




Integrated Performance Report

Month 11
February 2016

Prepared: 16 March 2016
Updated: 24 March 2016

CONTENTS

Item	Page	Item	Page
Summary Overview and Areas of Particular Achievement	3	CQUINs	
Indicators by RAG status	5	20 Acute CQUINs	66
1 Monitor Governance Risk Assessment Indicators and Third Parties Assessment	7	21 Eastern Community CQUINs	69
1a Monitor Governance Risk Assessment Access Targets	9	22 Northern Community CQUINs	71
1b Cancer Standards	12		
1c Cancer 62 Day Waits by Tumour Site	14	23 Specialist Commissioning CQUINs	To follow
QUALITY		WORKFORCE	
2 Healthcare Acquired Infections	19	24 Key Workforce Indicators	74
3 Hospital Standardised Mortality Ratios	22	25 Percentage of Budgeted WTE used	75
3a Summary Hospital Mortality Indicators	25	26 Percentage of Pay Budget used	76
4 Safety and Quality Indicators	28	27 Workforce Plan	77
5 Incidents	31	28 Sickness Absence	78
6 Safety Thermometer	32	28a Sickness Absence by Division	79
7 Complaints	33	29 Staff Turnover	83
8 Patient Experience	36	30 Appraisal Completion	84
9 Research and Development (including NICE)	42	30a Appraisals by Division	84
PERFORMANCE		31 Statutory and Mandatory Training	88
10 Ambulance Handovers	46	31a Statutory and Mandatory Training Breakdown	80
11 A&E Indicators	48	31b Statutory and Mandatory Training by Division	93
12 RTT and Elective Waiting Times	52	Workforce Glossary of Terms	97
13 Endoscopy	56		
14 Emergency Readmissions	57		
15 Stroke Care	58		
16 Further Key Indicators	59		
17 Maternity Indicators	61		
18 Operational Effectiveness	63		
Performance Glossary of Terms	65		

Key to RAG Rating		Key to Data Quality Scale	
Background Format	Key	Symbol	Key
Red	Below plan		Standard of data accuracy is not known, it is incomplete and inconsistent with relevant standards
Amber	Almost on plan		Data is assumed to be complete and accurate, although there may be limitations or unresolved queries
Green	On plan or better		Data is complete, accurate and consistent with the standards set for the specific indicator

SUMMARY OVERVIEW

The Monitor Governance Risk rating (monitored quarterly) shows a score of 3 for Quarter 3, with scores applied in two cancer indicator areas where the standard was not met in this quarter. Please note the governance table on page 7 has been revised following recent publication of updated guidance, and additional detail by quarter relating to the access target section is shown on pages 9-11.

Cancer

The 2 week wait for all suspected cancer patients has met the standard in February, achieving 96% against a target of 93%, while the 2 week target for breast symptomatic patients also met the standard, achieving 93.8% against the same target.

The 62 day wait from referral to treatment for cancer patients (Trust total) achieved 78.9% against a target of 85% (NDHT position only) with 30 patients of 38 treated within 62 days. This report now includes an additional indicator showing the combined position covering Trust and shared breaches against the 85% standard; an early view of the February combined position is 76%. The 62 day wait to treatment standards for screening service had no eligible patients, and for consultant upgrade 90.9% was achieved against a target of 90%. The 62 day wait performance by tumour site is now shown on pages 14-15.

The 31 day decision to treat to treatment, and subsequent drug treatment standards both achieved 100%. The 31 day subsequent surgery standard achieved 85.7% (6/7 patients) against a target of 94%.

Please see pages 16-18 for exception reports. Improvement/Remedial Action Plans and trajectories for underperforming cancer indicators have now been agreed by the Trust Development Agency and NEW Devon CCG, and are being closely monitored.

Other key issues for noting in February 2016 are:

- There were no cases of c.difficile reported in the Acute sector in February 2016, with the total remaining at 10 already reported for the year (pages 20-21). The limit for 2015-16 is 7 cases; while the Trust has now exceeded this limit, financial sanctions will only apply if the number of cases deemed to be avoidable is above the limit. To date one avoidable case has been identified this year.
- The Hospital Standardised Mortality Ratio (HSMR) rolling year position continues to improve; please see page 27 for exception report.
- There were no unjustified MSA sleeping breaches in February on MAU (page 28).
- Delayed Transfers of Care was above target in all areas in February, with a variety of reasons being noted, including: awaiting nursing or residential home placement, awaiting care package, awaiting further non-acute NHS care (pages 29-30).
- One Never Event was reported in May 2015 (page 31).
- Friends and Family Test performance for NDDH Acute Inpatients for February is a Friends and Family Test score of +96 (against a Trust target of +60). The overall response rate for the Acute sector is 6.7% (please see page 40). Community Hospitals scored +100 with a response rate of 24.1% (page 41), and Maternity scored +78 with a response rate of 3.5% (page 40).

