



Integrated Performance Report, December 2013

Trust Board, 30 January 2014



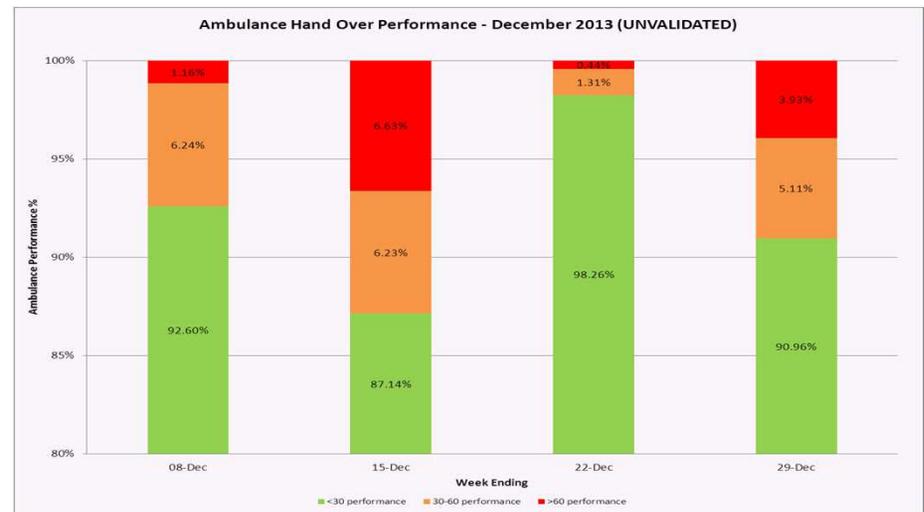
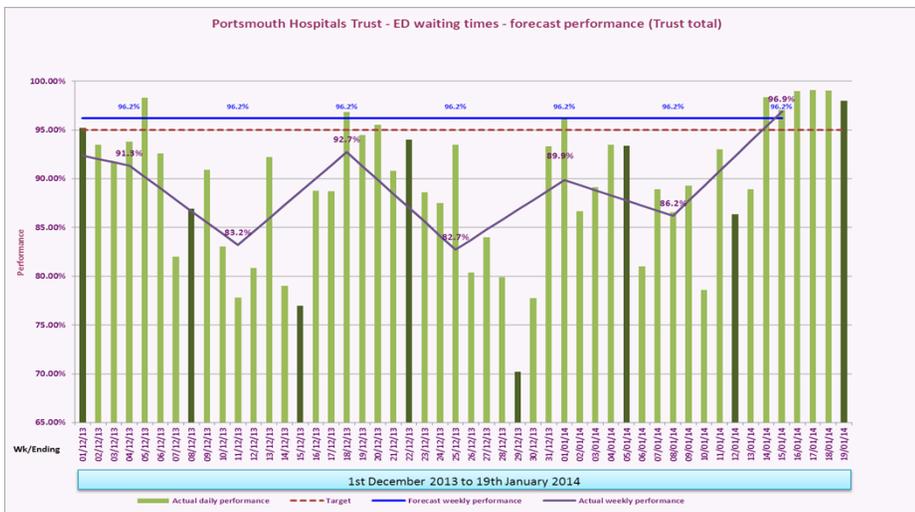
1. Performance synopsis – December 2013

- Month 8 activity showed elective activity to be 13.7% above plan; non-elective activity broadly in line with plan (+1.0%); A&E activity 8.5% above plan (but year to date in line with plan); outpatient activity was similarly above plan at 9.3% (or 7.1% year to date). This activity has reflected favourably in the Trusts income position, however the additional workload and resulting increase bed occupancy may have impacted on some of the quality metrics as described below.
- Trust quality indicators highlight:
 - 7 cases of hospital acquired C.Difficile against a trajectory of 2
 - Friends and Family results showed a decline in net promoter score
- Overall, operational performance standards improved in December. The Trust reported fail of A&E four-hour wait time (87.5%) but an overall improvement (5.7%) for Q3 compared with the same period last year.
- Referral to treatment Trust aggregate performance was achieved with some specialty fails. Admitted backlog deteriorated, however number of patients waiting >35 weeks continues to improve (13 as at 20.01.14).
- All Cancer standards were achieved in December; there were fails of 2-week wait (92.7% against 93%) and 31-day subsequent surgery (92.1% against 94%) for Q3.
- At month 9 the Trust is reporting a £6.1m deficit on its income and expenditure against a planned position of £3.6m deficit (£2.5m adverse variance).
- The variance is partly due to CIP delivery of £6.1m against £13m plan, which includes £4.4m under delivery of workforce savings. This is partly mitigated by over performance of service contract £8.3m.
- The Trust noted a number of improvements in workforce metrics including; decrease in workforce expenditure and use of temporary staff; 91.4% compliance with essential skills training and 95% information governance; 59.5% of all front line staff have received flu vaccine; and PHT scored 94.6% in the Nice Health and Well-being Audit compared with 67.2% nationally.

