

**CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST**  
**DEPARTMENT OF STRATEGY AND SERVICE DEVELOPMENT**  
**BOARD OF DIRECTORS**  
**JANUARY 2017**  
**PERFORMANCE REPORT**

**INTRODUCTION**

Please find enclosed the Performance Report for December 2016 which updates Directors on performance against key national targets and local contractual indicators.

**EXECUTIVE SUMMARY**

**Performance – NHS Improvement (NHSI) Operational Performance Metrics**

The Trust's position in relation to NHSI's operational performance metrics is as follows:

**Referral to Treatment Time (RTT)**

Performance remains above target at 93%. At specialty level T&O, Oral Surgery, Thoracic Medicine, ENT and Rheumatology remain under target. Plans are in place for the majority of specialties but further work is required around oral surgery's plan given increasing referrals.

National performance for November was below the standard at 90.5%.

**A&E 4 hour target**

Performance for December was below the 95% target and STF trajectory at 91.34% which is about the same as last year with a 9% increase in attendances (please note that the actual growth is 2%, the remainder is due to a counting change).

The national performance for November was 88.4% with a 4.5% increase in attendances compared to the previous year. We remain in the top 25% of Trusts nationally with only North Tees and South Tees in the North East performing better than ourselves.

### Cancer targets (2 week, 31 and 62 day waits)

Due to cancer reporting timescales being 1 month behind, the performance report includes November's confirmed position. The Trust met all cancer waiting time standards. December's current performance is below the 62 day standard and Q3 remains a risk.

National performance against the 62 day standard remains below target at 82%.

### Diagnostics

Performance for December was unfortunately above the 1% target at 4.53% of patients waiting over 6 weeks for their diagnostic test. This is mainly due to a significant number of breaches in cardiology (echo) due to a number of pressures on the service. This remains a risk for January and a recovery plan has been requested.

Activity is in line with previous levels however we have seen a further increase in the number of patients on the waiting list. Work is underway to understand demand and capacity across all reportable diagnostic tests as well as finalise an early warning dashboard. This is however dependent upon accurate waiting lists.

National performance for November was 1.1% and comparative performance for NE Trusts is shown in the table below.

TRUST	% over 6 weeks
SOUTH TYNESIDE NHS FOUNDATION TRUST	0.0%
CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST	0.7%
GATESHEAD HEALTH NHS FOUNDATION TRUST	0.7%
THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	1.0%
NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST	0.2%
SOUTH TEES HOSPITALS NHS FOUNDATION TRUST	0.5%
NORTH TEES AND HARTLEPOOL NHS FOUNDATION TRUST	1.7%
COUNTY DURHAM AND DARLINGTON NHS FOUNDATION TRUST	0.0%

### Performance against STF trajectories

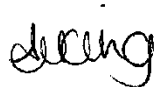
In line with the Single Oversight Framework performance against the 4 hour A&E standard continues to failure successive months. There is a risk that Diagnostics will fail in January therefore resulting in two successive monthly failures of the standard.

## **FINANCIAL IMPLICATIONS**

For December, there are no local penalties to be applied however we are awaiting ambulance diverts and deflections information and the value of cancelled operations. For December the STF has not been achieved for A&E and cancer is currently under target (not yet finalised).

## **RECOMMENDATIONS**

Directors are asked to accept this report.

A handwritten signature in black ink, appearing to read 'alison king', written in a cursive style.

**Alison King**  
**Acting Director of Performance**

# Performance Report

## December 2016

# City Hospitals Sunderland Performance Report Overview

The Performance Report / Corporate Dashboard utilises a visual management approach to the Trust's monthly Performance, covering national performance measures from the NHS Standard Contract 2016/17 and 'Delivering the Forward View': NHS Planning Guidance 2016/17 to 2020/21, local contractual indicators as well as internal metrics.

Indicator Group	Group Description
National Operational Standards	National Operational Standards are taken from the 2016/17 NHS Standard Contract. They are national targets that the NHS must achieve, mostly falling under the domain of quality, which are linked to delivery of the NHS Constitution. These include A&E waiting times, waits for consultant led treatment and cancer waiting times. These national standards are used by NHS Improvement as part of the assessment of the Trust's governance.
National Quality Requirements	National Quality Requirements are part of the 2016/17 NHS Standard Contract, which include achievement of the Clostridium Difficile objective, ambulance handover delays and zero tolerance towards MRSA infection, patients waiting 52 weeks or more from referral to treatment and A&E 12-hour trolley waits.
Local Quality Requirements	Local Quality Requirements are agreed locally with commissioners and are included in the local schedules of the Trust's 2016/17 NHS Standard Contract. This includes the timeliness of electronic communications and eReferral indicators.
Internal Indicators	Internal indicators are metrics that do not form part of any of the above categories, but measure delivery of the corporate objectives.

# City Hospitals Sunderland Performance Report Overview

This page explains the general layout of the indicator pages that form the bulk of the report

Key:

- Actual performance
- Target, operational standard, threshold or trajectory
- Sustainability & transformation fund (STF) trajectory
- Benchmark (National, Regional or Peer Group)
- Comparative performance for the previous year
- Performance achieving the relevant target
- Performance not achieving the relevant target

Page title representing a key performance indicator or a

## Cancer 2 Week Waits

### Operational Standards

1. Number of urgent GP referrals for suspected cancer
2. Number of patients seen after more than two weeks following an urgent GP referral for suspected cancer
3. % patients seen within two weeks of an urgent GP referral for suspected cancer

Director Lead: Sean Fenwick  
Consequence of failure: Timely access to treatment, patient experience, clinical outcomes & financial sanction  
Potential financial sanction if standard not achieved = £200 per breach

2WW performance has remained stable in March at 95.5%, which continues to perform above target. At tumour site level, all areas achieved the target this month.

March's performance demonstrated that all tumour groups are performing about the same or better than the equivalent national benchmarking position.  
Referral volumes were higher than usual in March, with significantly more referrals compared to average within Lung, Lower GI and Urological tumour groups.  
Indicative 2WW performance for April is slightly below target.

Indicator group

Indicator information, including a brief description, the name of the Director lead and consequence of failure

Narrative highlighting recent performance and corrective actions, where applicable

Referrals for Suspected Cancer - March 2016*	Volume	Total Breached	Performance	National Benchmark	YTD
Target			93%	93%	93%
Acute Leukaemia	0	0	-	-	100.00%
Children's Cancer	1	0	100.00%	95.7%	100.00%
Gynaecological	97	1	98.97%	95.1%	97.78%
Haematological (excluding acute leukaemia)	10	0	100.00%	96.6%	99.06%
Head & Neck	173	10	94.22%	95.0%	96.25%
Lower Gastrointestinal	185	11	94.05%	94.3%	93.46%
Lung	44	2	95.45%	95.9%	95.56%
Testicular	15	0	100.00%	96.3%	97.90%
Upper Gastrointestinal	103	7	93.20%	92.4%	86.79%
Urological (excluding testicles)	334	12	96.41%	95.0%	96.07%
<b>Total</b>	<b>962</b>	<b>43</b>	<b>95.53%</b>	<b>94.9%</b>	<b>94.40%</b>

Table showing current performance compared to target (where relevant)

\*Please note that reporting of official cancer waiting times fall 1 month behind normal reporting timescales

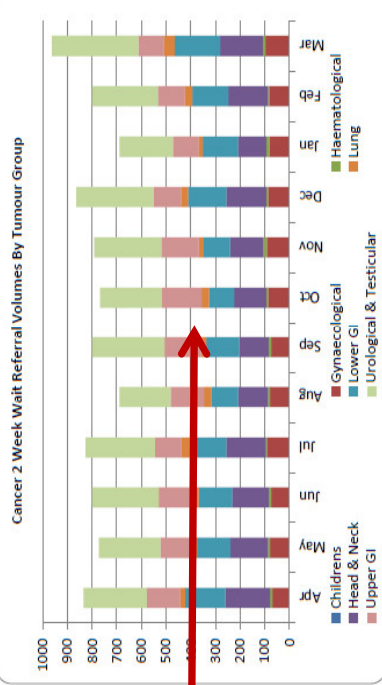
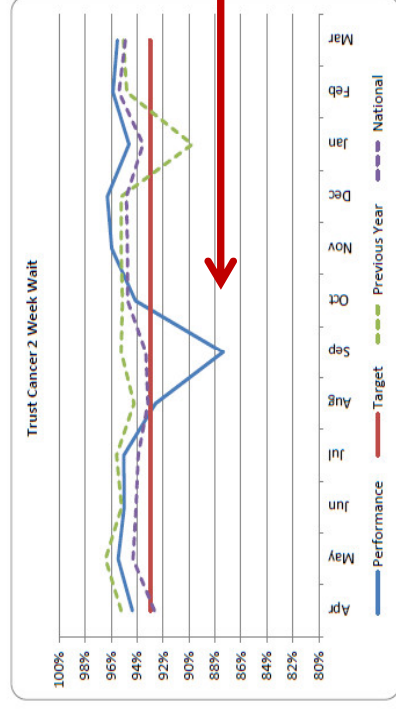


Chart or table relevant to the indicator(s), often displaying Directorate level performance or other supporting information