- Ambulance Handovers – 30 minute performance shows 36 handovers were chargeable, with 4 handovers of more than one hour in February. Please see page 47 for exception report.
- A&E 4 Hour Standard – not achieved in February for Type 1 attendances with 82.9% of patients treated within 4 hours. The combined A&E performance for all types is just below standard in February, achieving 94.6%. Please see page 51 for exception report.
- All specialties have met the RTT Incomplete target of 92% (page 53).
- The 6 week wait for diagnostics target (99%) has now met target for the fifth consecutive month (page 55).
- The patient previously reported as waiting more than 52 weeks was treated at the end of January 2016.
- The 90% of stay stroke indicator achieved 94% in February against a target of 80% (please see page 59 for exception report).
- NDHT received feedback from the CCG on its Quarter 3 CQUIN Report on 1st March. All milestones were confirmed as having been met apart from the following:
 - AKI – achievement of 36% against a target of 85%. A significant amount of work is underway to improve performance for Quarter 4.
 - Reducing face to face follow ups – we are currently challenging an aspect of the CCG’s feedback regarding agreement of baselines. The objective of this CQUIN will be subsumed into Success Regime projects for 16/17.
 - Paediatric Big 6 – having worked hard to agree baseline data with the CCG, we failed to achieve the required 10% reduction in 0 and 1 day lengths of stay for children with any of the ‘Big 6’ diagnoses. Work is underway to establish why this was the case.

The Quarter 4 report is due to be provided to the CCG on 28 April. The Quarter 4 report to NHS England is due to be provided on 29 April.

- The training rate has reached 88% in February (page 74).

AREAS OF PARTICULAR ACHIEVEMENT

- Performance against the 2 week cancer standard has improved to deliver achievement of standard in every month since September 2015. Two of the three 31 day standards achieved 100% in February.
- The diagnostic standard of 99% has been achieved again in February (100%) after three months of below target performance in June, July and August.
- The Agency percentage usage figure continues to reduce and at 1.4% is at its lowest since April 2014 (page 75).

Integrated Performance Report
March 2016

Indicators achieving set threshold (Green)		
Ambulance Handovers % > 30 mins	Never Events	A&E waiting time - Number of patients spending over 12 hours in A&E (trolley waits)
Ambulance Handovers > 2 hours	Outpatients First Appointment DNA Rate	Cancer 2 Week Waits (aggregate measure) - Total Seen within 14 Days of Urgent GP Referral
AHP RTT Waiting time Non-admitted <18 weeks	Outpatients Follow-up Appointment DNA Rate	MSA Breaches - Sleeping Accommodation (exc ASU) (Acute)
Data Completeness: community services - referral information	Outpatients First to Follow-up Ratio	Re admission 28 day from Non-Elective RY RR from Dr Foster
Data Completeness: community services - referral to treatment	Outpatient Waiting List TOTAL	SHMI overall trust score
Data Completeness: community services - treatment information	Cancer 62 Day Waits (aggregate measure) - Total Treated < 62 Days from Urgent GP Referral	SHMI - Fracture of neck of femur - diagnosis group 120
Endoscopy patients routine waiting < 6 weeks	Cancer 62 Day Waits (aggregate measure) - Total Treated < 62 Days Screening Service	SHMI - Elective Admissions
G U Medicine appointments offered in 48 hours Trust Total	Cancer 62 Day Waits (aggregate measure) - Total Treated < 62 Days Consultant Upgrade	SHMI - Acute Myocardial Infarction - diagnosis group 57
C.Difficile over 3 days: Total Eastern Comm Hosps	Cancer 31 Day Waits - Total Treated < 31 Days from Diagnosis - (Decision to treat)	SHMI - Non Elective Admissions
E.Coli Bacteraemia over 3 days: Eastern Community	Cancer 31 Day Waits - Total Treated < 31 Days Subsequent Drug Treatment	SHMI - Pneumonia - diagnosis group 73
E.Coli Bacteraemia over 3 days: Northern Community	RTT >52wk Waiters - Admitted pathway	SHMI - Acute and unspecified renal failure - diagnosis group 99
Hand Hygiene Compliance - Trust Total	RTT Admitted Median	SHMI - Acute cerebrovascular disease - diagnosis group 66
MRSA Bacteraemia over 2 Days : NDDH	RTT >52wk Waiters - Non-Admitted pathway	SMR Relative Risk Northern Community Sites - Rolling Year
MRSA Bacteraemia over 2 Days : Eastern Community	RTT Non-admitted 95th Percentile	Urgent scans within 1 hour
MRSA Bacteraemia over 2 Days: Northern Community	RTT Non-admitted Median	90% of stay on SU (Acute only, SSNAP calculation)
MRSA Screening Elective Adms: Trust Total - includes Private Pts	RTT Non-Admitted % <18wks TOTAL	90% of stay on SU (Superspell, SSNAP calculation)
MSSA Bacteraemia over 2 Days: NDDH	RTT Incomplete Pathways 95th Percentile	90% of stay on SU (EASTERN HOSPITALS)
MSSA Bacteraemia over 2 days: Eastern Community	RTT Incomplete Pathways - Specialties that failed 18 week target	A&E % Valid Data
MSSA Bacteraemia over 2 Days: Northern Community	RTT Incomplete Median	Admitted Patient Care % Valid Data
Certification against compliance with requirements regarding access to healthcare for people with a learning disability	RTT Incomplete % <18wks TOTAL	APC % Records First Submitted with Valid HRG Code
Caesarean section rate (Elective) - Denominator all hospital deliveries >= 24 wks	Diagnostic Waiting Times (Patients waiting at month end - DM01)	Outpatients % Valid Data
Maternity Monthly Breast feeding rate - Denominator All Del's by Dr or Midw in hosp or home	A&E waiting time- Unplanned re-attendance at A&E within 7 days	VTE Prophylaxis - Number of adult patients receiving appropriate prophylaxis (Acute)
% Smokers at booking accepting referral to Smoking Cessation (denominator excludes women who refuse referral)	A&E waiting time- Patients left department without being seen rate	Unplanned Ward Transfers >1 transfer
	A&E waiting time - Time to treatment (median)	

