

Trust Board of Directors

Report

Subject: Integrated Performance Report - Exception Summary Report

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Exception Summary:

This report summarises performance against standards by exception detailed in the Integrated Performance Report (Attached).

Performance Summary: For the month of June

Monitor Compliance

The Trusts projected performance for Q1 15/16 is 2.0 Monitor compliance points. These are due to:

- Underachievement against the RTT Non-Admitted, Admitted and Incomplete Pathways standards, (which equates to 1.0 point)
- Underachievement against the 62 Day Cancer standard (which equates to 1.0 point)

The number of Monitor Compliance Points has been updated since the figure previously reported to Finance and Performance Committee.

Further clarity on the reporting definition of infection control standards has been provided which identifies only C-Diff "lapses of care" should be reported as a compliance failure for monitor and not all C-Diff cases. This difference results in achievement against the standard.

Changes to the monitoring of RTT standards have reduced the number of compliance points for failure of more than one RTT indicator. This results in a reduction from 2.0 compliance points to 1.0 for Q1.

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 June both Admitted and Non-admitted RTT standards were not achieved, however the incomplete pathways standard was achieved for the first time in 6 months.

National reporting on RTT compliance has been agreed with both CCG and Monitor that 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.

Performance improvement trajectories were agreed at the end of June and early in 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 and capacity plans and projections use analysis developed with IMAS (NHS England Intensive Support Team) and our own CCGs.

The agreed improvement trajectory is underpinned by trust and speciality level action plans which have been developed in line with recommendations from IMAS. These are monitored bi-weekly at performance review meetings with CCGs to ensure that the improvements made thus far are sustained.

June's delivery against the Incomplete Pathway standard represents a marked improvement over previous months and supports the improved confidence in planning and the trajectories set. Sustained delivery of the standard is not expected until September 2015 once patients on waiting lists are of a level similar to that of 2011/2012.

Three long wait patients >52 week were treated in the month of June. RCAs have been completed for two of the three patients and reflect that the patients did not come to any harm as a result of the delay. The third RCA will be completed by the 21st July. The root cause stems from administrative errors, where electronic systems have not had either logic built to prevent such incidents, or do not have reporting mechanisms to flag the issues. Both issues are being addressed as part of the Patient Administration System (PAS) development board and the Outpatient Improvement Programme.

ED

The Emergency Department Standard of 95% was not achieved in June 2015. Historically June performance against the 95% standard has been strong and in previous years the Trust has exceeded the standard.

Although 95% was not achieved for the month of June, Q1 was achieved overall.

Using breach analysis from the Emergency Department systems, it has been possible to identify that there were a number of contributing factors to the reduced performance.

Medical staffing in the Emergency Department and particularly out of hours remained a particular challenge in June. Waits to be seen by a senior doctor have at times exceeded the standards set for initial review and treatment and despite escalation in some cases led to greater than 4 hour waits in the department.

Bed availability and discharge behavior was the other significant factor contributing to failure in June. Although the month started well, high levels of emergency admissions were experienced without a reciprocal response in discharge rate. As such bed occupancy increased and patients waited in the ED for longer periods than required to ensure good patient flow.

Both these issues are reviewed as part of the Emergency Flow Steering Group and strategies are development to mitigate the risk of reoccurrence. Staffing however remains a significant risk on the Trust Risk Register. (Score 20)

In contrast, July 2015 has started positively and previous behavior in discharge and slightly reduced admissions have supported delivery against the 4 hour standard.

Developments in flow and particularly in the discharge of patients with long lengths of stay has already improved access to beds for patients from ED. Should this level of improvement

continue to be developed then the Trust will be in an excellent position for winter.

Cancer

In Q1 all standards were achieved with the exception of 62 day referral to urgent treatment. The trust achieved 84.1% against the 85% standard.

In contrast to RTT reporting, Cancer reporting for the 62 day standard will increase to weekly reporting of the PTL from monthly, in recognition of national reduced levels of performance.

Issues experienced in capacity for urgent 2ww and subsequently prompt diagnosis and treatment in April and then again in June continue to remain a high risk for July and therefore Q2 performance.

Radiology capacity to deliver tests in less than the 10 working day protocol has put pressure on the remainder of the cancer pathway, particularly when combined with any delays in the 2ww process. The protocol and capacity required to reduce it is under review with increased potential to shorten the pathway. Particularly now with the increase of CT scanners available.

ENT and Maxillofacial are experiencing shortfalls in capacity with particular difficulties in NUH consultants who provide a service at SFHFT and concurrent annual leave. Mitigation plans are being put in place with SFHFT and NUH middle grade staff supporting additional capacity/clinics. Long term planning is being reviewed by the divisions looking at how 52 week cover contracts can be developed.

