Airedale NHS Foundation Trust

Name of Meeting:	Finance Performance & Digital Committee (FPD)
Date of Meeting:	19 March 2019
Prepared by:	Jeremy Cross, Non-Executive Director

Highlights from the meeting

Closing out the financial year 2018/19
We have hit month 11 (February) and so have received additional PSF (Provider Sustainability Fund) funding. This is as a result of a number of pieces of work that have been completed including:

- "Derisking" income from the CCG's where possible
- Releasing approx. £450k from the charitable fund against suitable expenditure in year
- Release of non recurring provisions etc.

We are forecasting that we should be able to hit the year end control total despite a deterioration in the financial performance of integrated care in the final month of approx. £250k. We may need to find some additional income / provision release to cover this, but the Director of Finance has a number of smaller options which should allow us cover this shortfall – provided there is no significant further deterioration in the month.

We should be in a position to understand the final year end out turn by the middle of April. Clearly if we do hit our control total this will be a significant achievement.

Control Total for the financial year 2019/20
As discussed at the session prior to the Council of Governors' meeting on 14 April, the FPD committee agreed to pursue "Option 4". This sees us signing up to a control total of +£1.4m, though with some additional funding from Leeds, this is in reality a control total of (£1.8)m.

This control total would require us to deliver CIPs (Cost Improvement Plans) of approx. £6m (3.34%) which is lower we have managed to deliver in previous years – and £3.6m has already been identified.

If we were to try and deliver a "breakeven" control total we would need to find a further £1.8m, meaning a CIP target of £7.8m (4.32%).

In signing up to this control total, we have already committed to an aligned incentive agreement with Airedale CCG which de-risks the income and allows us to jointly pursue cost reduction exercises by managing demand appropriately. Bradford CCG are not on an aligned incentive, and this may allow us to increase income as we are seeing increased demand from this CCG over time.

Clearly on top of the outcomes above, we would hope to receive additional PSF funding.

Performance
Performance is being achieved in all areas except:
A&E – growth in demand is continuing at 6% year on year. We will not hit our final month PSF target of 95%.
62 cancer diagnostic target – this was as a result of a range of issues, though not down to capacity which was good in the month. The committee reviewed the causes by patient of missing the target and all but 1 were "unavoidable" from an Airedale perspective (eg one patient was only referred to us on

day 61). While this is understandable for us as an organisation, it is still a poor patient experience and work will continue within the wider system to improve performance. Nevertheless, clinical opinion is that there has been no clinical harm to patients as a result of any delays beyond 62 days. (The 62 day Cancer Waiting Time Target exception report for January 2019 is attached at Appendix 1)

Diagnostic 6 week target – this has been reported to Board before. The committee heard that the recovery plan is on target to achieve better outcomes by the end of May.

Digital
The committee received the first draft of performance reporting from the digital team. They were an excellent first effort, and very easy to read. KPIs (Key Performance Indicators) were currently suggestions only, and had not yet been with service users who need to have greater input into what is the required performance. This work is targeted to be completed by June.

Other matters
A discussion was held on reporting on model hospital, GIRFT (Getting It Right First Time) and PLICS (Patient Level Information and Costing System). Relevant departments will report to the committee over time.

Assurance was received that the Trust is operating to the required standards for 7 day working.

The Board Assurance Framework was reviewed – no additional risks were identified that needed including.

Treasury management was noted as being as per the required NHS strategy.

Challenges from the meeting

The Control Total decision will present further CIP challenges for the Trust.

Continued pressures on our A&E mean that we will not achieve the PSF in month.

New / Emerging risks

None.

NHS Airedale NHS Foundation Trust

Finance, Performance and Digital Committee

Date:	19 March 2019	**Attachment Number:**	**6(i)**
Title of Report:	**Failure to deliver the 62 day Cancer Waiting Time Target in January 2019**		
Purpose of the report and the key issues for consideration/decision:	It has been agreed with the Board that there will be an exception report when key performance standards are not delivered for patients. In the new governance structure the FPD committee will receive this report This exception report relates to the failure to deliver the 62 day referral to treatment target in January 2019. The report details at an individual patient level why the standard was not delivered and highlights to the Board the actions required to improve performance.		
Prepared by:	Alison Conchie, Assistant Director of Operations, Women's & Children's Services & Lead Cancer Manager		
Presented by:	Stacey Hunter, Chief Operating Officer		

Strategic Objective(s) supported by this paper:

Financial Sustainability		**Empower & Engage Staff**	
Quality of Care	**x**		

Is this on the Trust's risk register:	**No**	**x**	**Yes**		**If Yes, Score**

Which CQC Standards apply to this report: CQC Domain – Effectiveness

Have all implications related to this report been considered: (please X)

Finance Revenue & Capital		**Equality & Diversity**	
National Policy/Legislation	**x**	**Patient Experience**	**x**
Human Resources		**Terms of Authorisation**	
Governance & Risk Management (BAF)	**x**	**Other:**	

Action Required: (please X)	**Approve**		**Discuss**	x	**Receive for information**	**x**	**Decision**	

Previously Considered By:		**Date:**

Recommendations:	1. Implement the process agreed with Primary Care and the CCG for the management of patients who choose to defer their 2 week fast track appointments beyond 14 days and continue work towards the 28 day diagnosis standard that is in effect from April 2020 2. Continue to work with the West Yorkshire & Harrogate Cancer Alliance and the WYATT Trusts to implement initiatives aimed at adopting standardised patient pathways. This work is focused in Urology, Upper GI and Lung Cancer. 3. Implement the cancer navigator role to support patient pathways that cover more than one cancer speciality

1. Context / Background

The NHS Constitution sets out the following rights for patients with suspected cancer;

- to access certain services commissioned by NHS bodies within maximum waiting times, or
- for the NHS to take all reasonable steps to offer people who are referred a range of suitable alternative providers if this is not possible;

In addition to the individual patient rights as set out in the NHS Constitution there is a performance measure for which the NHS is held to account for delivering by NHS England.