Integrated Performance Report
March 2016

Indicators not yet achieving set threshold (Amber)	Indicators not achieved or requiring attention (Red)
Last minute cancelled operations for non-clinical reasons (monthly) - Rebooked within 28 days	Ambulance Handovers % > 15 mins
C.Difficile over 3 days: Total Northern Comm Hosps	Ambulance Handovers > 1 hour
MRSA Screening Emergency Adms: Total	Percentage of last minute cancelled operations
% of women booked before 13 weeks gestation	Clinical Coding 5 day coding complete %
Caesarean section rate (Elective & Non Elective) - Denominator all hospital deliveries >= 24 wks	Clinical Coding Backlog
Medicines Reconciliation (North Community)	DTC Delayed Transfers of Care Acute
A&E waiting time - Time to initial assessment 95th percentile (ambulance arrivals only)	DTC Delayed Transfers of Care East Community
A&E, MIU & WIC Attendances and 4 Hour Breaches	DTC Delayed Transfers of Care North Community
SMR Relative Risk Acute Site - Rolling Year	Elective patients waiting more than 20 weeks
SMR Relative Risk Trust Level - Rolling Year	Elective Waiting List TOTAL
	Endoscopy patients urgent waiting < 2 weeks
	C.Difficile over 3 days: NDDH
	E. Coli Bacteraemia over 3 days: NDDH
	% or babies readmitted 0 - 28 days
	Caesarean section rate (Non Elective) - Denominator all hospital deliveries >= 24 wks
	Medicines Reconciliation (Acute)
	Medicines Reconciliation (East Community)
Data only indicators	GP referrals to Outpatients waiting more than 11 weeks
Maternity % of all babies admitted to neonatal care	Cancer 31 Day Waits - Total Treated < 31 Days Subsequent Surgical Treatment
Maternity All Births	RTT Admitted 95th Percentile
A&E % admitted from A&E	RTT Admitted Pathways - Specialties that failed 18 week target
SIRI - Total by month - New (reported)	RTT Admitted % <18wks TOTAL
	RTT Non-Admitted Pathways - Specialties that failed 18 week target
	A&E waiting time- Patients waiting 4 hours or less in A&E
	A&E waiting time - Total time spent in dept 95th percentile (admitted)
	A&E waiting time - Number of patients spending over 6 hours in A&E (admitted)
	A&E waiting time - Total time spent in dept 95th percentile (non-admitted)
	A&E waiting time - Number of patients spending over 6 hours in A&E department - 95th percentile (non-admitted)
	Number of A&E Attendances - NDDH only
	Cancer 2 Week Waits (aggregate measure) breast symp
	SHMI - Congestive Heart Failure - diagnosis group 65
	SHMI - Chronic Obstructive Pulmonary Disease - diagnosis group 75
	SHMI - Diabetes mellitus with complications - diagnosis group 35
	SMR Relative Risk Eastern Community Sites - Rolling Year
	Admitted direct to SU within 4 hours
	Routine scans within 24 hours
	Compliance with WHO checklist