Plymouth Hospitals NHS
NHS Trust

Integrated Performance Report

For the period April 2015

Contents

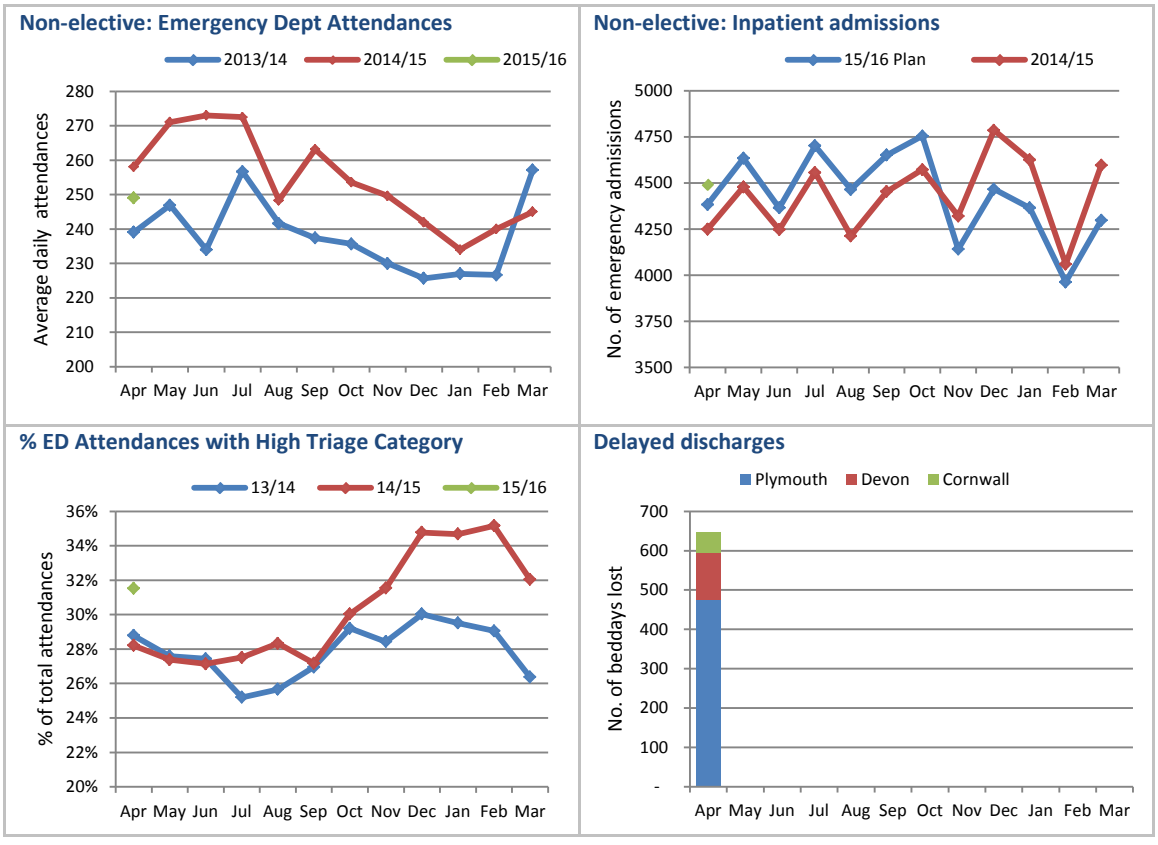
Our performance framework

Our performance reporting framework has been aligned with the domains of care being used by the Care Quality Commission and other health regulators. These nationally established domains of care are safe, caring, responsive, effective and well-led. This approach enables us to adopt an integrated approach to analysing and understanding a wide range of information. It also helps us form a rounded judgement on our overall performance, identify key areas for improvement and develop robust plans to secure these desired improvements in our performance.

Understanding our operational context

Despite an observed reduction in the number of daily ED attendances from Sep-14 to Jan-15, numbers have risen consecutively in the last three months whilst the level of those triaged in the most complex categories (Category 1&2) remains much higher than the same period in previous years. The level of elective cancellations has reduced in April but remains above acceptable levels whilst the volume of medical outliers continues to challenge our ability to treat elective inpatients.

Figure 1 **Understanding the operational context**



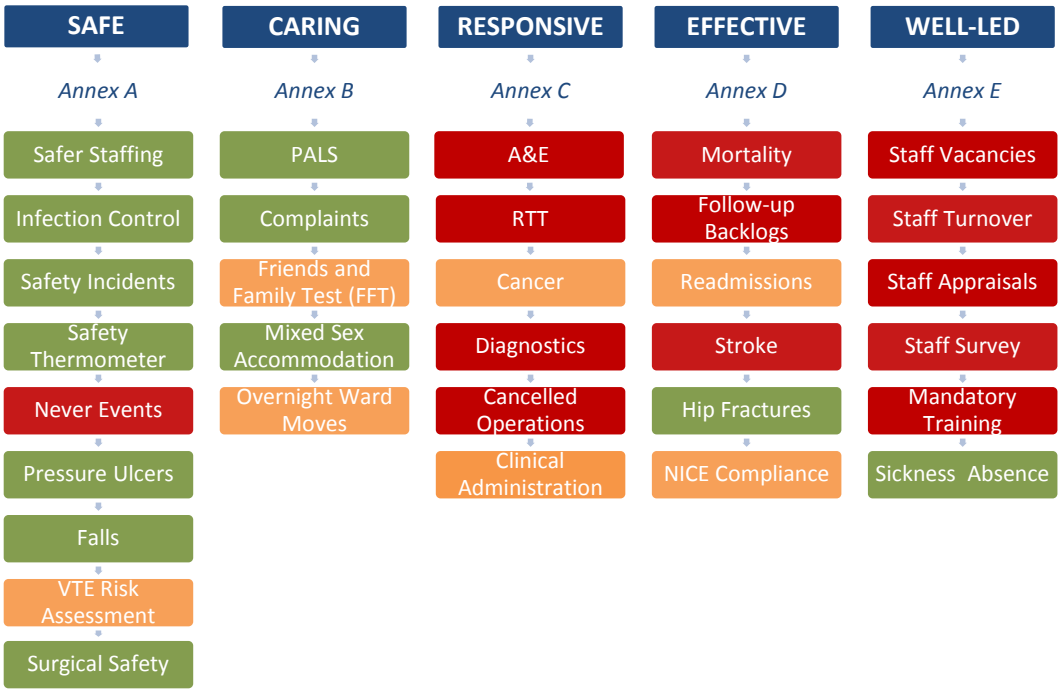
How we are performing as a Trust

We remain resolutely committed to providing safe, caring, responsive, effective and well-led services so that all of our patients receive the quality of care that they expect and deserve. The Trust Board will be aware that increased emergency activity has presented us with a significant challenge in improving our performance against a number of key national standards since the beginning of the 14/15. These pressures reached an unprecedented and worrying level during Quarter 4 of last year during which we spent the majority of in 'black' alert status. Although this 'black' status has been de-escalated since that time, we continue to be challenged by effects of the significant and sustained emergency demand and the backlog of elective patients which could not be seen and treated within this timeframe.

In addition to the immediate impact on our ability to provide 'responsive' services, our ability to undertake important workforce development tasks such as mandatory training and staff appraisals has also been affected. In spite of these challenges, our 'safe and 'caring' metrics demonstrate that we continue to provide our patients with a safe and compassionate environment to receive their care.

A summary of our overall performance is shown in *Figure 2*.

Figure 2 **Summary performance dashboard**



How we are viewed by the external world

The Trust's performance is subject to a number of external assessments by regulators and stakeholders including the Care Quality Commission and NHS Choices. The overall ratings from each of these key assessments is summarised in *Figure 3*.

Figure 3 External assessments dashboard

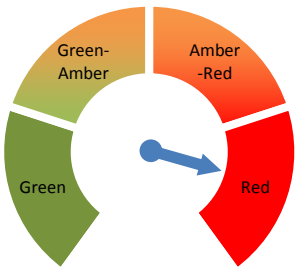
CQC Risk Rating

The CQC uses the results of its 'Intelligent Monitoring' work to group acute NHS trusts into six priority bands for inspection. The bands are based on the likelihood that people may not be receiving safe, effective, high quality care. Band 1 is the highest priority trusts and Band 6 the lowest.

NHS Choices

NHS Choices is an online health information service. It includes a star rating system based on users' experience of our services and covers a range of domains including cleanliness and dignity & respect. Our current overall rating of 3.5 stars is based on 185 ratings.

Governance Risk Rating



Monitor uses performance measures such as whether organisations are meeting national targets and standards as an indication of effectiveness of governance. Our current 'red' rating reflects the ongoing challenges we face in meeting ED, RTT and cancer targets.

How our services are performing

The Trust is organised into a series of business units known as 'Service Lines'. We have also established five 'Care Groups' each of which is headed by a Clinical Director who is a member of the Trust Management Executive. Each Service Line is aligned to a Care Group. Our accountability framework clearly articulates what the various leadership layers are accountable for, the overall system in place for maintaining accountability and the freedoms and limitations of people to make decisions.

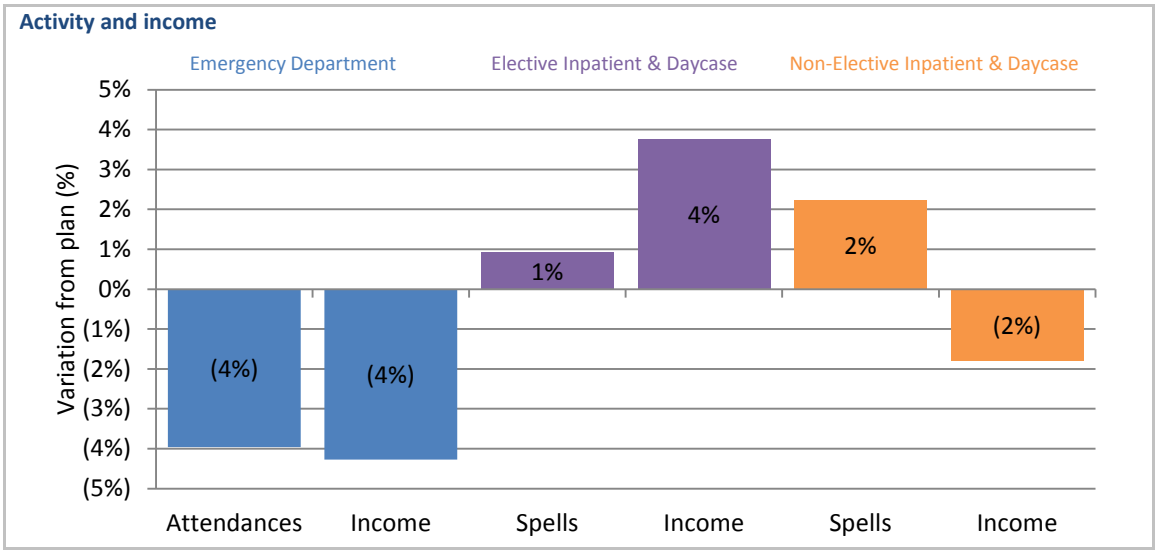
An Operational Performance and Delivery Group has been formed. This Group includes all four Care Groups and meets fortnightly to consider performance and operational issues. Attached to this report at *Annex G* are recovery trajectories for the key national standards. This Group will focus on managing delivery of these plans.