Trend chart displaying the performance over the past 12 months or year to date

# Performance Scorecard

Indicator	Director Lead	Target	2015/16		2016/17					12-month trend	Page	
			Actual	Month <sup>1</sup>	Qtr 1	Qtr 2	Qtr 3	Qtr 4	YTD			
<b>National Operational Standards</b>												
RTT - % incompletes waiting <18 wks	Sean Fenwick	≥92%	93.82%	93.01%	95.53%	93.48%	93.09%					5
% Diagnostic tests ≥6 wks	Sean Fenwick	<1%	0.80%	4.53%	0.89%	0.68%	2.04%					6
A&E - % seen in 4hrs	Sean Fenwick	≥95%	93.57%	91.34%	94.57%	94.30%	93.18%					7
Cancer waits - % 2www	Sean Fenwick	≥93%	94.41%	97.02%	94.53%	95.70%	96.30%					9
Cancer waits - % 31 days	Sean Fenwick	≥96%	98.48%	99.44%	98.43%	98.95%	99.43%					10
Cancer waits - % 31 days for subsequent treatment - surgery	Sean Fenwick	≥94%	99.47%	100.00%	100.00%	98.36%	100.00%					10
Cancer waits - % 31 days for subsequent treatment - drugs	Sean Fenwick	≥98%	99.88%	100.00%	100.00%	100.00%	100.00%					10
Cancer waits - % 62 days	Sean Fenwick	≥85%	83.10%	88.34%	82.67%	85.05%	86.32%					11
Cancer waits - % 62 days from screening programme	Sean Fenwick	≥90%	82.61%	100.00%	100.00%	100.00%	100.00%					11
Cancer waits - % 62 days from consultant upgrade	Sean Fenwick	≥85%	81.40%	92.00%	87.72%	85.71%	92.68%					11
Cancelled operations 28 day breaches	Sean Fenwick	0	13	8	4	11	11					N/A
<b>National Quality Requirements</b>												
Clostridium difficile cases	Ian Martin	25 <sup>2</sup>	30	2	7	3	8					12
RTT - No. incompletes waiting 52+ weeks	Sean Fenwick	0	2	0	0	0	0					N/A
A&E / ambulance handovers - no. 30-60 minutes	Sean Fenwick	0	405	149	145	270	358					7
A&E / ambulance handovers - no. >60 minutes	Sean Fenwick	0	102	49	17	43	86					7
% VTE risk assessments	Ian Martin	≥95%	98.26%	98.59%	98.33%	98.43%	98.68%					N/A
Duty of Candour	Melanie Johnson	N/A	138	3	48	44	14					N/A
<b>Local Quality Requirements</b>												
eReferral (C&B) - % slot issues	Sean Fenwick	≤6% <sup>3</sup>	7.38%	6.92%	8.37%	6.31%	5.85%					13
eReferral (C&B) - % utilisation	Sean Fenwick	≥85%	88.94%	72.94%	84.49%	74.05%	71.92%					N/A
A&E left without being seen	Sean Fenwick	≤5%	1.94%	1.90%	1.81%	2.24%	1.68%					7/8
A&E time to initial assessment (median)	Sean Fenwick	≤9min	0:08 (h:mm)	0:09 (h:mm)	0:09 (h:mm)	0:09 (h:mm)	0:09 (h:mm)					7
A&E time to treatment (median)	Sean Fenwick	≤60mins	0:52 (h:mm)	0:52 (h:mm)	0:51 (h:mm)	0:53 (h:mm)	0:49 (h:mm)					7/8
% Discharge comms issued <24 Hours	Ian Martin	≥95%	82.02%	85.01%	87.67%	87.72%	85.78%					14
% Outpatient attendance letters issued <14 days	Ian Martin	≥95%	82.44%	83.38%	92.79%	84.17%	84.89%					15
% A&E attendance letters issued <24 hours	Ian Martin	≥95%	92.87%	95.44%	93.45%	94.50%	95.33%					16
A&E / Ambulances diverts & deflections <u>from</u> the Trust	Sean Fenwick	N/A	65	0	16	4	12					N/A
A&E / Ambulances diverts & deflections <u>to</u> the Trust	Sean Fenwick	N/A	126	7	34	28	10					N/A
Maternity - smoking at the time of delivery	Melanie Johnson	≤18%	18.41%	15.89%	16.79%	17.45%	16.71%					N/A
Maternity - breastfeeding initiation	Melanie Johnson	≥58%	54.23%	56.47%	53.86%	56.71%	54.83%					N/A
Cancer - % diagnosed at an early stage (stages 1 or 2)	Sean Fenwick	≥60%	46.44%	53.72%	50.55%	51.55%	53.50%					N/A

1. Performance is one month behind normal reporting for all Cancer indicators (November 2016), ambulance diverts/deflections and eReferral utilisation (November 2016 - partial month)
2. Cumulative target for C. diff as at quarter 3. Profile agreed with CCG
3. eReferral slot issue performance is rated as amber between 6% & 8%

# Referral to Treatment (RTT)

## National Operational Standards

1. Number of patients waiting on an incomplete RTT pathway at month end
  2. Number of patients on an incomplete RTT pathway waiting 18 weeks or more
  3. Percentage of patients waiting less than 18 weeks on incomplete pathways
  4. National RTT Stress Test - % risk of failing the incomplete standard in next 6 months
- Director Lead: Sean Fenwick
- Consequence of failure: Patient experience, quality, access, reputation & financial sanction
- Financial impact if STF not achieved from quarter 2 onwards £110k per month

The finalised aggregate level performance for incomplete pathways at the end of December was above target at 93.0%, which is slightly lower than last month however the Trust remains above the STF trajectory of 92.5%. At speciality level Thoracic Medicine, Oral & Maxillo Facial Surgery, Trauma & Orthopaedics (T&O), Rheumatology and Ear, Nose & Throat (ENT) failed to achieve the 92% target.

Thoracic Medicine has an ongoing capacity shortfall, for which there are no short term solutions. An additional consultant is expected to start in April. The speciality's performance continues to be monitored closely.

Oral & Maxillo Facial Surgery and T&O both remain in formal internal escalation. A dip in performance is predicted for T&O during January in line with their recovery plan.

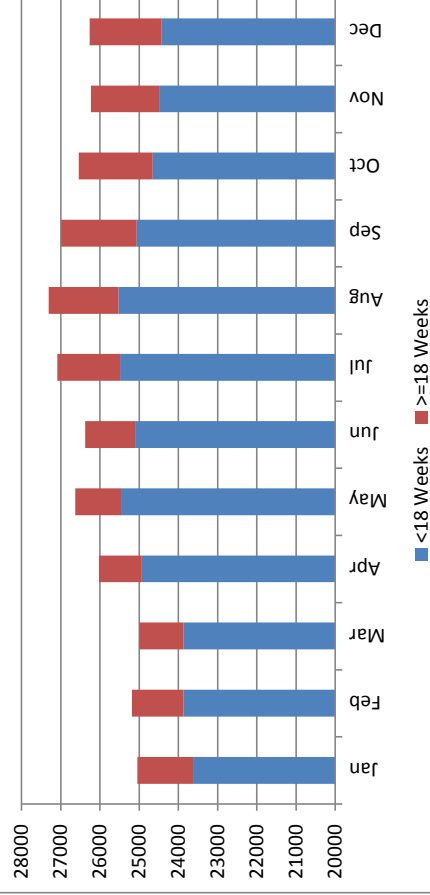
ENT continues to perform below target and a plan is underway to address the current underperformance.

Rheumatology have recently experienced capacity issues. Performance has improved marginally between November and December and a recovery plan is being finalised. This is considered to be a short term risk.

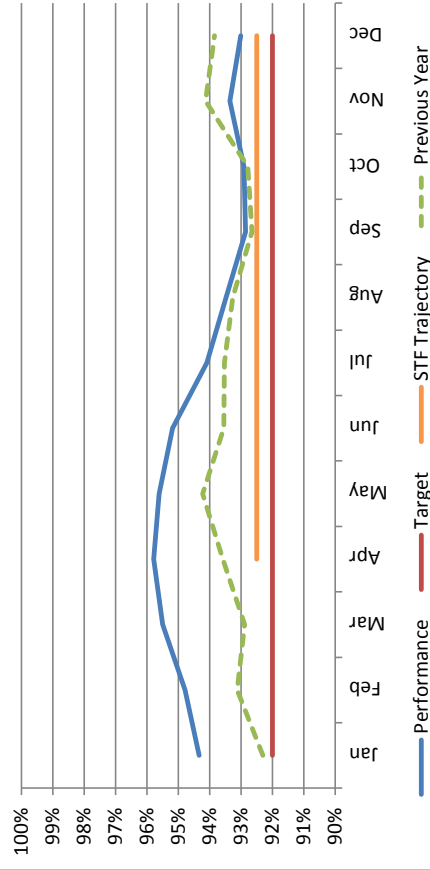
There is a risk that General Surgery's performance may decline in January. The position will be monitored closely.

The Trust's RTT stress test risk rating has reduced as performance has improved and has been assessed as having a 18% chance of failing the RTT operational standard in the next 6 months, which is ranked 31st (best) nationally.

Referral to Treatment - Incomplete Pathway Volumes



Referral to Treatment - % Waiting <18 Weeks On Incomplete Pathways



RTT Incompletes - December 2016		Volume	No. ≥18 Weeks	% <18 Weeks*
<b>Target</b>				<b>≥92%</b>
Cardiology		1,159	23	98.02%
Ear, Nose & Throat		2,764	299	89.18%
Gastroenterology		367	0	100.00%
General Surgery		1,769	139	92.14%
Geriatric Medicine		495	16	96.77%
Gynaecology		1,095	35	96.80%
Neurology		816	15	98.16%
Ophthalmology		3,727	40	98.93%
Oral & Maxillo Facial Surgery		2,015	311	84.57%
Rheumatology		737	86	88.33%
Thoracic Medicine		1,081	191	82.33%
Trauma & Orthopaedics		3,071	473	84.60%
Urology		2,758	144	94.78%
Other		4,408	64	98.55%
<b>Trust Total</b>		<b>26,263</b>	<b>1,836</b>	<b>93.01%</b>

\*De minimis level >= 20 pathways in total

RTT Stress Test

	Sep-16	Oct-16	Nov-16
% Risk of failure in next 6 months	30.00%	25.82%	18.00%
National rank (1st is best)	40/154	41/154	31/154



