Surgery	Patient declined treatment 03.09.14
3	49 Weeks	Maxillo-Facial Surgery	Patient has a TCI date of 16.09.14

4	48 Weeks	General Surgery	Patient commenced treatment 12.09.14
5	48 Weeks	Orthodontics	Treatment to be undertaken at Chesterfield - date to be confirmed
6	48 Weeks	Maxillo-Facial Surgery	Treatment to be undertaken at The Park - date to be confirmed
7	48 Weeks	Maxillo-Facial Surgery	Treatment to be undertaken at The Park - date to be confirmed
8	47 Weeks	Orthodontics	Treatment to be undertaken at Chesterfield - date to be confirmed
9	47 Weeks	Maxillo-Facial Surgery	Treatment to be undertaken at The Park - date to be confirmed
10	47 Weeks	Maxillo-Facial Surgery	Patient has a TCI date of 16.09.14

The total number of patients in August 2014 who were over 18 weeks was 1054 (-35) from previous month. Although this was only a small decrease between July and August this is a reduction of over 300 long waiting patients from the June 2014 month end position, which is a significant achievement.

Since the beginning of July 2014, as part national directive to decrease the volume of patients waiting over 18 weeks on an Incomplete Pathway and improve performance against all three RTT Standards, the Trust has undertaken additional Admitted and Non Admitted activity, resulting in over 9720 outpatient clock stops and 3642 admitted clock stop procedures over July and August. The table below details average month performance compared to July and August:

Period	Avg month	July	August
Admitted	1726	2066	1576
Non Admitted	4275	5688	4032

In turn this activity has enabled us to recover our Incomplete Pathway performance.

Specialty Performance

The Trust failed to achieve the non admitted bottom line position in all specialties except Rheumatology, Dermatology and Geriatric Medicine. This position was expected due to focus on clearing the backlog of long waiting patients and is planned to improve in September in line with the RTT recovery plan.

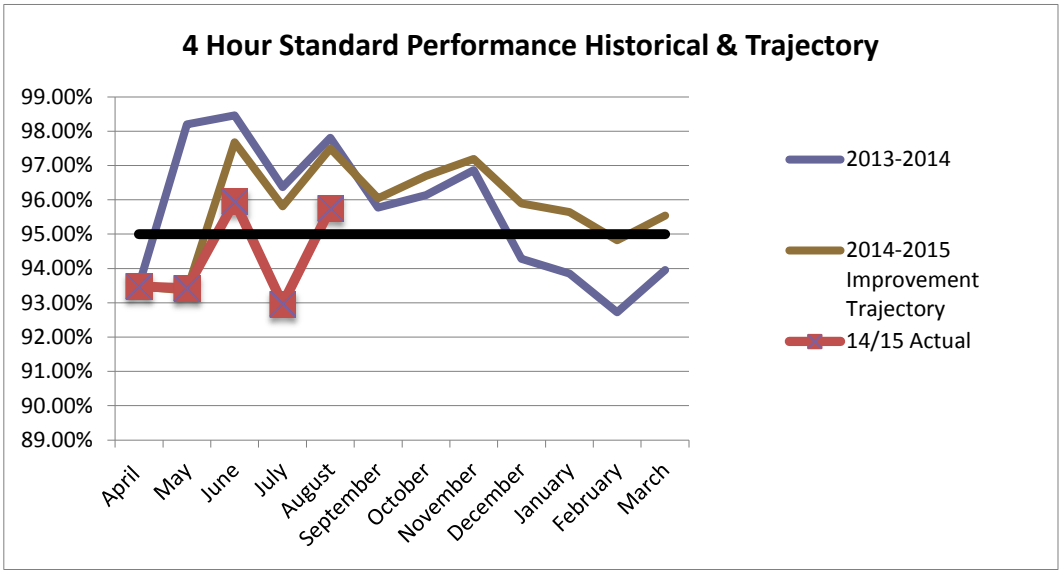
The Trust did see an improvement in its Incomplete pathways performance but failure was seen in T & O, Oral Surgrey, Plastic Surgery, Cardiology and Cardiothoracic Surgery.