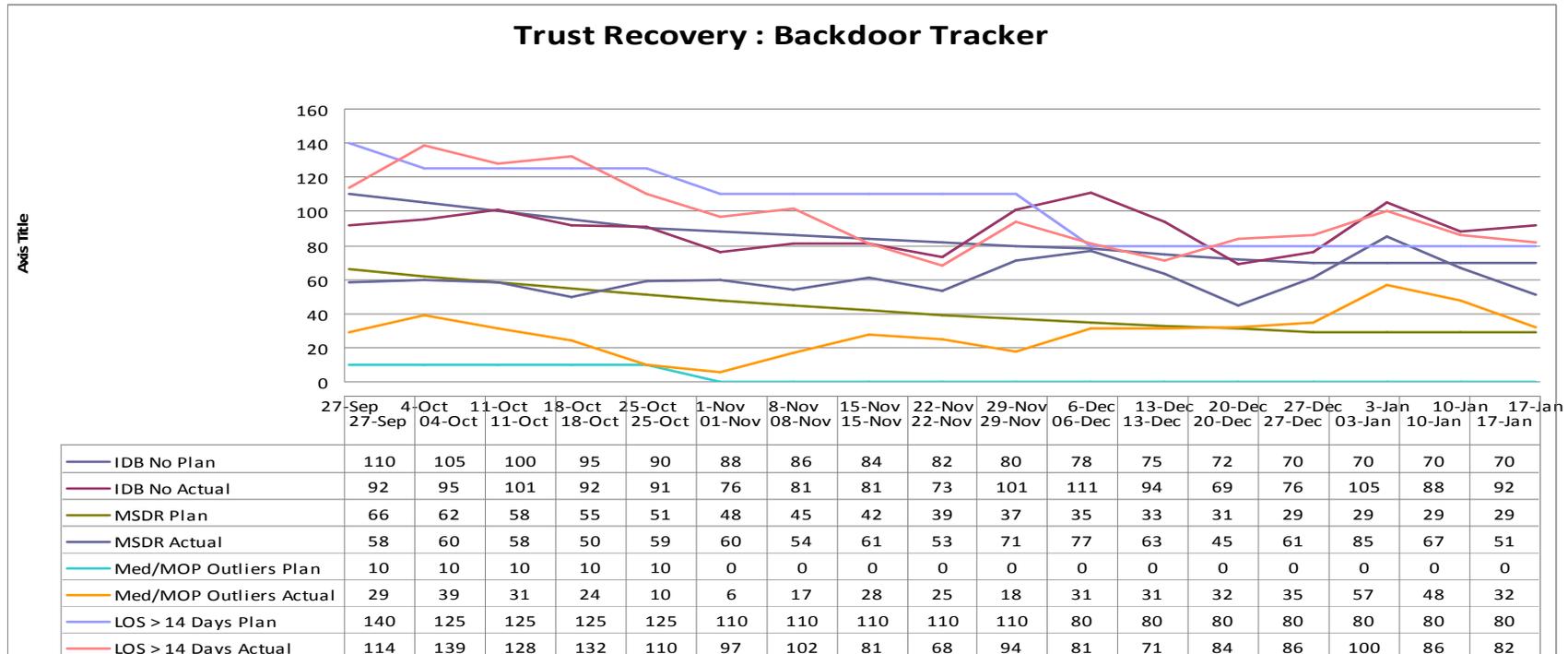
2. Performance against ED waiting time standards