Understanding the financial impact

The operational environment in which we are working not only impacts on our ability to deliver against national standards and local targets but also has an impact on our financial position. Emergency activity is 4% below plan for Month 1 whist elective inpatient and day-case activity is 1% above plan. Further work to understand how the March and April 2014 surge in emergency attendances might be affecting profiling of the 2015/16 plan is underway.

The Trust has incurred significant contract penalties in Month 1 relating primarily to failure against RTT standards (£425k), Cancelled Operations (£71k) and A&E 4hr Performance (£53k).

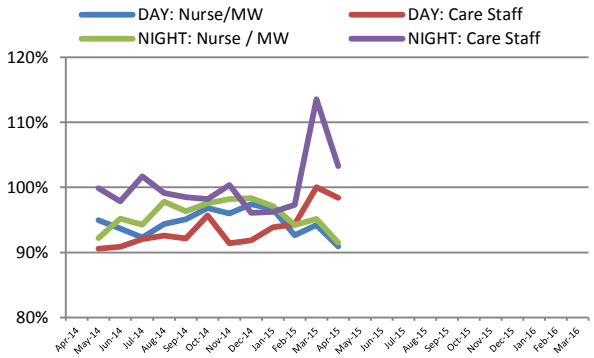
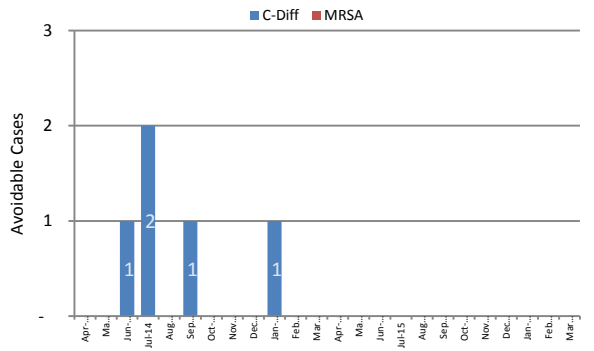
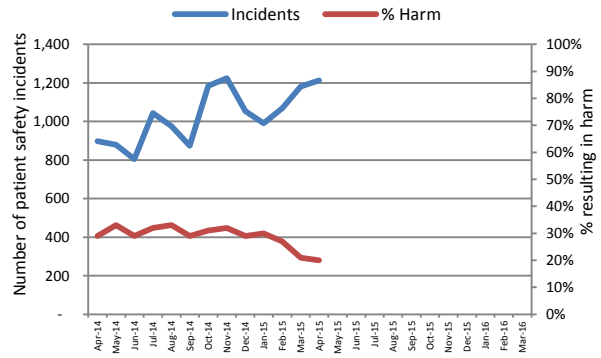
Figure 4 **Activity, income and contract penalty impact**

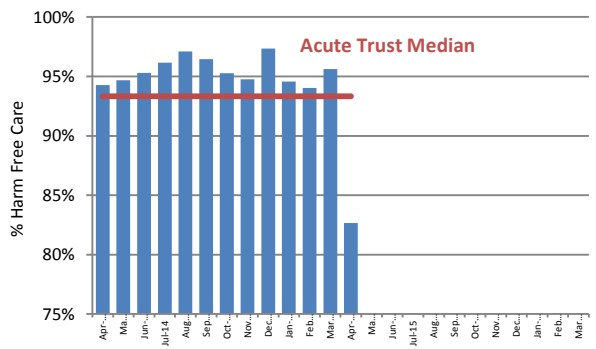
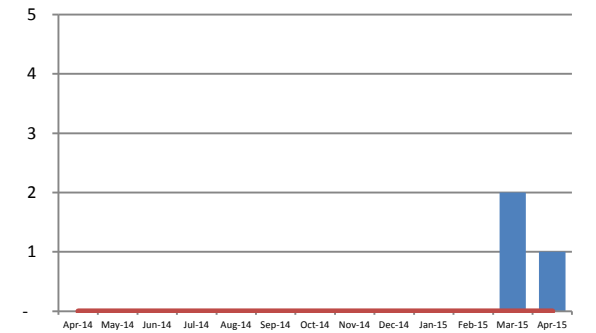
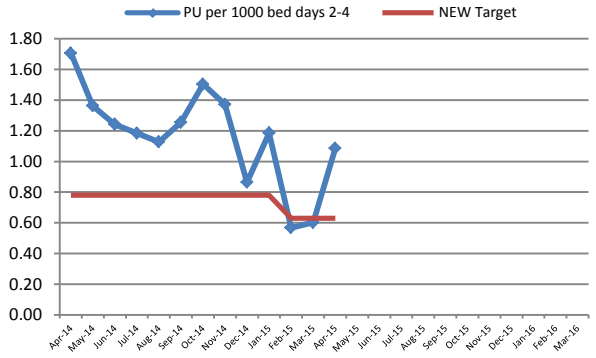


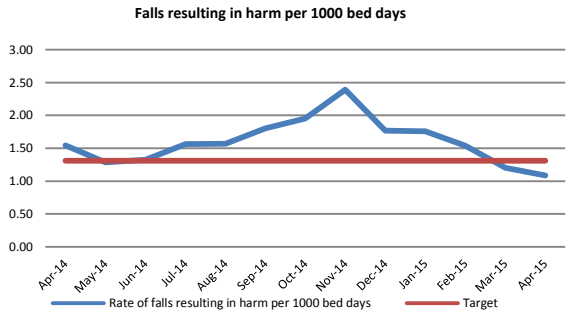
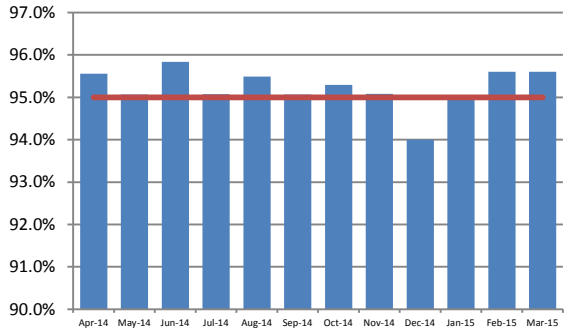
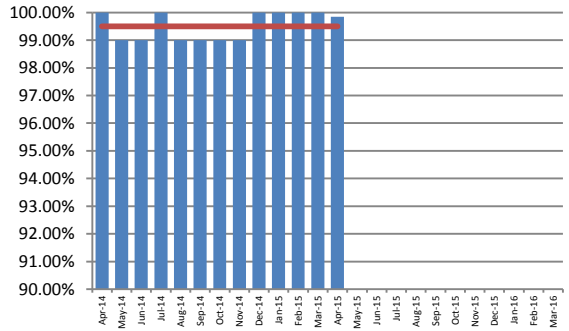
What we are doing to improve

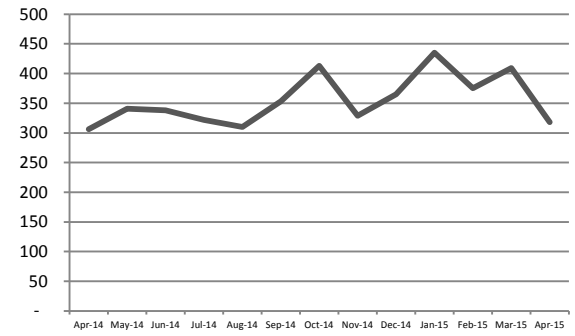
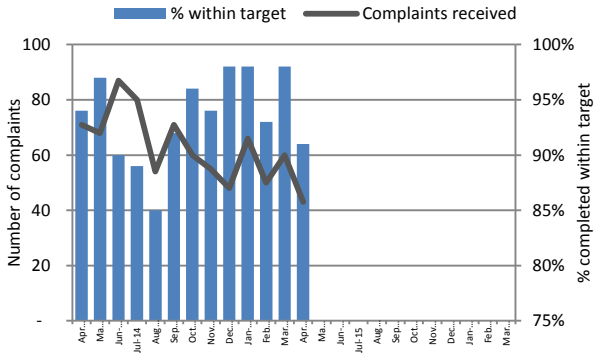
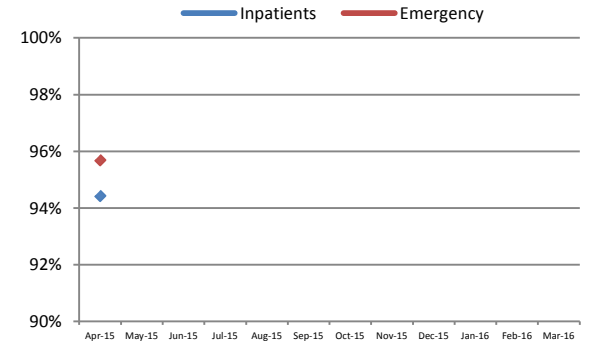
The key issues highlighted in this report, the actions we are taking to address these issues and, where possible, our planned trajectories for improvement are summarised in *Annex F*.

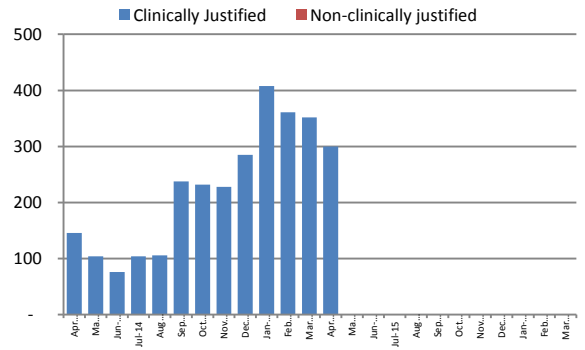
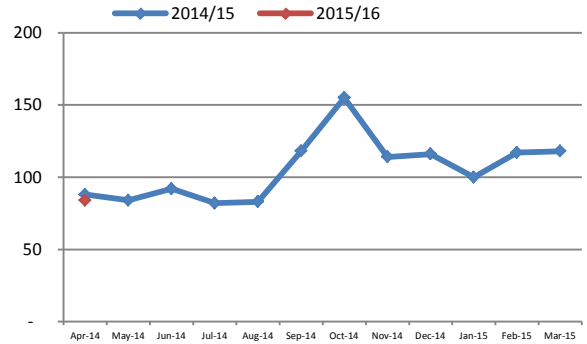
Annex G also includes more detailed information on the recovery trajectories for the key national performance standards.

