

Performance Exception Report

Indicator:

18-weeks admitted pathway (English patients)

Issue:

As part of a national NHS England initiative to reduce the number of "long waiting" patients across the country we have had below target performance during July to November. We were expected to return to compliance by December 2014 and this has been achieved. We have been advised of a further period of "planned non compliance" during quarter 4 to continue to treat higher numbers of "long wait" patients. Despite treating higher numbers of breach patients in quarter 4 we still have a backlog of over 130 surgical patients and this will need to be at 100 or below by the end of April with Cardiology achieving 45 patients or less on their backlog to deliver our RTT targets.

Proposed Actions:

Performance is being managed at the weekly performance meetings and Execs receive a weekly update as part of our normal reporting procedures. We are actively sending patients to be treated at UHNM to support the reduction in our surgical backlog and delivering additional sessions on site as part of our RTT action plan.

Assessing Improvement:

We are currently monitoring the number of patients in the 'backlog' as part of this initiative and also as part of our normal reporting.

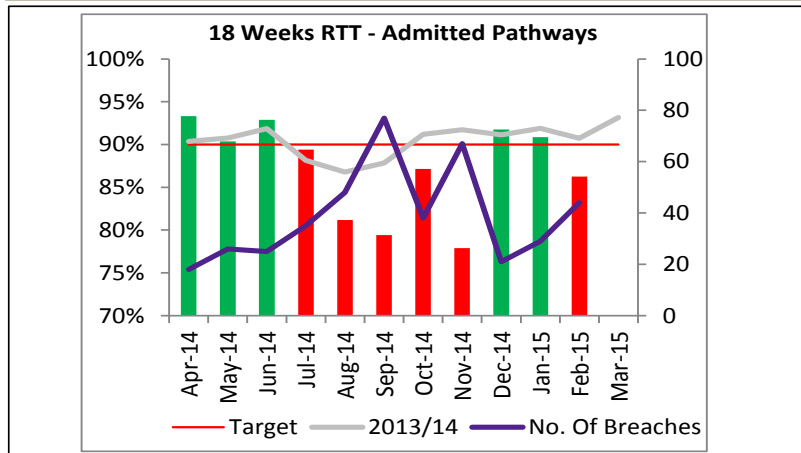
Expected Date of Performance Delivery:

Quarter 1 2015

Rating	Target	Actual	Period
Red	90.00%	87.29%	14/15 YTD

PERFORMANCE

Historic Data:



Impact:

Reduction in the number of patients waiting over 18 weeks.

Executive Lead:

Tony Wilding

Performance Exception Report

Indicator:

18-weeks incomplete pathway (English patients)

Issue:

Due to the increase the backlog of surgical patients during January and February we have failed our 18 week RTT incomplete patient target during January and February 2015.

Proposed Actions:

We are working to reduce the backlog of long wait patients as part of our RTT action plan and have a target of 145 patient or less on the backlog to bring us back to compliance with the RTT incomplete target.

Assessing Improvement:

By reducing the backlog of patients on an incomplete pathway we will see improved performance with this RTT target.

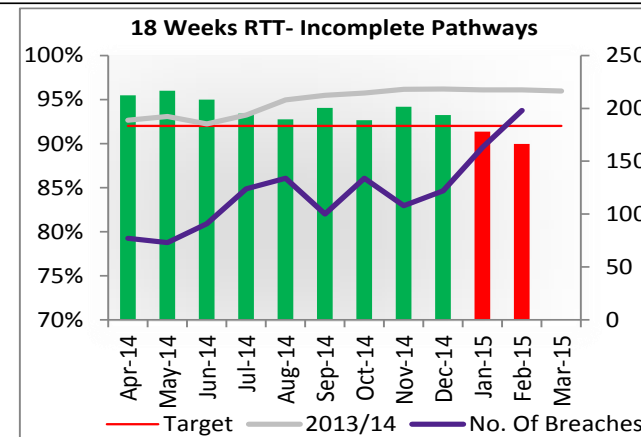
Expected Date of Performance Delivery:

Quarter 1 2015

Rating	Target	Actual	Period
Red	92.00%	89.96%	14/15 YTD

PERFORMANCE

Historic Data:



Impact:

Having a high number of long wait patients on open pathways means our patients have longer than expected waits and this needs to be reduced as quickly as possible to improve patient experience.

Executive Lead:

Tony Wilding

Performance Exception Report

Indicator:

26-weeks admitted pathway (Welsh patients)

Issue:

Welsh performance is currently 4.66% under plan YTD.

Performance for December was back on plan after 4 months of below plan performance. We have received notification from the Welsh commissioners that they do not wish us to treat patients ahead of their treatment target date and to try to ensure we hit a minimum of a 36 week standard.

