

DATE	22 December 2015
REPORT FOR	Trust Board of Directors – Public
REPORT FROM	Wendy Booth, Director of Performance Assurance & Trust Secretary
CONTACT OFFICER	Claire Jenkinson, Head of Performance
SUBJECT	Performance Compliance Report – November 2015
BACKGROUND DOCUMENT (IF ANY)	Monitor Risk Assessment Framework
REPORT PREVIOUSLY CONSIDERED BY & DATE(S)	Trust Governance and Assurance Committee – 4 December 2015
EXECUTIVE COMMENT (INCLUDING KEY ISSUES OF NOTE OR, WHERE RELEVANT, CONCERN AND / OR NED CHALLENGE THAT THE BOARD NEED TO BE MADE AWARE OF)	This report outlines the expected governance position against the standards set out in the Risk Assessment Framework for the year to date up to November 2015
HAVE THE STAFF SIDE BEEN CONSULTED ON THE PROPOSALS?	N/A
HAVE THE RELEVANT SERVICE USERS/CARERS BEEN CONSULTED ON THE PROPOSALS?	N/A
ARE THERE ANY FINANCIAL CONSEQUENCES ARISING FROM THE RECOMMENDATIONS?	NO
IF YES, HAVE THESE BEEN AGREED WITH THE RELEVANT BUDGET HOLDER AND DIRECTOR OF FINANCE, AND HAVE ANY FUNDING ISSUES BEEN RESOLVED?	N/A
ARE THERE ANY LEGAL IMPLICATIONS ARISING FROM THIS PAPER THAT THE BOARD NEED TO BE MADE AWARE OF?	NO
WHERE RELEVANT, HAS PROPER CONSIDERATION BEEN GIVEN TO THE NHS CONSTITUTION IN ANY DECISIONS OR ACTIONS PROPOSED?	YES
WHERE RELEVANT, HAS PROPER CONSIDERATION BEEN GIVEN TO SUSTAINABILITY IMPLICATIONS (QUALITY & FINANCIAL) & CLIMATE CHANGE?	N/A
THE PROPOSAL OR ARRANGEMENTS OUTLINED IN THIS PAPER SUPPORT THE ACHIEVEMENT OF THE TRUST OBJECTIVE(S) AND COMPLIANCE WITH THE REGULATORY STANDARDS LISTED	Ensures compliances with the regulatory framework
ACTION REQUIRED BY THE BOARD	The Board is asked to review key target performance and consider any further action required

Monitor Risk Assessment Framework

Key Performance Measures

November 2015

This Report focuses solely on the Trust's performance against key performance measures contained within Monitor's 2013 Risk Assessment Framework. Any performance risks relating to key performance indicators contained within the Trust's contract which could potentially result in the imposition of fines and penalties is highlighted in both the integrated performance report and the monthly trading report.

Monitor, through its Risk Assessment Framework, continues to assign a governance risk rating to reflect the quality of governance at the Trust. Monitor use the governance rating below in order to gauge potential escalatory measures:

- The sum of each metric's weighting to calculate a service performance score
- Where the Trust breaches a target systematically, this will represent a governance concern

Indicator	Red Rating may apply if the Trust:-	Trust Rating
C.Difficile	<ul style="list-style-type: none"> • Breaches the cumulative year-to-date trajectory for 3 successive quarters • Breaches its full year objective • Reports important or significant outbreak 	Green
Referral to Treatment Waiting	<ul style="list-style-type: none"> • Breaches the 18 week RTT Incomplete waiting time measure for a third successive quarter 	Green
A&E	<ul style="list-style-type: none"> • Fails to meet the target twice in any two quarters over a 12month period and fails the indicator in a quarter during the subsequent 9 month period or the full year 	Yellow
Cancer Waiting Times	<ul style="list-style-type: none"> • Breaches the 31-day cancer waiting time for third successive quarter • Breaches the 62-day cancer waiting time for third successive quarter 	Green
Community Services Data Completeness	<ul style="list-style-type: none"> • Fails to maintain the threshold for data completeness for <u>any</u> of the following for a third successive quarter <ul style="list-style-type: none"> - RTT information - Service referral information - Treatment activity information 	Green
Any Indicator Weighted 1.0	<ul style="list-style-type: none"> • Breaches the indicator for three successive quarters 	Green

The governance rating assigned to an NHS Foundation Trust reflects Monitor's views of its governance:

- Green rating will be assigned by Monitor if no governance concern is evident;
- Where Monitor identifies potential material causes for concern with the Trust's governance in one or more of the categories (requiring further information or formal investigation), the Trust's green rating will be replaced with a description of the issue and the steps (formal or informal) to be taken to address it; or
- Red rating will be assigned if Monitor take regulatory action.