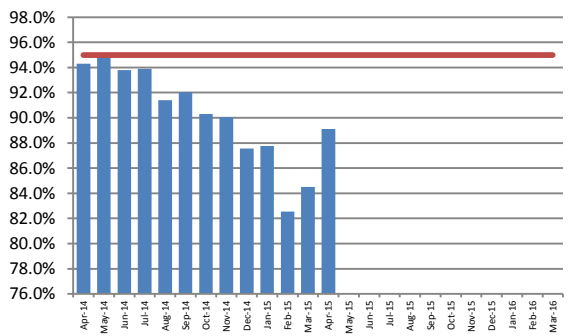
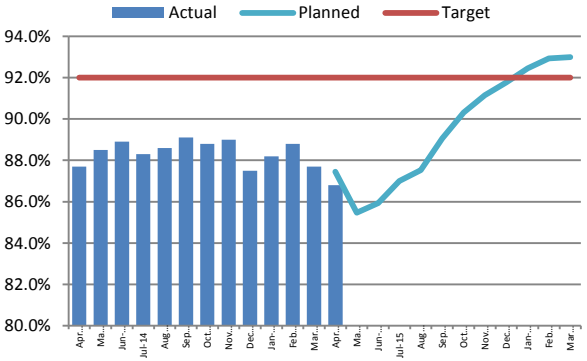
Description	Current Performance	Trend	Comments
Safer Staffing Safer nursing and midwifery staffing is monitored daily and reported monthly via NHS Choices.	Fill rates for April 2015 are detailed in the following table. Description — Fill-Rate Day shift: Nurse / Midwifery — 90.9% Day shift: Care Staff — 98.4% Night shift: Nurse / Midwifery — 91.5% Night shift: Care Staff — 103.3%		The Safer staffing fill rate for April is consistent with previous months ranging between 94 and 96%. There is continued pressure on the Registered Nurse (RN) fill rate with the Health Care Assistant (HCA) fill rate is increased reflecting a need bolster gaps in staffing with alternative staff grades. The safety Thermometer harm free rate is 97.52% (Excluding VTE) and there is a continuing trend of a reduction in pressure ulcer and falls harm events.
Infection Control An independent review of each hospital apportioned C- Diff case is undertaken by the NEW Devon CCG. Each case is classed as avoidable or non-avoidable based on evidence collected through a root cause analysis.	There were no cases of avoidable hospital-apportioned Clostridium Difficile in April 2015. There were no cases of hospital-apportioned MRSA bacteraemia in April 2015.		We continue to perform well in this area and remain within the expected target for MRSA and C-Difficile infections.
Safety Incidents We are committed to encouraging an open culture of reporting patient safety related incidents and learning from these incidents to reduce harm.	There were 1,212 reported patient safety incidents in April 2015. Of these 20% resulted in some form of harm, loss or damage, which sits below the national average.		The Trust's incident reporting rate of 12.8 incidents per 100 admissions places Plymouth Hospitals firmly within the national upper quartile and demonstrates a positive reporting culture. The % of incidents resulting in harm has reduced since Feb-15. The new Quality Managers for Surgery and Medicine are increasing awareness around incident reporting and investigation as well as the importance of grading correctly.

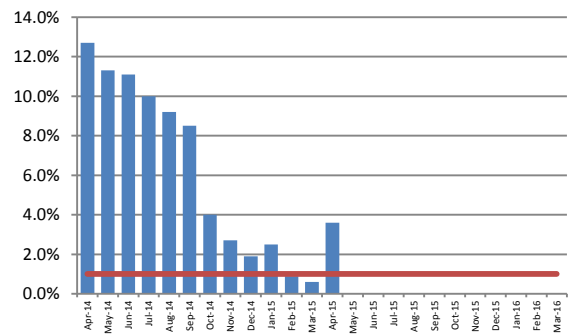
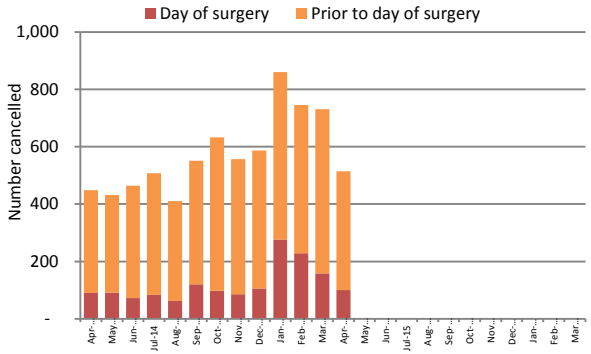
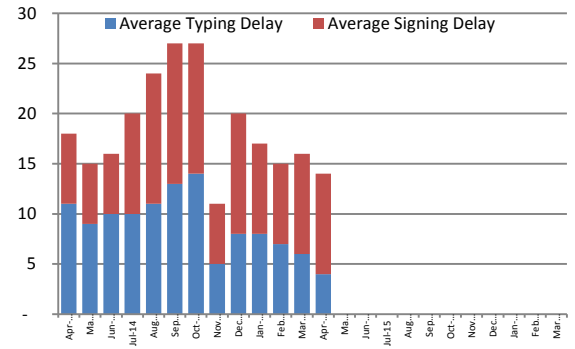
Description	Current Performance	Trend	Comments
Safety Thermometer The Safety Thermometer is a national mandatory CQUIN which incentivises the collection of patient harm data. This point of care prevalence audit tool is completed on a monthly basis at ward level on a specified day to determine the prevalence of harm.	82.66% of care was assessed as harm free in April 2015. This represents a significant deterioriation on the previous month however this is due to Trust now using the VTE features included in the Safety Thermometer.		The tool allows nationally consistent data to be collected and published for all relevant healthcare providers as well as facilitating local improvement activity. A completed NHS Safety Thermometer survey for all relevant inpatients is uploaded to the NHS Information Centre each month. As a Trust we have taken a fresh look at how we use this data for benchmarking against other organisations and with this in mind we have now included VTE. We accept that there will be some data quality issues with VTE to start with as part of reintroducing this process.
Never Events The Trust is committed to establishing appropriate practices to minimise the incidence of Never Events.	There was 1 Never Event reported in April.		The April Never Event relates to the implantation of a wrong-sided prosthesis. The events in March relate to a retained swab incident and the second incident relates to surgery performed in 2010 of wrong site surgery. Immediate actions taken to contain incidents and full investigations underway.
Pressure Ulcers The Trust has identified the reduction of Grade 2, 3, and 4 pressure ulcers as a local quality improvement priority. We achieved our 50% reduction plan for pressure Ulcers in 2014/15 and we now plan a further 20% reduction in 2015/16	The rate of grade 2-4 pressure ulcers per 1000 bed days increased to 1.09 in April, further validation required.		Developing local action plans with Key wards as identified by data and reviewing 12 months data for heel pressure ulcers to identify key risk factors/high risk ward areas.

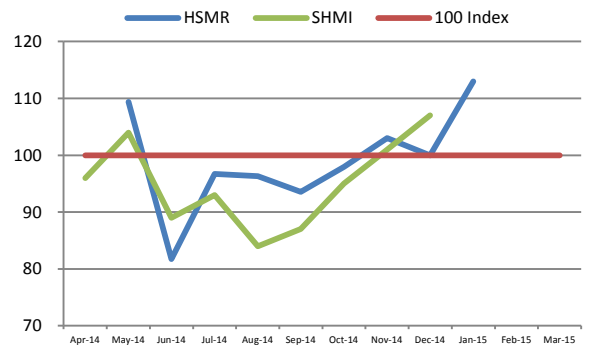
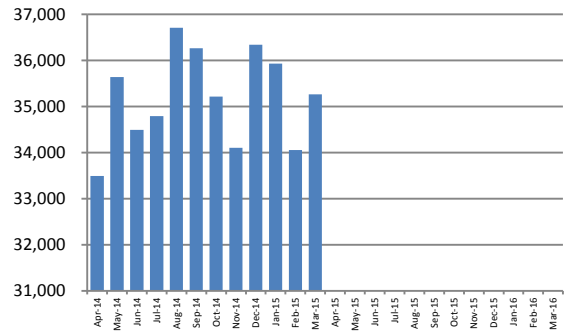
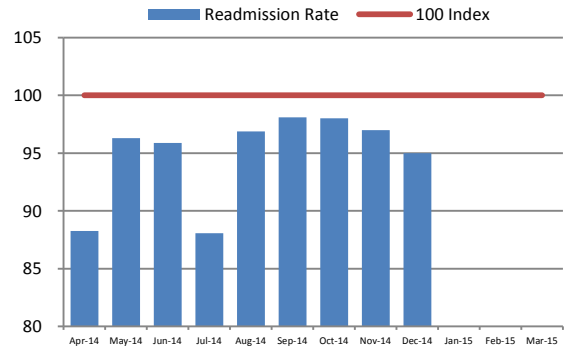
Description	Current Performance	Trend	Comments
Falls We are planning to achieve a falls rate of 1.31 per 1000 bed days delivering a 20% reduction in falls leading to harm.	The rate of falls causing harm per 1000 bed days fell to 1.09 in April.		Introduction of sensor alarms across organisation with associated teaching. We continue to recognise achievement and value staff by introducing an awards system. Continue roll out of falls bundle across wards
VTE Risk Assessment There is a national standard of conducting VTE risks assessments for 95% of eligible patients.	The Trust met the 95% standard in March 2015 but further assurance is needed that the data collection methodology is robust and accurate.		Work continues to focus on those areas where non-compliant patients are identified whilst qualitative audits are also underway to ensure the procedure is being carried out effectively. Further work is still required to ensure that the data collection methodology is robust.
Surgical Safety The Trust is committed to ensuring the WHO surgical safety checklist is applied appropriately and consistently in our theatres.	In overall terms, we met our target of 99.5% in April 2015.		We have now introduced a suite of metrics for surgical safety which includes. 1. Did we carry out a checklist? 2. How complete was that checklist? 3. Audit of actual WHO complaince The Trust has over 99% of theatre teams using a WHO checklists where a General Anaesthetic is required. We fully investigate all areas of non-compliance.

