East and North Hertfordshire NHS
NHS Trust

Agenda Item: 10c

TRUST BOARD MEETING – NOVEMBER 2013
PERFORMANCE REPORT MONTH 7

PURPOSE	To update the Finance and Performance Committee on: • Progress against Monitor Compliance Framework, DH Operating Standards, Contractual standards and local performance measures. • Exception reports outlining action taken and next steps are provided for indicators that are either 'red' in month, or at risk year to date.
PREVIOUSLY CONSIDERED BY	FPC in November 2013
Objective(s) to which issue relates *	☑ 1. To continuously improve the quality of our services in order to provide the best care and optimise health outcomes for each and every individual accessing the Trust's services ☐ 2. To excel at customer service, achieving outstanding levels of communication and patient, carer and GP satisfaction ☐ 3. To provide and support the best standards of integrated care for the elderly and those with long term conditions by developing key partnerships and services ☐ 4. To consolidate services and enhance local access to specialist services in order to deliver high quality, safe, seamless, innovative and integrated services which are sustainable ☐ 5. To support the continued development of the Mount Vernon Cancer Centre and provision of leading local and tertiary cancer services ☐ 6. To improve our staff engagement and organisational culture to be amongst the best nationally
Risk Issues (Quality, safety, financial, HR, legal issues, equality issues)	Delivery of financial, operational performance and strategic objectives, FT application, CQC ratings, SHA Governance risk Rating, Contractual performance.
Healthcare/ National Policy (includes CQC/Monitor)	Achievement of Monitor, CQC, DH Operating Framework and other national and local performance standards.
CRR/Board Assurance Framework *	☑ **Corporate Risk Register** ☑ **BAF**

ACTION REQUIRED *

For approval	☐	For decision	☐
For discussion	☑	For information	☐

DIRECTOR:	DIRECTOR OF OPERATIONS
PRESENTED BY:	ASSOCIATE DIRECTOR OF OPERATIONS
AUTHOR:	DIRECTOR OF OPERATIONS
DATE:	NOVEMBER 2013

We put our patients first We work as a team We value everybody We are open and honest
We strive for excellence and continuous improvement

***** tick applicable box

East and North Hertfordshire NHS Trust

TRUST BOARD – November 2013

PERFORMANCE REPORT

1. Key headlines

The Trust has a Monitor Compliance Framework Quarterly Risk rating of amber / green for Q2 and a TDA provider management regime monthly governance risk rating of amber / green. This is due to 1 cases of CDiff in October and the October admitted 18 week performance.

The key change in October was the 18 week RTT performance, this now includes the activity in the Treatment Centre; as raised at last month's FPC the Trust inherited a number of patients that were either very close to or had passed their 18 week breach position, however at a Trust level we managed to achieve at 90.3% against the admitted standard of 90%.

1.2 Key exceptions

Indicator	Target %		Reason	Action	Lead DD
Trauma and orthopaedics 18 week RTT	**>90 (admitted)** **>92 (open pathways)**	**78.4% (Oct)** **90.8 (Sept)**	• Treatment centre inheritance • Patients referred from the Choice Team with active 18 wk pathways that were close or had breached RTT standards. • Patient being transferred back from Ramsey Health care with part or all of the 18 week used	• Validation of current cases in progress and continues whilst additional active pathways being received • Patient choice cohort being treated before Christmas • CCG involved in discussion about Ramsey Health Care referrals being received with 'started' 18 week clocks • T&O trajectory aiming for full recovery by Jan 2014	JF
General Surgery – 18 week RTT	**>90 (admitted)**	**87.1% (Oct)**	• Treatment centre inheritance • Patients referred from the Choice Team with active 18 wk pathways that were close or had breached RTT standards.	• Remains on trajectory to deliver recovery for Jan 2014 • Patient choice cohort being treated before Christmas	JF
ENT – 18 week RTT	**>90 (admitted)**	**88.1% (Oct)**	• Treatment centre inheritance • Patients referred from the Choice Team with active 18 wk pathways that were close or had breached RTT standards.	• Remains on trajectory to deliver recovery for Jan 2014 • Patient choice cohort being treated before Christmas	JF
Admissions to a stoke bed <4hours from Decision to Admit (data 1 month in arrears)	**>90**	**73.5% (Sept)**	• Un-validated Oct 70.5% • Complex presentations – stroke not originally expected until later in pathway	• Regular stroke meeting with the CCG to review pathways and capacity • CCG undertaking stroke capacity review of entire	AB

