Sherwood Forest Hospitals NHS
NHS Foundation Trust

# Board of directors Meeting Report

**Subject: Integrated Performance Report - Exception Summary Report**
**Date: 26 February 2015**
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**Lead Director: Sue Barnett, Director of Operations**

**Executive Summary**
Performance Summary: January 2015

## Monitor Compliance

The Trusts projected performance for Q4 14/15 is 4 Monitor compliance points these are due to underachievement against the RTT Non-Admitted, Admitted and Incomplete Pathways Standards, 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 month of January 2014 the Trust has under achieved against all three RTT standards Admitted, Non-Admitted and Incomplete Pathways which is classified as failure of the standard for the whole quarter.
The specialty level detail is shown below:

| Pathway | General Surgery | Urology | T&O | ENT | Ophthalmology | Oral Surgery | Plastic Surgery | Cardiothoracic | Gastroenterology | Cardiology | Dermatology | Respiratory Medicine | Neurology | Rheumatology | Geriatrics | Gynaecology | Other | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Incomplete | 89.99% | 89.13% | 87.53% | 92.40% | 93.09% | 87.57% | 85.71% | - | 93.93% | 86.47% | 93.13% | 89.43% | 88.44% | 93.56% | 94.61% | 92.82% | 92.90% | 90.80% |
| Admitted | 84.34% | 95.33% | 80.86% | 95.38% | 87.21% | 47.54% | 94.44% | - | 91.38% | 90.91% | 93.90% | - | 100.00% | - | - | 86.63% | 87.50% | 86.42% |
| Non-Admitted | 91.94% | 88.31% | 81.69% | 90.82% | 94.19% | 89.51% | 100.00% | - | 81.78% | 91.82% | 94.39% | 90.00% | 85.07% | 92.11% | 98.53% | 96.92% | 94.00% | 91.45% |

The Trust reported no patients waiting over 52 weeks on an Incomplete pathway at the end of January.

The Trust's Incomplete pathway performance has deteriorated in January, with the number of patients waiting over 18 weeks for treatment increasing to 1204 from 1565.
This is mainly due to the continued impact of the winter pressures experienced by the Trust and elective patients being cancelled and a reduced number being booked.

The longest waiting patients are detailed below, with outcomes included.

| | Current Week Group | Key Information | Source |
|---|---|---|---|
| 1 | 50 Weeks | Clock Stopped, treated | Outpatients |
| 2 | 48 Weeks | Clock Stopped, treated | Outpatients |
| 3 | 46 Weeks | Clock Stopped, treated | Waiting List |
| 4 | 45 Weeks | Clock Stopped, treated | Outpatients |
| 5 | 43 Weeks | No Date as yet | Outpatients |
| 6 | 43 Weeks | No TCI as yet | Waiting List |
| 7 | 42 Weeks | Clock Stopped, treated | Outpatients |
| 8 | 41 Weeks | No Date as yet | Outpatients |
| 9 | 41 Weeks | Appointment, April 2015 | Outpatients |
| 10 | 41 Weeks | No TCI Date as yet | Waiting List |
| 11 | 40 Weeks | No Date as yet | Outpatients |
| 12 | 40 Weeks | Clock Stopped, treated | Waiting List |

Action plans and trajectories for recovery and sustained achievement of all three standards have been produced for Monitor and the CCG. In order to accomplish this, a combined approach across all specialities has been sought, this covers increasing capacity through premium paid waiting list initiative clinics or through additional flexible workforce, plus where possible, outputs of transformation work to improve patient pathways resulting in net capacity gain.

External support has been sought from the independent sector (Ramsey, BUPA, Concordia, Circle, and Nuffield) to recover the admitted pathway in all specialties. Our overall aim is to maximise the current capacity secured at these centres. For particular specialties there has been an approach for assistance from neighbouring NHS Trusts (NUH, Chesterfield, Sheffield, and UHL) for Orthopaedics, Sleep studies, Dermatology, and elements of Gastroenterology. In addition we have sourced additional support for two services (Vascular and Oral Surgery) from NUH and UHL who have supported by providing clinicians to Sherwood Forest Hospital to support the delivery of activity.

Due to the sudden and unexpected loss of a Consultant we have also secured support from Sheffield and NUH to provide Paediatric Orthopaedic Surgery.

Each individual specialty failing to meet the standards has a detailed action plan and trajectory developed indicating when compliance will be met and sustained.

- All specialties except T&O, ENT and Oral Surgery will meet the Non-Admitted standard in April 2015.
- All specialties except T&O will meet the Admitted standard from April 2015.
- All Specialties except T&O will meet the Incomplete Pathways standard from March 2015
- T&O Incomplete compliance is from May 2015 and September 2015 for admitted and Non-Admitted.