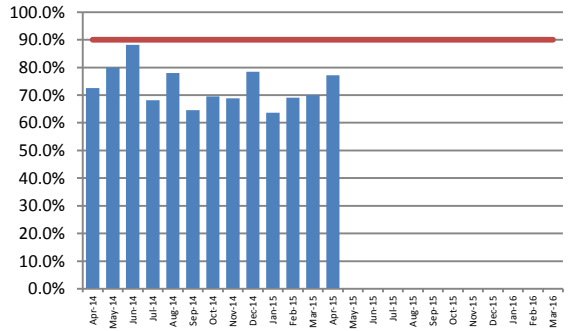
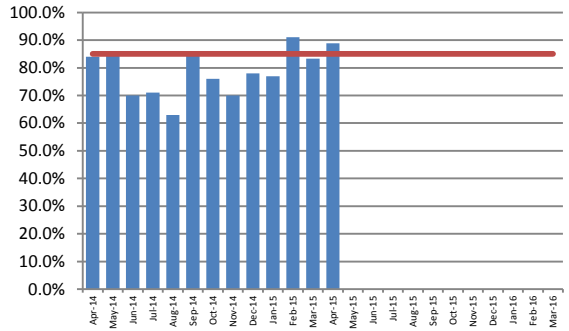
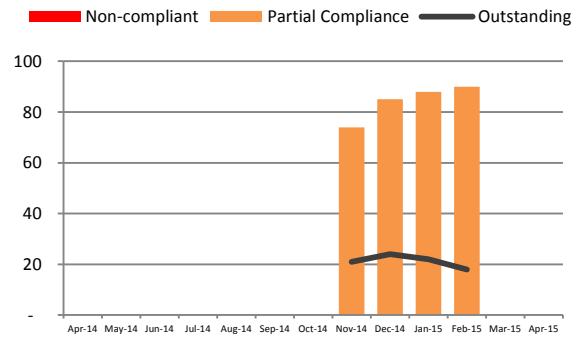
Description	Current Performance	Trend	Comments
PALS Our Patient Advice & Liaison Service (PALS) receives important feedback from patients. We are committed to using this information to improve the quality of service we provide to our patients.	There were a total of 318 PALS enquiries in April 2015. The major issues arising from these enquiries are set out in the detailed patient experience report which is presented separately to the Trust Board.		This issue is explored further in the detailed patient experience report which is presented separately to the Trust Board.
Complaints We aim to be open and transparent with patients, providing them with a clear and timely response to any complaints they may have.	A total of 43 complaints were received in April 2015. 91% of complaints were responded to within agreed timeframes.		This issue is explored further in the detailed patient experience report which is presented separately to the Trust Board.
Friends & Family Test The Friends and Family test was introduced in 2013 and provides regular feedback from patients on the quality of care received.	Our performance in each of the areas assessed by the FFT in April 2015 is shown in the following table. Description — % Recommended Inpatients — 94.4% Emergency — 95.7% Maternity (Point 1) — 90.0% Maternity (Point 2) — 98.6% Maternity (Point 3) — 97.2% Maternity (Point 4) — 97.5%		The wider roll-out of FFT to all outpatient, day case and children & young people areas was completed in March in line with the national start date of 1 April. Community paediatric health commenced from 1 March 2015 is running well and returns have been higher than initially expected.

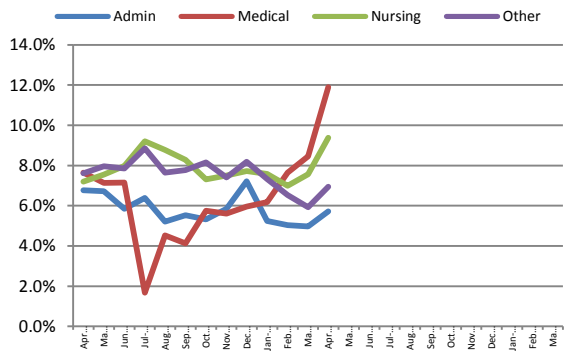
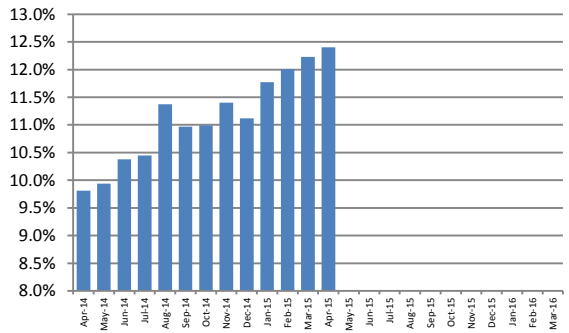
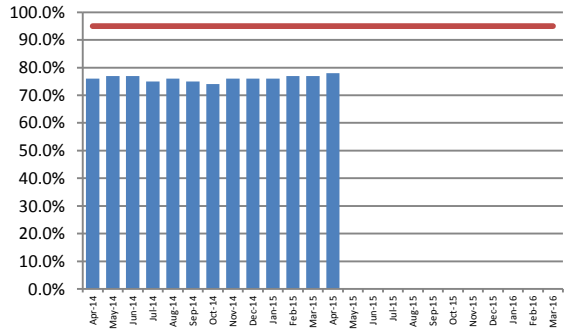
Description	Current Performance	Trend	Comments
Mixed Sex Accommodation The Trust is committed to eliminating non-clinically justified mixed sex accommodation.	There were 300 clinically justified breaches and 0 non-clinically justified breaches in April 2015.		There is a downward trend emerging of clinically justified breaches – these breaches are reviewed on a daily basis by the senior nursing team
Overnight Ward Moves The Trust is committed to minimising the incidence of overnight ward moves. The figures shown exclude moves from the necessarily transient parts of the hospital such as theatres, MAU, SAE and the Ambulatory Care Unit.	There were 84 ward moves ocurring between the hours of 22:00 and 06:59 in April 2015.		The number of overnight ward moves has started to reduce and the detail of which is monitored by the patient experience committee. Operational pressures is the main driver for patient moves by night.

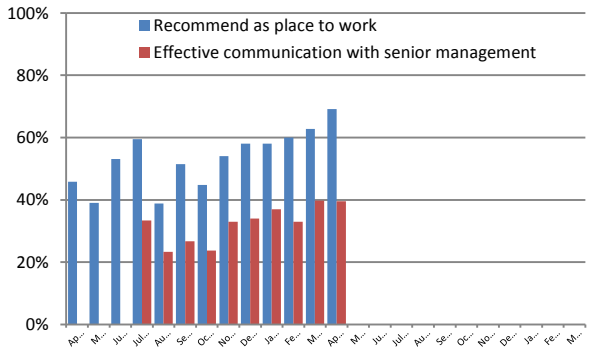
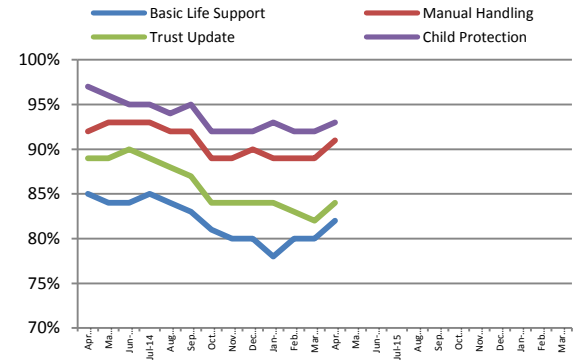
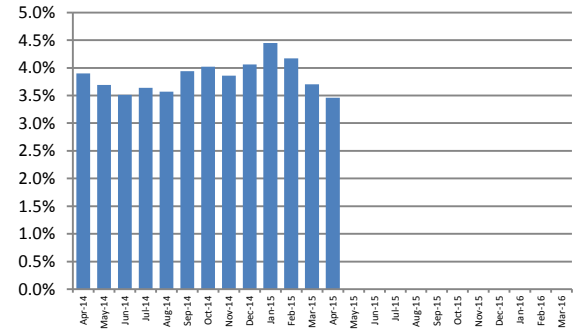
Description	Current Performance	Trend	Comments
A&E At least 95% of patients attending our Accident & Emergency Department should be admitted, transferred or discharged within 4 hours.	The Trust failed the A&E 4hr wait standard in April 2015 at 89.06%.		Whilst A&E attendances reduced from Sep-14 to Jan-15, they have risen for the last three consecutive months. The numbers of patients in higher triage categories remains high. Performance against the 4 hour standard remains challenging driven by higher levels of acuity in patients attending ED. An internal and cross-community ECIST plan to recover ED performance in Q2 is being worked through. See recovery trajectory attached.
Referral To Treatment Admitted and non-admitted clock stop standards reflect the timeliness of patients treated in month. Incomplete pathways standard is important as this reflects what proportion of the entire waiting list have been waiting less than 18 weeks.	Our performance against the key RTT metrics for April 2015 is shown in the following table. Description / Target / Actual Admitted patients: 90% / 79.5% Non-admitted patients: 95% / 92.5% Incomplete pathways: 92% / 86.8% Admitted backlog: 2287 / 2,269 Non-admitted backlog: 90 / 83 52 week waiters: 0 / 1		The Trust RTT position has continued to deteriorate into April as evidenced by the reducing incomplete pathways position. The recent outsourcing of non-admitted patients to the ISTC ensures our non-admitted backlog remains low. However, the Trust's operational situation has restricted our ability to bring in elective inpatients and the admitted backlog is growing as a result. The Trust had 1 over 52 week wait patient at the end of April, this was due to an administrative error. See recovery trajectory attached.
Cancer The NHS Constitution sets out a number of rights for patients with suspected cancer. In addition to these individual rights there are a number of waiting time performance measures for which the Trust is held to account.	Six of the nine cancer standards were achieved in the April 2015. Description / Target / Actual 31 day decision to treat: 96% / 98.1% 62 day urgent GP referral: 85% / 81.4% 62 day screening referral: 90% / 92.9% 62 day c'sultant upgrade: 85% / 100% 31 day DTT to surgery: 94% / 96.4% 31 day DTT to drugs: 98% / 100% 31 day DTT to radioth'py: 94% / 94.1% 2 week breast symptom: 93% / 63.4% 2 week urgent GP referral: 93% / 90.7%	The following table shows our profiled performance against each of the cancer standards. Description / A / M / J / J / A / S / O / N / D / J / F / M 31 day decision to treat 62 day urgent GP referral 62 day screening referral 62 day c'sultant upgrade 31 day DTT to surgery 31 day DTT to drugs 31 day DTT to radioth'py 2 week breast symptom 2 week urgent GP referral	Cancer waits have deteriorated over the last 3 months with difficulties in performing and reporting on diagnostics (particularly CT Colon and Endoscopy), an increase in the number of cancer pts cancelled and capacity issues in Breast affecting our ability to treat patients within required timescales. Recovery plans have been supplied by the underperforming diagnostic modalities and by the Breast Surgery service line. Adverts for two locum breast surgeons have been placed. See recovery trajectory attached.

Description	Current Performance	Trend	Comments
Diagnostics The national standard dictates that no more than 1% of all patients should wait more than 6 weeks for a diagnostic test.	As at the end of April 2015, 3.6% of all patients on a diagnostic waiting list had waited >6 weeks for their test compared with the national standard of 1%.		Issues with capacity in MRI and Endoscopy have resulted in a significant increase in 6 week diagnostic breaches in April. Recovery plans have been submitted for these modalities which demonstrate recovery by end July. See recovery trajectory attached.
Cancelled Operations We must minimise the incidence of cancelled operations.	100 operations were cancelled on the day of admission in April 2015 representing 2.0% of elective admissions. A further 414 operations were cancelled in advance of the day of operation during the month. There were 30 breaches of the 28-day rebooking standard in April 2015.		Bed availability continues to be the most prevalent reason for cancellation. The operational pressure is making it extremely difficult to rebook these cancelled patients within the 28-day window.
Clinical Administration We must provide high standards of clinical administration and minimise delays in letters being typed and sent to patients.	The average typing delay in April 2015 was 4 days and the average signing delay was 10 days. This represents an improvement for the former however the signing delays remain static. Neurosurgery and Cardiology have the longest current signing delay at 41 and 24 days respectively.		Significant progress has been made in reducing typing delays in throughout 14/15, however, further work is still required to reduce delays in signing-off letters in some Service Lines. This continues to be an area of focus for the Trust Management Executive. There is currently a significant restructure underway to support the development of a patient contact centre which will have responsibility for booking all outpatient appointments. Going forward Service Lines will have full responsibility for managing waiting lists. Going forward Service Lines will have full responsibility for managing waiting lists.