			• Stroke bed capacity • Internal pathways not always being followed	pathway • Daily review with ED / Stroke consultants of all cases to increase awareness and knowledge	
Stroke Care - % of patients spending 90% of hospital stay on a specialist stroke unit	**>90**	**67.6% (Sept)**	• Un-validated Oct 87.5% - National standard 80% but CCG require 90% • Demand exceeding stroke bed capacity. Patients that are less acute are moved from the unit to facilitate new admissions. Those transferred from the unit have a negative impact on the performance • Complex presentation - diagnosis confirmed later in admission	• Delayed data evidences that 8% of stroke unit beds are occupied by patients awaiting non-acute stroke care. Data shared with CCG, increased to 10% in Oct. • Division undertaking an assessment of stroke beds required to enable delivery of standard – 5 additional beds being proposed, currently reviewing resource implications • Analysis to be shared with CCG	AB
Stroke Care – % of patients thrombolysed within 3 hours	**>12**	**16.1% (Sept)**	• Un-validated Oct 12.5% • All suitable patients received thrombolysis in Sept & Oct	• Continuing to raise importance and awareness through on going education & training	AB
Stroke – scanned within 24 hrs	**100**	**100% (Sept)**	• Un-validated Oct 100%	• Daily reviews of patient pathways undertaken to reduce likelihood of recurrence	AB
Stoke – Urgent cases scanned within 60 mins (local metric)	**100**	**77.8% (Sept)**	• Un-validated Oct 76.2% • Complex presentations where stroke is not originally suspected	• On-going education and awareness • All incidents where patient breached standard are reviewed and learning opportunities shared	
TIA -% of high risk patients treated within 24 hrs	**>60**	**87.9% (Sept)**	• Un-validated Oct 76.2%	• GP practices written and advised of all late received referrals • Patients encouraged to attend within timeframes and GP's informed • Additional Doppler slot commenced in Oct	AB
CDiff Trajectory (whole year)	**14 FYE**	**1 (12 YTD)**	• Full details available in infection control report to RAQC & Board Data Pack	• Full details available in infection control report to RAQC & Board Data Pack	AT

2. Other Headlines

2.1. Cancer

The Trust failed to achieve the 62 day screening standard for September and Q2 (85.29% against 90% standard) as indicated at September's FPC. 4 patients (equalling 2.5 breaches) for the quarter, three of the four cases were patient choice, whilst the fourth breach related to ENHT receiving the referral after the target had already been breached.

- July 0.5 of breach – patients referral received after breach date from Wrexham Park
- August – achieved zero breached

- Sept 2 breaches – x1 lower GI patient, who refused the first diagnostic date, then subsequently cancelled the second date to go on holiday. Eventually agreed to the third date but too late in pathway. X2 shared breach patients with the L&D. both patient choice delays in the diagnostic phase of the pathway.

Oct – No risks reported – expecting achievement of all standards

All other standards achieved Q1 & Q2.

P.W.C. internal audit of cancer waiting times due to commence November, as agreed in the annual audit plan.

2.2. ED 4 Hour Standard

Achieved the ED standard for October (97.23%). Performance up to 10th Nov, for the month 97.19%, Q3 97.22% with YTD 96.28%. Whilst ENHT continue to achieve against this standard the risk remains as the Trust is already utilising escalation capacity.

2.3. Six weeks diagnostic waiting time (Oct data)

The division did not recover the standard as planned in October, resulting in 23 breaches. However they are expecting to deliver sustainably going forwards and additional capacity has been implemented.

- Cardiac CT – 1 breaches
- MRI – 21 breaches
- Ultra Sound – 1 breach

Last month the board were made aware of significant growth in demand for GP direct access MRI and the division has responded by:

- Clinical fellow now trained providing additional cardiac CT capacity
- New MRI room went live mid Oct providing additional capacity. 5/10 sessions currently staffed. Full utilisation expected spring, dependant on successful recruitment of additional radiologist plus x2 RDA's, vacancies currently with recruitment panel.

