

Board of Directors Meeting

Report

Subject: Integrated Performance Report –Exception Summary Report
 Date: 17th June 2015
 Author: Simon Evans , Tony Kinsella
 Lead Director: Sue Barnett, Director of Operations

Executive Summary

Draft Performance Summary: May 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 12 incidents of C-diff which is higher than target and constitutes underperformance. The trajectory is monitored monthly, however contractually managed against quarterly performance. This means that the Trust must have no more incidents of c-diff this quarter.

The cancer 2 week wait standard has been met in May and the current projection is 93.1%, narrowly achieving the quarterly target.

ED performance remains above the 95% target for the third consecutive month.

As a consequence of the Trusts financial and governance risk ratings, the Trust remains in breach of its authorisation with an automatic over-ride applying red governance risk rating.

Acute Contract

RTT

For May (2015) the Trust is showing under-achievement against all three RTT standards (Admitted, Non-Admitted and Incomplete Pathways). This is classified as failure of the standard for the whole quarter.

Standard	May -15* Reported performance
Admitted Patient Care (90% of patients treated within 18 weeks)	78.84%
Non Admitted Patient Care (95% of patients treated within 18 weeks)	93.30%
Incomplete Pathways (92% of patients complete pathway within 18 weeks)	91.36%

A failure to initiate the required level of capacity to manage overdue review appointments is a significant contributory factor. Validation of 18 week RTT pathways has also been less intense during this period as administration teams address patients that have not had their

appointments reconciled and or their outcomes recorded electronically.

Despite these issues significant progress has been made to recover both the incomplete and non-admitted pathways. Actions are in progress to clear all long waiting patients. Although some specialties continue to struggle achieving the standards at specialty level, and particular challenges remain in ENT/MaxFax and Paediatric Dermatology due to the tertiary withdrawal of key consultant posts at NUH.

Additional work is in progress to improve access through Endoscopy pathways and the continuation of managing consultant sickness in Orthopaedic services.

Work is nearing completion to clear and sustain the management of un-reconciled patient outcomes, overdue outpatient review and pathway validation. In light of this a refreshed trajectory is in development for submission by the end of June.

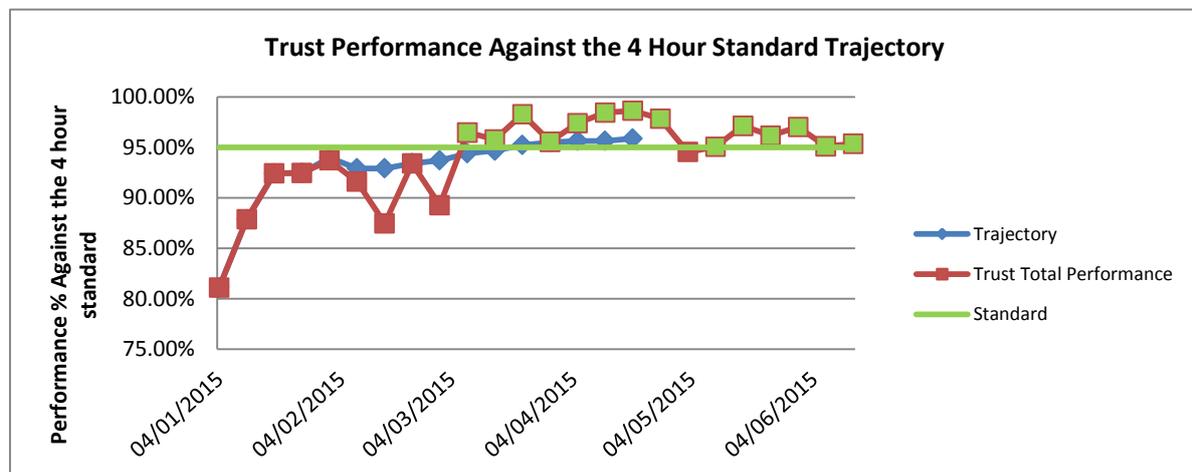
The Outpatient Improvement Programme Board is now established with clear core work streams in operation. Amalgamation of existing improvement work in clinical administration and clinical capacity management is contributing to the clearing of backlog and data quality required to deliver the June trajectories. Other work streams are focussing on areas such as:

- Policy Alignment
- Medway System Functionality Issues
- Data Quality
- System Compatibility
- Administration
- Staffing

The Trust reported one patient waiting over 52 weeks on an incomplete pathway at the end of May. A root cause analysis has been completed identifying that a clock stop event had incorrectly been inputted into the system earlier within the pathway. When found this was corrected and the actual wait for the patient was recorded as 68 weeks. The patient has subsequently been seen, treated and found to have come no harm as a result of the delay.

ED

The on-going improvement plan with the focus on early discharge, admission avoidance and length of stay has allowed for the sustained achievement throughout May. (96.31%)



Cancer

In May 2015 the Trust is projecting achievement of all of the cancer indicators including 2 week wait.

The Trust has appointed an experienced interim Cancer Programme Director to undertake a diagnostic appraisal of cancer services which will include process (management of patients on pathways and escalation processed), governance and assurance relating to Cancer Waiting Times performance monitoring.

Cancer 100 Day Waits

Any patient identified as waiting >100 days is being actively progressed through their pathway by the clinical teams and the Trust is continuing to monitor the outputs weekly. Processes relating to escalation are being reviewed as part of the overall cancer services programme. There are currently 11 patients where pathways are over 100 days. Of these 11 patients, 7 are cervical screening patients who are pregnant on suspected Gynaecology pathways – these patients/pathways are being reviewed with the MDT Clinical Lead.

Cancer 62 Day Waits

Patients continue to be actively flagged at 40 days to ensure maximum intervention for timely treatment. The internal escalation process has been reviewed and is being monitored to ensure timely and appropriate intervention. Any patient waiting >62 days is being actively progressed through their pathway by the clinical team with weekly output monitoring.

Cancer 14 Day Waits

The 14 day (two week wait) pathway is being reviewed as part of the overall cancer programme with the aim of reducing the volume of 14 day breaches resulting from patient choice. This will involve working with the local CCG to ensure patients are aware of need to attend appointments.

Cancer Inter-provider Pathways

The Trust is working to ensure the East Midlands SCN Inter-provider transfer guidance (once implemented) meets the needs of both referring hospitals and tertiary centres, thus maximising the benefit of reducing waiting times for patients on cancer pathways which cross organisational boundaries. The Trust is committed to implementing this guidance once agreed, which will ensure that tertiary pathways work more effectively for patients where more than one provider is involved. Work is in progress to improve 4 clinical pathways (Oesophageal & Gastric, Prostate, Colorectal and Lung) through the Expert Clinical Advisory Groups established through the Strategic Clinical Network.

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 the CCG and monitor to deliver the standard from April 2015. However, performance in May has already deteriorated to 96.08% against an expected improvement trajectory target of 99.69%.

Sleep studies have improved ahead of trajectory with 99.17% compliance against a forecast of 97.22%. This improvement is in line with the development and implementation of the new sleep pathway.

Cardiology diagnostics have also improved to 99.58% as a result of the improvement plans put in place.

The remaining area of significant underperformance lies in procedures undertaken in the endoscopy department; Cystoscopy, Flexible sigmoidoscopy, Gastroscopy and Colonoscopy. Colonoscopy and Cystoscopy are all below the trajectory and standard. A response group has been formed, led by the General Manager for EC&M. It will focus on administration and the efficient booking of lists in order to maximise the capacity already in place. Further capacity is available in June and July if required, however improvements in the administration process are identified as the key step change required for delivering the access standard.

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 Board of Directors 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	