Description	Current Performance	Trend	Comments
Mortality We are committed to preventing avoidable deaths by monitoring mortality and learning lessons from unexpected deaths. HSMR covers in-hospital deaths for a selection of diagnoses. SHMI looks at all patient deaths both in hospital and within 30 days of discharge.	The Trust's HSMR is currently 112, the national data therefore indicating that the Trust has observed 12% more deaths than expected in January after adjustment for age, sex, presenting condition, type of admission, co-morbidities etc. The Trust's SHMI is currently 107, indicating 7% more December deaths than expected in hospital and within 30-days of discharge.		Both HSMR and SHMI measures are indicating a deterioration in our mortality performance from Sep-14 onwards. This broadly coincides with the start of the operationally difficult period for the Trust. Work is ongoing, primarily through the Mortality Review Panel, to understand any key areas of concern in terms of diagnosis grouping or individual service lines and instigate a clinical review where appropriate.
Follow-up Backlogs We are following up too many patients but also need to reduce the number who have breached their see-by-date.	At the end of April 2015, there were 35,262 patients past their 'see-by-date', representing a deterioration on the March 2015 position.		Speciality groups are continuing to work within their service lines to risk assess their follow-up waiting lists and electronically flag patients categorised as needing 'time critical' appointments. The total number of patients in this category is 12,647 of which 5,272 have passed their see-by-date. Letters to patients identified as 'time critical' have been sent in Cardiology, Respiratory Medicine, Urology, Nephrology, and Trauma and Orthopaedics, informing them and apologising that their appointments has been delayed. For those reporting deterioration there has been a commitment to treat those patients as a matter of urgency.
Readmissions Emergency readmission indicators provide information to help monitor our success in reducing potentially avoidable readmissions following discharge from hospital.	The Trust's readmission relative risk is currently 95 indicating 5% less readmission than would be expected. This places us 5th out of 17 SW Trusts.		The Trust continues to perform well with a readmission rate below the expected rate.

Description	Current Performance	Trend	Comments
Stroke There is a national target to ensure that stroke patients spend at least 90% of their time in hospital on a specialist Stroke Unit.	77.2% of our patients spent at least 90% of their time on a specialist Stroke Unit in April 2015.		The Trust continues to struggle to meet the stroke target. For those patients breaching the standard the most common breach reason is a short length of stay. When a patient's overall length of stay is short, any time spent off the stroke unit, however short, is more likely to cause them to breach the standard. Complex diagnosis of stroke is the second most common breach reason and is subject to ongoing clinical review. Stroke bed availability also account for 3 breaches. A revised pathway for stroke admission has been agreed and is currently being implemented.
Hip Fractures We aim to operate on at least 85% of fractured neck of femur patients within 36 hours of admission.	89% of fractured neck of femur patients were operated on within 36hrs of admission in April 2015.		Total length of stay for #NOF patients was reduced significantly in April.
NICE Compliance We must ensure that we are compliant with the clinical guidelines, interventional procedures, quality standarrds and other guidelines issued by NICE.	A review of the NICE website listing of all categories of guidance has been undertaken to determine the guidance previously not recorded on the Trust database. This found: 248 pieces of guidance missing from Trust register; 83 of which were subsequently identified as superseded or withdrawn; 165 pieces of guidance to be addressed.		Service Line teams were tasked with assessing this backlog and, working with the Clinical Effectiveness Lead, significant progress has been made. Work is ongoing but the figure has reduced significantly to 66 pieces of historic guidance with no recorded status. The newly established Clinical Effectiveness Group is responsible for reviewing the compliance status for all published NICE guidance.

Description	Current Performance	Trend	Comments
Staff Vacancies We are committed to minimising vacancies against established staffing levels to ensure that our services can be appropriately maintained and delivered by experienced and skilled staff.	Our vacancy rates by staff grade are detailed in the following table. Description / Apr-15 Administration 5.71% Medical 11.89% Nursing 9.37% Other 6.94% **OVERALL 8.55%**		The budgeted establishment has increased in Month 1 by 84 WTE to 6,172 WTE primarily due to budget setting for the start of the financial year. Staff in post has decreased in Month 1 by 26 WTE to 5,645 WTE.
Staff Turnover We aim to retain staff with the skills, knowledge and attitude necessary for the deliveyr of high quality care to our patients.	In April 2015, staff turnover amounted to 12.4%, representing a further increase on the previous month.		Annual turnover for Month 1 is 12.4% in comparison to 9.81% in the same period in the previous year. The most common reason for staff leaving for voluntary resignations relate to relocation (24%), retirement (17%) and work-life balance (11%).
Staff Appraisals We aim to ensure that at least 95% of our staff have an up to date appraisal at any point in time.	Appraisal completion rates for non-medical staff has remained static in April 2015 at 78%.		Appraisal completion rates increased by 1% in Month 1 to 78%, against a target of 95% and an annual low of 74% in October. HR Business Partners are working with Care Groups and Service Lines to continue to improve the position, with progress reviewed at Care Group Performance Reviews.

Description	Current Performance	Trend	Comments
Staff Temperature Check We conduct regular staff temperature checks to assist us in assessing staff morale within the Trust.	In April, the number of staff that would recommend PHNT to friends and family as a place to work has increased to 69%, and the number of staff that rated communication between Senior Management and staff as effective was 40%.		In Month 1, the number of staff that would recommend PHNT to friends and family as a place to work has increased to 69%, and the number of staff that rated communication between Senior Management and staff as effective remained static at 40%. Since November 2014, we now undertake the FFT each month as part of our temperature check, linked to mandatory training. As a result of this change in process, the monthly response rate has increased from an average of 23% to 66%.
Mandatory Training We aim to ensure that 95% of staff are up to date with their mandatory training.	Mandatory training rates for April 2015 are detailed in the following table. Description / Target / Actual Basic Life Support 95% 82% Manual Handling 95% 91% Trust Update 95% 84% Child Protection 95% 93%		In Month 1, mandatory training compliance has increased across all areas with Trust update, basic life support and manual handling all rising by 2% and child protection by 1%. Positive work continues between HR and the Care Groups agreeing plans to increase mandatory training compliance and these are being reviewed at Care Group Performance Reviews.
Sickness Absence We seek to minmise and manage staff sickness.	The current sickness rates by grade is summarised in the following table. Description / Apr-15 Add Prof & Tech 6.12% Add Clinical Services 5.77% A&C 2.85% AHPs 2.16% Estates 4.80% Healthcare Scientists 1.27% Medical 1.00% Registered Nursing 3.59%		Sickness absence has fallen by 0.24% to 3.46% in Month 1, which is the second lowest monthly rate for the past 3 years. The current 12 month sickness rate is 3.85%. In terms of sickness absence rates within staff groups, the staff groups with combined short and long term absence of more than 4%, are additional clinical services, additional professional and technical, additional clinical services and estates. In comparison to all large acute Trusts in England and Wales, the Trust has improved its positon to being 8th out of 39 Trusts, ranked best to worst (as at January 2015).

Exception report and improvement plan

Annex F

Issue Summary	Planned Actions	Timetable	Improvement Trajectory
Safe			
Falls: We need to reduce the incidence of falls resulting in serious harm and avoid any falls which cause or contribute to a patient's death.	Continue Falls Implementation Group.	Ongoing	To be determined as part of the development of the 2014/15 Quality Account.
	Undertake thematic review of RCAs following a Serious Incident Requiring Investigation.	Completed	
	Regular reports to Nursing & Midwifery Operational Committee (NMOC).	Ongoing	
VTE Risk Assessment: We need to ensure that VTE performance data is consistent and reliable.	Review data collection methodology and, where appropriate, implement stronger process for ensuring the integrity and accuracy of the performance data.	May 2015	Robust data quality arrangements in place from June 2015.
Caring			
Issues under the 'caring' domain are covered in more detail as part of the patient experience report which is presented separately to the Trust Board.			
Responsive			
A&E: We need to improve our performance against the 4 hour standard on a sustainable basis.	Use recommendations from Emergency Care Intensive Support Team (ECIST) and internal Service Improvement to improve flow from ED to MAU and then from MAU to ward. SAFER ward bundles are being piloted on Meldon ward this will pilot a new approach to ward rounds and in particular free up junior doctors to manage TTAs much earlier in the day.	May 2015	TDA Improvement trajectory sets out a plan to be achieving ED 4hr standard by end of Q2.
	Agreement of investment into middle grade out of hours cover to address breaches in periods where staffing levels have been identified as a contributory factor. Initially this out of hours cover will be secured through temporary locums and an assessment made of the impact in the following months.	Complete	
RTT, cancer & cancelled operations: We need to improve our performance against national standards and reduce the number of cancelled operations.	Continue to maximise use of ISTC in 2015/16 through an increase in the number of specialities working at the treatment centre	Ongoing	A comprehensive RTT recovery plan has been submitted to the TDA detailing steps to recover RTT performance by end of 15/16. The indicative activity plan for 15/16 is based on the level of demand which can be delivered (i.e. the expected available capacity). Demand in excess of this will put RTT achievement at risk.
	Continue to prioritise chronological booking and waiting list oversight through weekly executive meetings with service lines. Monthly validation reviews have also been instigated to ensure greater focus on PTL management and a reduction in admin delays including reducing typing delays, chasing clinicians to review results and the introduction of pathway-specific trigger points (i.e. patients reviewed at 10 weeks to ensure they are being actively managed).	Ongoing	
	Continue to monitor service line theatre scheduling. COO and SCGD to oversee any theatre cancellations in light of operational status.	Ongoing	