2.4. 18 Week RTT & the Treatment Centre Inheritance

As mentioned above, on-going performance issues for RTT, these are expected to continue until approximately January 2014. As reported to FPC last month, a number of patients that have been referred back to the Treatment Centre by the Choice Team had previously had their treatments delayed, many of these patients have been referred back close to or beyond their RRT breach date and are therefore now impacting on ENHT's 18 week performance. Also ENHT have validated the patient's pathways for those patients booked by the Clinicenta and have corrected a number of clock starts / stops to ensure they follow the 18 week RTT standards.

In addition to those patients mentioned, there is a lack of clarity for some pathways where patients elect to be treated by a private provider under the NHS and who are then unable to complete the patient's treatment. A number of patients have recently been referred to ENHT from Ramsey Health Care, these appear as new referrals from the GP however under the 18 week rules their 'clock start' date should have continued from the original referral date and until the patient receives their first definitive treatment.

Validation is currently on-going to mitigate the risks however risk remains whilst referrals continue to be received with active 18 week 'clocks ticking' where all or part of the time has already past.

Also the Trust reported x3 52 week breach patients, two related to the Treatment Centre inheritance and x1 was an internal pathway issue

- Ophthalmology (Treatment Centre) – patient reviewed as discharged from clinic, no adverse impact on patient
- T&O (Treatment Centre) – patient has a treatment date for 19th November
- Cardiology – internal pathway issues, patient seen, assessed and discharged from clinic. Pathway changes had already been implemented that mitigate similar incidents reoccurring.

Gynaecology admitted performance is also a potential risk in November, during October the performance in the Treatment Centre was 88.7% but increased to 92.8% at a Trust total. This is a factor of the Treatment Centre inheritance and should only be a risk to November's performance.

3. Look Forward

Outpatient First Attendance
Some patients are awaiting waiting too long for their first outpatient appointment; the current longest wait is at 55 weeks in Rheumatology. Whilst many of the delays are related to patients cancelling or not attending for their appointment there are far too many patients waiting beyond 13 weeks for a first appointment.

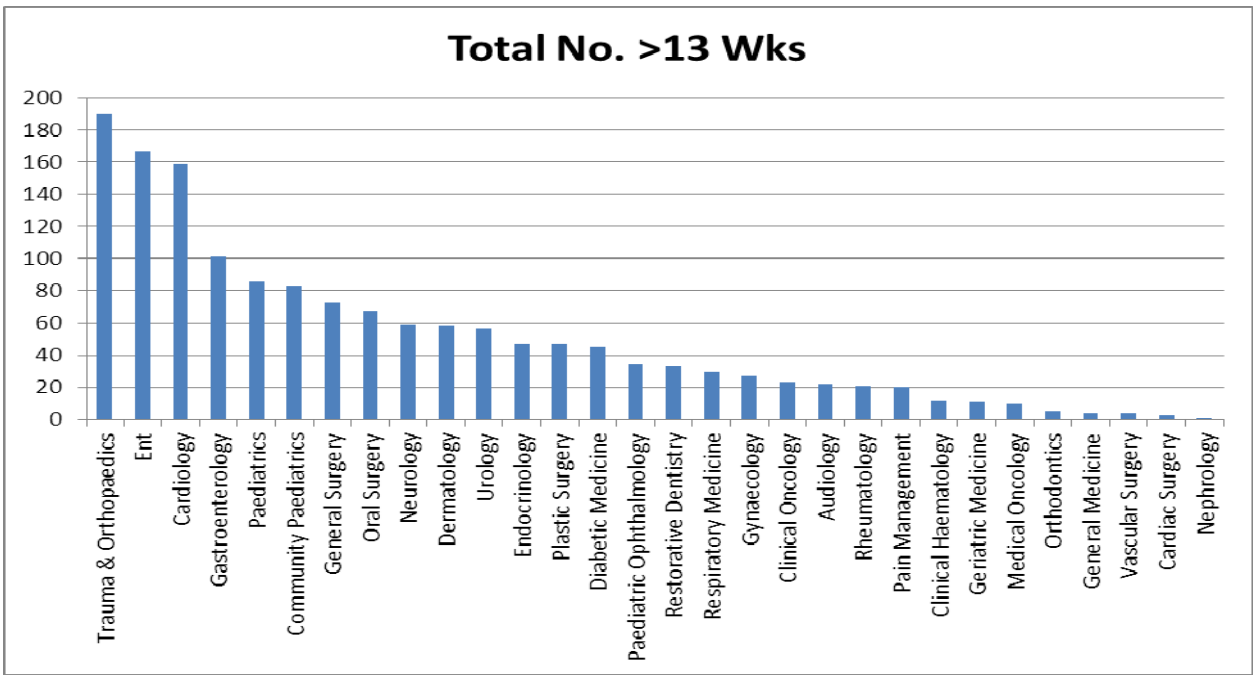
Recent reporting changes implemented via APMG have enabled greater visibility of the total waiting times for first attendance in outpatients. There are currently 1499 patients (12.7% of the waiting list) who are waiting >13 weeks for their first outpatient appointment, as previously mentioned many of the longest waiting patients will have received an earlier appointment but either cancelled or failed to attend. Table 1, shows the profile of the waiting times

