

Report to Trust Board of Directors

Date of Meeting:	2 June 2015																																																																						
Enclosure Number:	12																																																																						
Title of Report:	Core Performance Report																																																																						
Author:	Helen Ray, Chief Operating Officer																																																																						
Executive Lead:	Helen Ray, Chief Operating Officer																																																																						
Responsible Sub-Committee (if appropriate):	Finance, Investment & Performance Committee																																																																						
Executive Summary:	<p>This paper is written to provide the Board with a report on Trust delivery of core standards, highlighting by exception, key areas of underperformance and the improvement plan to affect delivery.</p> <p>Performance information for year to date is attached as Appendix 1. Some information presented is pre validation and subject to change. Report covers to week ending 10/5/15.</p> <p>As this is the first report of the new financial year 2015/16 it is worth noting the year on year changes in performance across the key indicators as follows:-</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Target</th> <th>2013/14</th> <th>2014/15</th> </tr> </thead> <tbody> <tr> <td>A&E 4 Hour</td> <td>95%</td> <td>94.1%</td> <td>89.9%</td> </tr> <tr> <td>RTT</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Admitted</td> <td>90%</td> <td>82%</td> <td>74%</td> </tr> <tr> <td>Non Admitted</td> <td>95%</td> <td>95%</td> <td>91%</td> </tr> <tr> <td>Incomplete</td> <td>92%</td> <td>91%</td> <td>75%</td> </tr> <tr> <td>Cancer</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2 week all</td> <td>93%</td> <td>93.7%</td> <td>89.56%</td> </tr> <tr> <td>2 week Breast</td> <td>93%</td> <td>94%</td> <td>91.41%</td> </tr> <tr> <td>31 day all</td> <td>96%</td> <td>98.2%</td> <td>97.69%</td> </tr> <tr> <td>31 day surgery</td> <td>94%</td> <td>98.2%</td> <td>97.2%</td> </tr> <tr> <td>31 day drugs</td> <td>98%</td> <td>98.3%</td> <td>97%</td> </tr> <tr> <td>31 day radiotherapy</td> <td>94%</td> <td>97.7%</td> <td>95.45%</td> </tr> <tr> <td>62 day all</td> <td>85%</td> <td>81.1%</td> <td>81.4%</td> </tr> <tr> <td>62 day screening</td> <td>90%</td> <td>87.6%</td> <td>82.9%</td> </tr> <tr> <td>C Difficile</td> <td></td> <td>24</td> <td>36</td> </tr> <tr> <td>MRSA</td> <td></td> <td>1</td> <td>0</td> </tr> </tbody> </table>				Target	2013/14	2014/15	A&E 4 Hour	95%	94.1%	89.9%	RTT				Admitted	90%	82%	74%	Non Admitted	95%	95%	91%	Incomplete	92%	91%	75%	Cancer				2 week all	93%	93.7%	89.56%	2 week Breast	93%	94%	91.41%	31 day all	96%	98.2%	97.69%	31 day surgery	94%	98.2%	97.2%	31 day drugs	98%	98.3%	97%	31 day radiotherapy	94%	97.7%	95.45%	62 day all	85%	81.1%	81.4%	62 day screening	90%	87.6%	82.9%	C Difficile		24	36	MRSA		1	0
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Risk Rating (high, medium, low risk) and any recommended changes to risk rating:	<p>High</p> <p>Core Risks Continued Underperformance Financial Penalties Reputation Patient Satisfaction</p> <p>Mitigation Action plans in place and monitored Contract review completed Patient satisfaction monitored and responded to Refinement of capacity and demand models</p>	
Board Assurance Framework Reference:	Strategic priority 3	
Compliance, legal and national policy regulatory requirements:	CQC NHS Constitution Standards NTDA Accountability Framework	
Financial Implications:	None	
Actions required by the EMT:	To approve:	Discussion and decision
	To note:	The Board is asked to note and discuss the current position and risks linked to performance against the core standards.
	For information:	For reading and consideration and for discussion by exception only
	The Board is requested to note the key points detailed in this report.	
Data quality:	Source:	Trust internal information.
	Validated by:	Helen Ray
	Date:	21 May 2015

1. Introduction

The monthly core performance report is presented to the Board for discussion. It is notable that the Trust continues to underperform across a number of key standards however the Board will note some of the exceptional circumstances linked to this underperformance.

Board should note that a full review of all of the core access reports is currently being undertaken. These reports are presented for scrutiny to the Finance Investment and Performance Committee (FIP) but are available to all Board members via N drive.

2. Risks and Implications

These core standards are a key element of the Chief Inspector of Hospitals assessment and are also key indicators scrutinised at local, regional and national level.

The exception report tabled below provides Board with a detailed view of the current position across the underperforming areas.

2.1 Emergency Care Standard - 95% of patients seen, treated and admitted or discharged in less than four hours

Performance against this core standard improved marginally during March and resulted in an end of month position of 83.62%.
The Quarter 4 position 80.48% (95.89% trajectory) and the year to Date position 89.90% (93.72% trajectory).