Issue Summary	Planned Actions	Timetable	Improvement Trajectory
Diagnostics: We need to maintain our improved diagnostics performance and ensure that it supports delivery other national standards.	Maintain focus on a number of diagnostic modalities to support the 62 day pathway - in particular endoscopy, CTC, prostate biopsy pathway, CT. The additional CT scanner has already supported a reduction in waiting times	Ongoing	A plan has been submitted to the TDA which demonstrates how services will recover to Trust total achievement of this standard by July-15.
	MRI • Service Improvement have completed work with team to ensure efficiency maximised • Continue to use outsourcing as and when required • Demand management with primary care (knee and lumbar spine pathways) • Business case development for additional scanner	 Complete Ongoing Ongoing Long Term	
	Endoscopy • Business plan approved for additional posts to close capacity gap o 1x Consultant o 1x Specialist nurse o 1x Nurse endoscopist • Interim solutions include o Remove ward linkage for Gastroenterology o Cover all medical take PAs for Gastro with locums o Review job plans for nurse endoscopists o Recruit agency locum for Gastroenterology o Staff unit for 7days per week with agency nurses to maximise room usage	 May 2015 May 2015 May 2015 July 2015 June 2015	
Clinical Administration: We need to secure sustained improvements in minimising typing and sign-off delays.	Maintain bi-weekly oversight of performance and improvement plans at the Trust Management Executive.	Ongoing	Improvement trajectories are currently in the process of being reviewed and updated.
	Complete HR process around establishment of Contact centre and devolution of PTL to SLs.	Jun 2015	
Effective			
Mortality: We need to better understand variances between weekdays and weekends and within individual diagnosis or procedure groups.	Complete analysis of variations between weekday and weekend mortality.	Complete	To be agreed with individual Care Groups and Service Lines.
	Clinical Review of diagnosis groups identified as warranting investigation from above analysis.	June 2015	
	Assess issues and learning by reviewing all deaths occurring within the hospital.	Ongoing	

Issue Summary	Planned Actions	Timetable	Improvement Trajectory
Follow-up Backlog: We need to reduce the volume of follow-up backlogs and ensure that any patient safety issues are addressed promptly.	The Trust is currently reviewing the entire follow up waiting list to ensure all patients who have a time critical (at risk of harm if not given an appointment) follow up appointment are identified electronically on the waiting list. The time critical exercise is necessary due to the level of backlog for follow up outpatient appointments 34.2% of the total follow up waiting list. In March the Trust had identified that there were c39,000 records that needed to be reviewed before a complete assessment had been made of the at risk status of all patients on the follow up waiting list. Through this validation exercise around 25,000 patients records have been reviewed so far and will be electronically flagged as time critical where clinically appropriate. All service lines have plans in place to achieve the overall review by the end of June 2015 and each service line has been asked to provide a trajectory to establish how they will complete this validation exercise before the end of June. All patients identified as having a time critical appointment are prioritised for appointment to minimise clinical risk. Beyond this initial focus of addressing risk the Trust is supporting the high volume specialities with the highest clinical risk to assess current practices and methods of delivering follow up care, ensuring they are optimal and innovative and providing sufficient capacity (clinics) in order to drive a sustained reduction in the backlog over the coming year.	June 2015	Complete the risk stratification exercise by the end of June 2015. Launch high volume specialty service improvement projects through CQUIN
Stroke: We need to improve performance against national targets.	A new fast track pathway for stroke has been introduced. This will improve rapid access to CT scan and therefore diagnosis. Progress against SSNAP will be reported to Safety & Quality Committee.	April 2015	To be determined.
NICE Compliance: We must develop a stronger framework for monitoring compliance with NICE guidance.	Implement planned changes to assessing NICE compliance and addressing areas of partial or non-compliance.	Complete	To be determined.
	Work with Service Lines to assess and reduce the backlog of guidance not recorded on our database.	Jun 2015	
Well-Led			
Vacancy Management: To bring vacancies in line with Trust Targets (5% for all staff groups except Nursing at 4%).	Continue to closely monitor the redesigned recruitment process, to ensure more timely recruitment to vacancies. The time to recruit KPI continues to improve and the learning from the work that has been done in general recruitment will now be applied to the medical staffing recruitment process. The National NHS Jobs 2 system is now about to be launched in the Trust giving managers direct access to shortlisting and interview functionality. International recruitment has just been successfully completed in Rome and plans are now being put in place for further recruitment in October.	May 2015	Continue to recruit to vacancies, including international recruitment options.
Staff Turnover: To ensure that turnover is in line with Trust strategic and operational objectives.	The recently redesigned staff leaving process includes more clearly identified reasons for leaving, an online survey and optional exit interviews. This data is now being used to develop a Trust-wide resourcing and retention strategy (for completion in May 2015). Feedback continues to be provided to HRBPs and Care Groups on a monthly basis. Focus groups are also being set up with specific staff groups, to understand staff issues, alongside implementation of the "listening to you" strategy collating staff feedback from our staff FFT, staff survey, exit interview and the Plymouth Way.	Started in March 2015 and to continue.	Continue to monitor staff leaver reasons and utilise this information to improve retention.

Issue Summary	Planned Actions	Timetable	Improvement Trajectory
Staff Appraisals: To ensure that appraisals are meaningful, fit for purpose and increase appraisal compliance to 95%.	The new talent management and Plymouth Way behavioural framework is currently being incorporated within the appraisal process. The purpose is to make the process more meaningful and is still on target to be launched in quarter 2 of 2015/16. Appraisal compliance is being managed and monitored through the Care Group performance review process, with support being provided to Care Groups by their HR Business Partners.	Q2 2015/16 (new process).	Continue to increase appraisal compliance and quality.
Staff Temperature Check: To increase response rates and ensure that feedback is collated and acted upon.	Utilise this local data in conjunction with the results of the staff survey, to help develop plans for engaging and communicating with staff.	May 2015	Continued improvement in FFT results.
Mandatory Training: To increase compliance for all streams of mandatory training to 95% and ensure the content is fit for purpose.	Mandatory training for 15/16 was successfully launched on time. The work that the Care Groups have been doing to increase compliance has begun to show signs of improvement. This work continues with Care Groups tasked with agreeing plans to increase mandatory training compliance further. Compliance is being managed and monitored at Care Group Performance Reviews. The Learning and OD Team is working with the Medical Director to increase medical staff compliance rates.	May 2015	Increase in mandatory training compliance rates

1 Referral To Treatment

Indicative Activity Plan – set at Capacity and not Demand levels

1.1 The Trust has agreed an Indicative Activity Plan for the 2015-16 contract based on the level of demand that can be delivered (the expected available capacity).

1.2 The Trust communicated likely capacity gaps to commissioners on 27th February 2015 and these areas have been discussed regularly at the monthly performance meeting (IPAM) as areas with capacity issues and the RTT implications.

1.3 The Trust recognises the joint approach required to the clinical conversations that must underpin a management of demand to meet the available capacity but does not expect to contract for activity that has been clearly identified as not deliverable. When agreeing contacts, providers must be cognisant of the level of capacity that they have in order to meet demand in a safe and sustainable way.

Plastic surgery

1.4 The demand versus capacity identified capacity shortfalls against new consultant outpatient capacity (381 attendances) and theatre operating (614 cases). There is a shortfall in both physical space and operating time.

1.5 Reducing referrals still leaves a shortfall in theatre operating at a more manageable 104 cases and eliminates the new consultant outpatient shortfall.

1.6 The demand for this specialty includes non recurrent backlog/waiting list size correction of 148 theatre cases which demonstrates the majority of the shortfall in capacity is recurrent in nature (when compared to the 614 cases outlined above).

ENT

1.7 The demand versus capacity identified capacity shortfalls against follow up consultant outpatient capacity (893 attendances) and theatre operating (315 cases). Reducing referrals still leaves a shortfall in theatre operating at a more manageable 37 cases.

1.8 The demand for this specialty includes:

1) non recurrent backlog/waiting list size correction of 291 theatre cases which demonstrates the majority of the shortfall in capacity is non recurrent in nature (when compared to the 315 cases outlined above).
2) non recurrent backlog/waiting list size correction of 46 attendances the majority of the shortfall in capacity is recurrent in nature (when compared to the 893 cases outlined above).

Colorectal surgery

1.9 The demand versus capacity identified an initial gap of 192 theatre cases. However even after reducing the demand by 250 cases, the gap remains at 131 cases at present because capacity solutions assumed have not yet materialised. There is a shortfall in both physical space and operating time.

1.10 The demand for this specialty includes non recurrent backlog/waiting list size correction of 273 theatre cases which demonstrates the shortfall in capacity is non recurrent in nature (when compared to the 192 cases outlined above).

1.11 Outpatients were broadly in balance against the original demand, but after removing referrals there would be an excess in capacity which could be used to address the follow up backlog.

Urology

1.12 The demand versus capacity identified capacity shortfalls against new consultant and non consultant outpatient capacity (1,632 attendances) and theatre operating (40 cases). Reducing referrals still leaves a shortfall in new outpatient capacity of 880 cases.

1.13 To balance demand and capacity completely a more significant number of referrals would need to be removed. Some of this shortfall could be covered by re profiling new and follow up slots, but this will not close the gap as not all patients could be seen by non consultants.

1.14 The demand for this specialty includes non recurrent backlog/waiting list size correction of 263 new outpatients which demonstrates the shortfall in capacity is mainly recurrent in nature (when compared to the 1,632 cases outlined above).

Ophthalmology

1.15 The demand versus capacity identified capacity shortfalls against new consultant outpatient capacity (1,179 attendances).

1.16 Reducing referrals still leaves a shortfall in outpatient capacity of 447 attendances. The speciality also does not have sufficient capacity currently to reduce the follow up backlog (which has not been commissioned or included in these demand numbers).

1.17 The demand for this specialty includes non recurrent backlog/waiting list size correction of 260 new outpatients which demonstrates the shortfall in capacity is mainly recurrent in nature (when compared to the 1,179 cases outlined above).

Dermatology

1.18 The demand versus capacity identified capacity shortfalls all points of delivery new consultant and non consultant outpatient capacity (2,569 attendances) follow ups (pre backlog reduction) of 5,398 attendances, operating capacity also falls 638 cases short of demand.

1.19 The demand for this specialty includes non recurrent backlog/waiting list size correction of 162 cases which demonstrates the shortfall in capacity is mainly recurrent in nature (when compared to the 638 attendances outlined above).

1.20 Modelling a reduction in referrals to achieve a new outpatient attendances reduction of 5,530 attendances models a 2 week wait cancer access service only. On paper that leaves an excess in new outpatient capacity of 3,456 attendances which could be used to address the follow up backlog that has not been commissioned or included in the demand numbers.

1.21 The capacity for this service is fragile and heavy reliant on the ability to secure locum consultants.

Orthopaedics

1.22 The demand versus capacity identified capacity shortfalls against new consultant and non consultant outpatient capacity (385 attendances), follow ups (1,308) and theatre operating (151 cases). Reducing referrals by 350 still leaves a small shortfall in new outpatient capacity of 110 cases but plans exist to increase efficiency to cover this.

1.23 The demand for this specialty includes:

1) backlog/waiting list size correction of 318 admitted cases which demonstrates the shortfall in capacity is non recurrent in nature (when compared to the 151 cases outlined above).

2) backlog/waiting list size correction of 588 new attendances demonstrates that the majority of the shortfall in capacity is non-recurrent in nature (when compared to the 385 cases outlined above).