# Diagnosics

## National Operational Standards

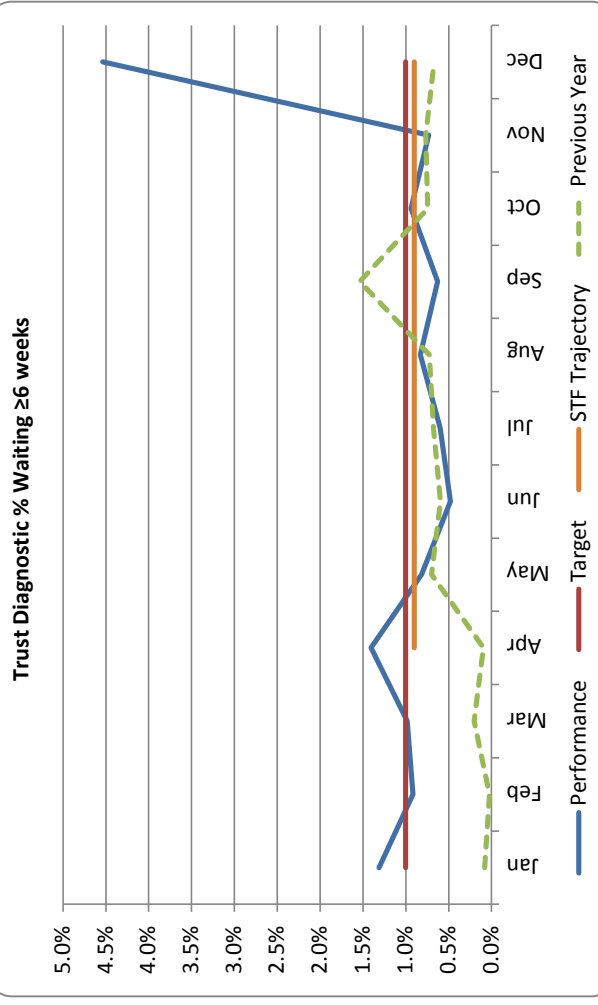
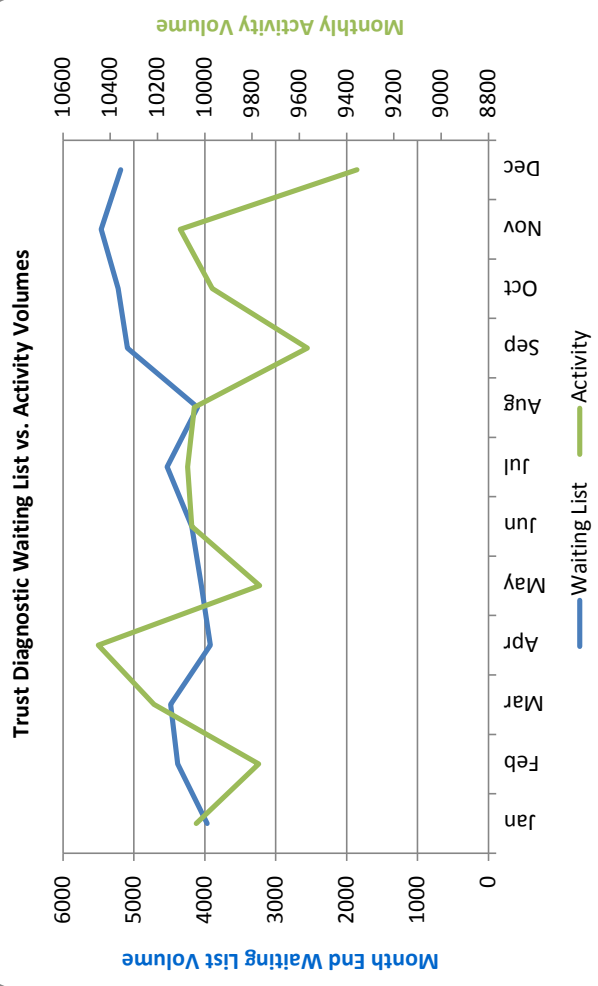
1. Number of patients on the diagnostic waiting list at month end
2. Number of patients on the diagnostic waiting list at month end waiting 6 weeks or more
3. % patients waiting 6 weeks or more for a diagnostic test at month end
4. Number of diagnostic tests/procedures carried out in month

Director Lead: Sean Fenwick

Consequence of failure: Patient experience, quality, access & reputation

The proportion of patients waiting 6 weeks or more at the end of December has increased to 4.53% this is above both the national operating standard of <1% and the Trust's STF trajectory of 1.4% (including 0.5% tolerance). Cardiology, Urodynamics, Audiology, Cystoscopy, Flexi sigmoidoscopy and Ultrasound tests exceeded the standard this month with the majority of the breaches being attributable to Cardiology tests. The cardiology breaches were due to a number of issues including increasing referrals. Action to address these issues is underway however January's performance is considered to be at risk. The number of patients waiting at the end of the month reduced marginally in December mainly due to decreases in Ultrasound and Audiology. Activity has reduced in December in line with previous seasonal trends.

Diagnosics - December 2016		WL Volume	No. ≥6 weeks	%≥6 weeks	Activity
Target				≤1%	
Imaging	Magnetic Resonance Imaging	723	0	0.00%	1,302
	Computed Tomography	452	1	0.22%	2,660
	Non-obstetric ultrasound	1,443	17	1.18%	2,671
	Barium Enema	54	0	0.00%	3
	DEXA Scan	158	0	0.00%	192
Physiological Measurement	Audiology - assessments	164	6	3.66%	850
	Cardiology - echocardiography	1,046	187	17.88%	719
	Neurophysiology - peripheral	138	0	0.00%	126
	Respiratory physiology - sleep studies	103	1	0.97%	119
Endoscopy	Urodynamics - pressures & flows	165	11	6.67%	21
	Colonoscopy	113	0	0.00%	165
	Flexi sigmoidoscopy	57	1	1.75%	66
	Cystoscopy	405	11	2.72%	177
	Gastroscopy	164	0	0.00%	285
	<b>Trust Total</b>	<b>5,185</b>	<b>235</b>	<b>4.53%</b>	<b>9,356</b>



# Accident & Emergency

## National Operational Standards, Quality Requirements, Local Contractual & Internal Indicators

1. % patients who spent 4 hours or less from arrival to admission, transfer or discharge
2. Ambulance handover delays between 15-30 minutes, 30-60 minutes & over 60 minutes
3. Time (95th percentile) from arrival (by emergency ambulance) to full initial assessment
4. Time (median) from arrival to treatment
5. % unplanned re-attendances within 7 days of discharge from A&E
6. % patients who leave the department without being seen

Director Lead: Sean Fenwick

Consequence of failure: Patient experience, quality, access, reputation & financial sanction

Financial impact if STF not achieved from quarter 2 onwards £110k per month

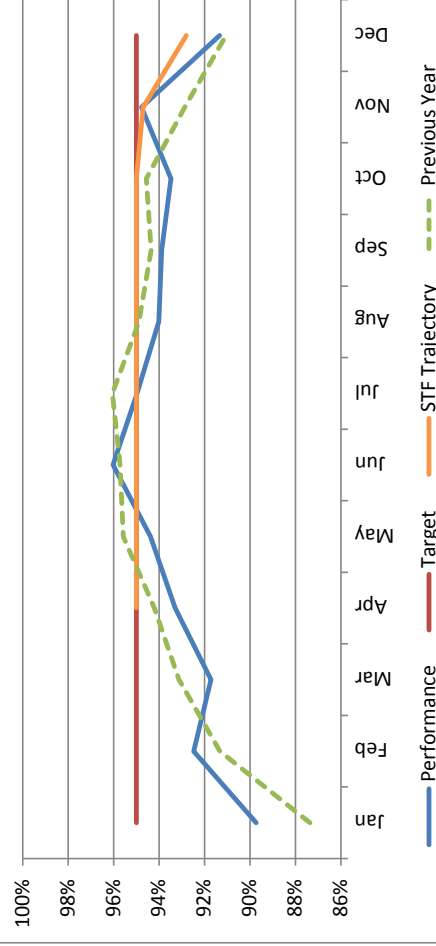
The total proportion of patients seen in A&E within 4 hours has decreased during December to 91.34%. This is below both the operating standard the STF trajectory.

There were 12,809 attendances this month, which is 9% higher than December 2015 (type 1 was up by 7%, type 2 the same and type 3 up by 21%). Discounting the counting change, actual growth was 2%. National performance was below target during November 2016 at 88.4% overall and 82.7% for type 1; both have worsened compared to the previous month.

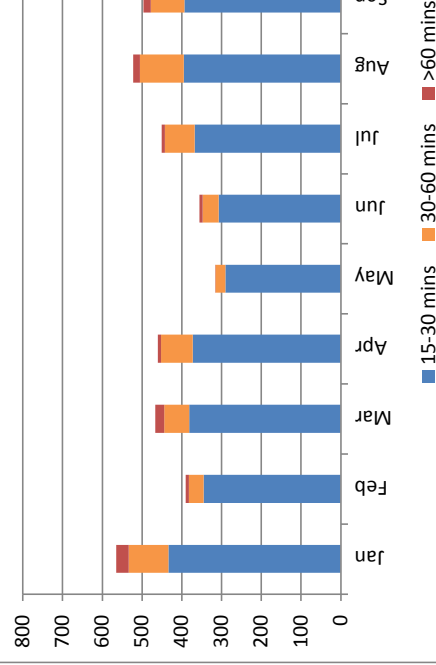
Time to initial assessment increased in December to 47 minutes as a result of increased operational pressure.

There were 2,867 ambulance arrivals this month, which is slightly more than December 2015. This continues to represent the third highest volume of ambulance arrivals for any hospital across the North East. The number of handover delays increased in December and there were more handover delays compared to December 2015.