Proposed Actions:

Welsh performance is discussed at the weekly performance meetings and clear actions are agreed. We will be monitoring performance inline with the recent communication from the Welsh commissioners. Our main focus is on not having more than 20 "long wait" patients in the Welsh backlog.

Assessing Improvement:

There is a weekly and monthly review of performance information on Welsh patients and actions implemented where required.

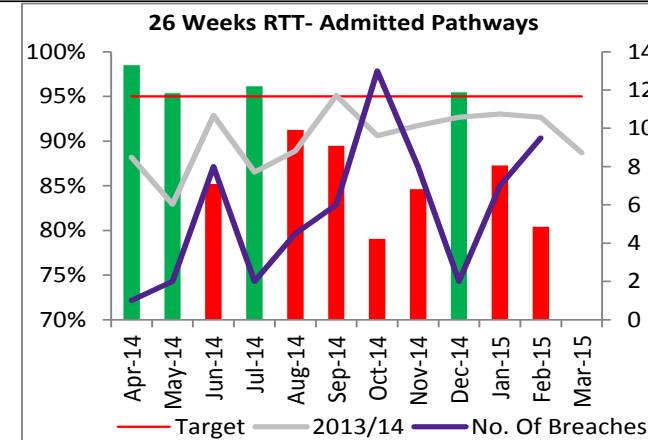
Expected Date of Performance Delivery:

On going monthly review

Rating	Target	Actual	Period
Red	95.00%	90.03%	14/15 YTD

PERFORMANCE

Historic Data:



Impact:

The performance for Welsh patients is discussed at the commissioner meetings and any outstanding issues or concerns are raised.

Executive Lead:

Tony Wilding

Performance Exception Report

Indicator:

26-weeks non-admitted pathway (Welsh patients)

Issue:

The year to date position is 93.17% against the target of 98% at the end of month 11.

Welsh performance is based on small numbers of patients which can lead to large fluctuations in performance.

Proposed Actions:

Welsh performance is discussed at the weekly performance meetings including a review of current performance and also forecast performance for the month.

Assessing Improvement:

Performance is reviewed weekly and monthly and we will continue to monitor Welsh performance.

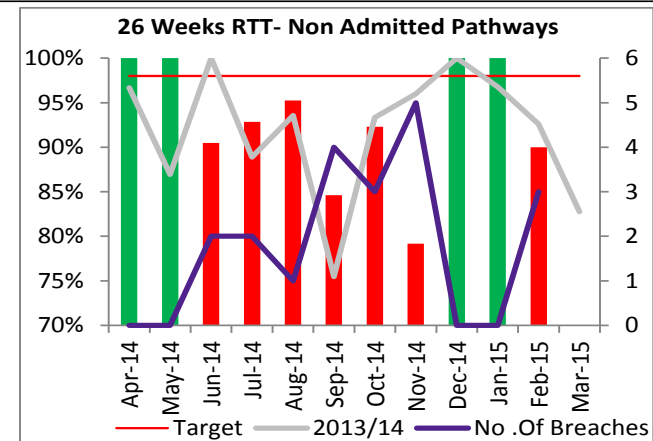
Expected Date of Performance Delivery:

Review monthly and at the end of Q4

Rating	Target	Actual	Period
Red	98.00%	93.17%	14/15 YTD

PERFORMANCE

Historic Data:



Impact:

Performance is discussed as part of the Commissioning meetings and we do not anticipate any negative impact caused by our current performance levels.

Executive Lead:

Tony Wilding

Performance Exception Report

Indicator:

26-weeks in-complete pathway (Welsh patients)

Issue:

Performance at the end of month 11 YTD is 94.86% against a target of 95%. This is 0.14% under target.

Proposed Actions:

Performance is being managed on a weekly basis at the Trust Performance meeting and this is then reported and reviewed by the Executive Team at the weekly Executive meetings.

As part of the annual planning process we will be reviewing our demand and capacity model and we will be discussing this with commissioners as part of the contract review and sign off for next year.

Assessing Improvement:

Performance target delivery on a monthly basis.

