




# **Integrated Performance Report**

**Month 1**  
**April 2016**

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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 5 for Quarter 4, with scores applied in the access target category for the A&E 4 hour wait indicator and in two cancer indicator areas where the standard was not met in this quarter. The score applied due to the Health and Safety Executive alerts will be removed in Q1 2016-17. 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 achieved 89.9% in April against a target of 93%, while the 2 week target for breast symptomatic patients achieved 91.3% against the same target.

The 62 wait from referral to treatment for cancer patients (Trust total) achieved 100% against a target of 85% (NDHT position only). 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 April combined position is 93.4%. The 62 day waits from consultant upgrade standard achieved 100% and there were no eligible patients for the 62 day waits from screening service standard. The 62 day wait performance by tumour site is now shown on pages 14-15.

All 31 day cancer treatment standards achieved 100% against their respective targets for the second consecutive month.

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

Other key issues for noting in April 2016 are:

- There was one case of c.difficile reported in the Acute sector in April 2016. The limit for 2016-17 is 7 cases as for the previous year; if the Trust exceeds this limit, financial sanctions will only apply if the number of cases deemed to be avoidable is above the limit.
- 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 April on MAU (page 28).
- Delayed Transfers of Care was above target in all areas in April, 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).
- Two Never Events were reported in April 2016 (page 31).
- Friends and Family Test performance for NDDH Acute Inpatients for April is a Friends and Family Test score of +92 (against a Trust target of +60). The overall response rate for the Acute sector is 9.7% (please see page 40). Community Hospitals scored +97.6 with a response rate of 26.9% (page 41), and Maternity scored +100 with a response rate of 9.7% (page 40).
- The Research and Development table will be fully updated in the next report.

- Ambulance Handovers – 30 minute performance shows 61 handovers were chargeable, with 5 handovers of more than one hour in April. Please see page 47 for exception report.
- A&E 4 Hour Standard – not achieved in April for Type 1 attendances with 91.8% of patients treated within 4 hours, an increase of 8.5% on March's performance. The combined A&E performance for all types achieved 96.5% in April. Please see page 51 for exception report.
- The RTT Incomplete target of 92% has been met at provider level in April, however both Trauma and Orthopaedics (90.6%) and General Medicine (88.2%) were below the standard for the second consecutive month.
- The 6 week wait for diagnostics target (99%) has now met target for the seventh consecutive month (page 55).
- One patient has been identified as waiting more than 52 weeks for treatment as at the end of April 2016. A Significant Event Audit is in progress.
- Long Length of Stay is now shown on page 57.
- The 90% of stay stroke indicator achieved 77% in April against a target of 80% (please see page 59 for exception report).
- Full year performance for 2015-16 CQUINS is shown on pages 66-73; 2016-17 CQUINS will be added in the next iteration of this report.
- The appraisal rate has improved to 75.8% in April.

#### **AREAS OF PARTICULAR ACHIEVEMENT**

- The 31 day decision to treat to treatment cancer standards have all achieved 100% for the second consecutive month.
- The diagnostic standard of 99% has been achieved again in April (100%) after three months of below target performance in June, July and August.