A&E % Seen In 4 Hours

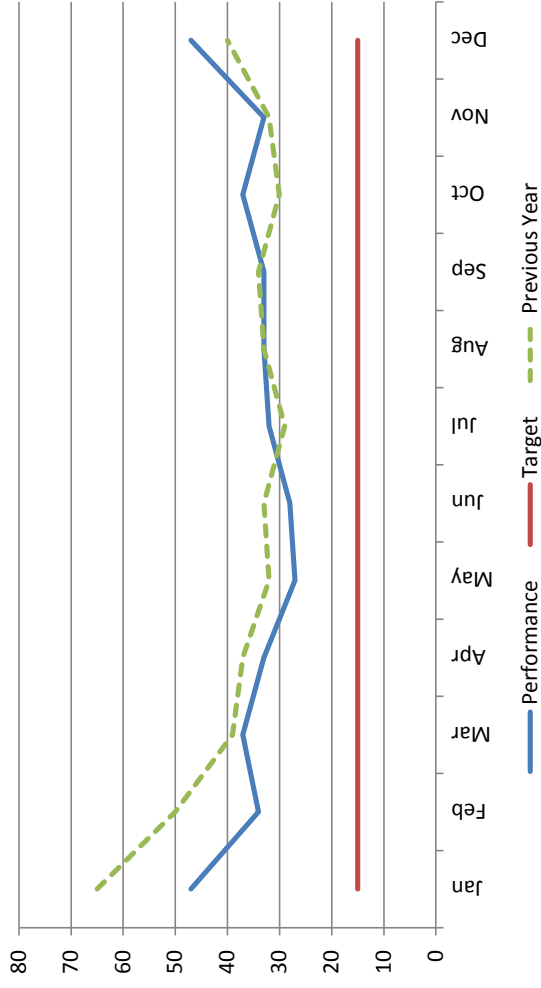


Ambulance Handover Delays

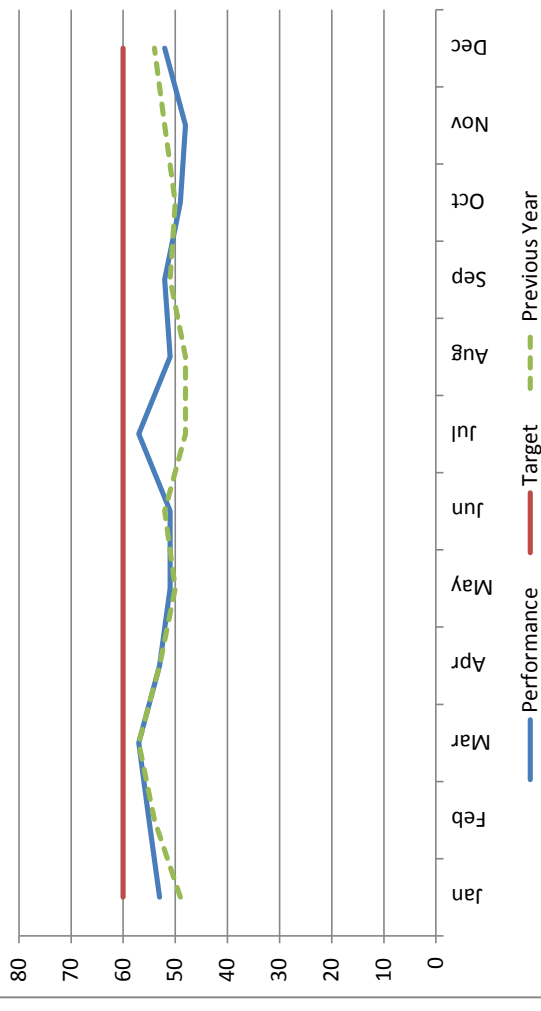


A&E Indicators - December 2016	Target	Month	YTD
A&E % seen in 4hrs - Trust Total	≥95%	91.34%	94.00%
A&E < 4 hrs - Type 1	≥95%	86.65%	90.28%
A&E < 4 hrs - Type 1 - High Acuity	≥95%	71.66%	79.50%
A&E < 4 hrs - Type 1 - Low Acuity	≥95%	86.92%	90.50%
A&E < 4 hrs - Type 1 - Paediatrics	≥95%	96.65%	97.65%
A&E < 4 hrs - Type 2 - SEI	≥95%	99.28%	99.60%
A&E < 4 hrs - Type 3 - Pallion walk in centre	≥95%	99.84%	99.86%
A&E Attendances - Trust Total		12,809	110,203
A&E Attendances - Type 1		8,164	66,876
A&E / ambulance handovers - no. 15-30 minutes	0	560	3,582
A&E / ambulance handovers - no. 30-60 minutes	0	149	773
A&E / ambulance handovers - no. >60 minutes	0	49	146
A&E time to initial assessment (median)	≤9 mins	0:09 (h:m)	0:09 (h:m)
A&E time to initial assessment (95th percentile)	≤15 mins	0:47 (h:m)	0:34 (h:m)
A&E time to treatment (median)	≤60 mins	0:52 (h:m)	0:51 (h:m)
A&E unplanned reattendance rate	≤5%	6.28%	6.77%
A&E left without being seen	≤5%	1.90%	1.91%

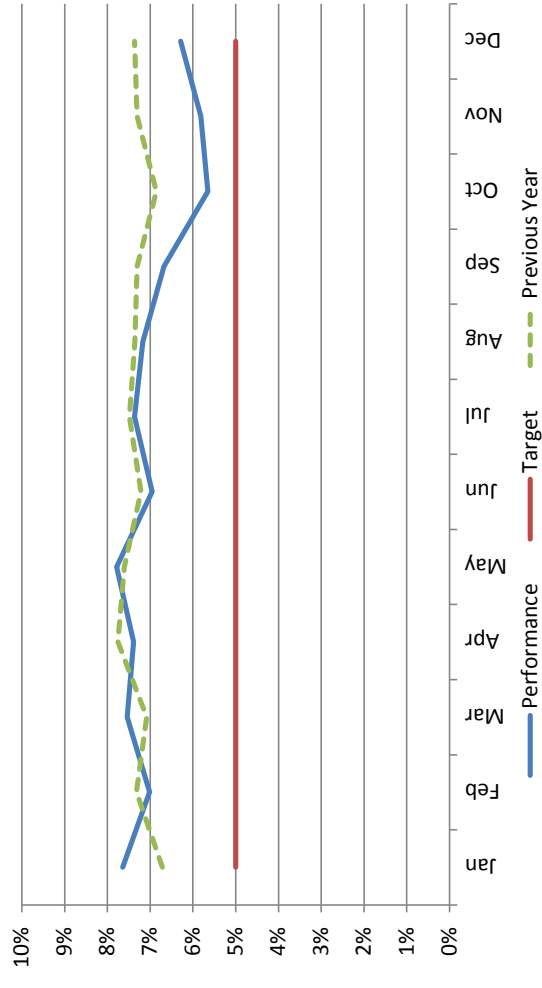
A&E Time to Initial Assessment 95th Percentile (minutes)



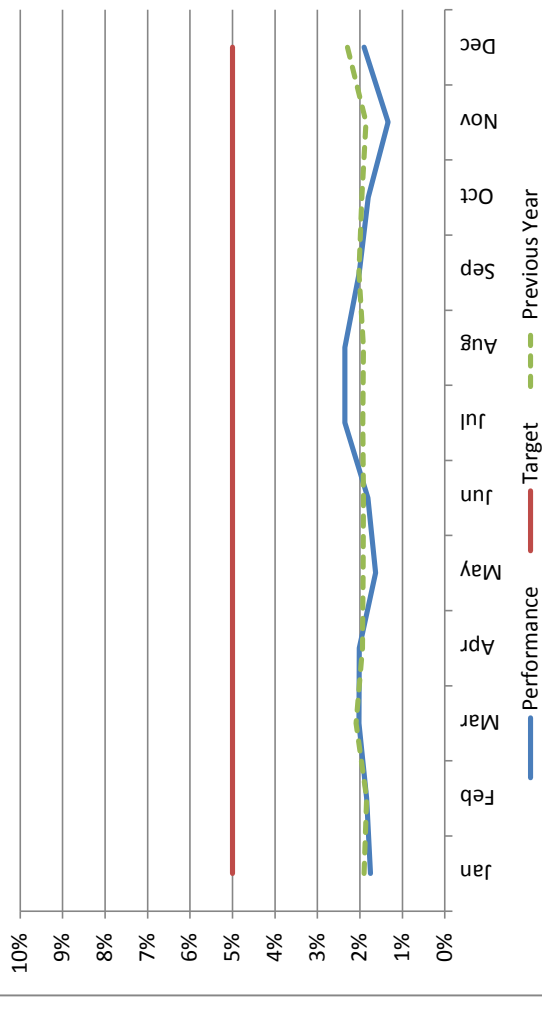
A&E Time to Treatment Median (minutes)



A&E Unplanned Re-attendance Rate



A&E Left Without Being Seen Rate



# Cancer 2 Week Waits

## National Operational Standards

1. Number of urgent GP referrals for suspected cancer
  2. Number of patients seen after more than two weeks following an urgent GP referral for suspected cancer
  3. % patients seen within two weeks of an urgent GP referral for suspected cancer
- Director Lead: Sean Fenwick  
 Consequence of failure: Timely access to treatment, patient experience, clinical outcomes & financial sanction  
 Potential financial sanction if standard not achieved = £200 per breach

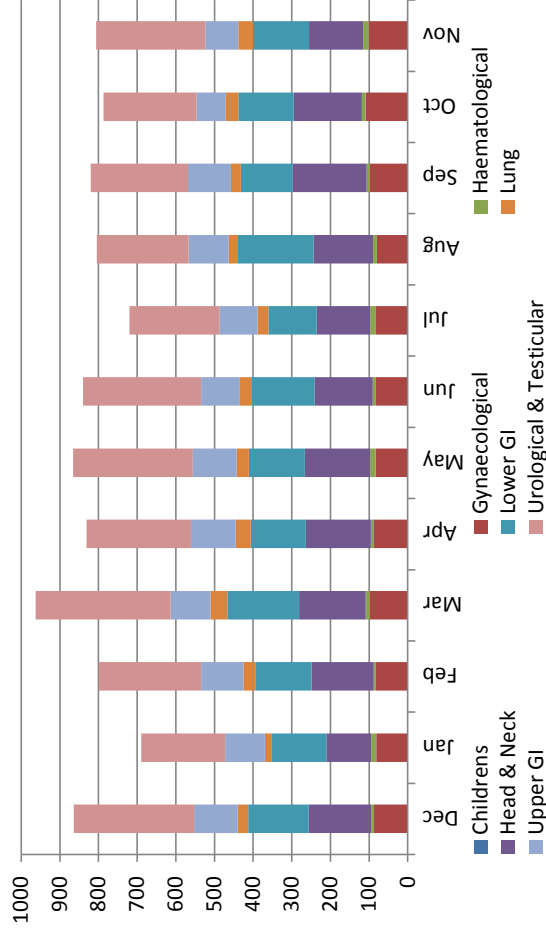
2WW performance was 97.0% in November, which is better than the previous month and November last year, as well as the national average. At tumour site level, all areas achieved the target with the exception of Lung who had 3 breaches, attributable to patient choice.

November's performance demonstrated that all tumour groups, with the exception of Lung, performed about the same or better than the equivalent national benchmarking position.

