

Board of Directors Meeting

Report

Subject: Integrated Performance Report - Exception Summary Report

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Executive Summary

Performance Summary: February 2014

Monitor Compliance

Performance covering February 2014 remains at projecting four Monitor compliance points these are due to underachievement against RTT Non-Admitted and Admitted, A&E 4 hour wait, and the overall position for Clostridium Difficile Infection against the annual target.

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.

As indicated at February Board the IPR will be undergoing a review over the next 3 months to include an additional category covering a Data Quality Kitemark which will enable an assessment of data quality and robustness for each indicator. The initial starting point is the Monitor Compliance dashboard which contains a high level display indicating if the KPI has been subject to an external assurance review or internal audit conducted by the Trust in the last 12 months. External assurance covers Quality Assurance Data Quality Audit or Intensive Support Team review.

Acute Contract

RTT

The Trust has failed to achieve the bottom-line position for Non Admitted and Admitted RTT standards in February 2014 with all three standards having failing reportable grouped specialties; these are detailed in the table below. At the February board, it was reported that the volume of backlog patient is creating a significant risk to achieving the non-admitted and admitted pathways. Improvements to stopping clocks of non-admitted patients has resulted in patients moving from non-admitted to the admitted pathway after they have breached. To address the situation additional admitted patients both breach and none breach have a to-come-in date in March booked. This will result in the Trust breaching the 90% target but will create a more sustainable position going into 14/15. A risk still remains in achievement of the non-admitted position for April 2014, in-depth work is continuing with specialties to address patients at 14 weeks for both pathways and ensure they could still be treated however clinical ownership of these issues is a continuing issue.

The Trust has reported 10 patients on an Incomplete Pathway waiting over 52 weeks at February 2014 month end, these relate solely to Orthodontics. The Board has been previously briefed on the issue identified within this specialty and the actions being taken to resolve the matter.

RTT Specialty	General Surgery	Urology	T&O	ENT	Ophthalmology	MaxFax	Plastic Surgery	Cardiothoracic	Gastroenterology	Cardiology	Dermatology	Respiratory Medicine	Neurology	Rheumatology	Geriatrics	Gynaecology	Others	Total
Incomplete	89.12%	95.21%	88.18%	95.25%	95.67%	80.18%	95.51%	100%	93.95%	92.07%	97.31%	92.14%	93.76%	94.66%	95.33%	94.50%	92.09%	92.08%
Admitted	85.71%	93.13%	84.32%	94.44%	87.30%	67.11%	100%	-	100%	86.96%	98.46%	-	-	-	-	96.30%	81.44%	88.92%
Non-Admitted	91.87%	92.92%	91.04%	94.91%	95.64%	91.92%	100%	-	86.21%	97.58%	98.17%	95.71%	95.18%	98.85%	99.65%	95.91%	92.54%	94.18%

As a result of failure to achieve the original trajectories for RTT achievement from February 2014 and in addition to the revised recovery action plans a more significant management restructure was implemented in early February. This restructure supports the action plans and trajectories with additional capacity and experience in order to drive through improvements to sustainably deliver these standards.

With new management structures and improvement plans in place performance management meetings that review down to patient level detail will continue to monitor all areas of RTT performance. Sustaining performance for those that already achieve the RTT standards and subsequently for those specialties that currently underachieve. Although the impact of these meetings and restructures has yet to be fully quantified it is anticipated that it will deliver a much greater level of assurance than previously was in place.

However, if the Trust fails to achieve the recovery plans and trajectories a Failure to Deliver a Remedial Action Plan notice will be enacted along with the financial consequences, which is 2% of clinical income. There is also concern in relation to Monitor's view of this underachievement.

ED

The number of ED un-planned re-attendances has increased from 5.00% in January 2014 to 5.22% in February 2014 against a 5% target. This standard is variable from month to month with marginal movement from the previous months. The department continues to reiterate messages to patients regarding when to return, displaying messages to patients in the waiting room, working with high volume service users and revisiting advice leaflets to offer more specific advice.

