

TRUST BOARD PUBLIC – JULY 2015

Agenda Item Number: 146/15
Enclosure Number: (12)

Subject:	Performance against NHS Constitutional Rights
Prepared by: Sponsored by: Presented by:	Jane Lowe, Head of Performance Simon Jupp, Director of Strategy Simon Jupp, Director of Strategy
Purpose of paper	For Information
Key points for Trust Board members	This Paper provides a summary of the Trust's performance against the NHS Constitutional Rights applicable to the Trust.
Options and decisions required	To Note
Next steps / future actions:	On-going review
Consideration of legal issues (including Equality Impact Assessment)?	n/a
Consideration of Public and Patient Involvement and Communications Implications?	n/a

Links to Portsmouth Hospitals NHS Trust Board Strategic Aims, Assurance Framework/Corporate Risk Register	
Strategic Aim	<ol style="list-style-type: none"> 1. Deliver safe, high quality, patient centred care. 2. Develop a reputation for excellence in innovation, research & development and education in the top 20% of our peers. 3. Become the hospital of choice for general, specialist and selected tertiary services. 4. Be a hospital whose staff recommends the trust as a place to work and a place to receive treatment. 5. Develop sufficient financial strengths to adapt to change and invest in the future
BAF/Corporate Risk Register Reference (if applicable)	n/a
Risk Description	n/a
CQC Reference	<ol style="list-style-type: none"> 1. Safe 2. Effective 3. Caring 4. Responsive 5. Well-led

1. INTRODUCTION

The NHS Constitution was first developed in 2008 and the latest review of the Constitution took place in March 2013.

The aim of the Constitution is to safe guard the enduring principles of and values of the NHS and sets out the clear expectations about behaviours of both staff and patients. It is intended to empower the public, patients and staff by setting out existing legal rights and pledges in one place.

A right is a legal entitlement protected by law and pledges are NHS commitments and are not legally binding and cannot be guaranteed for everyone all of the time because they express an ambition to improve.

The Constitution applies to everyone who is entitled to receive NHS services and to NHS staff.

This paper does not review all of the pledges and rights in the NHS Constitution, just those specifically applicable to the Trust.

2. NHS Constitutional Rights

Waiting time

You have the right to access certain services commissioned by NHS bodies within maximum waiting times, or for the NHS to take all reasonable steps to offer you a range of suitable alternative providers if this is not possible.

What this means for patients

You have the right to:

- start your consultant led treatment within a maximum of 18 weeks from referral for non-urgent conditions; and
- be seen by a cancer specialist within a maximum of two weeks from GP referral for urgent referrals where cancer is suspected.

The following tables provide further detail at specialty level for non-admitted, admitted, incomplete and 2 week wait cancer performance at Trust aggregate level. Please note in June 2015 the Department of Health published 'making waiting times standards work for patients', and this abolished the admitted and non-admitted 18 wk standards, allowing trusts to focus on 92% incomplete standard without penalty, and treating patients according to clinical priority and waiting time.

RTT Performance	Admitted Care			Non-Admitted Care			Incomplete Care		
	Apr	May	Jun	Apr	May	Jun	Apr	May	Jun
Speciality									
General Surgery	90.8%	88.5%	84.3%	91.3%	93.0%	91.6%	84.0%	85.3%	85.2%
Urology	65.9%	70.8%	90.3%	90.7%	91.0%	92.8%	87.5%	91.8%	91.2%
Trauma & Orthopaedic Surgery	91.5%	91.4%	92.0%	91.8%	94.5%	90.5%	91.1%	90.2%	90.3%
ENT	90.8%	91.0%	91.2%	96.7%	98.1%	97.7%	96.9%	96.7%	95.5%
Ophthalmology	96.3%	97.0%	93.7%	99.2%	99.7%	99.1%	99.3%	99.3%	99.3%
Oral Surgery	92.8%	95.3%	96.8%	97.0%	96.5%	100%	98.0%	98.7%	97.5%
Plastic Surgery	95.3%	98.7%	100.0%	99.3%	100%	98%	97.2%	95.3%	93.1%
Gastroenterology	90.4%	85.2%	92.3%	93.7%	95.0%	90.0%	91.4%	86.2%	77.7%
Cardiology	98.6%	97.2%	98.6%	97.1%	97.5%	96.7%	98.7%	99.3%	98.5%
Dermatology				96.3%	98.3%	96.7%	98.2%	97.8%	97.2%
Thoracic Medicine	100.0%	100%		100%	100%	100%	100%	100%	100%
Rheumatology				100%	100%	99%	100.0%	100.0%	100%
Geriatric Medicine				99%	100%	100%	100.0%	100.0%	100%
Gynaecology	91.0%	90.6%	92.6%	96.0%	96.2%	95.8%	96.2%	97.1%	97%
Other	99.2%	95.1%	92.2%	96.8%	97.0%	97.0%	97.5%	97.8%	96.4%
Total	91.2%	90.6%	91.6%	95.6%	96.6%	95.7%	94.2%	94.3%	93.3%