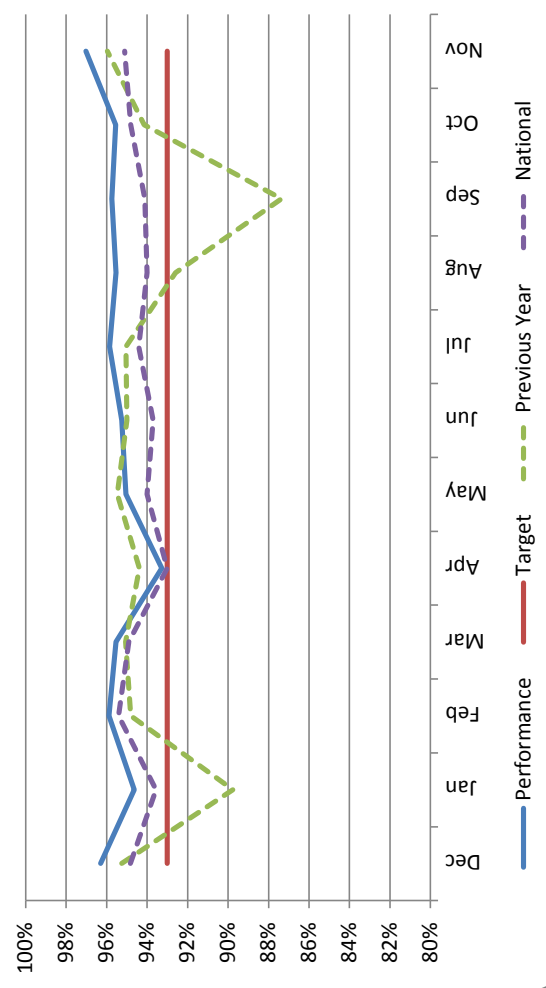
Referral volumes increased during November. There have been more referrals compared to the average over the last 12 months across all areas apart from Upper Gastrointestinal (-17%), Head & Neck (-12%) and Lower Gastrointestinal (-4%).

Indicative 2WW performance for December is above target.

Cancer 2 Week Wait Referral Volumes By Tumour Group



Trust Cancer 2 Week Wait



Referrals for Suspected Cancer - November 2016*	Volume	Total Breached	Performance	National Benchmark	YTD
<b>Target</b>			<b>93%</b>	<b>93%</b>	<b>93%</b>
Acute Leukaemia	0	0	-	-	100.00%
Breast	0	0	-	97.3%	100.00%
Children's Cancer	1	0	100.00%	96.3%	100.00%
Gynaecological	100	0	100.00%	95.9%	97.63%
Haematological (Excluding Acute Leukaemia)	14	0	100.00%	96.9%	97.70%
Head & Neck	140	4	97.14%	96.8%	94.80%
Lower Gastrointestinal	145	6	95.86%	94.0%	95.81%
Lung	38	3	92.11%	96.9%	97.20%
Other	0	0	-	96.4%	100.00%
Testicular	6	0	100.00%	98.1%	98.81%
Upper Gastrointestinal	85	5	94.12%	93.6%	90.41%
Urological (Excluding Testicular)	277	6	97.83%	95.8%	96.19%
<b>Total</b>	<b>806</b>	<b>24</b>	<b>97.02%</b>	<b>95.1%</b>	<b>95.38%</b>

\*Please note that reporting of official cancer waiting times fall 1 month behind normal reporting timescales

# Cancer 31 Day Waits

## National Operational Standards

1. Number of patients receiving first definitive treatment following a cancer diagnosis
2. Number of receiving first definitive treatment more than one month of a decision to treat following a cancer diagnosis
3. % patients receiving first definitive treatment within one month of a decision to treat following a cancer diagnosis
4. % patients receiving subsequent surgery or drug treatments for cancer within 31 days

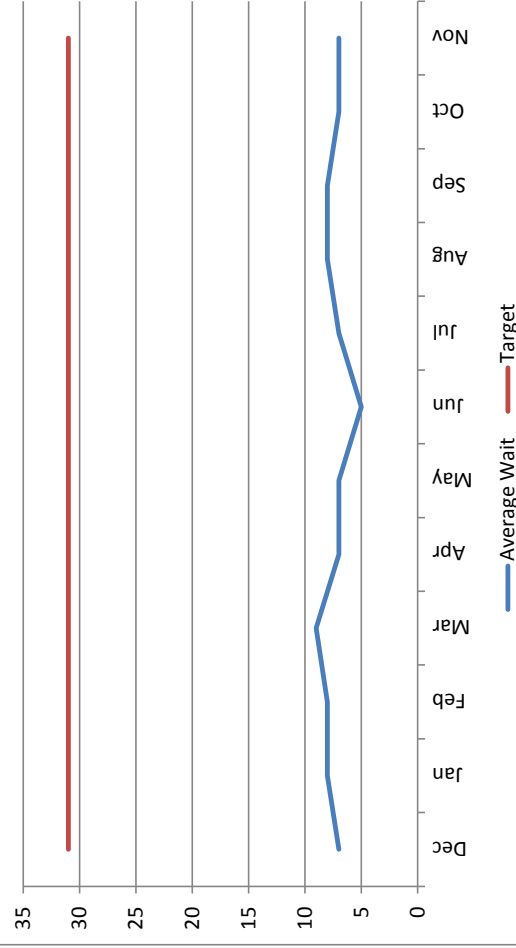
Director Lead: Sean Fenwick

Consequence of failure: Timely access to treatment, patient experience, clinical outcomes & financial sanction

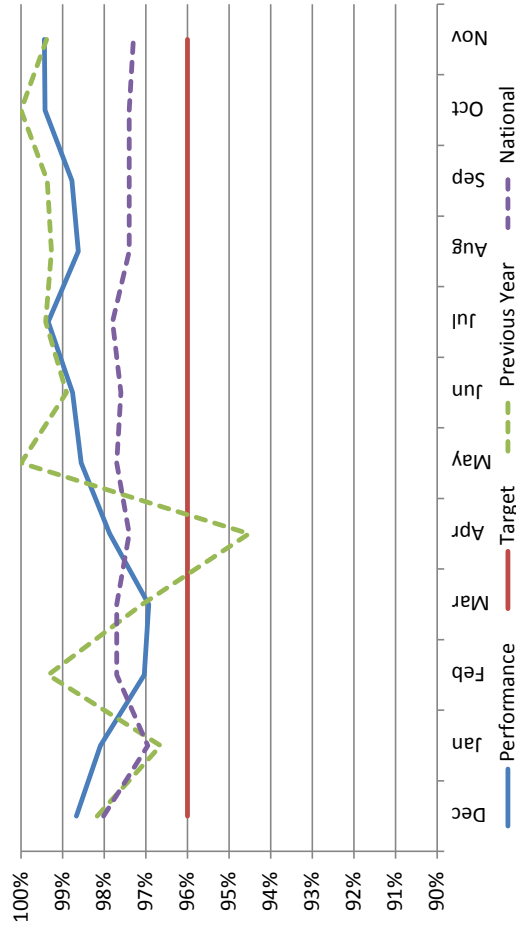
Potential financial sanction if standard not achieved = £1,000 per breach

There was one 31 day breach overall during November. Aggregate level performance was consequently above target at 99.4%. All tumour groups achieved the target. Performance was equal to or better than the equivalent national average across the board at tumour site level this month. Average waits for treatment following a decision to treat was about the same between October and November. Indicative performance for December is currently above target. The final performance for subsequent surgical and drug treatments were both above target during November at 100%.

Cancer 31 Day Average Wait



Trust Cancer 31 Day Wait



First Definitive Treatment - November 2016*	Volume	Total Breached	Performance	National Benchmark	YTD
<b>Target</b>			<b>96%</b>	<b>96%</b>	<b>96%</b>
Breast	3	0	100.00%	98.6%	100.00%
Gynaecological	7	0	100.00%	96.2%	100.00%
Haematological	15	0	100.00%	99.8%	100.00%
Head & Neck	10	0	100.00%	94.7%	98.67%
Lower Gastrointestinal	13	0	100.00%	97.4%	100.00%
Lung	21	0	100.00%	98.6%	100.00%
Other	5	0	100.00%	99.7%	100.00%
Sarcoma	1	0	100.00%	96.6%	100.00%
Skin	9	0	100.00%	96.9%	98.57%
Upper Gastrointestinal	13	0	100.00%	98.6%	100.00%
Urological	80	1	98.75%	95.1%	97.99%
<b>Total</b>	<b>177</b>	<b>1</b>	<b>99.44%</b>	<b>97.3%</b>	<b>98.88%</b>

## Subsequent Treatments

Surgery (Target: 94%)	23	0	100.00%	94.6%	99.47%
Drug (Target: 98%)	95	0	100.00%	99.5%	100.00%

\*Please note that reporting of official cancer waiting times fall 1 month behind normal reporting timescales

# Cancer 62 Day Waits

## National Operational Standards

1. Number of patients receiving first definitive treatment for cancer following an urgent GP referral for suspected cancer / NHS Screening Service referral / consultant upgrade
  2. Number of patients receiving first definitive treatment for cancer 62 days or more following an urgent GP referral for suspected cancer / NHS Screening Service referral / consultant upgrade
  3. % patients receiving first definitive treatment for cancer within 62 days following an urgent GP referral for suspected cancer / NHS Screening Service referral / consultant upgrade
  4. Number of patients receiving first definitive treatment for cancer 104 days or more following an urgent GP referral for suspected cancer / NHS Screening Service referral / consultant upgrade
- Director Lead: Sean Fenwick  
 Consequence of failure: Timely access to treatment, patient experience, clinical outcomes & financial sanction  
 Financial impact if STF not achieved from quarter 2 onwards £44k per month

62 day performance was above target and STF trajectory in November at 88.3% and better than the national average. Most of the tumour groups were above target this month, with Lung, Skin and Urological falling below target. There were 9.5 breaches in total, of which the majority were attributable to diagnostic delays (2.5), medical (2.5) and complexity (2).

The overall volume of patients on a cancer pathway is currently relatively low and there is consequently a smaller volume of patients approaching their breach date. Furthermore the backlog of patients who have already passed 62 days is reducing which is positive.

Indicative performance for December is currently below the national target as well as the Trust's STF trajectory. Achievement of the STF trajectory and operational standard remains a risk going forwards.

