

Board of Directors: 11/1/18

Agenda Item: Bo.1.18.23

Performance Report – For the period November 2017

Presented by:	Matthew Horner, Director of Finance	Author:	James Mackie, Head of Performance
Previously considered by:	N/a		

Key points	Purpose:
1. Post Cerner implementation full reporting for a number of key access targets remains outstanding including: RTT, Cancer and Diagnostics.	To note and gain assurance
2. The Emergency Care Standard performance for November 2017 was reported as 84.97%. The reported position includes both Type 1 A&E attendances and Type 2 attendances.	To note and gain assurance
3. Reporting of the total elective waiting list size is being developed as part of the RTT reporting suite. Long waiting patients are being managed by Divisions by front end Cerner applications. The number of long waiting patients >40 weeks has remained relatively stable.	To note and gain assurance
4. A Cancer position for September has been produced although this will not be submitted nationally.	To note and gain assurance
5. The maximum C Difficile position for financial year 2017/2018 is currently 12 cases with 7 cases awaiting post infection review. 2 cases were reported in November 2017.	To note and gain assurance
6. No MRSA cases were reported in November 2017. There have been 3 attributed cases year to date.	To note and gain assurance
7. Due to further development required by Cerner regarding diagnostic reporting for endoscopy and neurophysiology the DM01 position is reported excluding these tests. For other tests the threshold was not for November due to breaches in Non Obstetric Ultrasound and Urodynamic.	To note and gain assurance
8. The Stroke indicator was not achieved in October 2017 but has improved and did achieve the standard in November 2017.	To note and gain assurance
9. A position for VTE assessment performance for November 2017 was prepared which initially reported performance as 80.22%. Following review of the methodology and clinical input on cohort rules a revised position has been recalculated which improves the reported position to 87.79%. An initial projection for December 2017 is reported as 88.56%	To note and gain assurance

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Executive Summary:

Following the implementation of the Cerner EPR work has continued on a number of work streams to develop reporting functionality to meet both internal and external requirements.

There remain issues to be resolved with regards to RTT, Diagnostic waiting time performance.

Since the implementation of Cerner the Foundation Trust has worked to integrate an interface with its existing electronic data capture system (PPM) which has now been resolved. A Cancer position for September has been prepared and is reported below.

RTT Incomplete:

The Foundation Trust has not made an official RTT submission since the implementation of Cerner Millennium. This remains the case at this point in December.

As reported last month the Foundation Trust have made submissions of the unvalidated RTT Incomplete position in terms of Total Waiting list size and percentage of patients waiting less than 18 months. These have been made with an accompanying narrative which identifies known data quality issues within the current RTT Incomplete position.

The Foundation Trust has made unvalidated returns for September 2017 and October 2017 with a submission due imminently for November. The returns are shown below in a table. To provide a pre-Cerner position the last national return for August 2017 is also included:

	Total pathways	Over 18 weeks pathways	% within 18 wks
Aug-17	24,117	3,108	87.1%
Sep-17	23,968	4,194	82.5%
Oct-17	28,030	4,933	82.4%

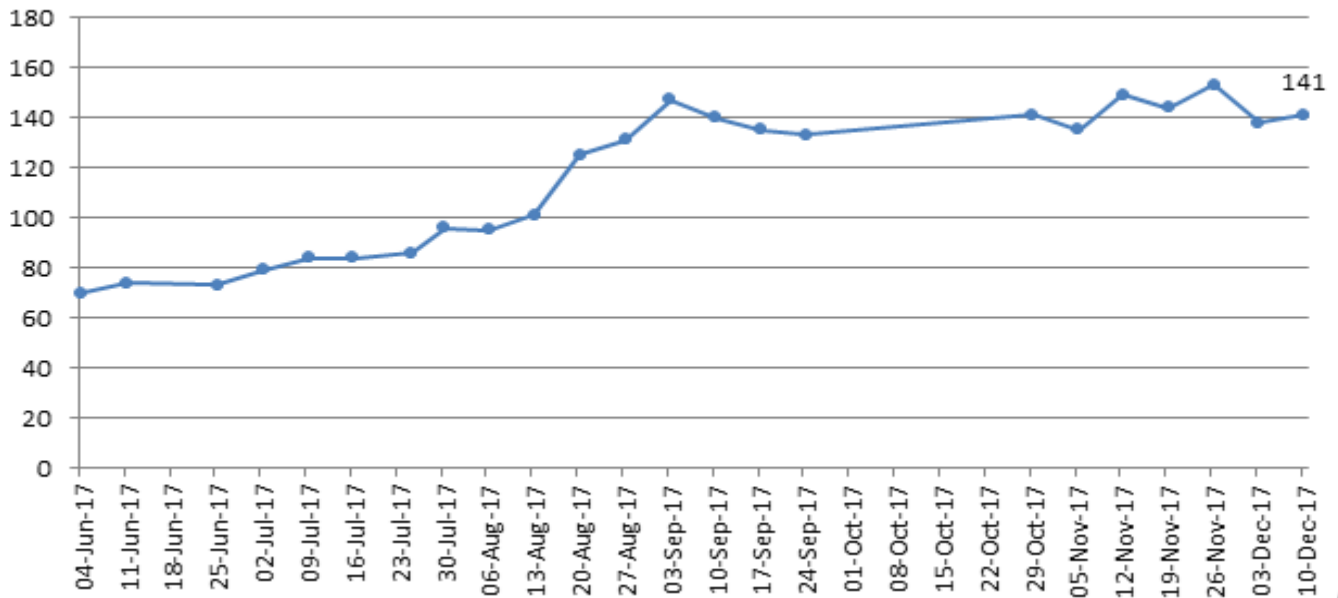
Reporting the RTT Incomplete position via Cerner Millennium is showing a significant increase in both total waiting list size and number of long waiting patients.