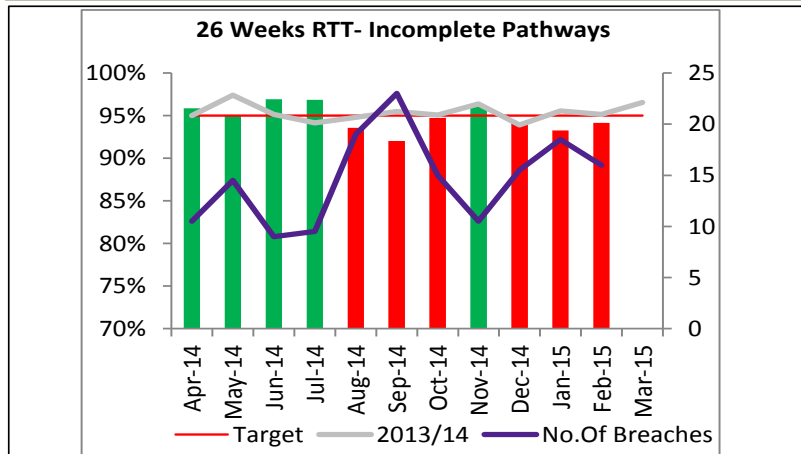
Expected Date of Performance Delivery:

Monthly review and action

Rating	Target	Actual	Period
Red	95.00%	94.86%	Dec-14

PERFORMANCE

Historic Data:



Impact:

We continue to strive to deliver care to our patients in a timely manner, there are no current contractual penalties for under performance.

Executive Lead:

Tony Wilding

Performance Exception Report

Indicator:

Cancelled operations

Issue:

Trust performance for cancelled operations is currently at 1.44% against a Commissioner target of 0.6%. So far this year we have had 110 operations cancelled. The main reasons for cancelled operations are as follows:

- 21 Emergency took priority
- 26 List overruns in theatre
- 11 Equipment failures
- 24 Critical Care bed shortages
- 9 Staff shortage on critical care
- 3 Staff shortage on other wards
- 7 Other bed shortage
- 4 Other reasons
- 4 Surgeon Unavailable
- 1 Admin error

Proposed Actions:

- There are a number of proposed actions to support improvements in the current performance position. These are
- 1) We have reviewed and re-established the procedure for escalating cancelled operation to the divisional management team.
 - 2) The issues regarding overruns in Theatre are under review and a number of actions are already currently underway, these include installation of the Liverpool scheduling software (LSS) package used in Cath Labs into the Theatre department which is planned for 13th April 2015. The issues surrounding cancelled operations have also been shared with the consultants in surgery.
 - 3) Equipment failure has predominantly effected the respiratory Department with 8 cases; a majority of these were due to issues with the sterile cabinet used to store decontaminated scopes prior to use.
 - 4) We have made major investments in Critical Care Staffing, however there was a lead time to get these staff in post and this is now happening
 - 5) We are carrying out detailed activity, capacity planning and bed modeling as part of the annual business cycle.

Assessing Improvement:

Reduction in the number of cancelled operations for our patients.

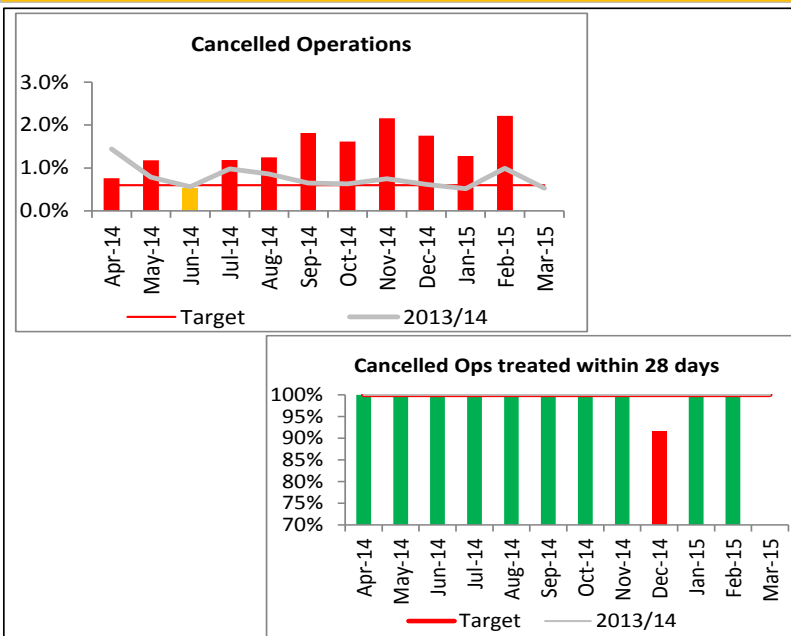
Expected Date of Performance Delivery:

Weekly, monthly and quarterly monitoring.

Rating	Target	Actual	Period
Red	0.60%	1.44%	14/15 YTD

PERFORMANCE

Historic Data:



Impact:

Cancellations have a negative effect on our patients and we need to keep cancellations to the lowest levels possible.

Executive Lead:

Tony Wilding