Performance against the 4-hour A&E standard and ambulance handover (December)

- Performance against the ED 4hr standard was 87.54% in December, compared to 93.96% in November. Performance for the end of Q3 was 92.85%. This compares favourably to Qtr 3, 2012/13 performance which was reported as 87.13% (i.e. a 5.7% improvement this year)
- Attendances (QAH and GWM combined) did not increase significantly.
- Issues leading to deterioration in performance for December include:
 - 11% increase in the number of ambulance arrivals;
 - 9% increase in attendance for over 65s;
 - 11% increase in medical admissions, including higher respiratory admissions - demonstrating an increase in patient acuity; and
 - Resulting higher bed occupancy;
 - Increased numbers of medically stable, discharge ready patients occupying acute beds in the lead up to Christmas and New Year (particularly complex discharges) – see backdoor tracker on page 51
- In the lead-up to and throughout the festive season, previous initiatives remained in situ. These included: additional senior medical cover to ED and on wards, out-of-hours and at weekends; 7-day ambulatory service provision; 7-day urgent care model; community assessment lounge in ED; and multidisciplinary in-reach service.
- Further mitigating actions discussed in January with CCG colleagues, Community Providers (Southern and Solent) and Hampshire County Council, to improve the transfer of complex health and social care patients to their discharge include:
 - timely response and action with regards to continuing health care funding - CCG;
 - implementation of patient rapid response teams (PRRT) in Hampshire - HCC & Southern. This currently runs in Portsmouth City and is effective in decision-making between health and social care;
 - Review of access to community capacity in Fareham and Gosport – Southern & CCG
- Additional internal mitigating actions:
 - Review of Medical Take Pathway including a new 'Physician of the Day' role increasing the medical presence in the Emergency Corridor, second review of patients later in the day to expedite discharges; and
 - Implementation of ward-level, progress chasers for complex discharges;
- Ambulance handover performance deteriorated as a result of the above, PHT mitigating actions have been implemented and have improved performance. These include: 1) establishing a contract with UKSAS (paramedic private provider) to support ED with managing patients waiting to go to ED majors; and 2) a revised pathway for Urgent GP referred patients to go direct to MAU; and



2. Performance against ED waiting time standards (Contd.)

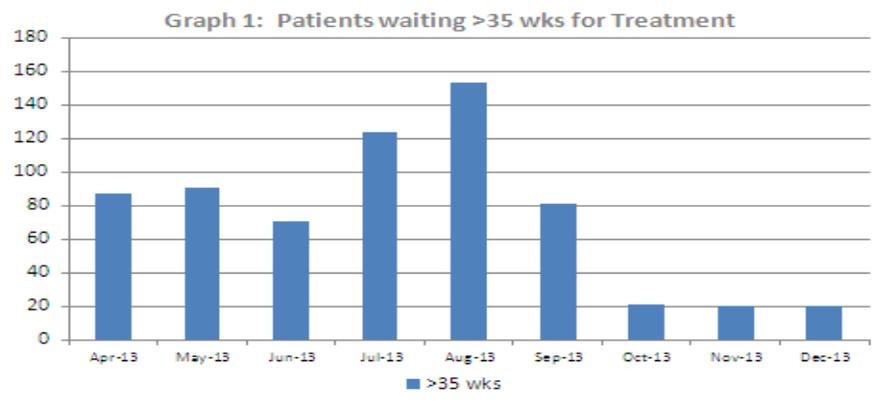


- The Trust has implemented a number of joint initiatives with health and social care partners to improve discharge of patients with complex needs.
- Delivery and sustainability of these initiatives is monitored through performance against a number of key metrics relating to complex discharges actions that have been agreed with CCGs and community partners. These are built into the whole system CQUIN for 2013-14.
- These metrics include: the number of patients referred to the integrated discharge bureau (IDB), to support the management of the complex discharge pathway; the numbers of patients who are medically stable and discharge ready (MSDR) i.e. patients who no longer have an acute need, and awaiting something outside of PHT acute provision), the number of patients outlying in another specialty bed; and the >14day LoS.
- The above tracker demonstrates that since September, patients with >14 day LoS reduced, but then began to rise in December. This correlates with increased occupancy in the Trust. Medically stable discharge ready (MSDR) patient numbers also increased early December and then again before Christmas, with a sharp rise between Christmas and the new year. The combined impact of >14 day LoS patients and increased MS DR patient numbers, impacted the on the number of patients outlying into other specialty and escalation beds.