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Indicators achieving set threshold (Green)		
Ambulance Handovers % > 30 mins	Certification against compliance with requirements regarding access to healthcare for people with a learning disability	A&E waiting time - Number of patients spending over 12 hours in A&E (trolley waits)
Ambulance Handovers > 2 hours	% of women booked before 13 weeks gestation	A&E, MIU & WIC Attendances and 4 Hour Breaches
AHP RTT Waiting time Non-admitted <18 weeks	Maternity Monthly Breast feeding rate - Denominator All Del's by Dr or Midw in hosp or home	Cancer 2 Week Waits (aggregate measure) - Total Seen within 14 Days of Urgent GP Referral
Percentage of last minute cancelled operations	Medicines Reconciliation (North Community)	Cancer 2 Week Waits (aggregate measure) breast symp
Last minute cancelled operations for non-clinical reasons (monthly) - Rebooked within 28 days	Outpatients First to Follow-up Ratio	MSA Breaches - Sleeping Accommodation (exc ASU) (Acute)
Data Completeness: community services - referral information	Outpatient Waiting List TOTAL	Re admission 28 day from Elective RY RR from Dr Foster
Data Completeness: community services - referral to treatment	Cancer 62 Day Waits (aggregate measure) - Total Treated < 62 Days from Urgent GP Referral	Re admission 28 day from Non-Elective RY RR from Dr Foster
Data Completeness: community services - treatment information	Cancer 62 Day Waits (aggregate measure) - Total Treated < 62 Days Consultant Upgrade	SHMI overall trust score
Endoscopy patients routine waiting < 6 weeks	Cancer 31 Day Waits - Total Treated < 31 Days from Diagnosis - (Decision to treat)	SHMI - Fracture of neck of femur - diagnosis group 120
G U Medicine appointments offered in 48 hours Trust Total	Cancer 31 Day Waits - Total Treated < 31 Days Subsequent Drug Treatment	SHMI - Elective Admissions
C.Difficile over 3 days: Total Eastern Comm Hosps	RTT >52wk Waiters - Admitted pathway	SHMI - Non Elective Admissions
C.Difficile over 3 days: Total Northern Comm Hosps	RTT Admitted Median	SHMI - Pneumonia - diagnosis group 73
E. Coli Bacteraemia over 3 days: NDDH	RTT >52wk Waiters - Non-Admitted pathway	SHMI - Acute cerebrovascular disease - diagnosis group 66
E.Coli Bacteraemia over 3 days: Eastern Community	RTT Non-admitted 95th Percentile	SMR Relative Risk Acute Site - Rolling Year
E.Coli Bacteraemia over 3 days: Northern Community	RTT Non-admitted Median	SMR Relative Risk Northern Community Sites - Rolling Year
Hand Hygiene Compliance - Trust Total	RTT Non-Admitted % <18wks TOTAL	Urgent scans within 1 hour
MRSA Bacteraemia over 2 Days : NDDH	RTT Incomplete Pathways 95th Percentile	90% of stay on SU (EASTERN HOSPITALS)
MRSA Bacteraemia over 2 Days : Eastern Community	RTT Incomplete Median	A&E % Valid Data
MRSA Bacteraemia over 2 Days: Northern Community	RTT Incomplete % <18wks TOTAL	Admitted Patient Care % Valid Data
MRSA Screening Elective Adms: Trust Total - includes Private Pts	Diagnostic Waiting Times (Patients waiting at month end - DM01)	APC % Records First Submitted with Valid HRG Code
MSSA Bacteraemia over 2 Days: NDDH	A&E waiting time- Unplanned re-attendance at A&E within 7 days	Outpatients % Valid Data
MSSA Bacteraemia over 2 days: Eastern Community	A&E waiting time- Patients left department without being seen rate	VTE Prophylaxis - Number of adult patients receiving appropriate prophylaxis (Acute)
MSSA Bacteraemia over 2 Days: Northern Community	A&E waiting time - Time to treatment (median)	Unplanned Ward Transfers >1 transfer

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<b>Indicators not yet achieving set threshold (Amber)</b>	<b>Indicators not achieved or requiring attention (Red)</b>
C.Difficile over 3 days: NDDH	Ambulance Handovers % > 15 mins
MRSA Screening Emergency Adms: Total	Ambulance Handovers > 1 hour
% Smokers at booking accepting referral to Smoking Cessation (denominator excludes women who	Clinical Coding 5 day coding complete %
Medicines Reconciliation (East Community)	Clinical Coding Backlog
Outpatients First Appointment DNA Rate	DTC Delayed Transfers of Care Acute
A&E waiting time - Total time spent in dept 95th percentile (non-admitted)	DTC Delayed Transfers of Care East Community
A&E waiting time - Time to initial assessment 95th percentile (ambulance arrivals only)	DTC Delayed Transfers of Care North Community
Number of A&E Attendances - NDDH only	Elective patients waiting more than 20 weeks
SHMI - Diabetes mellitus with complications - diagnosis group 35	Elective Waiting List TOTAL
SHMI - Acute Myocardial Infarction - diagnosis group 57	Endoscopy patients urgent waiting < 2 weeks
SMR Relative Risk Trust Level - Rolling Year	% or babies readmitted 0 - 28 days
90% of stay on SU (Superspell,SSNAP calculation)	Caesarean section rate (Elective & Non Elective) - Denominator all hospital deliveries >= 24 wks
	Caesarean section rate (Elective) - Denominator all hospital deliveries >= 24 wks
	Caesarean section rate (Non Elective) - Denominator all hospital deliveries >= 24 wks
	Medicines Reconciliation (Acute)
	Never Events
	Outpatients Follow-up Appointment DNA Rate
	GP referrals to Outpatients waiting more than 11 weeks
<b>Data only indicators</b>	Cancer 31 Day Waits - Total Treated < 31 Days Subsequent Surgical Treatment
Maternity % of all babies admitted to neonatal care	RTT Admitted 95th Percentile
Maternity All Births	RTT Admitted Pathways - Specialties that failed 18 week target
A&E % admitted from A&E	RTT Admitted % <18wks TOTAL
SIRI - Total by month - New (reported)	RTT Non-Admitted Pathways - Specialties that failed 18 week target
	RTT Incomplete 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 - Number of patients spending over 6 hours in A&E department - 95th percentile (non-admitted)
	SHMI - Congestive Heart Failure - diagnosis group 65
	SHMI - Chronic Obstructive Pulmonary Disease - diagnosis group 75
	SHMI - Acute and unspecified renal failure - diagnosis group 99
	SMR Relative Risk Eastern Community Sites - Rolling Year
	Admitted direct to SU within 4 hours
	Routine scans within 24 hours
	90% of stay on SU (Acute only, SSNAP calculation)
	Compliance with WHO checklist