In February Mansfield and Ashfield CCG led a high volume service users forum where it was identified that a number of preventative services that had previously been in place had stopped. An information governance restriction when PCTs become CCGs meant that invaluable reports detailing patients that could be reviewed at multi-disciplinary meetings could no longer be produced. The forum did however identify a strong action plan to work around these setbacks and will continue to monitor improvements that will impact the readmission target in future months.

Un-coded Activity

The level of un-coded admitted patient care spells at the 5th working day of the month has increased from 12.69% in January 2014 to 20.38% in February 2014 against the Clinical Commissioning Group target of 20%. 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.

The coding of deceased notes is being closely monitored to ensure coding takes place a timely manner and the patients being grouped into the relevant HSMR Diagnosis group. At 1st SUS submission March 2014 date the volume of un-coded FCEs was 980 (12%), the volume of un-coded FCEs has increased slightly compared to the previous month.

By continuing to reduce the current backlog this will give a sustainable position going forward, the internal target being set from April 2014 is at the time of initial SUS submission no more than 2% of FCEs for the month of submission will be un-coded.

ASI Rates

For the month of February 2014 Choose and Book Available Slot Issue (ASI) rate was 5% against a target of 5%; which indicates the Trust is maintaining slot availability for patients for a second month. Current performance at 9th March 2014 projects the Trust being at an ASI rate of 7% but it expected that this will improve. The executive team have met with Service Directors and Heads of Service to reiterate the importance of having sufficient capacity in place to enable low waiting times and treat within the 18 week timeframe.

Diagnostic Waiting Times <6Weeks

For the month of February 2014 the Trust has achieved against the target of 99% or above of patients waiting for a diagnostic test are under 6 weeks at 99.79%. No risks have been identified for achievement of the position for March 2014.

Cancelled Operations

In February 2014 1.04% of patients were cancelled on the day for their elective procedure against a target of $\leq 0.8\%$. This is a deterioration from January 2014 position. The overall volume of patients cancelled during the month equated to 35 with 13 (37%) being cancelled due to ward bed unavailability and 17 (48%) cancelled due to list overrun.

Quality

Patient Safety Incidents (Datix reported)

Datix Reported Incidents with severity coding of either 'Catastrophic death' or 'Severe harm' will be revalidated and re categorised to either patient safety related or Non patient safety related. Datix does not have the functionality at the present time.

Patient safety lead and the Clinical governance lead will be undertaking this piece of work to ensure robust and correct identification of Patient safety incidents for the start of the new reporting year.

February 2014 Successes

The Trust continues to receive 'excellent' for the NHS Friends and Family Test, with a consistent performance above the national thresholds.

Choose and Book Available Slot Issue (ASI) rate has been maintained through February 2014.

The volume of C-Difficile cases has reduced from previous months which has been the trend over the last 3 months.

Q4 13/14 Forecast Risks

Cancer 31 Day Subsequent Treatment Drugs is currently projected at 97.9% (target 98%). The volume of breach patients is two due to patient choice/unfit. An action plan is in place within the Cancer Pathway Team which includes putting extra resources in place to ensure that all treatments are captured with a view to look at bringing patients forward where appropriate. The expectation is this target will achieve for the quarter, there is no risk to the annual position.

The ED 4 hour standard trajectory forecasts that Q4 performance would drop to below 95.00% and will not be recovered with the days remaining in the quarter. 2013/2014 has been a much more successful year and both year to date and Q1-Q3 have achieved the 4 hour standard. February performance has failed to achieve the standard as predicted however for the month of March to date performance is above 95%.

Non-Admitted RTT Trust bottom-line 95% achievement remains a significant risk for quarter 4 as the Trust continues to address breach patients on an Incomplete Pathway.

Achievement of acquired C. Difficile infection against annual trajectory.

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 <i>(may include CQC Essential Standards, NHSLA, NHS Constitution)</i>	
Links to NHS Constitution	Key Quality and Performance Indicators provides 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	