

# Board of directors Meeting

# Report

**Subject: Integrated Performance Report - Exception Summary Report**

**Date: 31<sup>st</sup> July 2014**

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## Executive Summary

Performance Summary: June 2014

### Monitor Compliance

The Trusts performance for Quarter 1 14/15 is 4 Monitor compliance points these are due to underachievement against RTT Non-Admitted, A&E 4 hour wait, Cancer 2 Week 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

The Trust has failed to achieve the bottom-line position for the Non Admitted standard in June 2014 with all three standards having failing individual specialties; these are detailed in the table below:

RTT Specialty	General Surgery	Urology	T&O	ENT	Ophthalmology	Max/fax	Plastic Surgery	Cardiothoracic	Gastroenterology	Cardiology	Dermatology	Respiratory Medicine	Neurology	Rheumatology	Geriatrics	Gynaecology	Others	Total
Incomplete	89.50%	91.34%	91.09%	93.89%	94.86%	84.36%	92.79%	100.00%	92.51%	88.49%	94.66%	92.22%	93.84%	93.90%	95.02%	92.75%	92.99%	92.03%
Admitted	87.82%	95.56%	89.15%	90.65%	91.58%	85.94%	95.83%	-	94.12%	80.00%	98.71%	-	100.00%	-	-	94.81%	94.44%	92.13%
Non-Admitted	91.51%	92.35%	89.35%	94.43%	96.55%	94.85%	92.31%	-	94.42%	95.18%	97.45%	94.29%	95.07%	96.43%	99.71%	96.24%	95.12%	94.73%

The Trust has reported 3 patients on an Incomplete Pathway waiting over 52 weeks at June 2014 month end, these relate to 1 General Surgery patient, 1 Trauma and Orthopaedic patient and 1 Vascular patient. The Trauma and Orthopaedic patient will remain as an over 52 week patient in June as we are unable to take off PTL until patient treated in July despite this being patient choice.

A significant emphasis is being placed on Trust's reviewing their longest waiters; it is therefore intended to provide the board with the longest waiting patients and total number of patients who have not been treated within 18 weeks. The longest waiting patients at June 14 month end reporting were as follows:

Patient	Weeks Waiting	Specialty	Key Information
1	52 Weeks+	T & O	Treatment due to commence 22.07.14, Patient paused - will be adjusted on admission - not a 52 week breach once treatment commenced
2	52 Weeks+	Vascular Surgery	Patient DNA'd treatment date at NUH, referred back for further follow up – appt 18.07.14
3	52 Weeks+	General Surgery	Decision not to treat, clock stopped 14.07.14
4	50 Weeks	ENT	Patient commenced treatment 02.07.14
5	50 Weeks	Urology	Patient commenced treatment 10.07.14
6	49 Weeks	Pain Management	Patient commenced treatment 01.07.14
7	48 Weeks	Cardiology	Patient declined treatment 03.07.14
8	48 Weeks	Oral Surgery	Patient commenced treatment 15.07.14
9	48 weeks	Dermatology	Patient commenced treatment 08.07.14
10	47 Weeks	Oral Surgery	Patient referred to Chesterfield
11	47 Weeks	T & O	Patient commenced treatment 14.07.14

The total number of patients in June 2014 who were over 18 weeks was 1325 (+34) from previous month. This increase is mainly attributable to the numbers of patients who have tipped over into the 18 Weeks reporting group following the booking of the Gateway backlog. This small increase in the number of patients in this group is a reflection of the hard work being undertaken at Divisional level to put on additional activity to manage the influx of over 1100 patients coming onto the Trust already having waited in excess of 6 weeks.

As part of a national directive to decrease the volume of patients waiting over 18 weeks on an Incomplete Pathway and improve performance against all three RTT Standards, NHS England requested organisations to provide assurance that the RTT standards will be met each month by completing a template which asks by specialty whether there is sufficient capacity to meet demand on an ongoing basis and remain compliant with the targets.

This was supplemented by further information of where capacity has been identified as an issue organisations provided detail on what the constraints were on delivering additional capacity and the non-recurrent funding required to clear RTT backlogs for the Trust this equates to an additional £1.7m.