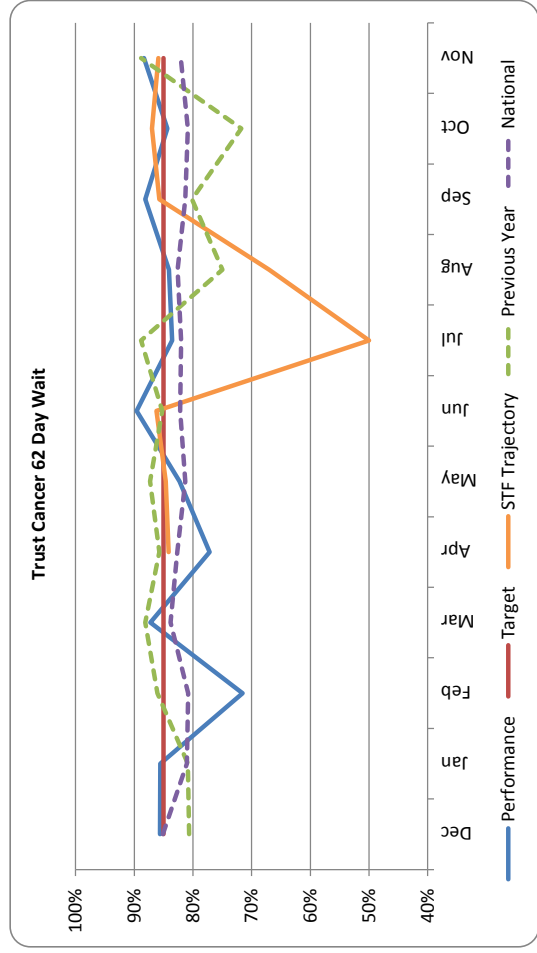
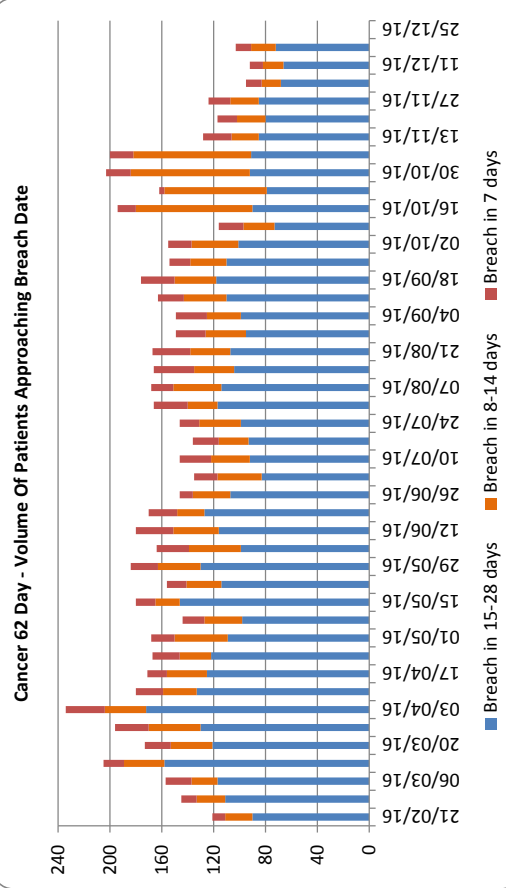
Screening and consultant upgrade were above target in November at 100% and 92.0% respectively.

First Definitive Treatment - November 2016*	Volume	Total Breached	Performance	National Benchmark	YTD	Number ≥104 days
<b>Target</b>			<b>85%</b>	<b>85%</b>	<b>85%</b>	<b>0</b>
Breast	1.0	0.0	100.00%	94.7%	100.00%	0
Gynaecological	2.5	0.0	100.00%	76.1%	89.13%	0
Haematological (Excluding Acute Leukaemia)	4.0	0.0	100.00%	78.1%	87.93%	0
Head & Neck	7.0	0.0	100.00%	73.4%	89.42%	0
Lower Gastrointestinal	8.0	1.0	87.50%	70.1%	87.72%	1
Lung	6.0	1.0	83.33%	72.2%	75.00%	0
Other	4.0	0.0	100.00%	71.2%	90.91%	0
Sarcoma	0.0	0.0	-	67.4%	69.23%	0
Skin	3.0	0.5	83.33%	95.2%	95.89%	1
Upper Gastrointestinal	5.5	0.5	90.91%	76.4%	83.95%	0
Urological (Excluding Testicular)	40.5	6.5	83.95%	77.5%	82.69%	4
<b>Total</b>	<b>81.5</b>	<b>9.5</b>	<b>88.34%</b>	<b>82.1%</b>	<b>84.65%</b>	<b>6</b>

## Non GP Referrals

Screening (Target: 90%)	4.5	0.0	100.00%	92.5%	100.00%	0
Consultant Upgrade (Target: 85%)	12.5	1.0	92.00%	90.5%	88.28%	0

\*Please note that reporting of official cancer waiting times fall 1 month behind normal reporting timescales



# Health Care Associated Infection

## National Quality Requirements

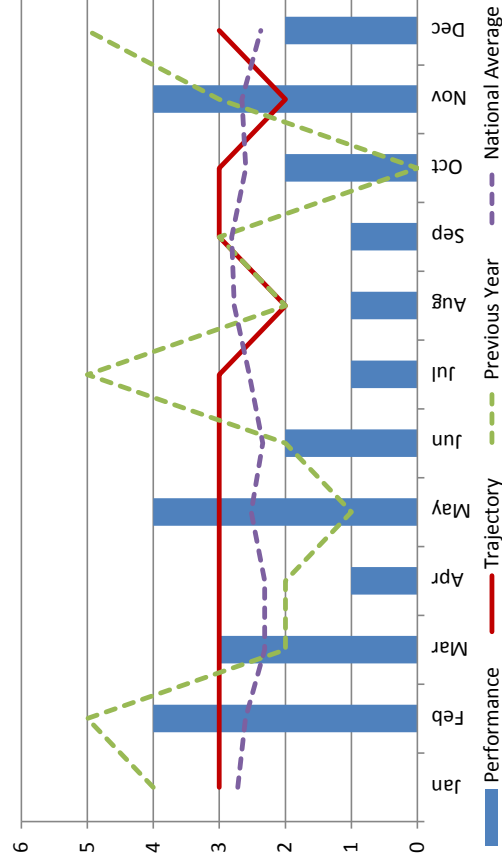
1. Number of Trust apporportioned Clostridium Difficile cases before & after appeal (Target ≤34, set by NHS England)
2. Trust apporportioned Clostridium Difficile rate per 100,000 bed days (Target ≤15.4, set by NHS England)

Director Lead: Ian Martin  
 Consequence of failure: Patient safety, patient experience, financial sanction & patient flow / LOS

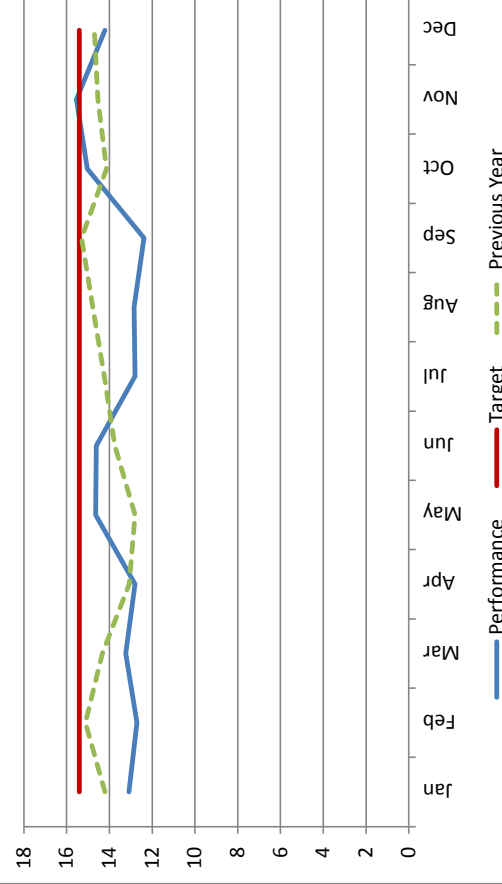
There have been 2 hospital acquired C. diff cases during December, against a trajectory of 3 cases or fewer. Currently there is one case subject to appeal from October. November's appeal case was reconsidered and not submitted. The Trust's performance for the year to date is 18 cases on this basis, which is 7 cases under the cumulative trajectory for the year to date. The Trust therefore remains on track to achieve the objective for 2016/17.

The C. diff rate per 100,000 bed days for the previous 12 months up to December 2016 is below the target, at 14.2. By comparison the national rate for the latest 12 month period available (May 2015 to June 2016) was 13.4 per 100,000 bed days.

Trust Number Of Hospital Acquired C. diff cases (after appeal)



Trust C. diff Rate Per 100,000 Bed Days (Rolling 12 Months)



C. diff - December 2016	Trajectory	Total Cases	Appeals*	Residual Cases
Apr	3	1	0	1
May	3	8	4	4
Jun	3	2	0	2
<b>Qtr 1</b>	<b>9</b>	<b>11</b>	<b>4</b>	<b>7</b>
Jul	3	1	0	1
Aug	2	2	1	1
Sep	3	2	1	1
<b>Qtr 2</b>	<b>8</b>	<b>5</b>	<b>2</b>	<b>3</b>
Oct	3	3	1	2
Nov	2	4	0	4
Dec	3	2	0	2
<b>Qtr 3</b>	<b>8</b>	<b>9</b>	<b>1</b>	<b>8</b>
Jan	3			
Feb	3			
Mar	3			
<b>Qtr 4</b>	<b>9</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total</b>	<b>34</b>	<b>25</b>	<b>7</b>	<b>18</b>