Table 1

No. Patients waiting 1st Outpatient Attendance >13 Wks				
14-20 Wks	21-30 Wks	31-40 Wks	41-50 Wks	>50 Wks
1122	322	43	9	3

Graph 2 demonstrates per speciality the total number of patients that have waited >13 weeks for their first outpatient attendance.

Graph 2



The trajectory to reduce the current volume of patients waiting >13 weeks is being managed via APMG and is expected to be delivered by the end of February 2014. It is proposed that this FPC report updates on the trajectory each month from now onwards.

Follow up appointments.
There are also patients on the follow up waiting list, 'flagged' as requiring a follow up but where capacity is currently not available. There are currently 7226 showing on this report, with the 'oldest' appointments requiring a follow up dating back to Jan 2013. (Note: Some follow up appointments are legitimately scheduled for 1 year, but the majority ought be to be much sooner) APMG identified this in September and implemented a tracker enabling greater visibility. The Divisions are being managed via APMG and by the end of the current month ENHT will have reduced the longest waiting times by approximately five months.

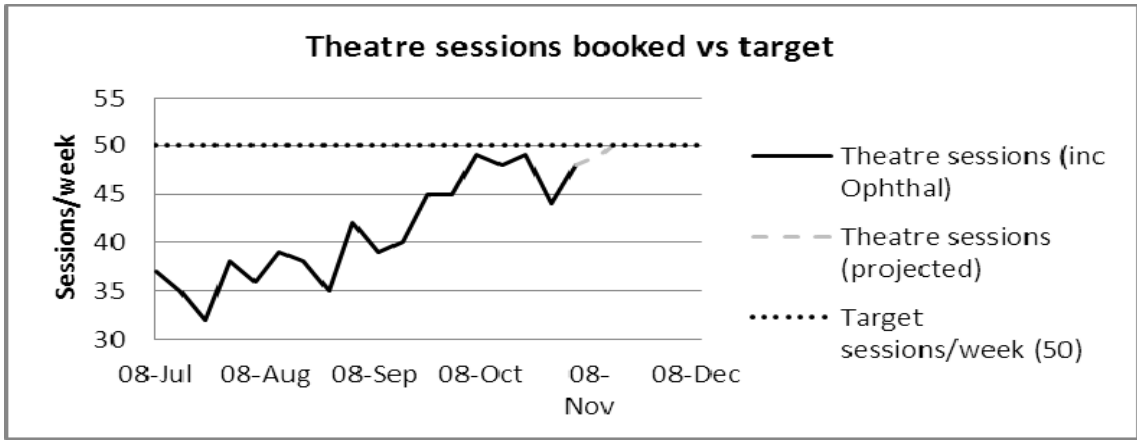
Follow Up Waiting List Profile (No capacity to Book Patient)		
Jan 13 - May 13	Jun 13 - Aug 13	Sep 13 - Nov 13
616	1322	5288

Visibility of Waiting Profiles
The admitted 18 week profile, total combined diagnostic and longest cancer wait profiles are not currently available in the format that facilitated the Divisions to visualise the profile of the waiting lists; these reports are now in the process of being created to support monitoring going forwards.

