

Finance and Performance Committee Meeting

Report

Subject: Integrated Performance Report –Exception Summary Report
 Date: 20th May 2015
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Executive Summary

Draft Performance Summary: April 2015

Monitor Compliance

The Trusts projected performance for Q1 14/15 is 2 Monitor compliance points these are due to underachievement against the RTT Non-Admitted, Admitted and Incomplete Pathways Standards. The Trust has had 4 incidents of C-diff which is on plan. The cancer 2ww standard has not been met.

ED performance remains above the 95% 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.

Acute Contract

RTT

For the month of April 2015 the Trust has is showing under-achievement against all three RTT standards Admitted, Non-Admitted and Incomplete Pathways which is classified as failure of the standard for the whole quarter.

Standard	April -15* Reported performance
Admitted Patient Care (90% of patients treated within 18 weeks)	79.60%
Non Admitted Patient Care (95% of patients treated within 18 weeks)	89.91%%
Incomplete Pathways (92% of patients complete pathway within 18 weeks)	90.17%

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

The Trust's Incomplete pathway performance has improved in April; this is a direct result of managing the unreconciled volume. This is also reflective in the non admitted performance.

Capacity has improved from the March position but as expected, performance for admitted has dropped in April and will continue into May whilst services continue to clear the number

of patients in the over 18 week category. The services with the most significant issues are T+O, General Surgery, Urology, Vascular and Max fax. There has been successful recruitment to the booking team and the call centre is now staffed with temporary workforce to manage patient enquiries. However the booking team remain under extreme pressure due to the volume of calls being received.

Although significant work has been achieved in managing the unreconciled patients, further challenges regarding overdue review patients needing follow-up appointments continue. This will continue to impact on non admitted performance until resolved. Data quality and the timely validation of pathway closure remains inconsistent. These elements of work are part of the Outpatient Improvement Programme of work.

Further plans and a new trajectory will be provided in June (as draft) following successful clearance of the overdue reviews and unreconciled .This includes 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.

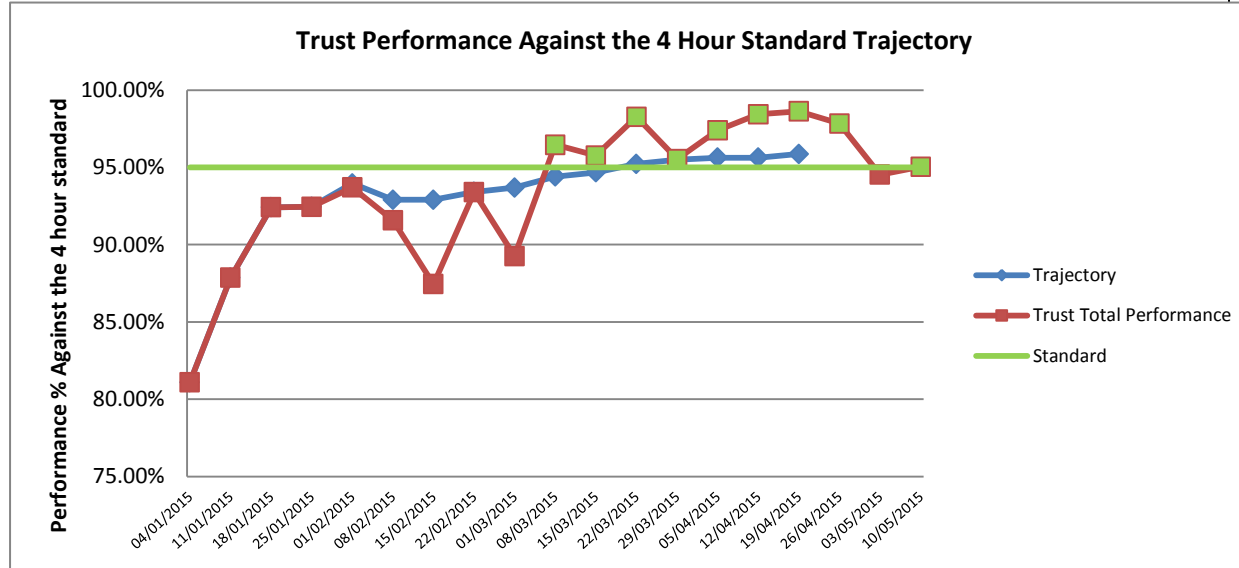
External support with the IS continues for laparoscopic work and some General surgery, with support from NUH to clear the longwaiters in vascular. Further consideration is being given to the use of IS for cataracts to assist ophthalmology recovery of overdue reviews and ASI management.

Assurance of recovery continues to be tracked through the weekly CCG performance review and will feeds into the System Resilience Group and monthly Quality and Performance Group.