C. diff Bed Rate - December 2016	Target 15/16	Rolling 12 Months
C. diff rate per 100,000 bed days	15.4	14.21

\*confirmed / pending

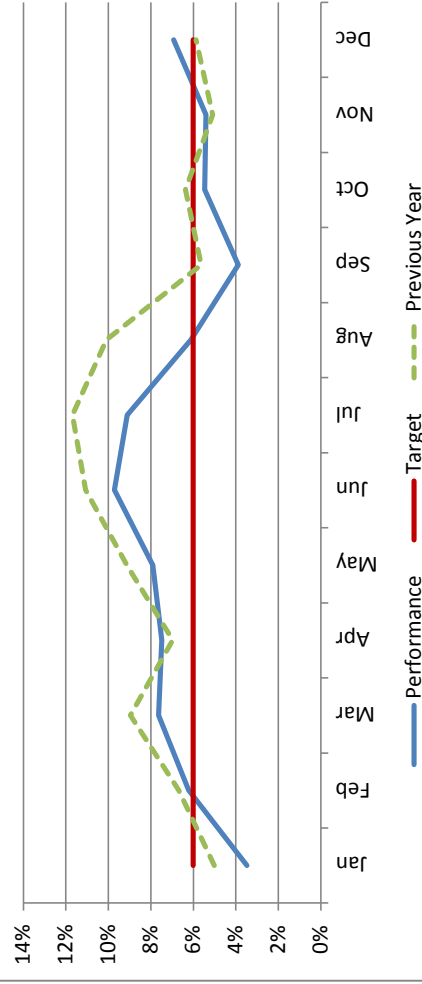
# e-Referral Slot Availability

## Local Quality Requirements

Ratio of appointment slot issues (ASI's) to appointment bookings and re-bookings made via the NHS eReferral system, expressed as a percentage. ASI's occur where a patient tries to book an appointment, but no appointment is available (Contractual target <6%)  
 Director Lead: Sean Fenwick  
 Consequence of failure: Reputation, patient experience, timely access to treatment & financial sanction  
 Potential financial sanction = sliding scale between £1,000 and £5,000 per month above 8%

The Trust's eReferral slot issue performance was 6.9% during December which is an increase compared to the previous month and it is higher than December 2015. This is marginally above the contractual target and above the national target of 4%. The latest national and regional performance for November 2016 was 16% and 13% respectively, so the Trust continues to perform well by comparison.  
 The majority of the Trust's overarching services achieved the contractual target during December. The areas with the highest percentage of ASIs were Urology (mainly general Urology offsite), Theatres (Chronic pain), 2WW (mainly Colorectal, Urology & OMFS), Obs & Gynae (mainly fertility) and Emergency Care (RACPAC). This continues to be a national priority and is included in CQUIN for 2017/18.

Trust eReferral Slot Issues



e-Referral Slot Issues - December 2016	Performance		YTD	
	% ASI's*	ASI's / Bookings	% ASI's*	ASI's / Bookings
2WW	18.41%	104/565	16.77%	990/5905
Children's & Adolescent Services	3.15%	11/349	2.01%	90/4474
Emergency Care	8.75%	14/160	7.46%	149/1998
General Internal Medicine	1.95%	3/154	7.21%	119/1650
General Surgery	5.15%	19/369	3.51%	170/4842
Head & Neck	1.24%	8/646	1.32%	121/9141
Health Promotion	0.00%	0/2	0.00%	0/65
Medical Specialities	6.57%	18/274	14.15%	424/2996
Obstetrics & Gynaecology	10.28%	22/214	14.91%	354/2374
Ophthalmology	1.68%	13/775	2.26%	212/9400
Rehabilitation & Elderly Medicine	4.64%	13/280	11.09%	323/2912
Theatres	20.00%	19/95	10.43%	103/988
Therapy Services	2.66%	5/188	6.68%	173/2591
Trauma & Orthopaedics	0.55%	2/361	3.60%	169/4692
Urology	20.49%	84/410	14.51%	634/4369
<b>Trust Total</b>	<b>6.92%</b>	<b>335/4842</b>	<b>6.90%</b>	<b>4031/58397</b>

2WW Slot Issues	% ASI's*	ASI's / Bookings	% ASI's*	ASI's / Bookings
Colorectal Surgery	13.48%	12/89	31.47%	276/877
Ear Nose & Throat	6.98%	6/86	10.35%	80/773
Gastroenterology	3.95%	3/76	1.49%	13/875
Gynaecology	1.33%	1/75	3.43%	26/759
Haematology	27.27%	3/11	6.25%	6/96
Oral & Maxillo Facial Surgery	57.69%	15/26	27.50%	88/320
Thoracic Medicine	42.86%	9/21	34.48%	70/203
Urology	30.39%	55/181	21.53%	431/2002
<b>2WW Total</b>	<b>18.41%</b>	<b>104/565</b>	<b>16.77%</b>	<b>990/5905</b>

\*Performance is rated as amber between 6% and 8%



# Discharge Communications

## Local Quality Requirements

Percentage of electronic discharge communications that were sent to the GPs within 24, 48 & 72 hours of patient discharge

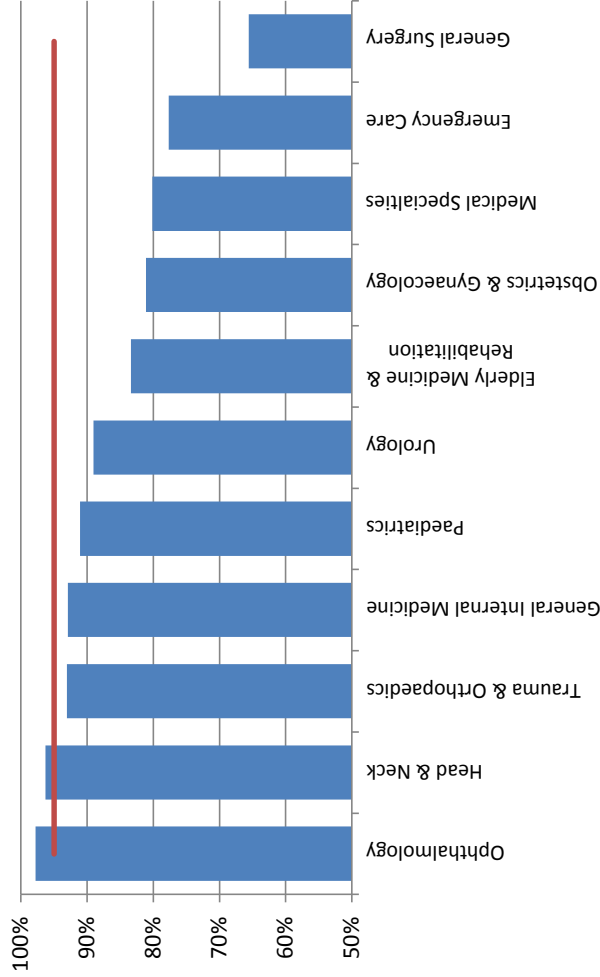
Director Lead: Ian Martin

Consequence of failure: Clinical outcomes, reputation, patient experience & quality of care

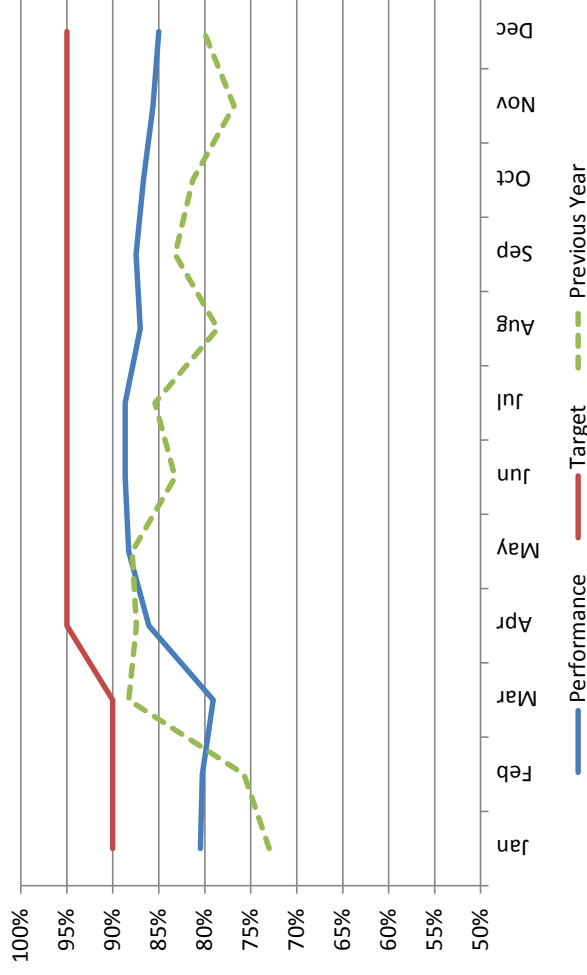
Discharge communication performance has decreased marginally in December with 85.0% of letters sent within 24 hours, which is below the target of 95%. Performance at both 48 hours and 72 hours decreased compared to the previous month. A further 1.3% were completed at a later date. The proportion remaining outstanding at the point of reporting increasing from 3.8% to 6.8%.

All Directorates have failed to achieve the target during December with the exception of Ophthalmology and Head & Neck. Directorate level performance was mixed between November and December. The most notable improvements were observed for Paediatrics (+10%) and Trauma & Orthopaedics (+5%), whereas the areas with the largest decrease in performance were General Surgery (-11%), Urology (-9%) and Emergency Care (-5%). Further analysis of Emergency Care, REM and Medical Specialties is being undertaken given deterioration in performance over a number of months.

Directorate Discharge Comms Sent <24 Hours - Latest Monthly Position



Trust Discharge Comms Sent <24 Hours Trend



\*De minimis level >= 20 pathways in total

Discharge Comms - December 2016		<24 hours*	<48 hours*	<72 hours*	<24 hours YTD*
Target		≥95%			≥95%
Emergency Care		77.63%	78.77%	79.58%	82.71%
General Internal Medicine		92.86%	93.78%	94.47%	94.97%
General Surgery		65.56%	76.31%	82.09%	78.22%
Head & Neck		96.27%	96.58%	96.89%	92.59%
Medical Specialties		80.11%	82.26%	82.80%	85.77%
Obstetrics & Gynaecology		81.05%	82.11%	87.37%	81.43%
Ophthalmology		97.76%	98.51%	98.51%	93.77%
Paediatrics		91.01%	94.20%	95.65%	89.22%
Rehabilitation & Elderly Medicine		83.33%	85.44%	86.67%	86.55%
Trauma & Orthopaedics		93.04%	96.20%	97.47%	84.07%
Urology		88.99%	91.63%	92.07%	94.87%
<b>Trust Total</b>		<b>85.01%</b>	<b>87.69%</b>	<b>89.16%</b>	<b>87.05%</b>

# Outpatient Communications

## Local Quality Requirements

Percentage of electronic clinic letters that were sent to the GPs within 7 and 14 days of an outpatient attendance (consultant led)

Director Lead: Ian Martin

Consequence of failure: Clinical outcomes, reputation, patient experience & quality of care

Performance has decreased during December, with 83.4% of outpatients clinic letters being sent within 2 weeks, however this remains below the contractual target of 95%. A further 8.7% required sign off at the time of reporting, which has reduced compared to last month. The majority of the Directorates achieved the 95% target within 14 days. The most notable decrease between November and December was attributable to Trauma & Orthopaedics (-14%) and Urology (-12%). The most notable improvement was in Head & Neck (+3%) and Obstetrics & Gynaecology (+3%). The Trust continues to work towards our internal standards set as part of clinic on the day, whereby letters are sent to GPs the same day the patient attends or the following morning when results are available.