1. Summary Performance Against National Measures for November 2015

Currently the 18 week Referral to Treatment (RTT) incomplete waiting time measure is falling short of the 92% threshold for November 2015 reaching 90.21%, however, it should be noted that the validation process will not be completed until the 16 November 2015.

Whilst the Trust did not meet the A&E 4 hour wait target for November achieving 94.3% against a target of 95%, continued improvements are being made, demonstrating the impact of the actions put in place and the efforts of the operational staff involved.

During November the Trust had three episodes of hospital acquired Clostridium Difficile giving a year to date total of nineteen cases. Of those, 'lapses in care' have been identified in 5 cases; November's episodes are subject to the DIPC review process.

Current provisional cancer data indicates the Trust will achieve five of the seven cancer indicators for November 2015; presently breaching the 2 week wait breast symptomatic referral to treatment target and the 62 day wait screening referral to treatment. Validation of all breaches still needs to be undertaken which could change this position.

2. Individual Performance Risk Areas

2.1 Clostridium Difficile

Clostridium Difficile – YTD Total

During November, the Trust reported three episodes of Clostridium Difficile cases, giving the Trust an accumulative total of nineteen cases so far this year.

Clostridium Difficile – Lapses in care

The three episodes in November are pending the Director of Infection Prevention and Control (DIPC) reviews. Of the nineteen episodes so far this year, 'lapses in care' have been identified in five cases against a YTD threshold of twenty one.

The table below outlines the lapses in care cases by month and site for 2015-16:

Site	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15
DPOW	1	0	0	1	0	0	0	2 pending DPIC review
SGH	1	0	1	0	1	0	0	1 pending DPIC review
GDH	0	0	0	0	0	0	0	0
Total	2	0	1	1	1	0	0	TBC

2.2 Cancer Waiting Times (provisional position)

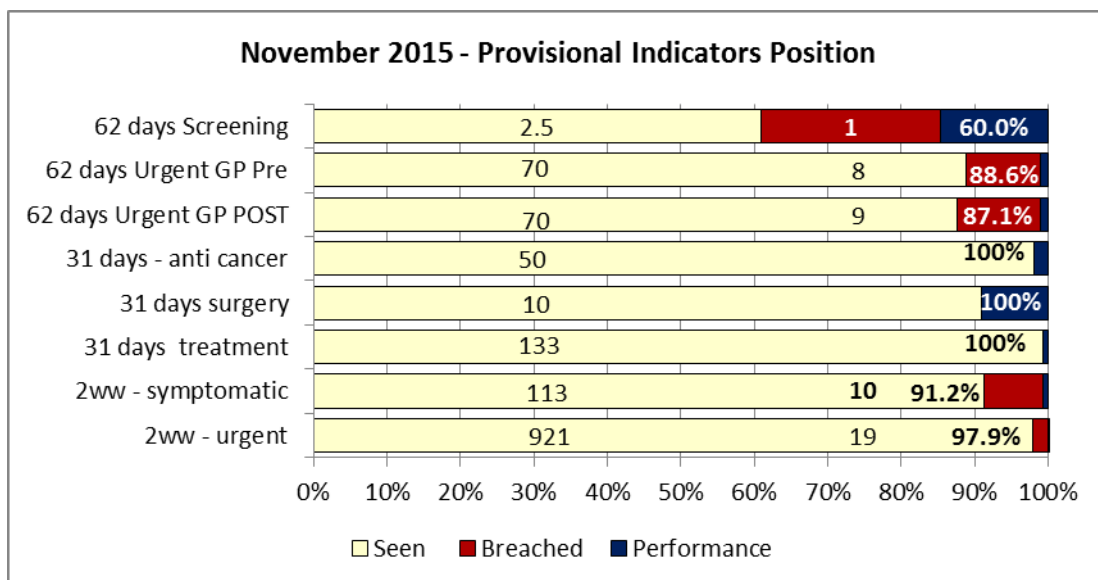
Current provisional cancer data indicates the Trust is on track to achieve five of the seven cancer indicators for November 2015, with the 2 week wait breast symptomatic referral to treatment below

the 93% threshold at 90.2%, also short of the quarter three target. In addition the 62 day wait screening referral target is currently at 60.0% of the 90.0% threshold, with quarter three position similarly below the threshold and will need closely monitoring. Validation of all breaches still needs to be undertaken which could change this position.