Breast 2ww capacity will remain a risk with as the Be Clear on Cancer Campaign started on 13th July. Increased capacity has been put in place, however with a limited support from NUH at this time available and a single consultant at SFHFT, the contingency plan will need careful monitoring.

The Cancer Improvement Plan will encompass mitigation to the risks identified above, and will be tracked through the Cancer PTL and Cancer Board. Led by the Trusts Cancer Programme Director, this will also involve much closer work and collaboration with NUH on a number of services.

Diagnostic Waiting Times

The Trust has underachieved against the 6 Week Diagnostic Waiting Times standard of 99% of patients waiting below 6 weeks for their diagnostic test. 95.5%.

95.5% represents an improvement in performance exceeding the trajectory set with CCG and monitor of 1.9%. Notable performance improvement has been made in Echocardiography 99.8% and Sleep Studies 98.1% both of which had significant operational issues and backlog that had led to performance at times below 70%.

Progress continues positively with the remaining diagnostics that have recovery plans, all of which reside within the Endoscopy department. Colonoscopy and Cystoscopy performance has greatly improved and is ahead of trajectory. Cystoscopy in particular is 15% better performing against trajectory, which reflects the efforts put in to increase capacity of the service at short notice.

Diagnostics in June have increased in overall number significantly with 1330 more tests being done within the 6 week standard, a 30% increase in numbers compared with plan.

This increase reflects the responsiveness of the departments to both the increase in demand, but also the ambition to reduce backlog and waits for patients on the diagnostic pathway.

Q1 15/16 Forecast Risks

As detailed above the key risks identified are:

- RTT Standard non-achievement against Incomplete Pathways
- Diagnostic 6 Week Waits non achievement
- 2ww and 62 day standard Cancer performance

Activity

June ED activity remains largely on par with 2014/15 activity with slight variation in month, however shows significant over performance against plan. The Better Together Report information only references up to April 2015, however it is not anticipated that QIP in initiatives deliver any marked change in performance until August 2015.

Outpatient activity is the most significant area of over performance within the trust in June and has delivered a substantial over performance. Although First Outpatients are slightly lower than 2014/15 levels Follow-up appointments and overall numbers against contract plan and 2014/15 are significantly greater. This represent the response to the two outpatient incidents identified late March, of which many patients are being seen in June and July outpatient clinics. Other improvements in booking efficiency and additional capacity management have also increased the activity in these areas.

Non-Elective and Emergency activity numbers are both above plan and increased from 2014-15 numbers to June 2015. Normally the June emergency and non-elective activity reduces, and has done so for 2/3 years consistently, however this June has shown in some areas a marked increase, and overall an increase. It is anticipated that this would not sustain and that holiday periods/summer seasonal condition effects have merely come early and that July will see this reduction and not June. Early intelligence on July levels of admissions corroborate with this projection.

Financial Performance

Continuity of Services Risk assessment

The Trust will have a rating of 1 for the foreseeable future as the trust is reliant on cash support until it achieves I & E surplus and positive cash flow.

Income & expenditure

The Trust's June 2015 financial position is a deficit of £11.56m, against year to date plan deficit of £11.63m as submitted to Monitor on 14th May 2015.

Cash

The Trust's cash balance as at 30th June is £2.75m, £1.11m above planned due to an un-anticipated receipt on 30th June of £0.92m from Health Education England in respect of the July contract payment. It is forecast that the cash balance will remain at c. £1.45m (2 days liquidity) in future months which is in line with the agreed WCF facility

Capital

Capital expenditure at June 2015 is £1.94m which is £0.17m behind the year to date plan of £2.11m and at 91.8% of plan is within the Monitor quarterly reporting tolerance of +/- 15%.

Cost Improvement Schemes

The CIP outturn position at M3 is £2.29m which leaves a shortfall of £4.21m against the overall £6.5m target. Actual CIP cumulative delivery up to and including M3 is £0.57m against Monitor plan of £0.86m.

First to follow-up ratio

The follow up cap lever in the contract is over performing against plan. At month 3 the Trust has not been paid for 5,474 follow ups and has lost £450k. £224k of this relates to the clinical review work the Trust is undertaking and negotiations are on-going with the CCG to recover clinical income related to the review.

Recommendation

For the Finance and Performance Committee to receive this 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	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 (may include CQC Essential Standards, NHSLA, NHS Constitution)	<p><u>Q4 14/15 Forecast Risks</u></p> <p>As detailed above the key risks identified are:</p> <ul style="list-style-type: none"> • RTT Standard non-achievement against Incomplete Pathways • 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