3. Referral to Treatment (RTT)

Performance, backlog and sustainability

- The Trust achieved all 3 key RTT metrics at aggregate level for December, however areas of concern continue to be addressed:
- Urology failed to achieve 2 of 3 RTT targets in month and continues to target backlog as planned. Additional capacity continues to be sourced and the specialty action plan is being monitored.
- General Surgery failed to achieve 2 of 3 RTT targets, largely due to growth in the non-admitted backlog position for Colorectal. Additional capacity will address this by end of Q4.
- Trauma and orthopaedics failed to achieve 2 of 3 RTT targets due to increasing backlogs in sub-specialities. Additional in-house capacity and outsourcing are being used to address the demand capacity mismatch.
- As per previous briefings the trust has been successfully reducing the number of patients waiting for treatment over 35 weeks. The reported position is not adjusted for patient choice delays and has been held at 20 for December, despite some patients choosing to delay treatment until the New Year. (graph 1)



December RTT Performance by Reported Speciality Groupings			
Speciality	admitted (target 90%)	non-admitted (target 95%)	incomplete (target 92%)
General Surgery	90.3%	92.22%	90.3%
Urology	75.9%	97.52%	85.7%
T&O	90.7%	89.61%	89.0%
ENT	90.1%	97.61%	92.6%
Eyes	93.0%	97.42%	96.8%
MaxFax	91.5%	100.00%	97.0%
Plastics	100.0%	100.00%	99.6%
Gastro	93.1%	97.62%	95.4%
Cardiology	90.9%	97.74%	97.8%
Dermatology		96.03%	97.0%
Thoracic	100.0%	98.02%	93.5%
Rheum		100.00%	100.0%
MOPS		96.33%	100.0%
Gynae	92.9%	97.47%	95.3%
Other	92.6%	97.79%	95.3%
Total	90.7%	96.24%	93.6%

Long Waiting Patients	
> 52 wks	0
> 35 wks	20

4. Cancer Performance (provisional)

Predicted Performance Validation On-Going									
December	2 week wait	31 day FDT	31 day Subsequent Chemo	31 day Subsequent Surgery	62 day Consultant Upgrade	62 day FDT	62 day Screening	Breast symptomatic 2 ww	31 day Radiotherapy
Target	93%	96%	98%	94%	86%	90%	90%	93%	94%
Breast	98.24%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%		
Breast Symptomatic								96.97%	
Dermatology	91.76%	100.00%		100.00%		100.00%			
Gynae	94.67%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%		
Haematology	100.00%	100.00%	100.00%		100.00%	83.33%			
Head & Neck	95.10%	100.00%	100.00%	100.00%	100.00%	71.43%	100.00%		
Lower GI	98.70%	100.00%	100.00%	100.00%	100.00%	85.71%	100.00%		
Respiratory	100.00%	100.00%	100.00%		100.00%	90.00%			
Sarcomas	93.33%			100.00%					
Upper GI	100.00%	100.00%	100.00%		100.00%	53.85%			
Urology	80.10%	96.43%	100.00%	66.67%	100.00%	81.13%			
Other	100.00%	100.00%			100.00%				
Total	94.16%	99.22%	100.00%	95.65%	100.00%	85.78%	100.00%	96.97%	97.71%

Headline performance

Provisional performance of the cancer standards demonstrates achievement of all 9 targets for Cancer standards during December, for the first time in 5 months. The number of long waiting patients (past breach) has continued to reduce (graph 2). If measured year to date (Apr 13-Dec 13), all Cancer standards are being achieved.