### Specialty Performance

The Trust failed to achieve the non admitted bottom line position due to underperformance in the following specialties, General Surgery, Urology, T & O, ENT and Respiratory Medicine. This position was expected due to focus on clearing the backlog of long waiting patients and is expected to continue throughout July & August in line with specialty level plans for RTT recovery.

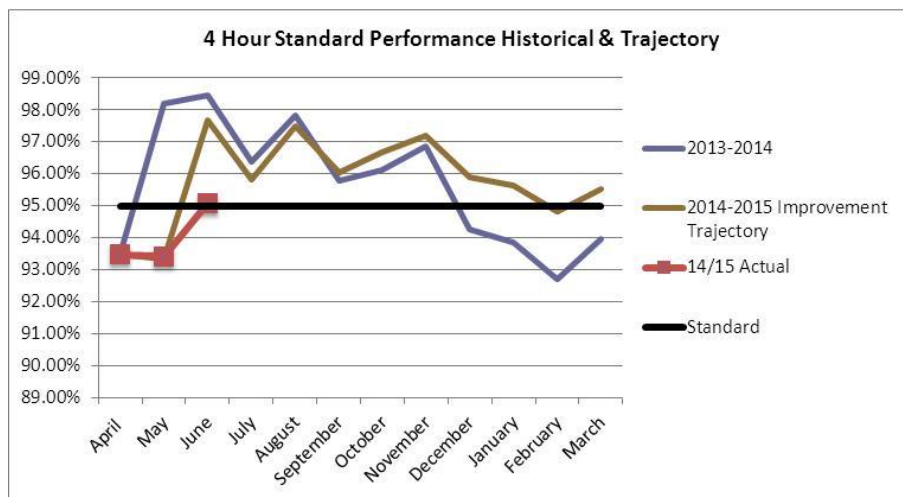
The Trust did achieve bottom line position for Incomplete pathways but failure was seen in General Surgery, Urology, T & O, Max Fac and Cardiology.

Admitted performance was achieved at Trust level but failed to reach the target in General Surgery, T & O, Max Fac and Cardiology due to the backlog of long waiting patients.

Specialty plans are in place to ensure additional capacity is identified across all failing specialties, using both internal resources and external providers in order to achieve long term recovery of all three RTT standards by the end of August 2014.

ED

The Emergency Department Standard of 95% was achieved in June as anticipated. In line with previously presented recovery plans June did show a stepped improvement in performance. Although there was an improvement it was not to anticipated levels expected in the trajectory. Demand overnight and into the early hours still remains a significant challenge for the department, set against a backdrop of high agency utilisation for key middle grade doctors over this time. The Trajectory below shows anticipated improvements for June and projected for December when key programmes of work are expected to take impact.



The recovery plan shared previously and monitored with CCG at the Urgent Care Working Group, describes a number of significant schemes internal and external to the trust aimed at delivering sustainable performance. The timescales for these improvement schemes do stretch into Q3 as they involve a number of areas of recruitment as well as substantial design, build and deployment of new services. (Such as discharge to assess social care services.)

Both anticipated ED performance trajectory and bed utilisation projections gave concerns regarding the month of July. Previous years and current year to date have shown extremely high demand on emergency department and extremely high levels of adult inpatient bed demand and subsequent utilisation. Already within the first quarter of year the emergency department have seen several hundred more patients through the system than the previous year. Mitigation plans around increase in bed capacity and bolstering ED and admission wards senior medical capacity have been put in place however early indications and performance in July forecast not achieving the 4 hour standard in the month of July.

These same forecasts indicate reduced demand in August and September, which should provide the reduced demand and flexibility within the services to implement the improvements/recovery plan. Despite this there is still significant risk and dependency on external support from the wider health and social care network to reduce demand on emergency services at Kings Mill hospital in particular.

#### Un-coded Activity

The level of un-coded admitted patient care spells at the 5th working day of the month has significantly increased to 33.0% against the Clinical Commissioning Group target of 20%. The increase can be attributed to a further increase in the overall volume of finished consultant episodes and a 22% increase in ambulatory clinic attendances requiring full clinical coding creating additional workload within the team. A further factor can be linked to the volume of notes requests into the department for immediate coding to ensure any additional outpatient clinics or operating lists have notes available for the patients attendance.