Admitted performance failed to reach the bottom line performance in August and all specialties failed except General Surgery, Plastic Surgery, Gastroenterology and Dermatology due to the incentive to clear the backlog of long waiting patients.

ED

The Emergency Department Standard of 95% was achieved in August as anticipated. In line with previously presented recovery plans August did show a significant improvement in performance. Although there was an increase in performance it was not to projected levels expected in the trajectory.

Demand overnight and into the early hours in ED 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 agreesively for these posts, making use of private recruitment agency partners nationally and internationally. This has led to some success with 6 posts being offered to international doctors who are starting their visa stage in September. It is estimated that the positive impact of this recruitment will be felt into the new year January-February. Until that time alternatives responses such as increased consultant 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. (Such as discharge to assess social care schemes.) 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 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 transfer to assess 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 gave concerns regarding the month of July which with slight respite in August and September are

anticipated to return and be sustained 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 quarter of year the emergency department have seen more than a thousand more patients through the system than the previous year.

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, however, early indications and performance in September forecast not achieving the 4 hour standard for Q2.

Un-coded Activity

The level of un-coded admitted patient care spells at the 5th working day of the month has significantly decreased to 11.8% (829 fce's) against the Clinical Commissioning Group target of 20% from a June position of 33.0% (2434 fces). This is the first time 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 September to improve the outstanding number with the development of new working practices.

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 August SUS submission the level of August un-coded FCEs will approximately be 250 (3.6%).

ASI Rates

There are still significant issues with the number of patients waiting to be allocated appointments at SFHFT and additional capacity is being arranged in order to cope with current demand and this is an ongoing pressure. The overall ASI list has reduced by half since the end June 2014 to be just under 500 patients, it should be noted that the Trust is experiencing a significant challenge in Gastroenterology and Maxillo-Facial surgery with an influx of referrals due to other providers removing their services 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. The data used to produce the report is under review and we are advised there is currently no alternative is available. However, it is expected that a retrospective monthly report will be made available to Trusts in the near future.

Cancer

Number of patients being seen within 2 weeks of referral in August failed to meet the 93% standard 91.8% due to the number of patients choosing to wait over 14 days. This in month

performance does put Q2 performance at risk of achievement.

This is being addressed by performance monitoring at specialty level in order to focus the tumour sites with the largest number of breaches, currently these are Dermatology, Upper GI and Lower GI.

This was discussed at the Quality and Performance Group 17th September 2014, the current 2WW performance has also prompted a piece of work with the CCG in relation to variences in referral protocol across Newark & Sherwood and Mansfield & Ashfield GP practices.

2WW Breast Symtomatic also failed to reach the 93% target in August at 92.3%, although this is an in month failure the Q2 achievment will not be compromised.

For the month of August 2014 the 62 Day Cancer urgent referral to treatment standard was missed at 84.6%, however, projections for Quarter 2 remain at achieving and is being closely monitored.

We are currently projecting a performance of 100% for the Consultant Upgrade Standard.

All other performance standards for August were met.

The Trust is currently projecting achievement of all cancer waiting times targets in Q2, with the risk highlighted around 2WW referral to 1st appointment.

Cdiff

May performance continues to have a higher than trajectory number of patients being confirmed Trust attributable cases and the quarter will not achieve. 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.

Q2 14/15 Forecast Risks

As detailed above the key risks identified are:

- Non-Admitted RTT achievement of 95% Monitor standard (high risk identified in narrative but not in the annual plan score template)
- Admitted RTT achievement of 90% Monitor standard (high risk identified in narrative but not in the annual plan score template)
- 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
- 2WW referral to 1st appointment standard (risk identified in narrative)

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	