

Board of Directors Meeting

Subject: Integrated Performance Report –Exception Summary Report

Date: 5th November 2015

Author: Dale Travis, Elaine Torr, Amanda Robson, Lynn Smart

Lead Director: Sue Barnett, Chief Operating Officer

Executive Summary

This report has been developed in line with the revised Performance Framework and seeks to highlight issues of performance across two domains of operational performance and overall activity levels for the committee.

This report summarises performance against standards by exception detailed in the Integrated Performance Report (IPR – see attached).

Performance Summary: for the month of September

Monitor Compliance

The Trusts performance for Q2 15/16 is 2.0 Monitor compliance points. These are due to the following:

- Underachievement against the RTT Incomplete Pathways standard, (which equates to 1.0 points)
- Underachievement against the 62 Day Cancer standard (1.0 point)

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 September the Incomplete pathway RTT standard was achieved at 92.25%. (Against the 92% standard), a marginal decrease on the previous month but still within the national standard.

National reporting on RTT compliance has been agreed with both CCG and Monitor and as a result only the Incomplete Pathways standard will be contractually monitored. All standards will continue to be tracked locally in order to ensure patients receive appropriate access to care.

The admitted and non-admitted indicators did not meet the 90% and 95% levels previously set as standards. This was projected in line with improvement trajectories.

Performance improvement trajectories were agreed at the beginning of July with CCG, NHS England Area Team and Monitor. The trajectories describe the achievement of the Incomplete Pathways standard sustainably from September 2015. The trajectory numbers, demand/capacity plans and

projections have utilised the methodology and analysis developed with IMAS (NHS England Intensive Support Team) and our own CCGs.

Maintenance of the Incomplete pathway RTT standard is encouraging . The figures continue to incorporate a positive effect of number of patients who have yet to have their appointment booked under the classification of ASI (Appointment Slot Issues). These patients have not previously been incorporated within the Incomplete standard, with no explicit guidance previously available centrally. Advice from the HSCIC (Health and Social Care Information Centre) and the national Intensive Support Team has resulted in this now being included.

The agreed improvement trajectory is underpinned by a Trust level action plan developed in collaboration with IMAS. Beneath this Trust level action plan sit a number of specialty specific action plans developed with clinical teams to deliver achievement against the RTT standards on all specialties. These are monitored weekly at performance review meetings with CCGs to ensure that the improvements made thus far are sustained.

Incomplete Pathways - Performance Against 92% Standard																	
Specialty	Jul-15				Aug-15				Sep-15				Oct-15 @ 14/10/2015				Trend
	<18 Wks	>18 Wks	Total	%<18	<18 Wks	>18 Wks	Total	%<18	<18 Wks	>18 Wks	Total	%<18	<18 Wks	>18 Wks	Total	%<18	
General Surgery	1320	160	1480	89.19%	1328	160	1488	89.25%	1331	153	1484	89.69%	1316	144	1460	90.14%	↑
Breast Surgery	268	6	274	97.81%	230	2	232	99.14%	233	4	237	98.31%	249	3	252	98.81%	↓
Vascular Surgery	244	38	282	86.52%	273	31	304	89.80%	316	30	346	91.33%	290	37	327	88.69%	↑
Urology	1038	108	1146	90.58%	1095	85	1180	92.80%	1111	71	1182	93.99%	1046	69	1115	93.81%	↑
T&O	2041	331	2372	86.05%	2180	305	2485	87.73%	2107	223	2330	90.43%	2124	224	2348	90.46%	↑
ENT	1185	102	1287	92.07%	1303	99	1402	92.94%	1295	141	1436	90.18%	1427	147	1427	89.70%	↓
Ophthalmology	1312	105	1417	92.59%	1761	66	1827	96.39%	1677	84	1761	95.23%	1745	118	1863	93.67%	↓
Oral Surgery	399	105	504	79.17%	298	131	429	69.46%	288	99	387	74.42%	286	103	389	73.52%	↑
Plastic Surgery	76	3	79	96.20%	78	4	82	95.12%	80	3	83	96.39%	75	5	80	93.75%	↑
Gastroenterology	1195	133	1328	89.98%	1232	112	1344	91.67%	1155	97	1252	92.25%	1161	119	1280	90.70%	↑
Cardiology	590	81	671	87.93%	731	77	808	90.47%	738	84	822	89.78%	712	87	799	89.11%	↓
Dermatology	916	24	940	97.45%	1206	28	1234	97.73%	1210	32	1242	97.42%	1190	44	1234	96.43%	↓
Respiratory	487	53	540	90.19%	627	47	674	93.03%	662	51	713	92.85%	670	58	728	92.03%	↓
Neurology	577	47	624	92.47%	728	44	772	94.30%	796	69	865	92.02%	831	92	923	90.03%	↑
Rheumatology	211	4	215	98.14%	269	11	280	96.07%	274	3	277	98.92%	278	4	282	98.58%	↑
Geriatrics	399	14	413	96.61%	430	6	436	98.62%	408	11	419	97.37%	417	14	431	96.75%	↓
Gynaecology	1147	93	1240	92.50%	1206	69	1275	94.59%	1107	87	1194	92.71%	1134	62	1196	94.82%	↓
Paediatric Surgery	31	7	38	81.58%	39	1	40	97.50%	32	1	33	96.97%	25	3	28	89.29%	↓
Pain Management	354	45	399	88.72%	379	41	420	90.24%	347	55	402	86.32%	322	54	376	85.64%	↓
Community Paediatrics	157	4	161	97.52%	120	0	120	100.00%	101	1	102	99.02%	119	1	120	99.17%	↓
Paediatrics	392	38	430	91.16%	396	28	424	93.40%	374	30	404	92.57%	372	29	401	92.77%	↓
Haematology	100	4	104	96.15%	108	4	112	96.43%	99	6	105	94.29%	100	10	110	90.91%	↓
Podiatry	341	20	361	94.46%	354	18	372	95.16%	353	31	384	91.93%	379	30	409	92.67%	↓
Endocrinology	189	8	197	95.94%	206	11	217	94.93%	221	11	232	95.26%	234	15	249	93.98%	↑
Diabetic Medicine	92	2	94	97.87%	101	1	102	99.02%	101	2	103	98.06%	95	4	99	95.96%	↓
Total Trust	15061	1535	16596	90.75%	16678	1381	18059	92.35%	16416	1379	17795	92.25%	16450	1476	17926	91.77%	↓