This exception report refers to the performance highlighted below.

Performance Measure	Performance Target
A maximum 62-day wait from urgent referral for suspected cancer to the first definitive treatment for all cancers	**85% of all patients**

2. Executive Summary

- This paper alerts the Board that the Trust has failed to deliver the maximum 62 day wait from referral to first definite treatment in January 2019.
- The performance for the 62 day cancer waiting time target in January 2019 was 82%. The standard is 85%.
- There were a total of 9 breaches, which equated to 13 patients who did not receive their treatment within 62 days of referral for suspected cancer, (currently half breaches are allocated for patients who have start their pathway in one hospital and are treated in another).
- Five of these 13 patients were treated in Airedale and 8 were either treated in Leeds or Bradford.
- Currently the cancer waiting time target and regional agreement is that the transfer between referring and treating hospital, the inter-provider transfer (IPT), should be at day 38. The Trust achieved IPT at day 38 for 3 patients of the 8 patients referred for treatment at either Bradford or Leeds.
- The new IPT rules are implemented form April 2019, (deferred from October 2018) which allocate the full breach to the treating organisation if the referring hospital transfers the patient at or before day 38.
- Although the number of treatments, 50, was the highest the Trust has achieved in one month, there were a higher number of referrals which resulted in patients not been treated in December due to the reduced capacity over the Christmas period. Those patients were treated beyond their breach date in January.
- In addition there has been a national issue with the supply of radioactive isotopes used PET-CT which caused significant delays in the pre-treatment preparation of patients with lung cancer. This was the root cause for 4 of the 13 patients who waited in excess of 62 days. The issue with the external provider is being managed by NHS England who contract for this service. It is improving but is not yet fully resolved.

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- All patients with a final diagnosis of cancer, who breach any aspect of the CWT standards, have an analysis of their referral to treatment timeline undertaken by the clinical team to determine if

they were avoidable or unavoidable and the actions required avoiding a recurrence. This review also provides an opportunity to ensure there is no increased risk of harm due to the delay.

- All potential breaches and actual breaches are circulated twice weekly to senior management and a monthly analysis is reviewed via the Integrated Performance Review process for all areas.

- Nationally and across West Yorkshire and Harrogate this standard has not been met for over 3 years.

3. Patient level breach analysis

Assessment

This analysis has determined that of the 13 breaches;

- 1 was avoidable the result of a delay in requesting a colonoscopy.
- 3 patients had considerable delays due to the national issues with PET-CT
- 1 patient was referred late from Blackburn at day 61
- 1 patient who was receiving treatment in Leeds was cancelled due to the lack of elective capacity
- 1 patient with prostate cancer required a month to decide their treatment option at Bradford

The remaining patient pathways were deemed to be in excess of 62 days but appropriate in respect of the complexity of the clinical pathway.

Given the high number of breaches it was not possible to deliver the 62 day cancer waiting time standard despite the high number of treatments.

4. Conclusions

The Trust would have met the 62 cancer waiting time target if the new IPT rules had been in place which would allocate the full breach to the treating organisation if the referring hospital transfers the patient at or before day 38. It is also likely that if the national issue with the PET service had been resolved the lung cancer patients would not have breached.

There is a common theme appearing for breaches that start in one tumour site and then a cancer is found of another specialty site i.e. gynaecology case in Appendix 1. This highlights the need for improved communication between tumour site MDTs to ensure that patients are not delayed in their pathway. We are currently advertising for a navigator role with the aim of improving this communication between the tumour sites for a 12 month pilot.

5. Recommendations

1. Continue the daily, weekly, monthly monitoring and tracking of patients with escalation to the Patient Service Manager and Assistant Director of Operations for cases that are at risk of breaching the 62 day cancer waiting time standard.

2. Continue to monitor performance at a Speciality and Group level through the Integrated Performance Review process. Share learning and improvement plans with colleagues at the Cancer Board.

3. Implement the process agreed with Primary Care and the CCG for the management of patients who choose to defer their 2 week fast track appointments beyond 14 days.

4. Continue to work closely with Liaise with the West Yorkshire & Harrogate Cancer Alliance and the WYATT Trusts to implement initiatives aimed at streamlining patient pathways.

Appendix 1

January 2019 62 day Cancer Treatment breach summary

Tumour site	IPT Day	Avoidable	Unavoidable	Lessons Learnt
Lung	53		x	PET cancelled x 2 - 20 days lost
Lung	46		x	PET cancelled x 3 – 17 days lost
Lung	76		x	PET cancelled x 2 - 15 days lost
Lung	58		x	1st PET cancelled due to failing safety tests, next PET cancelled as injections were late and the patient declined to wait, total 17 days lost.
Lower GI	42	x		Late request for colonoscopy
Lower GI			x	Extent of disease required various tests before treatment plan could be reached
Lower GI	61		x	Referred from Blackburn at day 61 Declined the date for admission
Upper GI			x	Patient originally referred to Gynaecology -Complex diagnostic pathway
Gynaecology			x	Original fast track referral to Urology found to have gynaecological cancer and an area in the anterior lower urethra needed further imaging before surgery could be planned
Gynaecology	37		x	Elective capacity inadequate at Leeds
Upper GI	35		x	Delay in histological diagnosis due to further testing and required multiple MDT discussions.
Urology	47		x	Patient wanted thinking time before deciding on treatment.
Urology	25		x	Joint clinic capacity at BRI