The Trust has achieved the pledge for treatment within 18 weeks at an aggregate level in every month of quarter one across all three 18 week measures.

It should be noted that the NHS Constitution also sets out the obligation of patients to make themselves available for treatment. From June 2015, although patients may still choose to delay their treatment, no adjustment to the wait of patients yet to be treated (incomplete pathways) will be reported.

Cancer 2 week wait performance			
Apr	May	Jun	Q 1
95.6%	96.0%	97.1%	96.4%

The Trust has achieved the right to be seen by a cancer specialist in every month except August. As for non-admitted care, there is no adjustment allowed for patients who do not make themselves available within the 2 week period. This can make achieving the standard more difficult in peak holiday times when patients choose to wait. The trust has achieved this pledge in every month in quarter one.

3. NHS Constitutional Pledges

In addition to the rights outlined above, there are a number of pledges in respect of access to services, and performance against these is summarised below.

Pledge and National Standard	Target	2015/16			Q1	
		A	M	J		
Responsive	% Admitted	90%				
	% Non-Admitted	95%				
	% Incomplete Pathways < 18 wks	92%				
	Incomplete Patients waiting > 52 wks	0				
	Diagnostic waits: 6 weeks	99%				
	4 hr arrival to admission/transfer/discharge	95%				
	12 hr Trolley waits	0				
	All 2-week wait referrals	93%				
	Breast symptomatic 2-week wait referrals	93%				
	31-day diagnosis to treatment	96%				
	31-day subsequent cancers to treatment	94%				
	31-day subsequent anti-cancer drugs	98%				
	31-day subsequent radiotherapy	94%				
	62-day referral to treatment	85%				
	62-day screening to treatment	90%				
	Cancer maximum wait to treatment 104 days	0				
	Urgent Operations cancelled for a 2nd time	0				
	Cancelled operations: 28-day guarantee	0				
	Delayed Transfers of Care	3.5%				

- The pledge to have access to diagnostic procedures within 6 wks – the Trust has achieved this standard in every month in quarter 1.
- The 4 hr A&E pledge has not been achieved in any month.
- The 2 wk breast symptomatic pledge was not achieved in April or May and will not be achieved for quarter one. This reflects high and increasing demand, which has been managed by adhoc additional clinics, and which means patients have been offered appointments at short notice which they have declined, and no adjustment can be made to the waiting time to reflect this. Additional regular clinics have now been provided.

- 31 day diagnosis to cancer treatment pledge has been achieved in every month in 2 months.
- 31 day subsequent surgery for cancer diagnosis pledge has been achieved in 2 months.
- 31 day subsequent chemotherapy pledge has been achieved in every month
- 31 day subsequent radiotherapy pledge has been achieved in every month
- 62 day referral to cancer treatment pledge has been achieved in 1 month. Non-achievement relates to clinical capacity constraints in urology and colorectal, as well as clinically complex breaches, patient choice and late referrals from other trusts.
- 62 day screening pledge has been achieved in every month.
- 28 day binding offer of treatment following a non-clinical day of surgery cancellation has not been achieved. Emergency pressures have led to the cancellation of elective patients, and some of these patients have been cancelled a second time on or just before breach date.