

Report to:	Public Board of Directors				
Date of Meeting:	26 th November 2014				
Report Title:	Executive Performance Report October 2014				
Status:	For information	Discussion	Assurance	Approval	Regulatory requirement
Mark relevant box with X	X		X		X
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Executive Sponsor (presenting):	Andrew Copley, Director of Finance				
Appendices (list if applicable):	Executive Performance Report October 2014 CQUINS Report October 2014 Waiting List/Waiting Times				

Purpose of the Report
<p>1. Introduction</p> <p>The attached Executive Performance Report shows the position to 31st October 2014 for three key areas;</p> <ul style="list-style-type: none"> • Monitor Risk Assessment Framework requirements for Service Performance as part of the Foundation Trusts quarterly Governance declaration • CCG Contract Performance and Quality Schedule indicators • CQUINS <p>Performance is shown against the required threshold or trajectory for each indicator assessed as part of a particular framework. Traffic light ratings are applied to show the level of risk using the following criteria;</p> <p>Green Performance achieving the required threshold/trajectory</p> <p>Amber Performance not achieving the required threshold/trajectory but within acceptable tolerances allowed</p> <p>Red Performance not achieving the required threshold/trajectory</p>
Key points for discussion
<p>2. Monitor Risk Assessment Framework</p> <p>Key messages to October 2014 include;</p> <ul style="list-style-type: none"> • The indicative Quarter 3 rating to date for Service Performance is Green. • Following pressures over the previous year as a result of increases in demand, acuity and delays in first assessment, the A&E 4 hour wait position has improved and with sustained effort the standard for October was delivered at 95.5%. This however continues to be a declared risk going forward in 2014/2015 and we have informed Monitor of our concerns through the Annual Planning cycle and our regular quarterly review discussions. • The number of Clostridium Difficile infections year to date as at October is 6 cases. This is below the national target of 9 and de minimis of 12 applied in the Risk Assessment Framework. In line with updated national guidance, individual cases can now be reviewed with Commissioners and if determined by the CCG that the infection was unavoidable, an adjustment can be made so that this does not count against the Foundation Trusts annual target. To date, it's been decided that one case can be classified in this way and so there are 5 recorded cases to October. • NB At the time of writing this report there are two new Clostridium Difficile cases in November so the most up to date position is now a total of 8 cases, one of which is not attributable leaving a potential year to date total of 7. Two cases from the month of September are being reviewed with the CCG's in December with the two November cases to be reviewed at a later date.

- Achievement of the Clostridium Difficile threshold for 2014/2015 remains at risk and this was also declared to Monitor in the recent Annual Plan submission. The risk is based on the low centrally set target of 9 which, despite having reduced the number of infections from 235 to 7 over the previous seven years, the Board of Directors do not feel is achievable in the current year.
- All other standards were achieved, were within de minimis limits or had agreed exemptions in place (i.e. Referral to Treatment; See Section 3 of this report).
- As set out in the Risk Assessment Framework, the areas where the Foundation Trust could be subject to a potential red rated Governance override given current and recent performance are;
 - If the number of Clostridium Difficile infections goes above the de minimis of 12; or
 - If the A&E standard is not achieved in any two quarters over a 12 month period and then not achieved again in a quarter during the subsequent nine months, or for the full year.

3. CCG Contract Performance and Quality Schedule

This section shows the performance indicators that the Foundation Trust is being monitored on through the Performance and Quality Schedule in the CCG Contract. The indicators with a potential financial penalty are highlighted by a yellow block on the left hand side. The 2014/2015 position shows good initial progress on most areas. There are a few areas where potential financial penalties could be applied;

Never Event

Regrettably, the Foundation Trust had a Never Event in September. This was a retained foreign object post operation. We have spoken to and apologised to the patient and a full investigation is currently taking place. This is due to be completed in November.

18 Weeks (Specialty Level Performance)

The 2014/2015 Standard National Contract requires all Provider Trusts to deliver the 18 Weeks Standards at individual specialty level, each month, with potential financial penalties for non-delivery. In Quarter 1, some specialties did not manage to achieve these which could lead to a potential financial penalty of approximately £62.6k being applied in total.

During the contract negotiations, a number of discussions were held regarding whether enough activity was commissioned for some of these services to support specialty level performance. There shall need to be further discussions with the CCG's through the Contract Management Board to assess whether this is the case on a specialty by specialty basis. The main specialty pressures in Quarter 1 were;

Admitted (90% Standard)

General Surgery, Urology, Orthopaedics and Oral Surgery

Non-Admitted (95% Standard)

Urology, Orthopaedics, ENT, Oral Surgery, Gastroenterology and Respiratory Medicine.

Following recent discussions, the Foundation Trust has accepted an offer from NHS England to complete additional activity in Quarter 2 and October and November of Quarter 3 to support the Referral to Treatment position by focussing on treating the longest waiting patients. We have agreed to complete this activity on the following basis;

- Monitors regulatory requirement to deliver aggregate RTT performance each individual month for Foundation Trusts is not required for Quarter 2 or October and November of Quarter 3;
- Completion of this activity will not be subject to any sanctions or penalties at any point;
- Having completed any additional activity, we shall return to delivering aggregate RTT performance from December 2014 as per Monitors regulatory requirement;

We are therefore not expecting any of the contract penalties or sanctions to apply for this standard in Quarter 2 or October and November of Quarter 3.

A&E/Ambulance Handover

The overall position continued to improve across Quarter 2 compared to Quarter 1, with a reduced number of breaches of the 30 minute standard and no breaches of the 60 minute standard in two of the three months in this period. However, there have been a small number of breaches of both standards in October.

The breaches could potentially lead to a financial penalty being applied (approximately £33,200 cumulative to October).