Appendix A: Monitor Compliance Framework Summary has been adjusted to reflect both the pre and post breach allocation as reported to Monitor for Quarter one and Quarter two. The pre allocation figures are uploaded to Open Exeter the National Cancer Database whereas both the pre and post allocation figures are submitted to Monitor as part of the quarterly return, therefore, all future reports will include both the pre and post allocation position.

To improve performance, the following key actions have been implemented: continued discussions with Hull with regards to patients that are repatriations, reaffirm escalation levels given group structural changes and early actions undertaken, reintroduction of a formal RCA for each 62 and 31 day cancer breach, aiming to create early resolution at Associate Chief Operating Officers' meetings.

The final November's cancer waiting times will be submitted to the national Open Exeter database on the 8 January 2016.

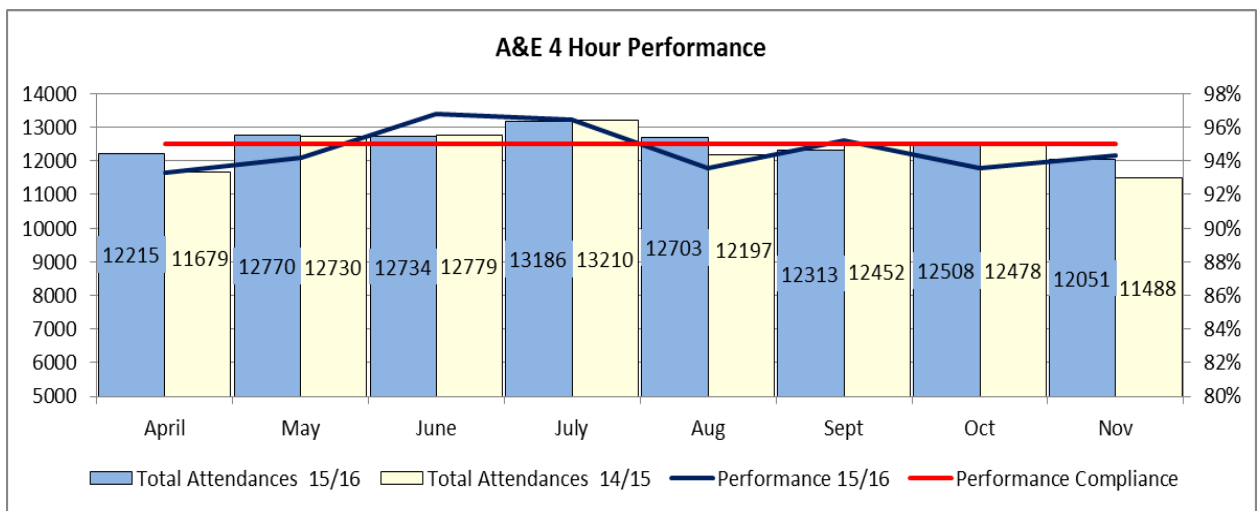


2.3 A&E 4 Hour Waiting Times

For the second month in quarter three the Trust fell short of the A&E 4 Hour Waiting Times during November reaching 94.3% of the 95% threshold.

High dependency patients and bed availability is an ongoing occurrence increasing the time patients spend in the department. Operationally, various processes have been instigated to improve patient flows, with shift leaders regulating staff levels to meet capacity demands, additional staff have been recruited, a rapid assessment process has been implemented and the department is trialling a major triage nurse that will potentially improve the ambulance turnaround time.

Attendance levels have experienced a slight decrease compared to last month's activity and an increase on the same period last year.



2.4 18 Week Referral to Treatment Waiting Times

The 18 week Referral to Treatment incomplete waiting time measure is currently non-compliant for November 2015, however there are a substantial number of breaches yet to be validated which suggests an improvement on the final position. The validation deadline is the 16 December 2015. A range of proactive improvement measures have been instigated across the Trust to regularly manage and monitor the 18 week performance position:

- Recovery plans are to be provided by clinical groups for failing specialities, for monthly monitoring at weekly review meetings.
- A weekly performance report highlighting the 18 week position is produced and submitted to the Executive Team and the Associated Chief Operation Officers' meetings.