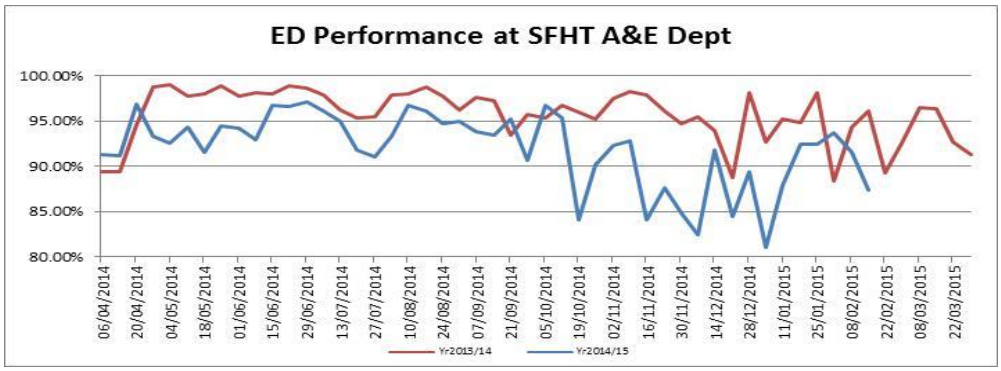
Assurance of delivery will be gained through the weekly CCG performance review of progress against the action plans and trajectory. This will feed into the System Resilience

Group and monthly Quality and Performance Group.
The trajectory projects achievement of all three standards for the Trust overall from April 2015, with Incomplete Pathways at February 2015 month end and Admitted for the month of March 2015.

ED

The Emergency Department Standard of 95% was not achieved in January 2015. Winter pressures on the emergency pathway that started in September have continued throughout the preceding months with January performance being 89.94%. Due to the under achievement against the original trajectory and sustained non-compliance of the ED standard a further revised action plan, trajectory and understanding of the position has been produced for Monitor and NHSE Area Team.

The original trajectory milestone of consistent performance of or above the 95% 4 hour standard was not met in the week commencing 18th January. Although performance did improve in this period it was not to the 95% standard and was set against a backdrop of previous poor performance over the holiday period. Although a drop in performance was anticipated over the holiday period the actual performance was significantly lower than expectations. The graph below depicts the weekly performance from 2013/14 and 2014/15:

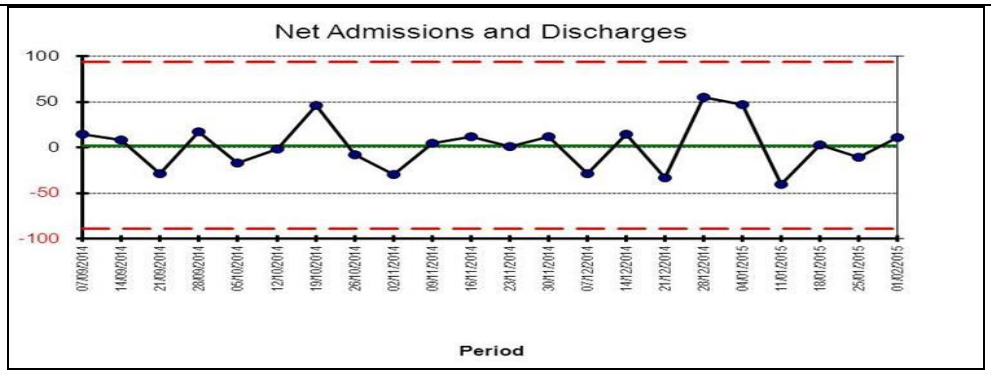



The Trust operates a performance system with causative allocation of breaches against the 4 hour 95 % standard in order to promptly identify route causation.
The breakdown of patient attendance type shows that nearly 80% of the breaches of the standard were in the majors area of the department with an increase in patients breaching in rhesus to 16% but a reduction in minor beaches down to 4% (from 16% previously in December ).

Lack of flow, and the inability to access appropriate inpatient beds is a complex issue largely reflective of the emergency patient pathway through a

Net discharges and admissions is a leading indicator directly related to length of stay and reflects the increased occupancy which will in turn lead to breakdown in flow.

In order to maintain flow the net admission versus discharge should be as close to 0 as possible. During the two from 22 December 2014 to 4 January this variation was particularly pronounced and two weeks of admissions were above 2 control limits from the norm, in essence admitting more than 100 more patients than discharged. This was a key contributor to unavailability of inpatient bed capacity for emergency patients. This is visible below:



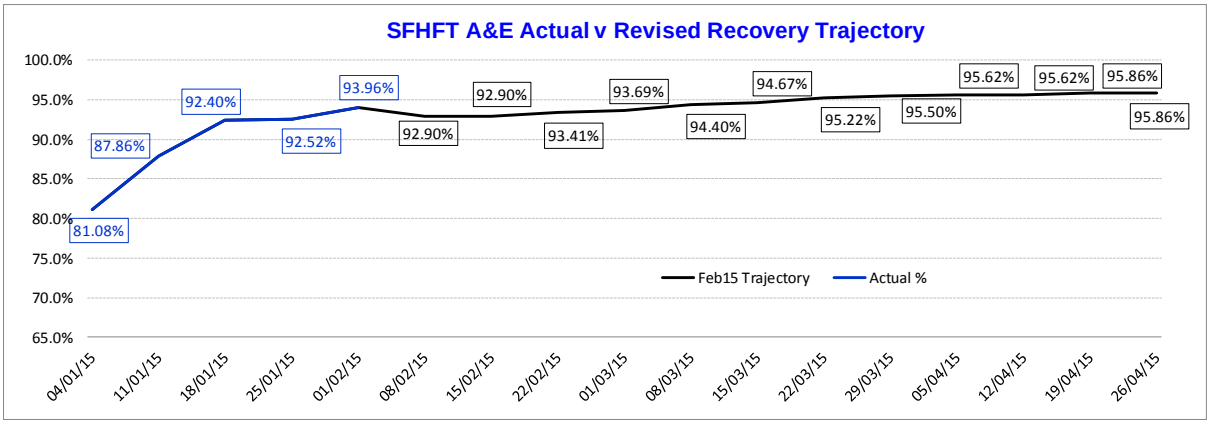

The length of stay also had a particular spike in the period prior to the 18th January milestone which remained high into the 25th January. It continues to show that patients are staying longer than the previous year.

Understanding the length of stay in more detail using a subset (those patients who are more complex and have length of stays greater than 14 days) it is these patients that will have been key contributors to both the change in net admissions and discharges as well as length of stay. In summary nearly half the normal number of complex discharges took place over this period, which was then followed by an increase but did not compensate by the milestone period of 18th January. This is being addressed by the Trust and the economy via the system resilience group plan.

These key underlying issues that caused the trust to not meet the standard in the week commencing 18th January have formed the basis for the new trajectory alongside embedding the actions already taken. This trajectory surmises a great deal of detailed work in three key areas.
The first is the expectation of minimal breaches for minors patients using new protocols which includes the collaborative approach to this with partner primary care organisations in responding to this.

The second area addresses major attendance type patients and builds on the improvements made already around streaming and reduction in time for assessment and treatment.

The final area is discharge based and focuses on consistent and rigorous discharge behaviour with daily senior decision maker board rounds reducing variation in length of stay and net admission versus discharges combined with the economy 'pull team' daily activating management plans for complex discharges.



ASI Rates

Issues remain with the number of patients waiting to be allocated appointments at SFHFT and additional capacity is being requested to cope with current demand as this is an on-going pressure.
The overall ASI list has 667 patients requiring an appointment as at 17th February 2015 with longest wait being from November 2014 for Paediatric Allergy.

At specialty level the ASI pressures are focused within Dermatology (51 patients), ENT (92 patients), Ophthalmology (103 patients), Urology (142 patients), and Gynaecology (35 patients).

Cancer

In January 2015 the Trust is projecting achievement of 2WW Referral to 1st Appointment standard at 94.4% for the quarter; on-going specialty performance is being monitored and additional outpatient capacity being planned in to manage the demand where required.

2WW Breast Symptomatic is projected to achieve 98.0% Referral to 1st Appointment standard for the quarter, this is continued improvement has been from October 2014.

For the month of January 2015 62 Day Urgent Referral to Treatment is projected to fail the target at 80.9% this is due patient choice, patients being unfit, diagnostics being booked outside protocol or at extended diagnostic protocol and complex diagnostic pathways. The January breaches fall across Lung (3), Upper GI (4), Breast (4), Sarcoma (1), Gynaecology (1) and Skin (2).

At 12th February 2015 39 patients are waiting 62 Days or above for treatment, the split by tumour group is Breast (3), Lung (5), Haematology (1), Upper GI (4), Lower GI (9), Gynaecology (4), Urology (11) and Head & Neck (2). Of the 39 patients 15 are waiting 100 days or over, the case-notes for these patients are being reviewed by the Cancer Lead Clinician with relevant actions being expedited.

For Quarter 4 the Trust is projecting to achieve all other Cancer Waiting Time standards, this is still an unvalidated position with 62-Day Cancer targets being closely monitored.

For breach patients 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.

Diagnostic Waiting Times
For the fourth consecutive month the Trust has underachieved against the 6 Week Diagnostic Waiting Times standard of 99% of patients waiting below 6 weeks for their diagnostic test.

The position has deteriorated further from December 2014 with 220 patients waiting 6 Weeks plus at January 2015 month end, apportioned as follows 78 Endoscopy, 72 Echocardiography and 53 Sleep Study with the remaining 17 patients across the other diagnostics tests. Action plans have been produced to clear the backlog and trajectory produced with achievement and sustainment from April 2015.

Cdiff

January performance improved from previous months, however, overall the Trust continues to have a higher than trajectory number of patients being confirmed Trust attributable cases and for this financial year the Trust will not achieve the agreed standard. Further information in relation to actions being taken is contained in the Quality report.

Draft KPIs Report
As per the agreement at January 2015 Board a key first draft KPIs report has been developed for discussion and agreement on for moving towards the new format and inclusion of any additional KPIs.

**Q4 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)
- RTT Standards non-achievement against Incomplete, Admitted and Non-Admitted
- Diagnostic 6 Week Waits non achievement
- 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** | |