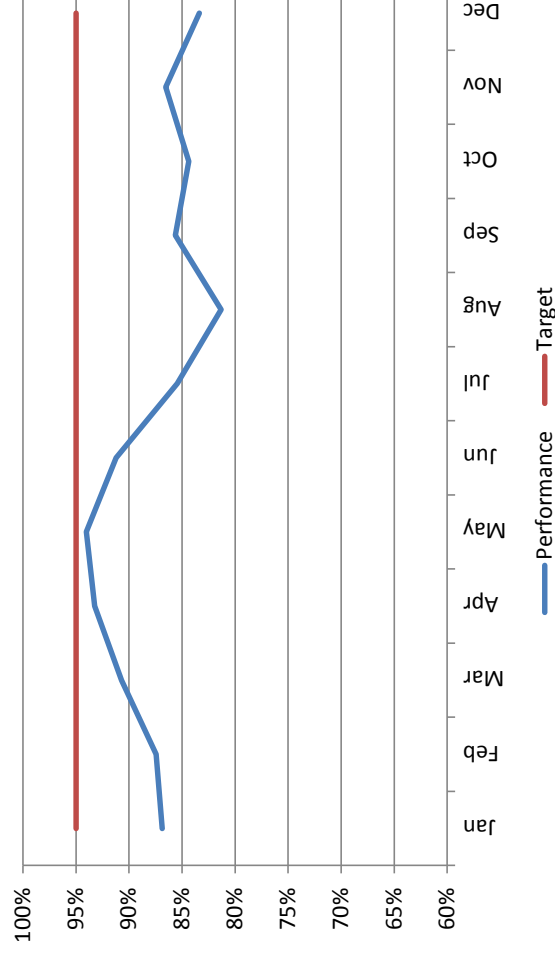
Outpatient Comms - December 2016	Volume	<7 days*	<14 days*	<14 days YTD*
Target			>=95%	>=95%
Anaesthetics	228	99.12%	100.00%	99.90%
Emergency Care	719	85.26%	97.36%	94.90%
General Internal Medicine	1,727	85.76%	95.37%	95.19%
General Surgery	1,225	84.90%	92.00%	94.35%
Head & Neck	2,330	28.76%	37.00%	52.26%
Medical Specialities	1,717	82.59%	90.16%	93.91%
Obstetrics & Gynaecology	567	92.59%	96.83%	94.11%
Ophthalmology	2,674	90.95%	98.50%	97.40%
Paediatrics	587	91.99%	96.25%	96.61%
Rehabilitation & Elderly Medicine	886	88.49%	96.95%	97.28%
Trauma & Orthopaedics	2,238	53.93%	79.04%	85.82%
Urology	839	56.85%	75.57%	87.66%
<b>Trust Total</b>	<b>15,737</b>	<b>72.52%</b>	<b>83.38%</b>	<b>87.36%</b>

\*De minimis level >= 20 letters

Directorate Outpatient Letters Sent < 14 Days - Latest Monthly Position



Trust Outpatient Letters Sent <14 Days



# A&E Communications

## Local Quality Requirements

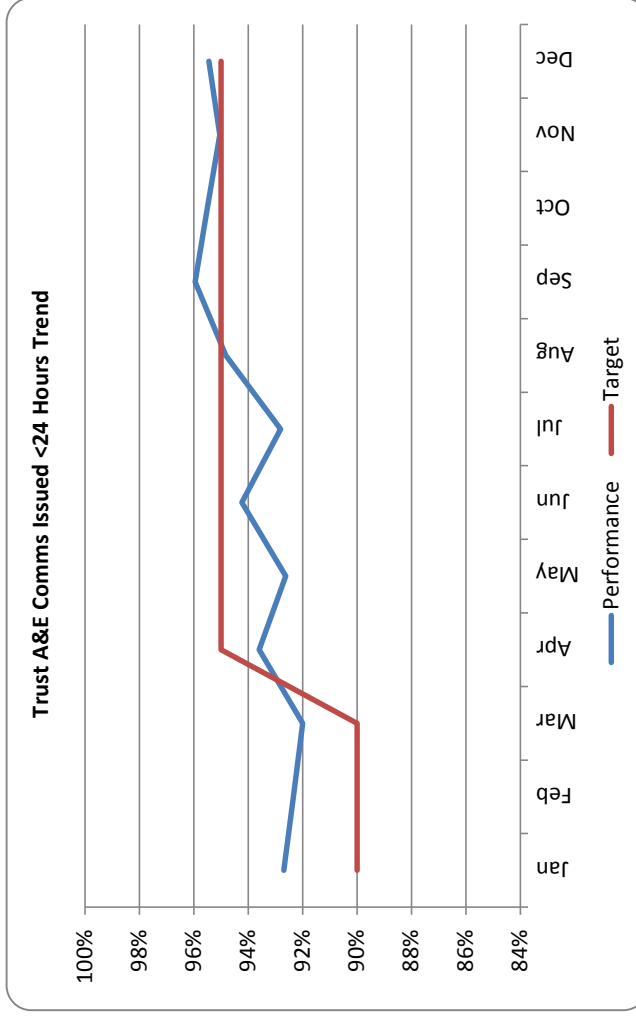
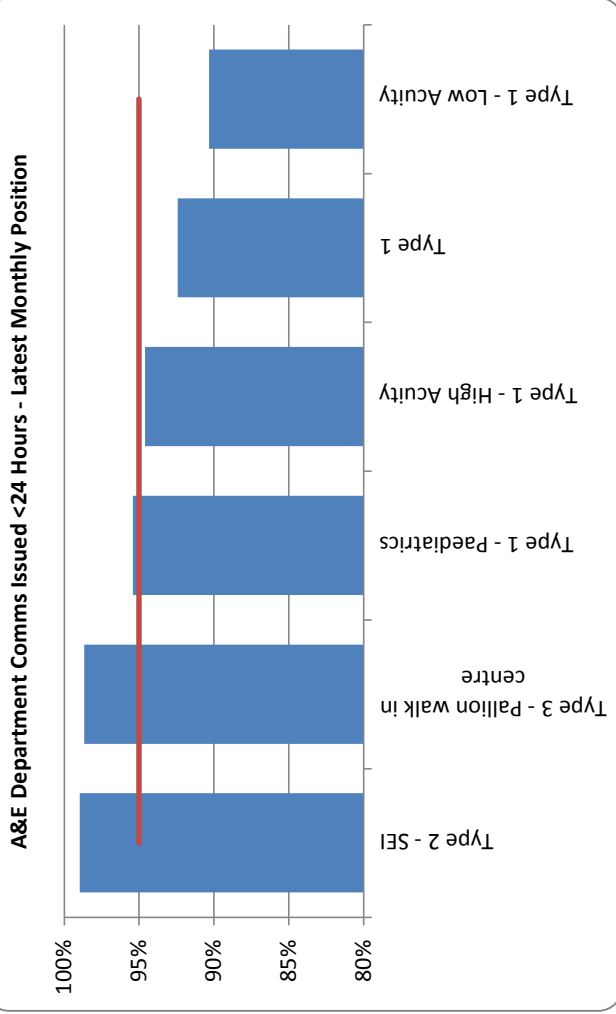
Percentage of electronic clinical communications that were sent to GPs within 24 hours following an A&E attendance, excluding those patients who are admitted as a result of their attendance.

Director Lead: Ian Martin

Consequence of failure: Clinical outcomes, reputation, patient experience & quality of care

A&E Comms - December 2016		Month	YTD
Target		≥95%	≥95%
Type 1		92.41%	92.30%
Type 1 - High Acuity		94.59%	93.05%
Type 1 - Low Acuity		90.32%	90.15%
Type 1 - Paediatrics		95.41%	95.59%
Type 2 - SEI		98.95%	95.07%
Type 3 - Pallion walk in centre		98.65%	97.55%
<b>Trust Total</b>		<b>95.44%</b>	<b>94.34%</b>

During December, 95.4% of A&E letters were sent within 24 hours of patients being discharged from the respective department, which is marginal increase of 0.4% compared to the previous month, remaining above target. Early warning reports suggest that there will be a marginal reduction in performance in January however, this is expected to recover in month. Performance and actions for improvement are discussed at the monthly Primary Care Communications Oversight Group. Ongoing monitoring, feedback to consultants and escalation is in place to facilitate improvement when required.



# Radiology Exam to Report Times

## Internal Indicator

Average exam to report time and activity for MRI, CT, Plain Film and Ultrasound scans, derived from the time elapsed between the exam date and the date the results were reported. The reporting month is based upon the reported date

Director Lead: Sean Fenwick

Consequence of failure: Timely access, outcomes, LOS, reputation & patient flow

Exam Type - December 2016	MRI		CT		Plain Film		Ultrasound	
	No	Ave ETR	No	Ave ETR	No	Ave ETR	No	Ave ETR
Inpatient	186	1.4	913	0.5	3,392	6.0	497	0.7
Outpatient Routine	648	8.3	445	6.1	1,304	6.2	607	3.2
Outpatient Urgent	123	5.0	515	5.2	298	1.8	210	1.8
GP					2,365	2.0	834	3.3

Most exam types remain in line with recent performance during December.

IP routine Plain Film has increased in December due to a combination of sickness and leave during the period. There has also been a small increase in CT urgent scans. External reporting agencies continue to assist with reporting.

The department continues to have a number of vacancies across Consultants, Radiographers and Sonographers, with adverts placed to secure replacements.