Analysis and audit of data has shown a number of data quality issues are affecting this position. The Central Access Team are working on continual basis to validate long waiting patients.

As a subsection of the total waiting list all patients who have waited greater than 39 weeks are presented and reviewed at the Weekly Access Meeting. This is a validated position. The Foundation Trust had seen a deteriorating trend in the position throughout the year and there are currently slightly more patients waiting than immediately prior to Cerner however this validated position is not showing the increases reflected in the unvalidated total waiting list position.

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RTT Incomplete - Over 40 Weeks Waiters (validated)

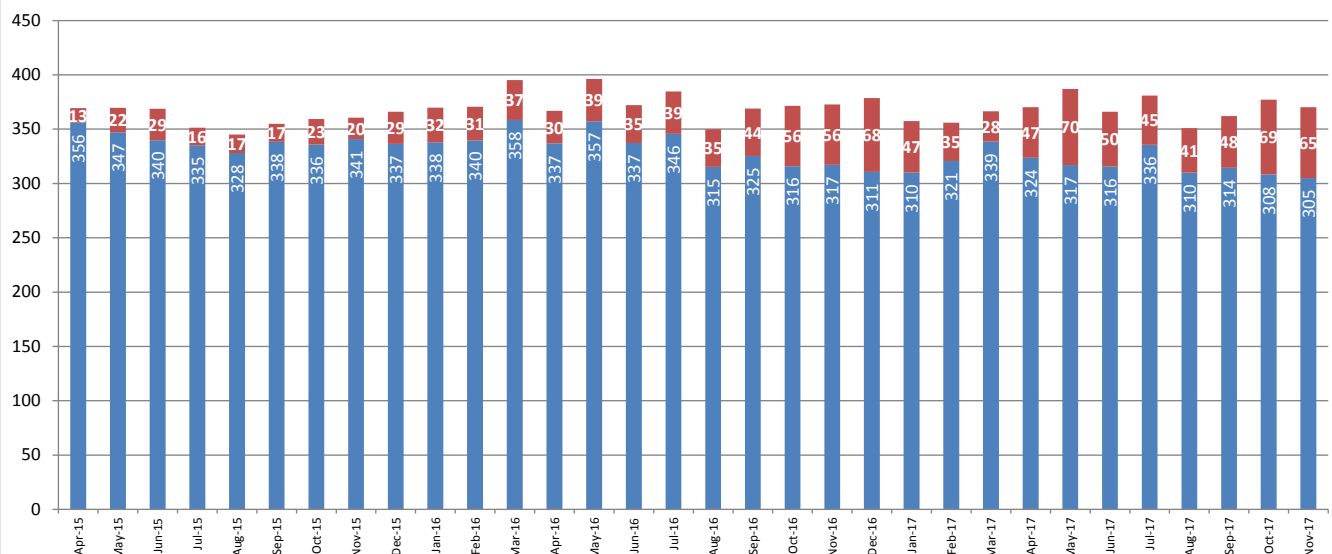


Emergency care standard:

The Foundation Trust reported a final month position of 84.97% for the month of November (11088/13050).

The chart below shows Type 1 A&E attendance average daily attendances and breaches per month.