2.5 Other

November's data for the Delay Transfers of care overview is not available, however as October's data did not feature in October's report it is included within this report for information.

3. Recommendations for Actions

The following performance concerns will need to be progressed during 2015/16 to ensure performance is achieved / maintained:

- I. Continued focus on ensuring achievement of the Incomplete 18 Week Referral to Treatment indicator at specialty level, especially concentrating on improving the position of both North East Lincolnshire and Lincolnshire East CCGs. Trust wide cancer performance improvement plan is to be developed and also 18 week Referral to Treatment recovery plans for failing specialities to be produced by clinical groups.
- II. Continued focus on A&E performance to ensure the Trust maintains achievement of this target over the coming months and builds in sufficient capacity to ensure achievement over the winter months. A number of actions have already been taken and plans are in place including work with other local providers.
- III. Continued focus on the achievement of all Cancer Waiting Time targets, with the introduction of Root Cause Analysis for all patients breaching treatment targets.

Wendy Booth

Director of Performance Assurance & Trust Secretary

November 2015

APPENDIX A
(PROVISIONAL POSITION AS AT 14.12.15)

MONITOR COMPLIANCE FRAMEWORK SUMMARY									
Performance Against Key Thresholds For The Period 1st April 2015 To 30th November 2015									
PERFORMANCE METRIC	WEIGHTING	2014/15 QTR 4	2015/16 QTR 1	2015/16 QTR 2	Threshold	Oct-15	Nov-15	QTR 3 Actual To Date	Qtr 3 WEIGHTING
1. Infection Control*									
Total Hospital Acquired C.Difficile Cases Lapses in Care (YTD)***	1.0	G	G	G	21	0	0	5	G
2. Referral to Treatment Waiting Times ***									
Incomplete - Maximum waiting time of 18 weeks	1.0	G	G	G	92%	92.45%	90.21%	91.32%	R
3. Cancer ***									
31 day wait diagnosis to treatment	1.0	G	G	G	96%	100%	100%	100%	G
i) 31 day wait for subsequent treatments - Surgery	1.0	G	G	G	94%	100%	100%	100%	G
ii) 31 day wait for subsequent treatments - Anti cancer drugs		G	G	G	98%	100%	100%	100%	G
i) 62 day wait GP referral to treatment POST allocation		G	R	R	85%	77.03%	87.14%	81.94%	R
ii) 62 day wait GP referral to treatment PRE allocation	1.0	G	G	G	85%	83.11%	88.57%	85.76%	G
ii) 62 day wait Consultant screening service referrals PRE allocation		G	G	G	90%	100%	60.00%	86.67%	R
i) 2 week wait referral to consultation	1.0	G	G	G	93%	97.91%	97.94%	97.93%	G
ii) 2 week wait breast symptomatic referrals		G	G	G	93%	94.00%	91.15%	92.49%	R
4. A&E									
A&E 4 Hour Wait Compliance	1.0	R	R	G	95%	93.57%	94.27%	93.91%	R
5. Data Completeness Community Services **									
5i) Referral to treatment information	1.0	G	G	G	50%	99.3%	99.6%	99.4%	G
5ii) Referral Information		G	G	G	50%	99.3%	99.6%	99.4%	G
5iii) Treatment Activity Information		G	G	G	50%	80.7%	71.6%	75.9%	G
6. Access **									
Access to healthcare for people with learning disability	0.5	G	G	G	Y/N	Y	Y	Y	G
* Quarterly Cumulative figures					Total Monitor Compliance Score				5.0
** Forecast Position					Monitor Compliance Rating				Amber
*** Provisional Data					Monitor Over ride Rating				Red

Site	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15
DPoW	10283 443 4.3%	9983 305 3.1%	10211 315 3.1%	10,374 341 3.3%	10,152 223 2.2%	9,933 282 2.8%	10,462 299 2.9%
SGH	8867 109 1.2%	9577 139 1.5%	8871 163 1.8%	8,862 287 3.2%	9399 159 1.7%	8,820 204 2.3%	9,433 134 1.4%
GDH	539 36 6.7%	657 28 4.3%	620 24 3.9%	627 57 9.1%	644 38 5.9%	684 39 5.7%	678 56 8.3%
Trust	19689 588 3.0%	20217 472 2.3%	19702 502 2.5%	19,863 685 3.4%	20,195 420 2.1%	19,437 525 2.7%	20,573 489 2.4%