Long Waiters

Oral Surgery	43	Awaiting NUH appointment
Respiratory Medicine	42	Booked 24/6/15 Patient choice
Endocrinology	42	Booked 22/5/15
Paediatrics	42	Awaiting NUH genetics
Oral Surgery	42	Awaiting clinical decision
Oral Surgery	42	Booked 3/6/15
Oral Surgery	42	Appointment required- patient DNA
Oral Surgery	41	Booked 24/6/15 Pt choice
Gynaecology	41	Awaiting patient self test- ? discharge
ENT	40	Booked 25/6/15

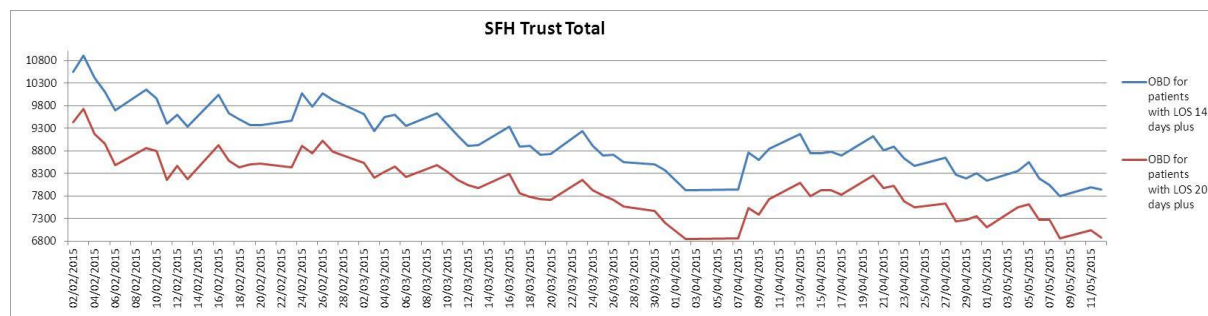
The Emergency Department Standard of 95% was achieved in April 2015 at 97.48%. This marked change exceeded the improvement trajectory sustainably each week from the 1st March and throughout April. Reviewing performance in recent years for both March and April performance has historically been poor and only 1 in 5 previous years seen achievement of the standard.



On 27th April the run of 33 days of achievement came to an end with a sudden increase to 49 breaches in a single day. In the breach analysis carried out on 28th April, the causes were clearly identified and immediate action was taken to rebalance the hospitals metrics and achieve the standard within 48hrs. Such a positive and swift response has not been experienced for more than 12 months.

The major cause of that short failure was due, principally to the gradual saturation (from 90-91% occupancy to 96%+ occupancy) of the Hospitals' bed-stock in the week leading up to the breach on the 27th.

Improvements in the process around managing long length of stay patients, specifically of 14 days or greater, has continued to show impact, however the result of bank holiday weekends can be seen with some increases in occupation around those times specifically.



Continued focus on flow and on the management of effective discharges is required to ensure that this good performance is sustained.

Cancer

In April 2015 the Trust is projecting achievement of all of the cancer indicators with the exception of 2ww where the trust is at 91.7% against a standard of 93%.

The underperformance of the 2ww standard relates mainly to endoscopy being booked outside of protocol. A plan is in place with increased capacity; however, this continues to make the standard achievement vulnerable for May.

For all breach patients Route Cause Analysis is undertaken to identify the reasons for these breaches and is analysed through the Cancer Unit Management Board for action.

At 23rd April 2015 8 patients are waiting 100 days or over. A reduction from 13 in March.

62 Day Classic – 4 patients

1x Lower GI- Complex diagnostic pathway under 2 clinical management teams and requires a specialist radiology test at NUH of which data still awaited.

1x Urology- The treatment of this patient was delayed due to the patient being unwell and requiring surgery for other issues. A surgery date is now booked for the 20th May 2015

Screening – 6 patients

6 x Gynaecology – All patients are pregnant with provisional dates in May 2015, June, July, August and September 2015

For Quarter 1 the Trust is projecting to achieve all other Cancer Waiting Time standards. However vulnerability remains around endoscopy performance.

Diagnostic Waiting Times

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

An improvement plan trajectory has been set with CCG and monitor to deliver the standard from April 2015. April performance has improved to 97.35% however does not meet the expected improvement trajectory target of 99.0%.

Sleep studies have improved ahead of trajectory with 92.29% compliance against a forecast of 72.22%. This is due to lower than anticipated numbers of inpatient sleep studies being required after an inconclusive home study.

Cardiology diagnostics has improved by 11.32% to 95.45% as a result of the improvement plans put in place.

Other areas that required significant improvement have shown some positive movement but not to the required level described in the trajectory. Key areas of underperformance are in procedures undertaken in the endoscopy department; Cystoscopy, Flexible sigmoidoscopy, Gastroscopy and Colonoscopy. Colonoscopy and Cystoscopy performance has improved by 2.03% and 6.77% respectively.

In contrast flexible sigmoidoscopy and Gastroscopy performance has deteriorated by 5.63% and 8.53% respectively. A number of significant administrative process issues have come to light which have had a direct impact on the reported performance; in addition to the continued high level of referrals following the January be clear on cancer public health campaign. A deep dive review of administration in Endoscopy has taken place a new management structure, increased staffing levels and a comprehensive action plan has already been put in place. The action plan for improvements will conclude its initial stage,

delivering a greatly improved function by June 19th. This directly aligns to the work being completed on the JAG accreditation plan.

Considering the improvement work in Endoscopy and the volume of diagnostic procedures being taken, achievement of the 99% standard is not anticipated until Q2 (July full month achievement)

Q1 15/16 Forecast Risks

As detailed above the key risks identified are:

- RTT Standards non-achievement against Incomplete, Admitted and Non-Admitted (Consistent with forecasted non achievement in Monitor Plan.)
- Diagnostic Standard 99% (Acute Contract non-Monitor compliance) Q1 failure.
- Cdiff non-achievement of trajectory (identified as a risk at plan submission)

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 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	
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