Emergency care standard - Type 1 A&E attendances - Avg patients per day who waited less than 4 hrs and greater than 4 hrs



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Comparative data for October 2017 has not been released in time to update this particular month.

It is noted that since December 2016 NHSi daily reporting has included the total number of patients identified as using a new pathway that would have previously been seen in the A&E department. From September 2017 further guidance has been received that these attendances should be included within overall A&E performance where they meet the criteria.

The result of this is an increase in the total number of attendances reported against the target and some improvement in performance.

The Foundation Trust has applied this guidance to the national daily returns and in the monthly national A&E submission since September 2017.

Cancer thresholds:

A Cancer position for September has been prepared for September 2017 which reports failures against the Cancer 2 week, Cancer 62 day first treatment and Cancer 62 day screening targets.

30/09/2017 – Final Reportable Position @ 30.11.2017				
	Cases	Breaches	Forecast performance	Target
2 week wait FT	1342	181	86.51	93%
2 week wait Breast	4	0	100.00%	93%
31 day first	124	4	96.77%	96%
31 day subsequent drug	46	0	100.00%	98%
31 day subsequent surgery	33	0	100.00%	94%
62 day FT	68	15.5	77.21%	85%
62 day screening	19	4	78.95%	90%
62 day upgrade	8.5	1.5	82.35%	95%

The Cancer team are working to provide a completed October 2017 position.

Diagnostic waiting times:

The Foundation Trust has reported a Diagnostic waiting times position for November 2017 for tests excluding diagnostic endoscopy and neurophysiology.

In November the position was reported as 98.7% (5108/5177) against a threshold of $\geq 99\%$ therefore the FT did not achieve the threshold for the reported tests.

Breaches were reported in Non Obstetric Ultrasound (59), CT (1), Audiology (1) and Urodynamics (8). The Ultrasound breaches are for a specialised Rheumatology led test. The Division of Medicine and Integrated Care will provide an update at the December Performance Review Meeting regarding ongoing compliance with the threshold.

Comparative Performance Tables

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Nationally comparable performance for September will be released later in December 2017 and will be reprovided next month.

Stroke and TIA national contract indicators

The Foundation Trust reported a failure for October 2017 but achieved the Stroke threshold in November 2017.

The TIA indicator was not achieved for the third month in succession in November 2017.

Performance against the stroke indicator improved from 71.7% (33/46) in October 2017 to 82.4% (42/51). All breaches are clinically validated by the lead Stroke clinician.

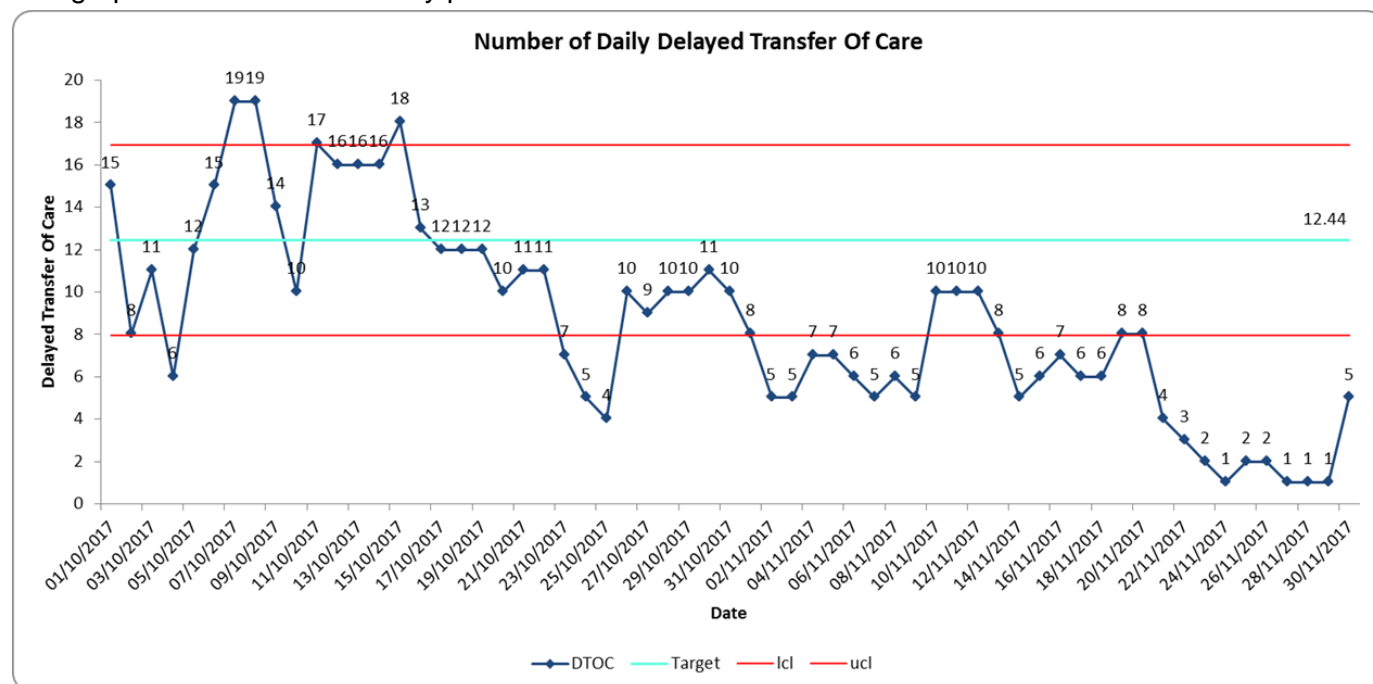
The contract indicator for TIA requires suspected TIA cases to be seen within 24 hours of identification.