Current performance is 86.93% with WCH showing an improved performance level and CIC showing deterioration.

Attainment of this standard continues to be exceptionally challenging and the impact of an average length of stay in excess of 4.1 days and an increasing number of patients with a length of stay over 20 days has a major impact on this performance.

Board should note that a full year end review of performance has been undertaken and this has led to a full review and rewrite of the core action plan. This will be presented to FIP for full scrutiny and comment.

In relation to management of the standard the following actions are in place.

- 4 x daily sitreps and planning meetings
- Daily system wide call and action review
- Weekly flow meeting – targeted approach to facilitate complex discharges and offer support to clinical teams
- Weekly system team review of complex discharges
- Daily analysis of over 20 day length of stay patients
- Daily Ward/Board Rounds

In addition to a full internal review there is a system wide review underway linked to the declaration of major incident in March. This review will be in the form of a root cause analysis and will look back to Star Chamber actions and the system approach following this. The Trust welcomes this review as it will consider the whole system response to patient flow. This review is expected to report its findings in August.

2.2. Cancer Services

The performance across cancer standards remains below target levels in a number of areas as shown in the table below. Board should note that this is the unconfirmed position however it is unlikely that the percentage attainment will significantly shift for this month.

The table shows that the 2 week standard of 93% was not met, the 31 day standards were met with the exception of surgery and the 62 day standards were met for screening and cons upgrade but not for all cancers.

Performance Measure		Data updated to	Apr
Influenza Vaccination (winter months only-rolling-traget by end of last month of activity)			
Cancer: 2 Week Waits	All Cancers		88.8%
	Breast Symptomatic		68.9%
Cancer: 31 Day Waits	One month Wait For First Definitive Treatment		97.7%
	31 Day Wait for Subsequent Treatment - Surgery		50.0%
	31 Day Wait for Subsequent Treatment - Drugs		100.0%
	31 Day Wait for Subsequent Treatment - Palliative		N/A
	31 Day Wait for Subsequent Treatment - R'therapy		96.6%
Cancer: 62 Day Waits	All Cancers: 2 month Urgent Referral to Treatment		65.0%
	62 Day Wait For First Treatment - Screening		90.0%
	62 Day Wait For First Treatment - Cons Upgrade		100.0%

A full report is appended for review and comment.

Board should note that a full review of pathways by modality is underway and is supported by the Change team.
Staffing capacity remains a concern in key areas including histopathology.

2.3 Referral to Treatment Time

Performance against the 18 week targets for April is as follows:-

Admitted	77.42% against target of 90% (improving)
Non Admitted	93.61% against target of 95% (improving)
Incomplete	89.81% against target of 92% (improving)

Firm negotiations at contracting have secured a level of funding at tariff plus to ensure the Trust continues to manage the reduction of backlog activity across all specialties. Plans are in place for sub contracting of a proportion of this activity to the independent sector.

Challenges remain in orthopaedics and in ophthalmology where there is a known capacity gap. Work is in progress to develop plans to address this gap from Q2 onwards.

It is of note that since the 1st October the Trust has encountered significant challenges with performance against the 95% emergency standard. As a consequence this has resulted in elective patients being cancelled on the day, or before the day of procedure.

In April **120** elective procedures were cancelled.

2.4 6 week diagnostics

The overall position for April shows that 6.92% of patients awaiting diagnostic are waiting in excess of 6 weeks (4.44% in March). This is a slight deterioration which is linked to capacity for non-obstetric ultrasound, cardiology and DEXA scanning.

Mitigation plans are in place and the following is of note:-

- MRI has achieved the target of 0% waiting over 6 weeks.
- There is a further 50% reduction in the numbers waiting over 6 weeks for a CT scan from March and on track to achieve <1%.
- A substantive position (1wte) has been offered to a sonographer and application form has been accepted from another and an interview date has been provisionally set for 29th May.
- New ultrasound systems have been deployed to CIC, WCH, Penrith and Workington.
- WCH maintains the position of 0 patients waiting over 6 weeks for gastroenterology diagnostics
- There has been a decrease in gastroenterology breaches at CIC with overall breach number being 6 (1.2%) compared to last month which was 12 breaches (2.3%)

These measures mitigate the risk to performance and will support a move to achieving the standard from beginning of Quarter 2.

3. Conclusion

Performance across core standard domains has been one of the main challenges for the Trust throughout 2014/15 and remains a challenge as we move into Q1 of the new financial year.

Recovering the 4 hour standard remains the greatest challenge for the organisation and work continues with partners to ensure flow across the whole patient journey is seamless.

Action plans are in place for all areas where the standard is not achieved and there is regular and detailed scrutiny of these through FIP and across System Resilience groups and Trust Development Authority Access meeting.

4. Recommendations

The Board is asked to note and discuss this report, the key areas of underperformance and the actions being taken to address these areas.

Author

Helen Ray
Chief Operating Officer
21/5/15