The main pressures continue to be during periods of peak demand. Work is taking place with Ambulance Providers, both Yorkshire Ambulance Service and North West Ambulance Service, to improve handover delays. This includes ensuring further data collection is in place to support operational monitoring, further work on developing processes for Paramedics and Emergency Department staff to work together on handover and implementing a process to validate every breach over 30 minutes.

Stroke/TIA

As previously highlighted, following continued pressures, the position for both the Stroke and TIA standards are still below the required thresholds, although the Stroke position has generally improved in comparison to that shown in Quarter 1.

The Stroke indicator performance was 59.3% against the 80% threshold and the TIA indicator performance was 52.2% against the 60% threshold for October.

As a result of the continuing position, the Foundation Trust has now received a couple of Performance Notices from the CCG's. These initially required senior representatives to meet with Commissioners to review the current position and agree specific actions to be put in place. This has now taken place and a plan completed which includes proposals for updated operational standards and processes.

Plans are also continuing to be worked on regarding the service provision going forward and we are working closely with our Commissioners, NHS England and the Stroke Network on this to ensure these have stakeholder support.

As the standard is currently not being achieved, a potential £90k penalty could be applicable.

Summary of Potential Contract Penalties

Standard	Potential Contract Penalties as at October
18 Weeks RTT Specialty Level	£62.6k
A&E/Ambulance Handover	£33.2k
Stroke	£90k
Total	£185.8k

The above assumes no RTT penalties are applied in Quarter 2 or for October and November in Quarter 3 due to additional activity being completed.

4. CQUINS

Attached to the Performance Report is the draft position for the 2014/2015 CQUINS Indicators. CQUINS are worth 2.5% of out turn value (approximately £3m) and are paid for delivery of specific objectives and indicators agreed as part of the CCG contract. The main areas to note are;

For the Friends and Family Test, following pressures in 2013/2014, the overall Inpatient and A&E response rates were above the required thresholds in Quarters 1 and 2. This is a significant achievement and has taken a lot of focussed work across the Trust to ensure delivery of the standards. Going forward, the required response rates become more challenging and shall require further continued focus to ensure delivery, particularly in A&E. In addition, the roll out to Day Case, Outpatient and Community Services from October 2014 is being delivered.

For Dementia, improvements made in 2013/2014 meant the Foundation Trust achieved delivery of the 90% level for all three standards for Quarters 1 and 2. However delivery of this CQUIN across the three domains was ultimately completed through having some short term additional capacity in place and as this is currently not available, the position is proving challenging to deliver. Further work is ongoing to look at the process and support required given these are national CQUINS indicators for 2014/2015.

For the Safety Thermometer, we struggled to reach the overall rate of pressure ulcers required in 2013/2014 as this does not differentiate between hospital and community acquired levels. This is a national CQUINS indicator again in 2014/2015 with a further stretch target and so a declared risk.

A number of the local standards (e.g. Liaison Psychiatry Training, Intermediate Care Proactive Continuity of Care and Integrated Discharge) required preparatory and baseline work to be completed in Quarters 1 and 2 and in some cases improvement trajectories for the remainder of the year to be agreed.

For Liaison Psychiatry, a training package is now in place having been developed in conjunction with Bradford District Care Trust. Staff are being provided with the training to ensure we meet the requirement for the remainder of the year that 80% of the workforce in the specified departments in the Foundation Trust receive this.

For the Integrated Discharge standard, we have met the Quarter 2 requirement to have 25% of discharges taking place by 2.00pm with the quarterly position being 28.3%. The standard gets more challenging for the remainder of the year with requirements to achieve rates of 30% and 35% in Quarters 3 and 4 respectively. In October this was 27.4% and so there is now is a pressure in delivering the 30% requirement across the quarter. Further work taking place to help improve the position includes providing information to patients and carers around expected discharge dates and times and also work on improvements to TTO dispensing.

For the Integrated Community standard, one of the key requirements is for 90 cases to be managed through the Integrated Multi-Disciplinary Team process by September. To date 140 cases have now been completed. In addition, the required audit of case notes has taken place by the Commissioners and we have developed a patient experience questionnaire to be used for community patients.

Forecast Assessment

As at October the current forecast assessment for CQUINS for the year is;

Green	On plan to deliver	80%
Amber	Further work required	13%
Red	Declared risk	7%

5. Cancer

Over the past few years, the Foundation Trust has generally delivered the defined national cancer standards as set out in the Monitor Risk Assessment Framework and Standard National Contract.

We are currently aware of an increasing possibility of further developments around these standards in 2015/2016 and so are actively starting to focus on a number of areas including;

- Reducing the waiting time for a first Outpatient appointment from 14 days to 7 days;
- Improving awareness and early diagnosis to help increase treatment options and reduce the negative impact for patients;
- Focus on further reducing diagnostic waiting times;
- Ensuring Inter Provider Transfers (IPT's) take place within 38 days (there is a possibility of this being introduced as a national cancer standard to reduce the numbers of late IPT's by specialty).

The approach being taken in support of this work includes;

- Focussing on pathway redesign;
- Improving outpatient and diagnostic capacity;
- Improving the recording of the stage of cancer as a key marker of a quality service;
- Progressing a strategic approach to prioritise early diagnosis and reduce urgent admissions via Emergency Departments;
- Reviewing the nationally published cancer patient experience survey responses and defining areas for further improvement

6. Waiting Lists/Waiting Times

Attached to the report is a summary of the current number of patients and length of waiting time by specialty that shall be monitored each month going forward.

Recommendation

The Trust Board of Directors is asked to receive the October 2014 Performance Report and note the areas where targeted actions are planned to maintain and/or improve performance.