To mitigate the increase in un-coded episodes 2 Agency Coders (equating to 1.5wte) began working at the Trust in July 2014 and additional hours are being offered to the clinical coding team. The expectation is the backlog will be cleared by mid September 2014.

The volume of un-coded episodes impacts the calculated HSMR rate as any patients not fully coded will fall within residual coding and not into the actual diagnosis group creating an incorrect HSMR rate, the rate is corrected on receipt of the final SUS reconciliation date for the relevant month.

#### ASI Rates

There are still significant issues with the number of patients waiting to be allocated appointments at SFHFT and additional capacity is being arranged in order to cope with current demand and this is an ongoing pressure.

We are unable to provide the percentage of ASI's in June as the DH have informed Trusts that reports will no longer be produced due to changes in Information Governance rules covering patient identifiable data. Stating the data used to produce the report is under review and that currently no alternative is available. However, it is expected that a retrospectively monthly report will be made available to Trusts.

At specialty level the ASI pressures are focused in Dermatology, Neurology, ENT, Orthopaedics, Ophthalmology, Lower GI (Medical), Vascular & Urology.

#### Cancer

Number of patients being seen in June remained high at 930 and although we managed to achieve the monthly performance standard of 93% we were unable to recover the Q1 performance of this standard and therefore failed this at 92.3%.

Since the failure of Q1 performance monitoring at specialty level has been introduced to ensure specific recovery plans can be enacted where necessary.

Dermatology, Upper and Lower GI are the biggest contributors to failing of the 2WW standard along with 2WW Breast Symptomatic due to capacity issues, significant increase in referrals and patients choosing to wait beyond 14 days.

As of the weekly projection report on 23<sup>rd</sup> July 2014, the 62 day referral to treatment target for June was below the standard but does not impact the achievement of this standard in

Q1. Performance is expected to improve following increased diagnostic capacity for CT colons and Endoscopy being put in place until the end of September 2014 to reduce pathway delays.

We are currently projecting a performance of 100% for the Consultant Upgrade Standard.

The Trust is currently projecting achievement of all cancer waiting times targets except the Suspected Cancer 2WW in Q1.

Cdiff

May performance continues to have a higher than trajectory number of patients being confirmed Trust attributable cases and the quarter will not achieve. Further information in relation to actions being taken is contained in the Quality report.

Datix Incidents

Please note that the Datix reported incidents are a provisional figure, we have a number of outstanding incidents that are still awaiting Category and severity coding due to the implementation of the new Datix reporting system, once this has been completed the figure will be refreshed to reflect this.

**Q2 14/15 Forecast Risks**

As detailed above the key risks identified are:

- Non-Admitted RTT achievement of 95% Monitor standard (high risk identified in narrative but not in the annual plan score template)
- Admitted RTT achievement of 90% Monitor standard (high risk identified in narrative but not in the annual plan score template)
- A&E 4hrs Wait achievement of 95% Monitor standard (high risk identified in narrative but not in the annual plan score template)
- 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)**

<b>Achieve the best patient experience</b>	<b>Achieve financial sustainability</b>
<b>Improve patient safety and provide high quality care</b>	<b>Build successful relationships with external organisations and regulators</b>
<b>Attract, develop and motivate effective teams</b>	

**Links to the BAF and Corporate Risk Register**

**Details of additional risks associated with this paper** (may include CQC Essential Standards,

<i>NHSLA, NHS Constitution)</i>	
<b>Links to NHS Constitution</b>	Key Quality and Performance Indicators provide assurances on delivery of rights of patients accessing NHS care.
<b>Financial Implications/Impact</b>	The financial implications associated with any performance indicators underachieving against the standards are identified.
<b>Legal Implications/Impact</b>	Failure to deliver key indicators results in Monitor placing the trust in breach of its authorisation
<b>Partnership working &amp; Public Engagement Implications/Impact</b>	
<b>Committees/groups where this item has been presented before</b>	The Board receives monthly updates on the reporting areas identified with the IPR.
<b>Monitoring and Review</b>	
<b>Is a QIA required/been completed? If yes provide brief details</b>	