Neurosurgery

1.24 The demand versus capacity identified capacity shortfalls against new consultant and non consultant outpatient capacity (894 attendances), follow ups (677) and theatre operating (417 cases). Reducing referrals by 1,550 still leaves a smaller but more manageable shortfall in operating capacity of 54 but removes the gaps in outpatient capacity.

1.25 The demand for this specialty includes :-

1) backlog/waiting list size correction of 243 admitted cases which demonstrates the shortfall in capacity is mainly non recurrent in nature but with a significant recurrent issue (when compared to the 417 cases outlined above).
2) backlog/waiting list size correction of 554 new attendances demonstrates that the majority of the shortfall in capacity is mainly non-recurrent in nature but with a significant recurrent issue (when compared to the 894 cases outlined above).

Table 1: Identified gaps removed from contracted Indicative Activity Plan

	GP Refs	New OPs	FUs	Elective	New Tariff	FU Tariff	Elective Avg	MFF	Estimated Income
ENT	-1,413	-1,193	-1,517	-299	106	65	1,299	1.01582	-617,143
Neurosurgery	-1,550	-1,045	-748	-481	308	126	4,167	1.01582	-2,427,048
Ophthalmology	-700	-732	-54	-71	111	63	737	1.01582	-138,330
Plastic Surgery	-684	-583	-977	-576	113	65	1,094	1.01582	-761,821
Dermatology Cons	-6,045	-5,429	-3,931	-520	106	69	698	1.01582	-1,223,192
Dermatology Non-Cons	-44	-101	-1,364		106	69		1.01582	-106,480
Urology	-510	-440	-477	-209	131	75	1,144	1.01582	-334,009
Colorectal Surgery	-1,730	-1,422	-1,677	-295	119	74	2,530	1.01582	-1,044,275
Orthopaedics	-350	-282	-534	-146	128	75	2,964	1.01582	-510,163
Total	-13,026	-11,227	-11,279	-2,597					-7,162,461

Working collaboratively with Commissioners

1.26 Work is in progress with the local Commissioners to identify schemes to manage the excess demand. The table below is a summary of plans to date.

	Actions to address gaps	
	Commissioner QIPP schemes	**Other**
ENT	Microsuction QIPP scheme - estimated impact 2725 news and 714 follow ups	
Neurosurgery		Repatriation policy put in place to try and reduce delayed repatriation to other providers that has reduced PHNTs capacity. Joint working group with Commissioners and Provider representative to review Neurosurgery, and identify any potential opportunities/innovative ways of working.
Ophthalmology		May be potential opportunities for other provision eg Local Optoms
Plastic Surgery		Will be some overlap with dermatology actions (see below)
Dermatology Cons	Beacon primary care pilot, Benign Skin lesion policy, Lesions of uncertainty policy,	Locum capacity brought in. Proposed initial variation order for 2191 firsts and 1572 follow ups, potential for further if required.
Dermatology Non-Cons		
Urology		Locum consultant - could provide additional capacity above plan. Once detail known will share with commissioners and vary contract
Colorectal Surgery		Locum consultant - could provide additional capacity above plan. Once detail known will share with commissioners and vary contract
Orthopaedics	MSK schemes, Beacon pilot, HIP and Sentinel ICAPS, step forward. Total estimated impact First OP 1195 , FUP 1342 and Elective 50	

1.27 A weekly demand management meeting has been set up for key individuals from the Trust and local Commissioning bodies to monitor referral levels and identified demand management schemes. Another key aim will be to escalate demand issues early to inform where further actions may be needed to deal with increased demand levels.

Forecast

1.28 With the described demand removed from the contracted Indicative Activity Plan, we have a situation which allows RTT performance to be achieved by the end of the financial year 2015/16. To be clear, should referrals continue at the higher level, this RTT plan will not deliver and further actions will be required.

1.29 Alongside this capacity and demand work, the organisation has introduced greater rigour around PTL management to ensure patients are "pushed" through their pathways with the least amount of administrative delay possible. Some of the schemes are as follows:

- reduction in typing delays
- chasing clinicians to review results and make decision on next steps
- introduction of triggering at specific points in pathways (i.e. emails sent to teams to highlight which patients are tipping into 10th week) to ensure pathways are being actively managed
- increased oversight by senior management on PTL management
- development of a larger suite of data quality reports to identify errors early
- process agreed with CCGs to highlight both continued late arrival of referrals from other Providers and poor quality of IPT information

1.30 Work is also in progress to better understand the pressures faced around availability of beds and the skewed casemix (inpatient versus day case due to the recent operational pressures) to ensure that, the schemes being developed to help mitigate these risks going forward (e.g. recovery at home, increased inpatient work at the ISTC), are sufficient to deal with the shortfalls.

1.31 It is also worth noting that this plan does not take account of any proposed changes to the 2ww referral criteria, that have been out for consultation from NICE and results expected June 2015. A review of the final proposal, when available, will be required to assess impact on demand.

1.32 The tables below set out the predicted performance against the 3 RTT standards and the size of the admitted and non-admitted backlogs each month. (See Appendix 1 for the detail at specialty level).

Incomplete Pathways

Incomplete Pathways 2015/16											
Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
87.5%	85.5%	85.9%	87.0%	87.5%	89.1%	90.3%	91.1%	91.8%	92.4%	92.9%	93.0%

Admitted Clock Stops

Admitted Clock Stops 2015/16											
Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
79.3%	74.9%	77.4%	79.6%	78.1%	79.1%	79.6%	79.4%	83.0%	83.1%	84.3%	90.1%

Non Admitted Clock Stops

Non Admitted Clock Stops 2015/16											
Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
92.5%	91.8%	92.4%	92.5%	91.6%	92.3%	92.4%	91.8%	93.1%	93.4%	94.1%	95.1%

Admitted Backlog

Admitted Backlog 2015/16											
Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2287	2273	2157	1937	1858	1612	1361	1153	1047	936	836	828

Non Admitted Backlog

Non Admitted Backlog 2015/16											
Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
1102	1229	1303	1257	1243	1120	1014	915	845	774	748	737

2 Diagnostics

2.1 The Diagnostic 6 week standard has been a significant challenge for the organisation in 2014/15 with achievement occurring only in latter 2 months of the year.

Modality	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Magnetic Resonance Imaging	280	80	34	33	38	50	25	28	22	23	28	7
Computed Tomography	323	401	421	377	171	126	149	74	35	40	0	0
Non-obstetric ultrasound	313	363	352	292	382	376	49	0	0	8	14	11
Barium Enema	0	0	0	0	0	0	0	0	0	0	0	0
DEXA Scan	0	0	0	0	0	0	0	0	0	0	0	0
Audiology - Audiology Assessments	2	0	0	2	1	6	8	8	10	9	0	6
Cardiology - echocardiography	0	1	0	0	0	0	0	24	0	1	1	1
Cardiology - electrophysiology	0	1	0	0	0	0	0	0	0	0	0	0
Peripheral neurophysiology	3	4	1	0	2	0	2	1	0	3	3	2
Respiratory physiology - sleep studies	5	3	0	0	2	2	1	2	1	6	4	6
Urodynamics - pressures & flows	0	0	0	0	0	1	0	0	0	2	0	0
Colonoscopy	47	4	6	7	13	8	22	25	35	65	5	7
Flexi sigmoidoscopy	2	0	0	0	3	1	3	4	5	0	2	0
Cystoscopy	1	0	0	0	0	0	0	0	0	3	0	0
Gastroscopy	6	6	2	1	6	3	10	11	16	7	3	0
Reportable Tests > 6wks	982	863	816	712	618	573	269	177	124	167	60	40
% > 6 weeks	12.7%	11.3%	11.1%	10.0%	9.2%	8.5%	4.0%	2.7%	1.9%	2.5%	0.90%	0.61%

2.2 The position has one again deteriorated in Q1 of 2015/16 for various reasons (staffing, increasing demand, essential estates work etc.) but plans are in place to pull the position back from Q2 onwards.

		Forecast										
Modality	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Magnetic Resonance Imaging	91	158	10	6	6	6	6	6	6	6	6	6
Computed Tomography	0	0	0	0	0	0	0	0	0	0	0	0
Non-obstetric ultrasound	13	95	29	14	14	14	12	12	14	12	12	12
Barium Enema	0	0	0	0	0	0	0	0	0	0	0	0
DEXA Scan	0	0	0	0	0	0	0	0	0	0	0	0
Audiology - Audiology Assessments	1	1	1	1	1	1	1	1	1	1	1	1
Cardiology - echocardiography	0	0	0	0	0	0	0	0	0	0	0	0
Cardiology - electrophysiology	0	0	0	0	0	0	0	0	0	0	0	0
Peripheral neurophysiology	0	5	3	2	2	2	2	2	2	2	2	2
Respiratory physiology - sleep studies	5	7	5	4	4	4	4	4	4	4	4	4
Urodynamics - pressures & flows	0	3	2	1	1	1	1	1	1	1	1	1
Colonoscopy	58	124	60	21	21	21	18	18	21	18	18	18
Flexi sigmoidoscopy	2	19	8	4	4	4	4	4	4	4	4	4
Cystoscopy	0	5	2	2	2	2	2	2	2	2	2	2
Gastroscopy	81	146	40	10	10	10	10	10	10	10	10	10
Reportable Tests > 6wks	251	563	160	65	65	65	60	60	65	60	60	60
% > 6 weeks	3.81%	8.55%	2.43%	1.0%	1.0%	1.0%	0.9%	0.9%	1.0%	0.9%	0.9%	0.9%

Key areas of risk

Non-obstetric ultrasound

Risks

- Vacancies – currently have 2.8 wte vacant posts – recruitment unsuccessful to date
- 2 Consultants on long term sick leave – currently unknown return dates but expectation is from Q2 onwards

- Some of the work requires a bed on PIU but, due to continued operational pressures, capacity is limited.