December

- 2 Week Waits: two tumour sites failed to achieve the standard in December: Dermatology with 22 breaches (capacity/patient choice) and Urology with 38 breaches (capacity). This was a significant improvement for Urology on the November position of 81 breaches and was the result of daily monitoring of referrals and significant additional clinics.
- 31 day subsequent surgery: Urology had 1 breach in December due to capacity for robotic surgery

Quarter 3

- 2 Week Waits: this standard was not achieved for the quarter and the main contributor to the failure was Urology breaches.
- 31 Day subsequent surgery: this standard was not achieved for the quarter and this was in the main due to issues of capacity for complex and robotic surgery in Urology.

4. Cancer Performance (Contd.)

Previous Actions Taken to Improve Performance

- The strengthening of the management of cancer services and increased daily performance monitoring have delivered improvements in performance as outlined in last months report. The targeted management of legacy patients has seen the overall waiting times and the experience for patients improve (Graph 2 & table 1)
- Additional capacity was provided in December across most tumour sites to improve 2 week wait performance and to move the trust back to a sustainable position for this standard.
- Additional capacity has been provided for Urology robotic surgery which has doubled the capacity for complex patients.
- Additional surgical capacity for complex patients has also been provided at weekends.

On-going Risks (Urology)

- Urology - there are a legacy of patients waiting for robotic or complex surgery and a further 2 patients per week are choosing robotic surgery. The increased capacity now allows for 2 robotic cases per week, but this does not address the backlog. Each new patient is therefore likely to fail the standard until this is addressed. The additional capacity required is approximately an additional 24 robotic lists before the end of quarter 4 and a similar number of lists for complex patients therefore it is unlikely that these can all be delivered before the end of quarter 4.
- To address this the specialty continues to look at all options to further increase capacity, including forward planning recruitment for additional cancer surgeons to sustainably increase capacity in line with demand for the service.

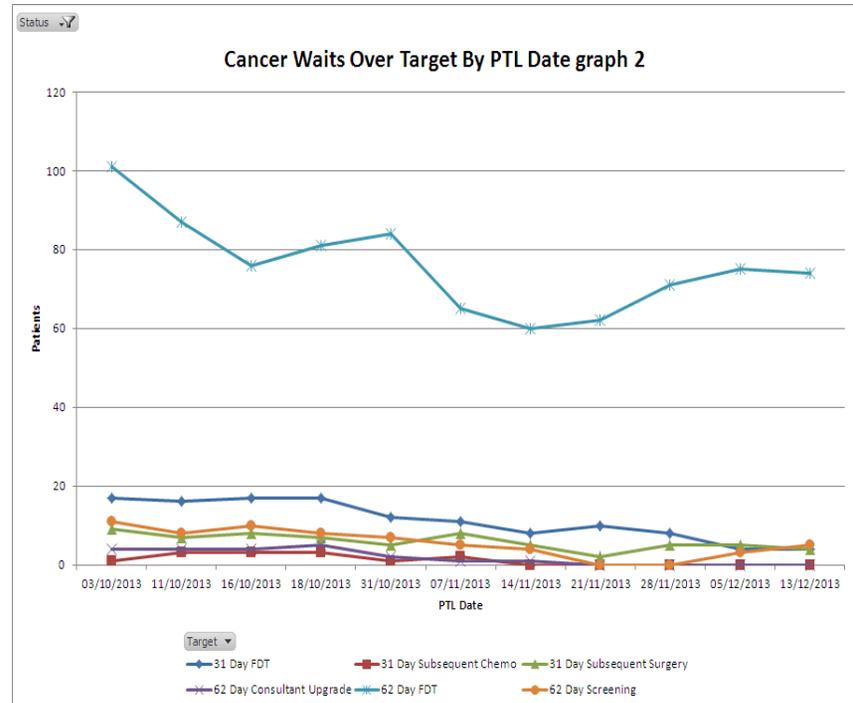


table 1 Reduction in Patients waiting longer than standard

Number of cancer patients waiting longer than standard for treatment							
	31 Day FDT	31 Day Subsequent Chemo	31 Day Subsequent Surgery	62 Day Consultant Upgrade	62 Day FDT	62 Day Screening	Grand Total
Beginning October	17	1	9	4	101	11	143
End December	5	1	3	1	47	1	58
Total Reduction	-12	0	-6	-3	-54	-10	-85