5 specialties are failing the standard against the national reporting group (General Surgery, T&O, ENT, Oral Surgery and Cardiology). This is more than the number of specialties projected to fail. Recovery plans for all the failing service lines are being tracked through weekly performance meetings with the CCGs in order to return to projected performance. The CCG are providing support to seek capacity across the region in oral surgery and nerve conduction diagnostics. Further support has been secured with the IS supporting delivery of an in house provision of additional capacity for Ophthalmology . Discussions continue with Nottingham University Hospital regarding the improvement of the Vascular service provision and a project group has been established. Gastroenterology recovery continues with additional capacity sought in house with proposed business cases to secure substantive capacity.

Three patients were waiting for in excess of 52 weeks for treatment in September (General Surgery [x2] , and Dermatology). RCAs have completed for all four patients.

The first and second patients were General Surgical patients. The first was seen late in the pathway , following numerous diagnostic events and required a surgical procedure. The patient subsequently could not attend for the procedure due to unavailability and a subsequent pauses was added to the pathway.

The second patient was first seen in November and after numerous diagnostic procedures did not appear back on the PTL until September 29th at 53 weeks. This is currently being investigated by the information team. The patient does not require further treatment.

The third patient was a Dermatology patient who was previously declared as waiting in excess of 52 weeks and did not attend have their treatment at the appointment in August. The patient chose not to have their treatment as they have a private appointment and has chosen a date to be treated in October with unavailability in September.

All three of these 52 week patients have RCAs that indicate either a gap in the existing access policy in managing the incomplete pathway or in one case the policy itself was not followed and the patient discharged. The Access policy for patients accessing elective services is currently under consultation, and the new policy is in the process of being redrawn. In addition to this from October changes in the national guidance on elective care, means that patients that have previously had “paused periods” recorded on their pathway as part of the existing monitoring criteria allowing for adjustment of the total RTT waiting time once treated on the admitted pathway, will no longer be counted in that way. This will mean a higher number of patients will be treated beyond 18 weeks than currently. The 92% is modelled nationally to recognise that patients will in some cases make these decisions and as a result 8% tolerance should accommodate this. Further modelling and projections are being produced to understand what this would do to performance within the Trust, however through these changes there is therefore a risk that the 90% trajectory previously set will no longer be met in the same timescales.

ED

The Emergency Department Standard of 95% was exceeded in September 2015 (96.4%)but under close scrutiny to maintain improvement levels (e.g. breach analysis from the Emergency Department systems, is used on all patients that wait longer than the 4 hour standard).

A key contributor to the improved access target is the improvement in patients flow with fewer breaches attributable to insufficient capacity.

Medical staffing in the Emergency Department remains a challenge however additional middle grade cover overnight has been secured more consistently.