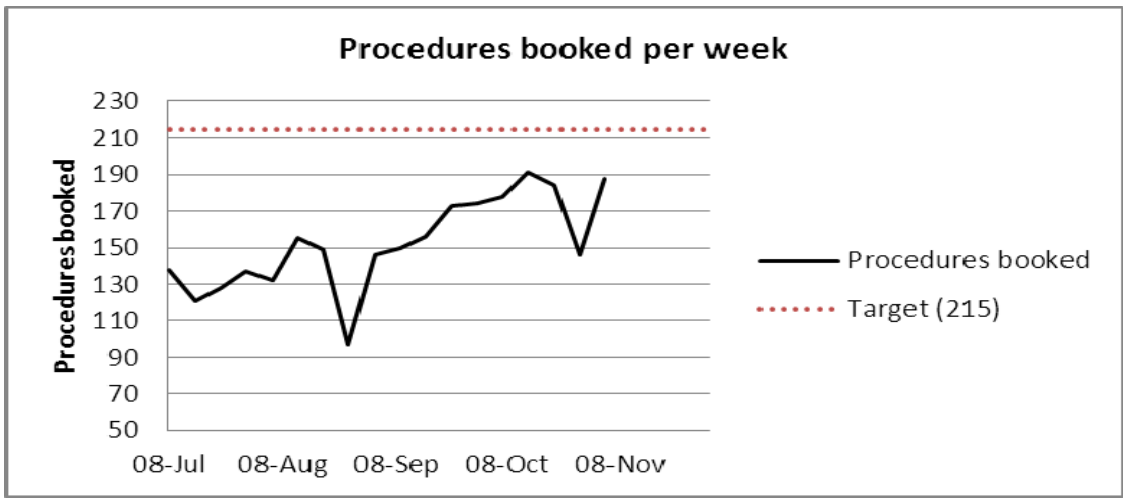
4. Treatment Centre

Theatre utilisation continues to rise steadily since September, peaking at 81% by 28th Oct against a target utilisation of 87%. In October the Treatment Centre was ahead of the financial forecast delivering a deficit of -£278k against a -£500k trajectory.

The number of theatre sessions booked is very close to the desired levels (50/Wk), albeit with a slight drop in the final week of October due to audit half day. However the teams are confident of achieving the levels and are projecting a sustainable attainment by early December.



Referral volumes are gradually increasing; in particular Dr Toma has been promoting the Ophthalmology service which has seen an additional 45 new referrals within the last two weeks. The drop in October was a consequence of the audit half day however the team are confident that they will achieve the required volumes by the end of December.



5. Delayed Transfers of Care (DToCs)

Bed days Lost - 2013

Reason	Who's Responsible	Apr	May	June	July	August	September	October
Intermediate Care	**HCT/CCG/Quantum**	414	570	428	128	202	148	120
Social Services	**Herts County Council**	22	62	68	93	102	115	66
Continuing Healthcare (CHC)	**CCG**	53	14	37	59	26	44	55
CHC Fast Track	**CCG**	38	35	80	22	20	54	44
Patient Rejection of Interim Placement - Defaults to Health		147	68	110	199	152	101	92
Self Funding				56	60	58	71	52
Bedfordshire	**Various**	72	27	28	50	10	14	0
Total		**746**	**776**	**807**	**611**	**570**	**547**	**429**

	Apr	May	June	July	August	September	October
Average daily beds blocked total	25	25	27	20	19	18	14
Average daily beds blocked ICT	14	18	14	4	7	5	4
Average daily beds blocked HCS	1	2	2	3	3	4	2

Headlines

- Continued improvement in overall bed days lost
- Reduction in days lost to patients
- Reduction in number of patients who rejected interim or proposed discharge options, but still high numbers
- CHC delays remain high - especially fast track patients