In November there were 12 patients relevant to the threshold of which 6 were seen within the threshold. Of the 6 breaches 2 were down to ward communication errors, 2 breached due a lack of available capacity and 2 breaches have yet to be attributed.

Delayed transfers of care

It is noted the number of delayed transfers of care, occupying a bed on daily basis, reported an improved position in November 2017. The daily average for November is reported 5.3 compared to 12.0 in October 2017.

The graph below shows the daily position:



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VTE Risk Assessment

VTE Risk assessment reporting, based on data directly entered onto Cerner Millennium, was initially reported to Performance Committee on the 20th December as 80.22% for the month of November 2017.

As reported to Performance Committee previously the methodology for this indicator is currently being clinically reviewed and following an initial review a number of wards/areas have been identified which were not excluded or cohorted in the current methodology where VTE risk assessment is not clinically appropriate.

The reportable position has been recalculated on the basis of these clinical updates and a revised position is reported as 87.79% for November 2017 and 88.56% for December 2017. The revised methodology will be fully implemented across all daily, weekly and monthly reporting this month.

It is anticipated that ongoing clinical review may provide further recommendations to the current methodology.

A full report of performance against a range of key performance indicators is contained in the accompanying Appendix.

The table below provides an exception list of indicators which did not meet the required standard in November 2017:

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Indicator	Threshold	Performance
MRSA	0	3 attributed YTD + 0 pending
A&E - Emergency Care Standard	95%	Failure of 95% target at 84.97%
Ambulance handovers taking less than 15 minutes	85%	Failure of 85% target at 73.3%
Ambulance handovers taking between 30-60 minutes	0	33 handovers took between 30 and 60 minutes
Ambulance handovers taking longer than 60 minutes	0	15 handovers took over 60 minutes
Cancer two week wait	93%	Failure of 93% target at 86.5%
Cancer 62 day First Treatment	85%	Failure of 85% target at 77.2%
Cancer 62 day Screening	90%	Failure of 90% target at 79.95%
Cancer 38 day Inter Provider Transfer	85%	Failure of 85% target at 81.0%
Cancelled Operations - Same Day Cancellations	<0.8%	Failure of 0.8% target at 1.7%
Neonatal Closures	0	2 closures in November
% TIA higher risk cases who are treated within 24 hours	60%	Failure of 60% target at 50%
VTE Risk Assessment	95%	Failure of 95% target at 80.2%
Diagnostic Waits	99%	Failure of 99% target at 98.7%

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Financial implications:
Yes – Income & Expenditure

Regulatory relevance:

Monitor:	Code of Governance
	Risk Assessment Framework
	Quality Governance Framework
	Annual Reporting Manual

Equality Impact / Implications:	
	<p>Is there likely to be any impact on any of the protected characteristics? (Age, Disability, Gender, Gender Reassignment, Pregnancy and Maternity, Race, Religion or Belief, Sexual Orientation, Health Inequalities, Human Rights)</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, what is the mitigation against this?</p>

Other:	
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Strategic Objective: <i>Reference to Strategic Objective(s) this paper relates to</i>	To provide outstanding care for patients
	To deliver our financial plan and key performance targets
	To be in the top 20% of NHS employers
	To be a continually learning organisation
	To collaborate effectively with local and regional partners