Waits to be seen by a senior doctor at times exceeded the standards set for initial review and treatment.

Cancer

Cancer reporting for the 62 day standard continues to report weekly in recognition of national reduced levels of performance.

A high number of 14 day breaches in September has resulted in the monthly 14 day standard not being met (90.9%). The impact on the quarter is that the Trust has narrowly achieved the standard at 93.3%. Continued focus on the 14 day standard is required by all Divisions to ensure capacity to

offer patients (via e-referral system) is sufficient to improve performance from the current narrow margins of achievement.

62 day (classic) performance for September (86.5% versus 85% target) exceeds predicted performance in the 62 day Cancer Improvement plan. However, there are still a considerable number of patients on the PTL without diagnosis which is forecast to reduce performance on the October position.

The 62 day screening performance for September was 80% (below the 90% standard threshold) threshold and all 31 day cancer standards are on track to achieve the standard for both September (month) and Quarter 2.

Diagnostic Waiting Times

The Trust continues to under achieve against the 6 Week Diagnostic Waiting Times standard of 99%. In September only 96.08% of patients waited below 6 weeks for their diagnostic test.

This position represents a deterioration in performance (0.82% reduced) compared to the previous month, and falls short of the 99.79% trajectory set with CCG and Monitor. This is the result of the overall number of breaches of the 6 week standard increasing, whilst the total number of diagnostics has reduced.

The Trust has recovered the position for MRI against the six week diagnostic wait during September. The capacity for scans has been reviewed and a proposal is being developed to increase provision by an additional three days per week at Kings Mill and an additional five sessions per annum at Newark to ensure maintenance of the standard is achieved.

Dexa scanning has also seen a deterioration from 100% to 90.56% due to capacity issues.

Most notable improvements are the sustainability of urodynamics moving from 87.04% to 90.16% demonstrating continuous improvement and also audiology moving from 97.68% to 99.69%.

Performance improvement above trajectories have been sustained for three consecutive months in Echocardiography although Sleep studies performance has deteriorated in September from 84.26% to 71.20% because of a lack of bed capacity to manage inpatient adult and paediatric studies. Bed capacity has improved across September for adult sleep studies and this is expected to be resolved. A recovery plan has been developed for paediatric sleep studies but requires equipment purchase which is in progress.

Although positive progress had been made in September with the remaining diagnostics that have recovery plans, all of which reside within the Endoscopy department Cystoscopy, Colonoscopy, Gastroscopy and Flexible sigmoidoscopy have deteriorated in September. A full recovery plan is in place.

Q2 15/16 Forecast Risks

As detailed above the key risks identified are:

- RTT Standard Incomplete Pathways (As July did not meet the 92% standard)

- Diagnostic 6 Week Waits non achievement
- 62 day standard Cancer performance.

Activity

September ED activity is below the level reported in 2014/15 and has shown slight underperformance against plan for the month. In contrast to this casemix is above plan indicating a higher degree of complexity as financially ED has overperformed cumulatively (1.4%) against plan.

Outpatient activity continues to be the most significant area of over performance within the trust in September. September activity shows that both First and Follow-up appointments are significantly above plan and 2014/15 levels. This represents the continuing response to the two outpatient incidents identified late March, of which many patients are being completely reconciled and outcome swiftly and within the same month. Other improvements in booking efficiency (circa 10% improvement) and additional capacity management have also increased the activity in these areas.

Non-Elective and Emergency activity numbers in September 2015 are both above plan and increased from 2014-15 numbers, this excludes excess beddays. The emergency pathway continues to grow in the numbers of admissions.

The number of excess beddays for the month of September is below plan on the emergency point of delivery by 27% as the improvements on the 14 day length of stay continue to reduce to a more steady state and the positive impact in supporting earlier discharge for complex patients has removed some of the longest and most complex patients.

Elective performance in activity for September is slightly above plan in Inpatient and Daycase . Income appears to reflect the position.

Recommendation

For the Board of Directors to receive this summary report for information and to raise any queries for clarification or to identify further issues to be addressed.

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	All domains of BAF and Corporate Risk Register should be considered. Trust IPR details all domains of performance.
---	--

Details of additional risks associated with this paper <i>(may include CQC Essential Standards, NHSLA, NHS Constitution)</i>	<p><u>Q2 15/16 Forecast Risks</u></p> <p>As detailed previously the key risks identified are:</p> <ul style="list-style-type: none"> • RTT Standard non-achievement against Admitted,
---	---

	<p>Non-Admitted and Incomplete Pathways</p> <ul style="list-style-type: none"> • Diagnostic 6 Week Waits non achievement • 2ww and 62 day standard Cancer performance.
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	N/A