Mitigating actions

- Service Improvement working with team to identify any inefficiencies
- Chambers arrangement in place to increase capacity
- Locum identified – awaiting start date
- Prioritisation of PIU demand

MRI

Risks

- Increased demand from inpatient work
- Increased complexity of referrals leading to increased length of slots required

Mitigating actions

- Service Improvement have completed work with team to ensure efficiency maximised
- Continue to use outsourcing as and when required
- Demand management with primary care (knee and lumbar spine pathways)
- Business case development for additional scanner (longer term)

Endoscopy

Risks

Continuation of increased level of demand due to cancer awareness campaign (currently +40 per week c.f. average in 2014)

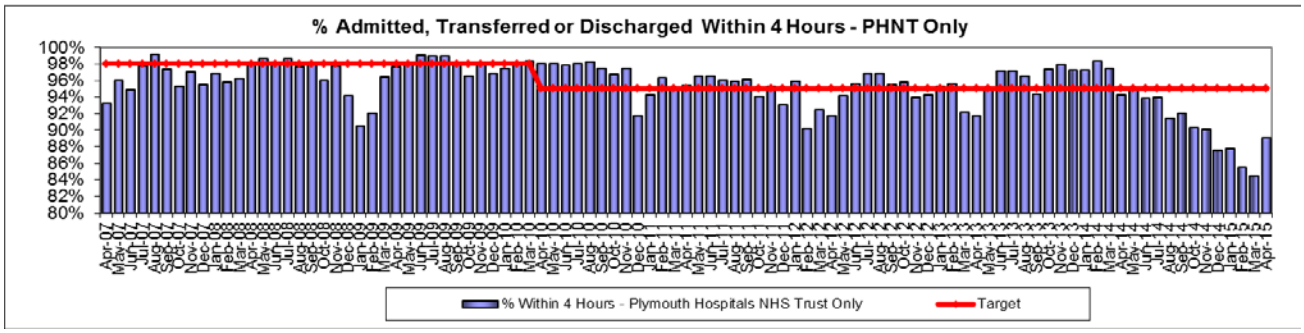
- Staff cannot continue to cover additional lists at current rate (i.e. burnout)
- Closely linked to ward activity and Gastroenterology outpatient activity – competing demands

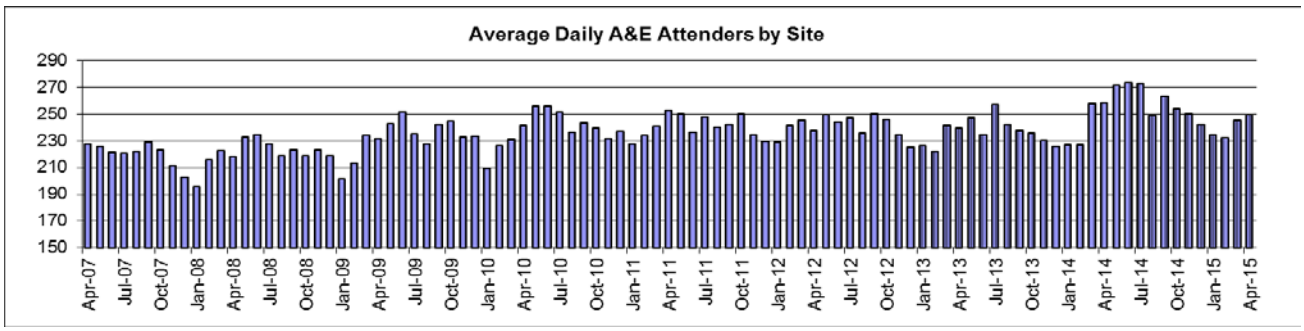
Mitigating actions

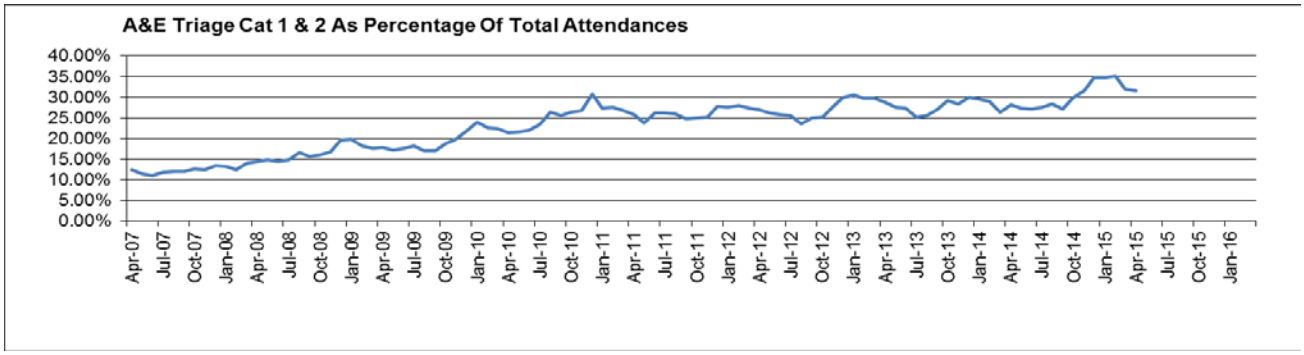
- Business plan approved for additional posts to close capacity gap
    - 1x Consultant
    - 1x Specialist nurse
    - 1x Nurse endoscopist
- Interim solutions include
    - Remove ward linkage for Gastroenterology
    - Cover all medical take PAs for Gastro with locums
    - Review job plans for nurse endoscopists
    - Recruit agency locum for Gastroenterology
    - Staff unit for 7days per week with agency nurses to maximise room usage

3 Emergency Department

3.1 We have experienced significant challenges in achieving the ED 4hr standard throughout 2014/15 (Fig 1) in light of the significant increase in number of attendances from Mar-14 (Fig 2) and the continued increase in complexity/acuity of patient attending at A&E (Fig 3).







2015/16 Trajectory

		Quarter 1	Quarter 2	Quarter 3	Quarter 4
2015/16 Plan	Number waiting > 4 hours	2872	1195	1130	1110
	Total Attendances	23679	23921	22634	22222
	% < 4 hours	87.9%	95.0%	95.0%	95.0%

Actions for Achievement from Q2

- Implement local ECIST recommendations
- Agreement of investment into middle grade out of hours cover to address breaches in periods where staffing levels have been identified as a contributory factor. Initially this out of hours cover will be secured through temporary locums and an assessment made of the impact in the following months.
- Implementation of wider 'cross-community' ECIST plan

Risks

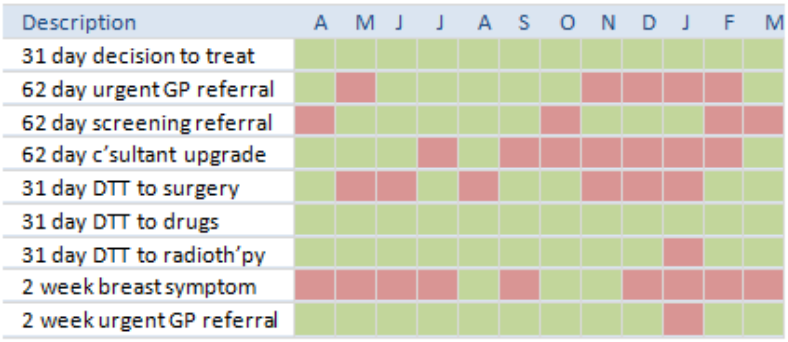
- Sustained increase in demand (both volume and acuity)
- Inability to recruit to planned posts

4 Cancer

Background

4.1 Performance against the Cancer Standards has been mixed throughout 2014/15 with the significant operational pressure experienced throughout the latter stages of the year challenging our resilience in areas such as diagnostics and outpatient capacity.

4.2 The below chart demonstrates in which particular standards we have struggled to achieve the national target.



4.3 A number of the issues which have hampered our progress during 14/15 have carried over into the current financial year and although plans are in place to address these, we anticipate failing against 4 of the 9 standards for Q1 whilst the action plans take effect.

4.4

			Quarter 1	Quarter 2	Quarter 3	Quarter 4
Cancer- All Cancer two week wait	2015/16 Plan	Number waiting < 2 week	3715	4130	4120	3665
		Total number waiting	4001	4430	4412	3909
		%	92.9%	93.2%	93.4%	93.8%

			Quarter 1	Quarter 2	Quarter 3	Quarter 4
Cancer - Two week wait for breast symptoms (where cancer not initially suspected)	2015/16 Plan	Number waiting < 2 week	345	414	334	327
		Total number waiting	390	445	359	351
		%	88.5%	93.0%	93.0%	93.2%

			Quarter 1	Quarter 2	Quarter 3	Quarter 4
Cancer - All cancer 62 day urgent referral to first treatment wait	2015/16 Plan	Number waiting < 62 days	312.5	377	339.5	341
		Total number waiting	372	443.5	398	401
		%	84.0%	85.0%	85.3%	85.0%

			Quarter 1	Quarter 2	Quarter 3	Quarter 4
Cancer - 62 day wait for first treatment following referral from an NHS cancer screening service	2015/16 Plan	Number waiting < 62 days	63	52.5	56	57
		Total number waiting	69	56	59	63
		%	91.3%	93.8%	94.9%	90.5%

			Quarter 1	Quarter 2	Quarter 3	Quarter 4
Cancer - 62 day wait for first treatmnet for cancer following a consultant's decision to upgrade the	2015/16 Plan	Number waiting < 62 days	14	13.5	15.5	18
		Total number waiting	17	17.5	18.5	22
		%	82.4%	77.1%	83.8%	81.8%

			Quarter 1	Quarter 2	Quarter 3	Quarter 4
Cancer - Percentage of patients receiving first definitive treatment within 31 days of a cancer diagnosis.	2015/16 Plan	Number waiting < 31 days	817	881	897	827
		Total number waiting	838	898	912	840
		%	97.5%	98.1%	98.4%	98.5%

			Quarter 1	Quarter 2	Quarter 3	Quarter 4
Cancer - 31 Day standard for subsequent cancer treatments - surgery	2015/16 Plan	Number waiting < 31 days	216	227	263	219
		Total number waiting	230	241	279	231
		%	93.9%	94.2%	94.3%	94.8%

			Quarter 1	Quarter 2	Quarter 3	Quarter 4
Cancer - 31 Day standard for subsequent cancer treatments -anti cancer drug regimens	2015/16 Plan	Number waiting < 31 days	309	289	315	321
		Total number waiting	312	290	315	321
		%	99.0%	99.7%	100.0%	100.0%

			Quarter 1	Quarter 2	Quarter 3	Quarter 4
Cancer - 31 Day standard for subsequent cancer treatments - radiotherapy	2015/16 Plan	Number waiting < 31 days	235	251	241	243
		Total number waiting	245	261	251	249
		%	95.9%	96.2%	96.0%	97.6%

Key areas of risk

Diagnostics

Risks

- Inability to staff required number of sessions to meet sustained increase in 2ww Endoscopy demand
- Vacancies and sickness within radiologist staff group leading to delays in reporting

Mitigating actions

- See diagnostics plan for actions relating to increasing available endoscopy capacity
- Arrangements in place for existing radiologists to work overtime to report additional scans
- Outsourcing of routine CT scans to release more 2ww reporting capacity is being explored

Breast Outpatient Capacity

Risks

- Insufficient radiology cover to provide required number of multi-disciplinary outpatient 2ww clinics (Key member of team on long term sick)

Mitigating actions

- Advertised for a new breast radiologist and anticipate filling vacancy over the Summer
- Consultant returning from long term sick on 1st June
- Locum currently in place to cover some clinics
- Offer from clinicians from neighbouring unit (RCHT) to assist in covering capacity gap
- X2 locum surgeons being recruited
- Access to theatres and HDU bed / bed cancellation

Risks

- Continued bed pressures leading to cancellation of cancer surgery

Mitigating actions

- Full clinical review of ITU/HDU Level 1 bed capacity.